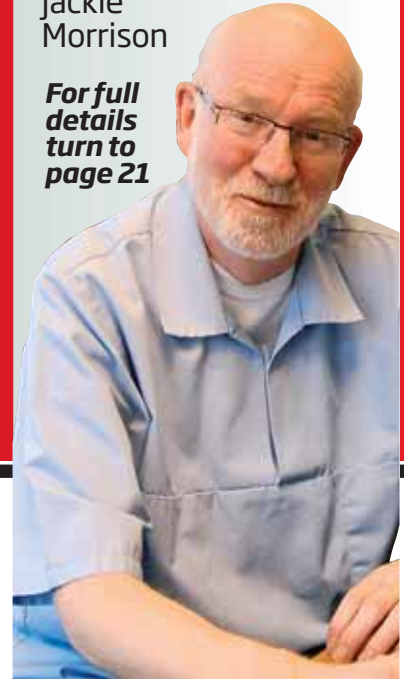


The magazine for dental professionals working in Scotland
February/March 2010

Scottish Dental magazine

INTERVIEW:
We go on the road with
community dentist
Jackie
Morrison

*For full
details
turn to
page 21*



INSIDE THIS EDITION



Alison Lockyer takes over
from Hew Mathewson as
chair of the restructured
GDC council **Page 6**



Secrets of a seriously
successful practice **Page 11**

ALSO INSIDE...

"Change can be
unsettling and
challenging
but nothing
ever stays still
for long in
dentistry"



**Biting back
with Claire Walsh page 5**



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Editor's desk

with Bruce Oxley



A Scottish voice

Welcome to the first issue of the new *Scottish Dental magazine*.

In my time in the dental world in Scotland, I have got to know a great many dental professionals, from GPs and specialists through to DCPs and practice managers.

One thing that has struck me during this time is the very real sense of community that exists within the profession in Scotland. Being based here, I think we are in a unique position to reflect and report on what is important to

dental professionals north of the border.

In this issue we have a great mixture of news, views and clinical articles that we hope will give our readers plenty to think about, discuss and, hopefully, inform their professional lives. We have interviews with community dentist and new president of the BDA's Community Dental Services Group Jackie Morrison and new ADI president Stephen Jacobs.

We also have clinical articles from Kevin Lochhead of

Edinburgh Dental Specialists and Abid Faqir from the Scottish Centre for Excellence in Dentistry.

Scottish Dental is your magazine and we want to hear from you, whether it is an opinion on the subject of the day, news from around the country or a clinical article from your practice.

I hope you enjoy this first issue and we'll be back in April/May. ■



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

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PEOPLE HAVE PRIORITY



How do you make the best
even better?

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CONTACT CLAIRE WALSH AT: clairewalshbds@aol.com

Column

Biting back

with Claire Walsh



A new beginning from some other beginning's end...

If you are a culture vulture, you'll know that the quote above was uttered by Seneca the Younger, a Roman philosopher from the first century AD. I recognised it vaguely from a song on the radio, 'Closing Time' by the band Semisonic, so my cultural load is at zero... In any case, it's as true now as it was then.

It's a new year, new decade – and now we have a new publication in the dentistry world in Scotland! So what else is new? Personally, in the last year I have left one long-term position, ceased clinical dentistry, taken up two new posts and moved house. All I need now is a divorce, so I can tick the boxes in the 'most stressful life events' questionnaire.

Oddly enough,

experiencing a few of these life challenges does tend to push you down the direction of the remaining one...

What's new in dentistry? HTM 01-05 was finally published in England at the tail end of last year, so now the BDA are asking NICE to approve the guidance, which I think might well coincide with cows jumping over a blue moon. Did we ask NICE for their rubber stamp when we were dealt the Glennie Card? As far as I know, we didn't, and I wonder why not, given that we are being drawn inexorably down the path of most resistance whether we like it or not.

Mind you, hindsight is a wonderful thing – I have no idea which famous philosopher figured that one out, but never a

truer word was said! There is a whole new structure to the GDC and, wait for it, a GDP as chairman! Now that's more representative of the profession as a whole, although the composi-

“Did we ask NICE for their rubber stamp when we were dealt the Glennie Card? As far as I know, we didn't, and I wonder why not, given that we are being drawn down the path of most resistance”

tion of the reincarnated council is vastly different to what we are used to, as there are only eight dentists and four DCPs, matching 12 lay members.

The old system of representatives from the Royal Colleges and university schools being on the council has been consigned to history, and arguably the new structure might be seen as bet-

ter suited to the rigours of dentistry in the 21st century, especially with compulsory registration of other team members. Dentists can be heard to say: “Where have all the dentists gone on the council? It's our GDC!” But in reality, it never was.

We paid for it, but the primary concern is the patient; if we are to continue to have even the slightest chance of being a remotely self-governing profession, we need to accept it and move on. I blame Harold Shipman myself, but that's a whole different debate!

Change can be unsettling and challenging, but nothing ever stays still for long in dentistry. So I think we do really well to embrace all the new rules, regulations (and regulatory bodies, which spring up/change name just to confuse us), materials, and all the rest. Hopefully, our new publication will enlighten, inform, reassure and amuse, in no particular order. ■



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IN BRIEF**SPECIALIST ADS WARNING**

Dentists have been warned about promoting any specialist services they provide unless they stick to official advertising guidelines.

The General Dental Council, which regulates dentists and dental care professionals, has been particularly busy during the last quarter dealing with anonymous complaints about dentists.

These specifically refer to advertising and in particular the content of practice websites, where information may be potentially misleading to the public and fellow registrants.

Now the Medical and Dental Defence Union of Scotland (MDDUS) has issued a warning that dentists must comply with the guidelines about advertising any specialist services they offer.

Aubrey Craig, head of the dental division of MDDUS, said: "All registrants must ensure that all published information about them is accurate and reflects their current practice."

DDU AWARDS

Two dental tutors from Scotland narrowly missed out on being named Dentist Teacher of the Year at the recent DDU Educational Awards held in London.

Paul Sharkey of the University of Glasgow Dental School and Dundee Dental School's Andrew Hall were shortlisted for the prize but missed out to Susan Hooper of Bristol Dental School, who won the category ahead of finalist George Aristidou from Kings College London.

Appointments. GDC welcomes new chair Alison Lockyer and chief executive Alison White

New faces join the council

The General Dental Council (GDC) not only has a new chair at the helm – it has also appointed a new interim chief executive.

Alison Lockyer (pictured) was elected as the new chair of the GDC, taking over in January from Hew Mathewson, who held the post of president since 2003.

Alison White has been appointed as interim chief executive and registrar of the council, taking over in January from David Rudkin, who has joined the General Pharmaceutical Council.

Chair of council Lockyer, a primary care dentist, qualified in Edinburgh in 1980, and is a returning registrant member of

the council. She was appointed by the Appointments Commission after the council underwent restructuring.

Its make-up now evenly reflects the people that provide,

"I'm looking forward to ensuring that our regulation of the dental team is as efficient and effective as possible"

Alison White

and receive, dental care, with 12 professional members and 12 lay members.

New chief executive White has a strong track record of



strategic development, leadership and business results in both the public and private sectors. As a commercial chartered director, her experience has included the health and skills sectors.

She has been chief executive of the National Pharmacy Association and has a strong interest in the synergies between business and the arts. White is also a director of the National Youth Music Theatre.

She said: "It's an exciting time to be joining the GDC. It has gone through significant changes and I'm looking forward to ensuring that our regulation of the dental team is as efficient and effective as possible."

Graham's great honour

AWARDS

Glasgow dentist Robin Graham has spoken of his "great honour" after he was awarded life membership of the BDA at the association's annual Honours and Awards Dinner held in London recently.

Robin, who was one of nine recipients of life membership on the night, said: "I'm very honoured indeed to be recognised in this way. It's very pleasing that the West of Scotland branch put me forward in the first place."

He added: "I have served alongside many colleagues over the years who are every bit as deserving, if not more, of this



Robin (centre) receives his life membership from BDA Representative Body chairman Stuart Johnston (left) and BDA president John Drummond

honour and the award is a reflection of their hard work, loyalty and service to the BDA as much as mine."

Robin qualified in 1966 and has worked in the same practice in Glasgow's East End ever since. He has long taken an interest in

dental politics and he has served as a council member on the West of Scotland Branch for more than 30 years.

Also among the recipients on the night was a fellow Scot, Brian Gordon, who was awarded the Dental Technologists Association Fellowship. Brian qualified from Glasgow in 1969 but moved to England in 1970 where he set up Crown Dental Laboratory in 1981.

He has been heavily involved in a number of committees over the years including the GDC's Dental Auxiliary Review Group and the Dental Technicians Association, where he became chairman in 1994.

good reasons to stand out from the crowd

It's been a great year for Isoplan with 25 new practices signed. Value for money, new and interesting products and unbeatable customer service countrywide have proved to be the deciding factors. But don't take my word for it. Here's a small selection of comments from some of our 300 member practices.

Stewart Angus - Director of Sales

Having recently changed our dental plan and insurance provider to Isoplan I would not hesitate to recommend the very high level of service we have received from a Scottish based company who understand local dental issues. Stewart, Brian, Margaret and the team at the Isoplan office have worked very hard to ensure a smooth and effective transition for our membership plan patients. Their attention to detail, commitment to our patients and advice has been excellent and the number of patients registering to experience our dental plan has increased due to impressive marketing material.

Keith Love - Dentist - Livingston

We spent a lot of time debating whether to convert from our old provider to Isoplan as things at the practice had been stable for about five years. The admin costs were the deciding factor in the decision to go ahead. I am happy to say that with the expert help we received from Stewart, Margaret and the rest of the Isoplan team the conversion went extremely well, much better than we had anticipated.

Joyce Scott - Practice Manager - Glasgow

Isoplan are the best dental plan company I have worked with over the past 20 years. I have recommended other dentists to use Isoplan services and they are delighted with the results. The Sales Team, headed by Stewart, have an excellent knowledge of dentistry and the problems that can occur in practices. I would have no hesitation in recommending dentists to Isoplan as I consider the company to be the dental plan leader in our profession.

Nicholas McLuskey - Dentist - Glasgow

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Call Louise Graham on 0845 123 5228, or email louised@isoplan.co.uk to arrange an appointment today.

News

SCOTS SCOOP AWARDS

A Perthshire hygienist and an Edinburgh dentist picked up awards at the Dental Protection Premier Awards held at King's College London recently.

Michelle Mitchell's submission entitled 'Ethical considerations in 21st century dental hygiene' won her first prize in the DCP category.

Richard Holliday from Chalmers Dental Centre in Edinburgh and his submission: 'Dental record keeping and the

role of oral cancer screening in the dental access centre' finished runner-up in the post-graduate prize section.

The annual risk management competition, organised by Dental Protection and Schülke, has a total prize fund of £6,000 and accepts entries from projects that recognise the importance of patient safety. The awards were presented during the annual Premier Symposium, a risk management event.



Richard (centre) and Michelle (far right) with the other award winners

Horizons events focus on making difficult decisions

DENTAL PROTECTION LECTURES

Dental Protection launched the 'Horizons' programme in 2008, taking some of the best of its national and international programmes closer to UK members based outside London and the South East.

The first Scottish events took place in Aberdeen, Inverness, Stirling and Dumfries in October 2009, which coincided with the earlier opening of the new Edinburgh office in the summer.

Hugh Harvie, who is the head of dental services in Edinburgh, chaired all four events, and was joined by two eminent guest speakers. Kevin Lewis, dental director of Dental Protection, spoke at Aberdeen and Inverness, while John Tiernan, who presented at the Stirling and Dumfries events, is director of MPS Educational Services.

The lecture focused on making decisions under pressure, dealing with sticky situations in the surgery and how problems with challenging patients can be proactively managed by the whole team.

The delegates were able to meet DPL staff from advisory and member services, in order to learn more about the resources and services available to members. Further Horizons events are planned for the following venues in 2010:

- 25 May - Glasgow Marriott
- 26 May - Surgeons' Hall, Edinburgh
- 27 May - Apex City Quay Hotel, Dundee.

For information on upcoming Horizon events see www.dentalprotection.org/uk/newsandevents

Chairman resigns

SDPC. Colin Crawford steps down from post to take up new role in Oban

The chairman of the BDA's Scottish Dental Practice Committee (SDPC) has resigned from his post to take up a role within the salaried service. Colin Crawford gave his notice at the beginning of November after he accepted the post of senior salaried dental practitioner (special needs) in Oban.

Colin is currently working to clear his patient commitments at his current practice before he officially starts his new role on 1 February. As the salaried service is represented by a different

BDA committee, and with all the activity and negotiations with the government that the head of the SDPC will be involved with in the coming weeks and months, Colin explained that he wanted to step down as soon as possible to give his successor more time to settle into the role.

The new chairman of the SDPC will be elected at the committee's next meeting, which will take place on 4 February. In the meantime, vice-chairman Derek Harper will act as the interim chairman.

The changes prompted elections for Colin's now vacant Grampian, Highland, Western Isles, Orkney and Shetland seat. Nominations closed on 21 December and the successful candidate is Kenneth H. Lang from Orchard Road Dental

Practice in Forres. Dr Lang will be officially appointed at the February committee meeting.

The vacant seat in Lothian and Borders was also being decided before Christmas with the BDA receiving three self-nominations for the post. The winner of the election was Dr Hew Mathewson, former president and interim chairman of the General Dental Council.



Former SDPC chairman Colin Crawford

Damage claims

ANAESTHETISTS

Dental damage claims against anaesthetists accounted for more than half of all independent sector claims over a 10 year period, according to medical defence organisation the Medical Defence Union (MDU).

The organisation's medico-legal adviser Dr James Armstrong looked into 130 claims notified to the MDU by its anaesthetist members - although the majority were successfully defended on behalf of members.

Dental damage was a factor in 76 claims, with an average payout of around £1,500 plus costs.

Me & Henry Schein

The Waterlase MD, available exclusively from Henry Schein Minerva, has revolutionised my practice. This highly adaptable, all-tissue laser efficiently cuts through enamel, dentine, bone and soft tissue, making it suitable for use in most clinical situations. The Waterlase MD has been a real practice builder for me, the lack of contact and vibration enhances patient comfort and a reduction in pain and post-surgery swelling vastly improves the overall patient experience.

Dr Mark Cronshaw - BSc(Hons) BDS LDS RCS (Eng) MFHom (Dent)

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News

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MDDUS warning on quality training

IMPLANTS

An increase in demand for dental implants has raised fears over training.

The Medical and Dental Defence Union of Scotland (MDDUS) has warned dentists to beware of the dangers of providing such implants without suitable training and mentoring.

With a boost in demand for implants, MDDUS cautions that dentists may be tempted to provide implant treatment without proper training.

Aubrey Craig, head of MDDUS's dental division, said: "Practitioners must have suitable training and mentoring. A weekend course at an airport hotel may give a taster of what is involved, but is not sufficient learning for any individual."

Education. First Minister welcomes opening of new facility

Dental school set to reverse decline

The £17.7 million Aberdeen Dental School was officially opened recently, charged with producing dentists to combat the chronic shortage within NHS Grampian.

First Minister Alex Salmond and Public Health Minister Shona Robison were on hand to cut the ribbon on the new facil-

ity and rubber stamp a key SNP manifesto pledge. The introduction of Scotland's first graduate entry dental degree was announced in 2008 along with plans to build a state-of-the-art new facility on Aberdeen University's Foresterhill campus.

The new course and building

development were in direct response to the low numbers of NHS registered patients in the Grampian region, which, in 2008, stood at only 37 per cent of the population – the worst in Scotland.

On opening the new facility, Alex Salmond said: "The Scottish Government is committed to reversing the long-term decline in dentists in Scotland. Since March 2007, the number of dentists has risen by more than 10 per cent, and we are determined to ensure that this trend continues."

"Aberdeen Dental School will deliver a significant increase in the number of NHS dentists."

The new school, which has been treating patients since June last year, will produce 20 fully qualified dentists each year.



Dates for your diary

Scottish Centre for Excellence in Dentistry

Restorative and implantology course

12 February
13 March
14 May (West of Scotland Centre for Postgraduate Education)
12 June
14 August
10 September (West of Scotland Centre for Postgraduate Education)
8 October
12 November
10 December
Update seminars
10 March
6.30pm to 8pm - Ceramics, Krish Bhatia
12 May
6.30pm to 8pm - Implantology, Arshad Ali and Abid Faqir

Further details: 0141 427 4530 or email: secretary@scottishdentistry.com

Edinburgh Dental Specialists

Clinical round table evenings (two hours' CPD)

23 February; 9 March; 20 April; 11 May; 15 June
Informal treatment planning evenings. All dental practitioners welcome, held at Edinburgh Dental Specialists. A light supper and glass of wine provided. Places limited to eight attendees. No charge.
BIOMET 3i CT guided surgery course
5 February
This one-day course will provide delegates with a thorough explanation and understanding of the BIOMET 3i Navigator System and Simplant software.

The course will identify benefits of guided surgery for the patient and the clinician and will take delegates through the complete process, including a chance to observe live surgery.

To register, contact Jenny Wilson on 01628 519 162 or email 3iukm.marketing@biomet.com
Implant masterclass
May (date TBC)

Each year we invite a world-respected implant clinician to present to a small group setting.

Foundation course in dental implants (9th Year).

September 2010
Eight days at Edinburgh Dental Specialists, Edinburgh.
Surgical and restorative - 64 hours' verifiable CPD. Limited places available.
Further details: email karen@edinburghdentist.com or telephone 0131 225 2666.

Royal College of Physicians and Surgeons of Glasgow

MFDS Part 1 revision course

1-5 March
This revision course is suitable for those intending to sit Part 1 MFDS Examination or Part 1 MJDF and is based on the new MFDS curriculum.
Further details: Margaret Cooper: 0141 227 3236 or email: mgt.cooper@rcpsg.ac.uk

Complete Smile Academy, Tyne and Wear

Implant beginners course (six hours' CPD)
25-27 January
Implant Year Course (60 hours' CPD)
February to December
Theoretical and practical

training with live surgery and live hands-on sessions, covering all aspects of implant dentistry. On completion, you will be able to place simple indications and receive fee mentoring.

Essential occlusion beginners' course (15 hours' CPD)
8-10 February
Smile design and patient management course (15 hours' CPD)
11-13 February
Implant (week) course (30 hours' CPD)
1-5 March
Implant intermediate course (15 hours' CPD)
26-28 April
Occlusion advanced course (15 hours' CPD)
10-12 May, 13-15 May
Call 0191 427 1029 for details on all Smile Academy courses.

IN BRIEF**BACD CONFERENCE**

A spectacular performance from the Red Hot Chilli Pipers kicked off the recent British Academy of Cosmetic Dentistry's sixth annual conference held at the Edinburgh International Conference Centre.

The three-day event, entitled 'The Future of Dentistry', saw a wealth of prominent dental professionals from around the globe attend to hear world-renowned speakers share their knowledge and expertise on a range of subjects.

For information on the 2010 BACD Conference, please contact Suzy Rowlands on 0208 241 8526, or email suzy@bacd.com

Secrets of a seriously successful practice

FGDP STUDY DAY

The biggest and most successful FGDP (UK) study day to date took place at Glasgow's Royal Concert Hall before Christmas with about 300 delegates in attendance, including 150 VDPs.

The conference theme was 'Secrets of the seriously successful dental practice', with the faculty welcoming back ever-popular speakers Raj Rattan and Kevin Lewis (pictured left) to the event. The programme itself saw focused presentations not



Above: Alison and Claire with their dental nurse achievement awards

just for dentists but for VDPs and DCPs as well.

Jennifer Lowe and Kate Wilson from Coatbridge College spoke to the DCPs present on 'Decontamination and cross-infection control: an update' before DPAS, Henry Schein and Denplan hosted practice-

focused workshops. The final session saw Bill Smith introduce the reinstatement of the Caldwell Memorial Lecture which was presented by Kevin Lewis. He spoke on 'Hi-tech, high-risk? The opportunities and risks of new technology, materials, equipment and techniques in dentistry.'

The event also saw the presentation of the Scottish Dental Nurse Achievement Award, which was handed to Claire Sweeney from the Scottish Centre for Excellence in Dentistry, and the Scottish Student Dental Nurse Achievement Award, which was presented to Alison Jackson, from Arrol Park Resource Centre in Ayr.

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Advertising feature

Henry Schein Minerva helps practices look at their business from a different perspective

It's good to talk

Attracting and retaining private patients and developing additional income streams are key issues for most dental practitioners these days. But finding help with these questions or assistance with implementing your ideas can be difficult.

Having experienced, knowledgeable support that can help give you a better understanding of how to make more profit or get your practice team to perform more efficiently would be an invaluable asset and it is available in the shape of Henry Schein Minerva.

Henry Schein Minerva's field sales consultants have been expertly trained to offer help and advice to all types of dental practice, on many aspects of the 'business of dentistry', providing an objective and professional opinion that can help change the way you work, for the better.

As Henry Schein Minerva's field sales consultant in Scotland, Joanne Robertson has a talent for instantly making her customers feel relaxed and comfortable. Considering her role is to find solutions that will help their practice run as efficiently as possible, these are qualities that are essential and help her customers to have the confidence to openly express their concerns and share the ideas and goals they have for their practice.

With more than 13 years' experience in dentistry, Joanne has had experience of a wide variety of practices and during this time she has developed a natural ability to connect with the people she meets and build the all important relationships that can make such a difference to the success of a practice. "I offer my customers support

and guidance and this gives them the confidence to ultimately make the right decisions for the benefit of their practice."

In Scotland, as in the rest of the UK, the dental environment is one that is undergoing substantial change and Joanne is used to meeting the needs of a wide variety of practitioners facing a range of differing issues. From those working under the NHS to those who require guidance with conversion and finally those who have taken the step and become private but still require an element of reassurance, Joanne provides clear objective advice and practical help that helps practitioners run more efficient and profitable businesses.

Joanne begins her work with

"It's all about the principal of the practice and how they see the practice developing. I help them with the business aspects of running a practice, highlighting areas where the practice team could focus to help them become more efficient and therefore more profitable"

Joanne Robertson

an individual practice by conducting a Business Discovery Meeting that enables her to get to know the practitioner and become aware of their needs. By asking a series of informal questions, she can begin to understand their personal and business goals and discover the challenges they face.

"It's all about the principal of the practice and how they see the practice developing. I help them with the business aspects of running a practice, highlighting areas where the practice team could focus to help them become more efficient and therefore more profitable."

After the Business Discovery Meeting, Joanne puts together a plan specifically designed around

the practice's individual requirements. As an outsider looking in, Joanne is able to bring a degree of objective analysis to her customers' aims, whether it's a case of seeing more patients, motivating the team or introducing new treatment options, Joanne has tried and trusted solutions which can be adapted to meet specific needs or concerns.

The plan seeks to analyse the practice in a clear and concise manner, and goes through a series of business-focused practical solutions including 'practice advancement' (building), 'practice business' (profitability) and 'practice consistency' (efficiency). Depending on the needs of the practice Joanne can offer help with practice marketing,

retailing and team motivation.

Retailing is one area in which Joanne has a great deal of experience and she is quick to establish whether a practice is maximising its retailing opportunities.

Many practices miss out on this lucrative opportunity to increase profitability because they feel they do not have the skills to implement the procedures or the personnel to manage this element of the practice. With Joanne's help many practices have implemented an in-house retailing opportunity for their patients and have found that professional recommendation of appropriate oral care products does encourage up-take by patients. By including merchan-



dising as part of their practice offering, the practice is actually fulfilling its clinical duty and can do so in a way that is convenient and cost effective for patients while developing an additional income stream for the practice.

"By encouraging the practice to position their oral health products in a more prominent position and to routinely ask patients if they required products to aid their oral health, both practice and patient can benefit."

Joanne and her colleagues appreciate the fact that the Henry Schein Minerva's philosophy is one of help and support for customers: "We pride ourselves on being much more than 'order takers', we like to think our clients see us as part of their external support mechanism, people who can help develop their practice by offering a service which is ongoing and business related."

You can take the first step to a more efficient and profitable practice by requesting a Business Discovery Meeting from Henry Schein Minerva. It will provide you with the opportunity to access a wide range of solutions, including financial audits and planning, staff training, practice retailing and much more, all tailored to the specific needs of your practice. ■



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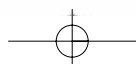


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Praise for award winner

Celia Watt (pictured above right), senior health promotion officer for oral health at NHS Lanarkshire, has been praised after winning the NHS Healthy Lifestyle Award at the Scottish Health Awards 2009.

She was nominated for her work in improving the oral health knowledge of expectant mothers and teenagers.

Albert Yeung, the health board's consultant in dental public health, said: "She deserves this recognition for the hard work she puts in. I would like to say how proud we are of her achievement."

International. Glasgow's SCED joins elite few UK practices recognised by prestigious group

Glasgow centre on world stage

Despite being less than a year in existence, Glasgow's Scottish Centre for Excellence in Dentistry (SCED) has already been recognised as one of the leading dental centres, not just in Scotland, but in the world.

In 2009 Arshad Ali, SCED's clinical director (pictured right), picked up a host of top prizes and commendations for his multi-million pound, purpose-built facility in Govan. But recognition from The Leading Dental Centers of The World (LDCW), a prestigious group of practices chosen for their commitment for excellence, tops the lot. SCED becomes only the

third UK practice and the only one outside of London to be chosen in this way. There are only 37 recognised practices worldwide, including five in the US, six in Germany and two in France.

The SCED won the Best Scottish Practice Award at The Dentistry Awards 2009, while Ali was Scottish Asian Businessman of the Year at the Scottish Asian Business Awards.



Puppets and pupils join forces

Children from an Ayr primary school are spreading the word about good dental health - with the help of a puppet show.

The primary four pupils from Braehead Primary have been working with Ayrshire & Arran's oral health promotion team to create stage puppets for their drama production "Magical Mouths".

Magical Mouths, which takes a close look at healthy eating and oral health, was devised and scripted by the pupils, with the help of a drama tutor.

They made their show's debut performance at a recent health event at the Park Hotel in Kilmarnock.

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News

MDDUS: audits essential

Some timely advice for dentists – clinical audits are essential if you want to avoid sanctions from the General Dental Council.

The Medical and Dental Defence Union of Scotland (MDDUS) warns that dentists must comply with guidelines on clinical audit activity.

Doug Hamilton, dental adviser with MDDUS, said: "Clinical audit activity can appear to be tiresome or even optional. It might therefore be surprising to some GDCPs that audit is an essential component of clinical governance. It is an activity which is required for NHS practitioners by law, and would be expected of all dentists by the GDC."

Union welcomes Review proposals

CIVIL INJURY CLAIMS

Proposals made in the Gill Review of the Scottish courts system could help speed up the processing of civil injury claims north of the border.



That's the view of the Medical and Dental Defence Union of Scotland (MDDUS), which welcomes a proposal that states cases up to a value of £150,000 should be dealt with in the country's sheriff courts.

It's one of more 200 recommendations in Lord Gill's report

which, if adopted, would bring about the most significant changes to civil justice in Scotland for more than a century. The MDDUS has also welcomed the recommendation that Edinburgh Sheriff Court should become a specialist personal injury court with jurisdiction across Scotland.

The union is keen that Lord Gill's recommendations are eventually approved by the Scottish Government, and make it on to the statute books.

Gordon Dickson, chief executive of the MDDUS, said: "We are a major player in clinical negligence claims. Anything that speeds up the process is to be welcomed. Having these claims dealt with more quickly is beneficial to patients and members."



London expansion

A boost in membership in England will see the Medical and Dental Defence Union of Scotland (MDDUS) to expand its activities in London.

For the first time in its history, 50 per cent of GP members are now based outside of Scotland.

In response, MDDUS will move into larger offices in London, with three new medical advisers.

Union chief executive Gordon Dickson (pictured) said: "As the Scottish and English healthcare delivery systems are diverging, it is vital to have advisers based in both countries."

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Recognition. Hew Mathewson earns an OBE for his services to healthcare

Honour for ex-chairman



Newly retired chairman of the General Dental Council (GDC) Hew Mathewson (pictured) was awarded a CBE in the New Year Honours List.

The award to the Edinburgh dentist was made for his services to healthcare.

A member of the council since 1996, Mathewson served as its president from 2003 until the end of September 2009

when he became the council's first-ever chairman.

He handed over the position to Alison Lockyer on 1 January, 2010. In tribute, the new chairman said: "This award is well-deserved. No one could have done more for the GDC than Hew. We are indebted to him for his assiduous efforts."

Interim chief executive Alison White said: "This CBE recognises all of Hew's hard work and achievements. His commitment to improving protection for patients has been unwavering. He has helped guide the GDC through some of the most significant changes of its history. We are absolutely delighted to see his dedication to healthcare being recognised by this honour."

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News

"I have a lot of respect for those working in general practice but they remain businesses and as such have to be viable"

JACKIE MORRISON, PAGES 21-23

Preview. International hygiene symposium makes its way to Glasgow this summer

New concepts in oral health

One of the biggest events in the international dental calendar comes to Glasgow this year. In July, many of the world's top speakers and some 1,500 delegates will be at the SECC in Glasgow for the International Symposium on Dental Hygiene (ISDH 2010).

An International Federation of

"The symposium is a mixture of a scientific programme, with eminent speakers from around the world"

Mike Wheeler

Dental Hygienists (IFDH) event, the symposium is being organised by the British Society of Dental Hygiene & Therapy (BSDHT) and will also incorporate its annual conference.

Formed 24 years ago, the IFDH has 25 member associations across the globe, including the BSDHT.

Preparations began many months ago with a small team from the BSDHT headed by Mike Wheeler, past president of the BSDHT and co-director of the event alongside the current president Marina Harris.

A special mini-website was launched in January (accessible

via www.bscht.org.uk) and delegates can register online from 12 February with substantial savings on registration fees up until 31 March. Special discounted rates also apply to members of recognised dental associations.

Mike Wheeler said: "The symposium is a mixture of a scientific programme, with eminent speakers from around the world, and social events, so there's plenty to organise."

The theme of the symposium is 'Oral health - New concepts for the new millennium: new technology for preventing and treating diseases, including alternative treatments'.

The symposium will open with a welcome address by Marina Harris, BSDHT president, fol-

lowed by an address by IFDH president Marjolijn Hovius, who will hand over to incoming president, Maria Perno Goldie, at the end of the symposium.

Other speakers will include Scotland's chief dental officer Margie Taylor and Professor Jeremy Bagg, head of the Dental School at the University of Glasgow.

The event has GSK as a gold sponsor, TePe (silver sponsor) and Colgate, Johnson and Johnson, Philips and Procter and Gamble (Oral B) as platinum sponsors. ■

For more information and to book your place, visit www.bscht.org.uk

From left: speakers Jeremy Bagg; Marina Harris; and Marjolijn Hovius



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Jackie Morrison

When he gets behind the wheel of Lanarkshire's mobile dental unit, **Jackie Morrison** is responsible for driving dentistry into the heart of the community. Here, we ask him what's around the corner?

PHOTO: ROBIN MCEWEN

Good dental care is something that most people take for granted. But what about those who can't afford, can't access or in extreme cases simply can't face treatment?

Community dentistry is there to fill that void, providing a safety net for the young and old that general practice can't accommodate.

Jackie Morrison has been a community dentist – one of around 30 – in what is now the NHS Lanarkshire area, since 1990. Operating from Carluke Health Centre he occupies one of the most diverse posts in the NHS. For as well as seeing patients at the health centre, Jackie treats residents at The State Hospital, Carstairs and operates the mobile dentistry unit for the Douglas Valley and surrounding area.

It's a busy, varied and rewarding role, bringing as it does challenges not normally associated with being a dentist – at least not in everyday general practice.

Being a community dentist means spending a lot of time with some patients, often the elderly or those who have a phobia about the dentist's chair. Jackie also sees patients from Capability Scotland, the disability service.

In fact, time is one of the biggest factors in the necessity for community dentists, as the costs involved with prolonged treatment at a general practice are often prohibitive to those in deprived circumstances.

It's a job that brings much satisfaction for Jackie, but as the recently appointed president of the British Dental Association's Community Dental Services Group (CDSG), he is well aware of the challenges facing the service.

His appointment as president in November 2009 has brought with it the honour and prestige of the position as well as a chance to view first hand the very best practice in UK-wide community dentistry,

“As the recently appointed president of the British Dental Association's Community Dental Services Group, Jackie is well aware of the challenges facing the service”



Continued »

Interview

By Robin McEwen

Continued »

as the CDSG also includes dentists in Scotland, Wales and Northern Ireland.

And, if that wasn't enough variety to keep Jackie busy, he also works part-time at a general practice on Glasgow's Southside.

He said: "I've gained a lot of experience over the years working in community dentistry. Most of it just wouldn't be possible in general practice. We deal with the people general practice can't treat – for a variety of reasons – as well as vulnerable groups, people in care and more.

"I have a lot of respect for those working in general practice, but they remain businesses and as such have to be viable. I get to spend a lot more time with clients, time that a regular dentist doesn't have.

"For example, I see people who are very nervous about treatment and it may take two or three visits before they are ready to have the work done. A dentist in a private practice simply can't afford to do that."

Community dentists offer the full range of work available in general practice and even in the

mobile unit Jackie is able to administer just about every type of regular dentistry.

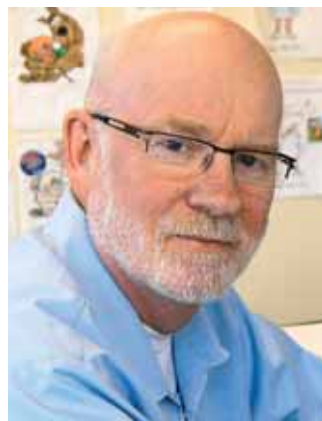
The van is a vital component for the service, making sure as it does that children in some of the most deprived parts of Scotland get regular access to fillings, preventative treatment and even more specialist work.

Jackie normally spends two days per week on the road with the van, accompanied by a nurse.

He said: "Accessibility is a major challenge for people living in areas like the Douglas Valley. In some parts there isn't a general practice and transport costs mean many children won't get to see a dentist at a vital point in their lives. We typically see school-age children and will make an appointment with the school in advance. I can see 20 or 30 children in one visit, but the numbers vary.

"We try to consolidate the appointments so that we aren't travelling down to see just one child. But they won't all require more work so the number drops with each visit until they have all been treated satisfactorily."

The van is a fully fitted surgery complete with a small waiting area for a parent or



"In some parts there isn't a general practice and transport costs mean many children won't get to see a dentist at a vital point in their lives"

Jackie Morrison

guardian, but costs and changes to dental practices could render it obsolete.

Jackie said: "It's expensive to run, even though we don't travel much more than 40 miles in a round trip. How long it remains is a decision for NHS Lanarkshire but its usefulness won't be decided purely on cost.

"New working practices will mean that sterilisation can't be carried out in the same place as you do the actual work, so in a van there isn't anywhere else to do it.

"If the time came when the numbers using the van were very low then it would be cheaper to transport the children here to the health centre. But I hope that it remains viable and it continues."

The State Hospital Carstairs, (Scotland's only secure psychiatric hospital) will also be affected by changes to sterilisation regulations, but given the nature of its business, it would be adequately able to adapt.

Jackie has been working there for 17 years and, again, regards the experiences as invaluable. He said: "The State Hospital is very professionally run and in the 17 years I've been there, I've never had any behavioural

ABOUT LANARKSHIRE PRIMARY CARE DENTAL SERVICE

Lanarkshire's Salaried Primary Care Dental Service (LPCDS) is a complementary service to general dental practice. The service provides treatment for various vulnerable patient groups who cannot access treatment from the mainstream service.

Patients include:

- adults/children with learning disabilities
- adults/children with physical disabilities
- patients with medical conditions impacting on their dental care
- frail, elderly and palliative care patients
- anxious children
- inpatients of the State Hospital Carstairs.

Numerous health professionals both within dentistry and outwith refer

patients to the service. Treatment is provided in various settings including health centres, hospitals, nursing homes, mobile dental units and domiciliary visits. Treatment is often provided using behavioural management techniques, inhalation sedation or general anaesthetic.

Alongside the treatment arm of the service, LPCDS participates in the annual National Dental Inspection Programme which collects epidemiological data for Scotland and helps inform national strategic planning. LPCDS is also heavily involved in preventive programmes aimed at improving the oral health of our children.

A large team of oral health educators deliver a toothbrushing programme to approximately 20,000 nursery and primary school children, supplemented by



oral health education lessons and the distribution of home oral health care packs provided by the Scottish Government.

This is part of the National Childsmile core programme and the service also supports the other elements of Childsmile in nurseries, schools and practice.

“There is a lot of good practice out there and I’ll be able to see the best of it and hopefully bring it to work in Lanarkshire”

Jackie Morrison

problems with patients. You have to understand that the people are there for a reason and as long as you treat them in a professional manner there aren’t any problems.”

To help deal with patients who have mental health problems or anyone generally who is scared of the dentist, Jackie has worked on inhalation sedation and relaxation/hypnosis techniques to help them cope.

The desire to keep abreast of new techniques, developments and innovations in community dentistry is one of the reasons he is excited about his presidency of the CDSG.

Jackie said: “There is a lot of good practice out there and I’ll be able to see the best of it and hopefully bring it to work in Lanarkshire. We have lots of challenges facing community dentists such as recruitment and

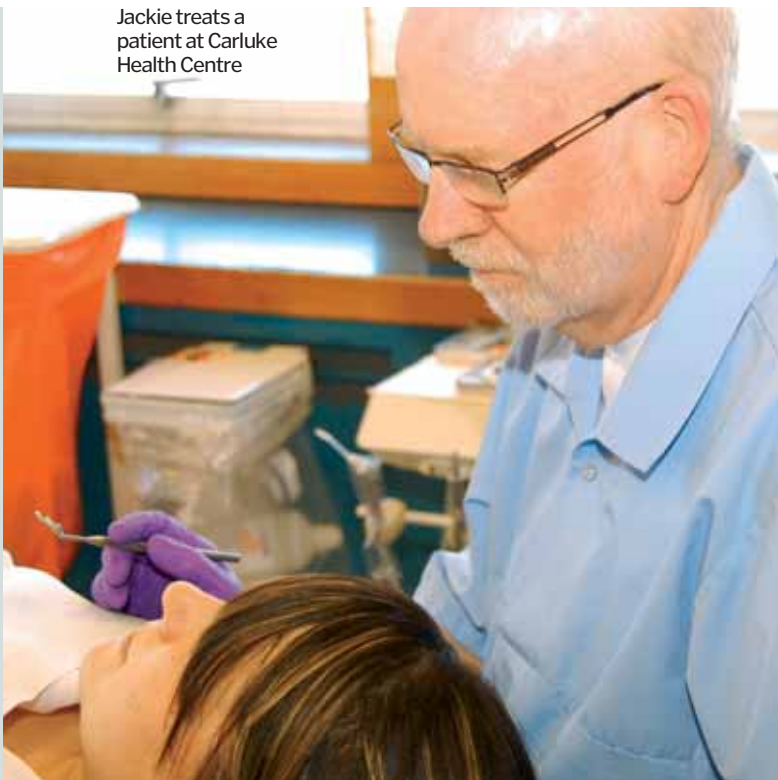
retention and career advancement. It’s a delicate situation in Scotland at the moment and if we want to encourage more dentists to choose this over general practice then much needs to be done.”

Jackie thinks that greater recognition of the work community dentists do is required and that the service is maintained so that it isn’t seen as just for patients who can’t get registered with a dentist.

He said: “Scotland rates very highly in the dental profession worldwide and there is a lot of good work and research being carried out here. The National Dental Inspection Programme (NDIP) for example is respected all over the world.

“I want to encourage more people into community dentistry and to encourage the best practice throughout the UK.” ■

Jackie treats a patient at Carluke Health Centre





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Now implanting knowledge

Stephen Jacobs is delighted to be the Association of Dental Implantology's new president. He talks **Bruce Oxley** through his two-year plan and explains why, in this field of dentistry, there will always be more to learn

The Association of Dental Implantology (ADI) has appointed its second Scottish-based president in the form of Glasgow dentist Stephen Jacobs.

Stephen has been involved with the ADI for 15 years, six of them on the national committee. He takes over from Anthony Bendowski and follows Scotland-based Paul Stone, who held the post between 2003 and 2005.

His presidency will run until 2011 and he is joined by fellow Scots Philip Friel, who moves up to treasurer, and David Offord, who now sits on the committee as well as hosting the ADI's Scottish study clubs. Stephen's tenure will end with the biennial ADI Congress in Manchester but one of his first tasks will be to host the eagerly anticipated 'Focus on Peri-implantitis' meeting at Savoy Place in London on 1 February.

This meeting is of particular interest to Stephen, as he believes it is a subject that needs to be debated as much as possible. He said: "It's an exciting one because we do a lot of implants here (at Stephen's Bearsden practice, Dental FX) and, consistent with many other experienced colleagues, we are certainly seeing more peri-implantitis than ever before. The subjects isn't widely published and over the years, only a few speakers have presented on it."

He said the quick take-up of places on the course – they had 100 registrations within 10 days – shows that the interest is definitely there. "That's the fastest hundred we've ever had

for a meeting by a long shot," he said. "It tells me that there is more peri-implantitis out there than we think there is and obviously a lot of people have concerns about it."

The event in London will feature four world-class speakers: Dr Tord Berglundh, Professor Niklaus P Lang, Professor Andrea Mombelli and Professor Stefan Renvert. "They are all widely researched and published in the field and it is probably going to be the definitive meeting staged, certainly in the UK and possibly in Europe, on this subject," said Stephen.

Below: Stephen Jacobs first encountered implants in 1991 and has been amazed at the changes he's seen since then



"It'll be interesting because I think potentially there are problems around some of the implants that we as a profession have placed over the past 20 years and there may even be a bigger problem than we thought.

"I think the meeting may well pose more questions than answers, but it will make us examine more what we do and why we do it."

Stephen's presidency will culminate on 14 and 15 April 2011, at the Manchester Central Convention Complex when he hosts the ADI's biennial congress. He described the line-up as "a who's who of implant dentistry" with an exciting and innovative scientific programme.

Stephen said: "We have planned for it to be more of a reflective meeting. The speakers will mostly have presented at our congress before and we have asked them to revisit subjects that they have spoken on in the past and look at how things have changed.

"The title of the congress is 'What we know, what we think we know and what we think we don't know about implant dentistry'. It's really about examining these full pendulum swings that we have witnessed and practiced over the years in terms of the way we manage cases."

Stephen's first experience with implants was in 1991 when a patient, who was about to lose a tooth, expressed an interest in implants. He found a colleague who could place the implant for him and he then began to learn how to restore.

Continued »

Profile

"Bone loss around an implant is a very obvious cause for concern"

PERI-IMPLANTITIS: HOW CONCERNED SHOULD WE BE? PAGES 35-37

Continued »

Implants now take up 60-70 per cent of Stephen's time in practice and he has been amazed at the changes he's seen since he first became involved. He said: "It is changing all the time. It's almost as if the longer I do it, the harder it becomes as a discipline - which could be tricky for the future because there are more and more dentists doing implant work."

One of the prime focuses of the ADI is the regional study clubs, and Scotland is fortunate to have the best-attended study club outside London. Four times a year the club welcomes a quality speaker, with more than 50 people attending meetings in recent years.

But while supporting, educating and informing its members is high up the ADI's agenda, Stephen is determined to set up a charitable foundation to provide implant dentistry to certain patient groups. The Academy of Osseointegration in the US has a similar foundation.

Stephen explained: "While the ADI and its members have seen a

dramatic rise in the numbers of implants being placed, there remain large swathes of the population who for reasons of cost, location, or lack of awareness and/or education are 'off radar', with little hope of receiving quality implant treatment.

"One of my missions in my presidency is to set up something along similar lines (to the US model), whereby we can help people using some of our funds and operate as a true charity."

It is obvious from spending just a short time with Stephen Jacobs just how passionate he is about the ADI and implant dentistry. He talks animatedly about the association's online audit program ADIA as well as the benefits of the ADI's online forum, where members can raise concerns or queries as well as put forward their opinions on problem cases, different implant systems or even patient histories.

Stephen is full of plans for the future, but took time out to praise his predecessors Paul Stone, who encouraged him to get involved with the committee; Phil Bennett, who

STUDY CLUB DATES

- 28 January, Perth Royal Infirmary
Stephen Jacobs on 'Ways to enhance your implant practice (and ways not to)'
- 22 April, Perth Royal Infirmary
Dr Nigel Saynor on 'Managing aesthetics with two adjacent implants'

was instrumental in setting up the ADI's soon-to-be-launched online research programme ARK (visit www.adiark.org.uk for more information); and outgoing president Anthony Bendkowski.

A further past-president and good friend, Michael Norton, suggested Stephen take on the presidency and the pair have devised the scientific programme for the next two years.

In its 23 years, the ADI has become highly sophisticated and is now recognised as one of dentistry's largest specialist organisations.

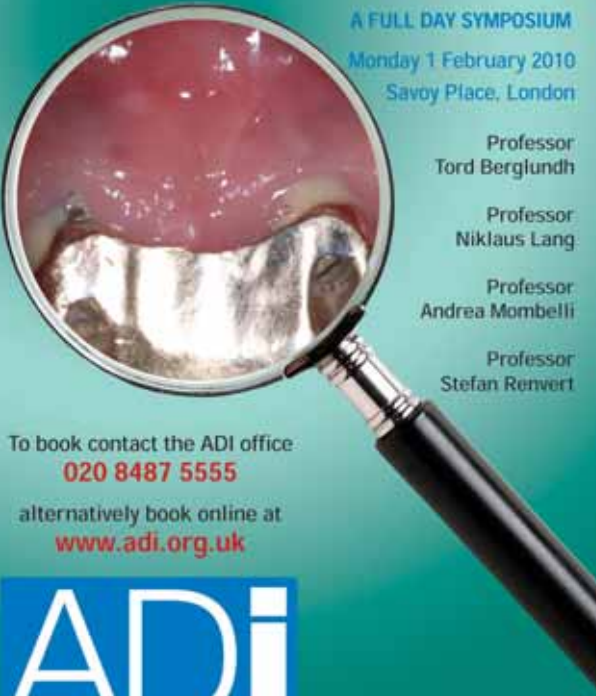
"We have nearly 2,000 members and that is an exciting group of dentists," said Stephen. "A lot of our members have joined over the last five or six years in response to the increase in interest of implant dentistry. I don't think there will be many people doing implant work who are not a member of the ADI, and I think that is the way it should be." ■



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As a committed indemnity provider with more than 117 years of experience, Dental Protection recognises the importance of effective risk management in ensuring the safety of patients and the security of its members.

Dental Protection has a long history of providing educational courses for members and non-members by providing educational material based on the actual case records and complaints received. In the current year, the Board of DPL and Council of MPS has made a substantial financial commitment to the development and provision of educational services.

Operating in 70 countries worldwide, Dental Protection regularly provides lectures, seminars and extended courses as well as contributing to national dental association conferences in countries including Australia and New Zealand, the Caribbean, Ireland, Malaysia, Hong Kong, Singapore and South Africa.

Closer to home, Dento-Legal Advisers from Dental Protection are frequent speakers at lectures throughout the UK - delivering over 300 lectures in 2009 alone!

Educational Programmes

In the UK, DPL provides a variety of educational programmes, in different parts of the country and focusing on different areas of professional practice.

Premier Symposium

Now in its 10th year, the Premier Symposium, in association with Schülke, is a clinical programme which focuses on risk management and infection control. The event, which attracts 400 dentists each November in London, also includes a series of awards, offering prizes for risk manage-

ment projects which aim to reduce potential harm to patients.

Young Dentist Conference

Now in its fifth year, the Young Dentist Conference is hosted in association with the BDA and BDJ and offers practical, non-clinical advice for dentists at the start of their career.

Horizons

Following on from the success of these and other events, DPL launched Horizons. The team-oriented Horizons roadshow visited venues across England during 2008 and venues in Northern Ireland and Scotland during 2009. Further to the success of the event in Scotland, Dental Protection is pleased to announce that further Horizons roadshows will be presented in Glasgow, Edinburgh and Dundee in May 2010. It will later visit venues in England and Wales in September.

Glasgow: Tuesday 25 May
Edinburgh: Wednesday 26 May
Dundee: Thursday 27 May

The team-focused Horizons events feature two very well-known speakers, Kevin Lewis and Hugh Harvie, who will present a programme of relevant and practical subjects that will be useful for all members of the practice team.

Entitled *The Good, The Bad and The Ugly*, the programme will explore the management of difficult people and difficult situations that can arise throughout the practice - from chairside to reception.

The evening events include 2.5 hours' verifiable CPD for all members of the dental team who are GDC-registered. Tickets cost £60 for members and £75 for non-members. Tickets for DPL Xtra Practices and their staff are



PHOTOGRAPH: TONY MARSH

priced at just £50 per person, and accompanying staff members can attend free of charge.

Transitions

A brand new and exciting DPL event will make its debut in Scotland when the first-ever Transitions programme is unveiled at the Westerwood Hotel in Cumbernauld near Glasgow.

**Transitions
Cumbernauld:
Saturday 17 April**

The full-day programme is suitable for dentists at all stages of their career and will provide keynote lectures on two recommended CPD topics, ethics and also complaint handling. The role of good communication skills will also be explored to help delegates improve their complaint handling skills.

The programme will feature three talented and entertaining speakers, Hugh Harvie, Kevin Lewis and James Foster, who will explore complaints and ethical dilemmas based on actual cases drawn from Dental Protection's extensive archive.

The day will also include an interactive workshop session, which will demonstrate problems which the average dentist is likely to encounter at any stage of their career.

It will also examine the various issues that can subsequently impact on the way in which the dentist handles the situation.

Tickets for the full-day event cost £50 for VDPs and DPL Xtra members, £60 for DPL members and £75 for non-members and is certified for 5.5 hours' verifiable CPD.

Sponsoring education nationwide

In addition to the wide range of educational events that Dental Protection provides, we are proud to support a number of other educational events throughout the UK. Here you will find members of the DPL team are on hand throughout the course of the conference to answer queries you may have relating to your membership, the benefits available to members or more specific advice from a dento-legal adviser.

Meet DPL at the following events in 2010

- **DCP Conference**
- The Team Works
6 March, RCSOE, Edinburgh
- **Dentistry Show**
9-20 March, NEC
Birmingham
- **BDA Conference**
20-22 May, Liverpool
- **International Symposium on Dental Hygiene**
1-3 July, Glasgow.



For more information about any of the educational events that DPL supports, please contact Sarah Garry, dental events manager on sarah.garry@mps.org.uk or telephone 020 7399 1339

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Scottish Dental caught up with Lynn Brewster, Childsmile's West of Scotland programme manager, to ask her a few questions about the past, present and future for the innovative oral health programme

Early learners

Can you start by telling our readers a bit more about the origins of Childsmile?

Childsmile started back in 2005/06 as a national demonstration programme designed to improve the oral health of children in Scotland and to address inequalities in dental health and access to dental services. There are now four components to the programme, which combines a population approach together with a targeted approach to improving oral health. This combination will provide a comprehensive pathway of care that is tailored to the needs of individual children.

So, what are the four components of Childsmile?

Firstly, there is the core toothbrushing programme, which is now incorporated under the banner of Childsmile. Basically, the core toothbrushing programme involves the

distribution of free toothbrushes and toothpaste to every child under the age of five years and the offer of supervised toothbrushing to all nurseries in Scotland. Supervised toothbrushing has been extended into priority primary schools in the most disadvantaged communities.

And the new elements since 2006?

The new elements are Childsmile Practice, Childsmile Nursery and Childsmile School.

Childsmile Practice started in the West of Scotland initially and is currently being rolled out across the 14 NHS boards in Scotland. It is envisaged that this will form the basis for the delivery of NHS dental services for all children in Scotland in the future.

Childsmile Practice encourages early engagement, from birth, with dental services for oral health promotion and clinical prevention. Through a network of dental health support workers working closely with local health visiting/public health nursing teams, additional home and community support is directed towards

"Each child receives a tailored programme of care which must include dietary advice, toothbrushing demonstrations and fluoride advice"

Lynn Brewster

children and families who are most in need of additional input and encouragement.

Each child receives a tailored programme of care which must include dietary advice, toothbrushing demonstrations and fluoride advice. In addition, six-monthly fluoride varnish application is available for all children from two years of age.

Do you recommend fluoride varnish for all children from two years as opposed to only those at increased risk?

There is a strong evidence base for fluoride varnish application in reducing caries. This has been published in several Cochrane Reviews. In Scotland, fluoride varnish will be recommended for all children from the age of two years in the Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance on the Prevention and Management of Dental Caries in Children via primary care dental

Continued »



All smiles: supervised toothbrushing has been extended into schools in disadvantaged areas

Childsmile

Continued »

services. Additional fluoride varnish applications will be offered to children attending priority nursery and schools.

How is oral health promotion and clinical prevention delivered?

This will vary by individual dental practice or clinic. A team approach is encouraged utilising the skills of the dentist, hygienist/therapist and extended duty dental nurse, as appropriate.

A programme of care is tailored to the needs of each individual child/family. Therefore, children at increased risk of dental caries will require longer and/or more regular appointments with dental services, perhaps delivered by an extended duty dental nurse.

For other children, oral health promotion and clinical prevention may form part of the family appointment with the dentist.



“In Scotland, fluoride varnish will be recommended for all children from the age of two years via primary care dental service”

Lynn Brewster

How does the programme seek to address oral health inequalities and target those most in need?

It is envisaged that every child in Scotland will have access to Childsmile. Indeed, they already do through the core toothbrushing programme.

Childsmile Practice seeks to provide an individualised programme of care, delivered via both general dental services and community and salaried services. Enhanced care may include longer or more regular appointments with primary care dental services or even additional home and community support via a dental health support worker if and when appropriate.

In recognition that the children in the most deprived communities are least likely to attend regularly at dental services, additional measures have been put in place via Childsmile Nursery and Childsmile School. These two elements of Childsmile provide additional clinical preven-



tion within priority educational establishments, which are identified through the proportion of children attending from the most deprived SIMD quintile.

Fluoride varnish is applied twice yearly to the teeth of children whose parents have consented to participation in the programme. This part of the programme is delivered by teams of extended duty dental nurses supported by a dental health support worker. Ideally, these children will also receive a further two fluoride varnish applications in the year via their primary care dental service.

Any children identified through Childsmile Nursery or Childsmile School as not being registered with a dentist will be supported to access primary care dental services.

CHILDSMILE FAQs

Q. Will dentists be able to enrol children in Childsmile who are already registered with the practice?

Yes. This is the primary reason for completing one GP17 for Childsmile and a second for GDS registration.

Childsmile payments will be paid to the account that normally receives Practice Allowance payments.

Q. Will a dental practice be able to deliver Childsmile in the absence of a dental nurse to attend training?

Yes. The Childsmile programme advocates a team approach to delivering a package of care that is tailored to the needs of the individual child.

This should be delivered by the most appropriate member of the team.

Q. Will a dentist be able to apply the fluoride varnish as part of a check-up as opposed to an extended duty dental nurse?

Yes. In many instances the dentist may find it quicker to apply the fluoride varnish as part of a check-up.

However, most practices organise the extended duty dental nurse to apply the fluoride varnish and deliver the oral health education sessions at interim visits to the child's annual check-up.

Q. Does fluoride varnish work?

Yes. Fluoride varnish, applied at least twice a year, and in addition to brushing with a fluoride toothpaste, has been shown to reduce caries in children.

The SDCEP guidance on the Prevention and Management of Dental Caries in Children will recommend six-monthly fluoride varnish application to all children from two years via primary care dental services.

Childsmile aims to provide two applications per year within Childsmile Practices and the offer of a further two applications in Childsmile Nurseries and Schools.



Q. Is there any potential risk to the child in receipt of a further two fluoride varnish applications as part of the targeted Childsmile Nursery or School programme?

No. Childsmile aims to apply fluoride varnish four times a year to children at increased risk of developing dental caries. This dose is well within the safe limits for acute toxicity levels (even if two applications were on the same day) or chronic ingestion resulting in fluorosis.

Furthermore, most of the teeth, and certainly the six anterior teeth, will have calcified by the age of 3.5 years. The optimum benefit would be four doses equally spaced throughout the year.

What are the next steps for Childsmile?

Integration and consolidation. Childsmile is currently in an interim demonstration phase prior to being mainstreamed into routine dental services. During this time, 2009-11, a fully integrated programme encompassing Childsmile Core, Practice, Nursery and School will be embedded within Scotland's 14 NHS boards.

A great deal of work is already under way locally and nationally to make this happen. Members of the Childsmile board are currently working to embed the evolving dental care pathway within the child health system, to ensure programme delivery by an appropriately trained and skilled workforce and that it is supported by national payment systems and IT facilities. ■



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

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Peri-implantitis

How concerned should we be?

Regular review and maintenance of dental implants and their associated restorations is essential. *Scottish Dental* looks at the current situation regarding the incidence and implications of peri-implantitis around previously healthy implants and how it may be treated



Question: which image above displays peri-implantitis: Fig 1a, Fig 1b or Fig 1c?

Answer: Fig 1c only. Peri-implantitis cannot be diagnosed from a radiograph but is a clinical situation confirmed radiographically.

The problem

Depending on who you listen to and your interpretation of the scientific literature, the incidence of peri-implantitis is anywhere from two per cent of implants up to 85 per cent. This is clearly not helpful for the clinician who needs to know not only when to act, but also how to prevent problems in the first place.

It is also potentially very negative to a treatment modality that has more documented long-term success than any other form of dentistry and can offer patients definitive resolution to their problems.

A definition of peri-implantitis is required, otherwise every case of “less than ideal bone support”, “exudate” from a gingival pocket or “bleeding on probing” can be incorrectly labelled peri-implantitis.

A consensus report from the first European workshop in periodontology in 1994 defines peri-implantitis as “an inflammatory reaction with progressive loss of

supporting bone in the tissues surrounding a functioning implant”. Characteristically, the bone loss pattern has a “saucerised” appearance (Fig 2 and Fig 3).

Prevention

Prevention is the ideal situation. What causes peri-implantitis? It is currently viewed as being multifactorial where the interaction of a number of factors contribute to the end result:

Contributing factors:

1. microbiology and poor oral hygiene – it is essential that restorations are designed to be cleansable and that patients are instructed in the correct home care required, which is diligently reinforced at their regular dental hygiene appointments
2. uncontrolled diabetes
3. bruxing
4. smoking
5. previous periodontal disease
6. individual susceptibility.

With patients presenting with any or a few of the above problems, it is important that the potential long-term problems are discussed at the outset. Interestingly, while these situations can give rise to increased

incidence of bone loss, this does not necessarily translate to implant loss and these factors are not absolute contraindications to implant treatment.

Diagnosis

Without the presence of all three diagnostic parameters (progressive bone loss, pus from the gingival margin, bleeding on probing), a condition is not peri-implantitis and care needs to be taken to arrive at the correct diagnosis:

Mucositis is a reversible inflammation of the mucosa. Often this is associated with a pus-type exudates from the gingival margin, which is produced by pressing round the neck of the implant.

This situation can be present for many years and is most likely associated with there being a tissue tunnel running from the head of the implant to the gingival margin when the implant has had to be placed quite deep or distant from the ideal emergence point for the restoration. It is not necessarily associated with poor oral hygiene and often does not require any form of active intervention other than monitoring. Antibiotics or any

Continued »

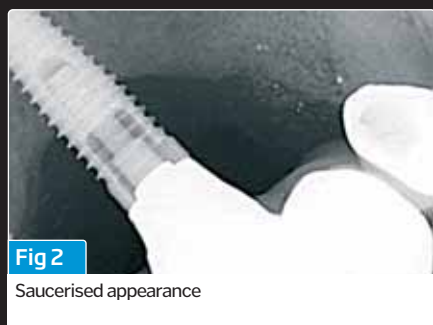


Fig 2
Saucerised appearance



Fig 3
Bleeding on probing with bone loss



Fig 4
Bone loss to fourth thread - stable situation, no treatment indicated



Fig 5
Inflamed peri-implant tissue



Fig 6
Peri-implant bone loss



Fig 7
Open flap debridement

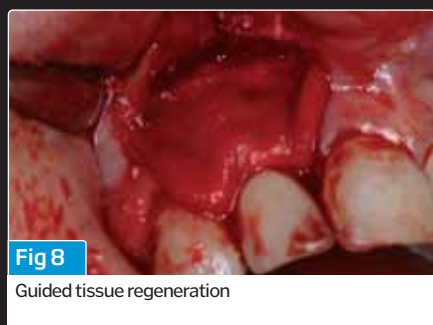


Fig 8
Guided tissue regeneration



Fig 9
Bar overdenture with peri-implantitis round three implants



Fig 10
Flap raised for debridement, one implant is lost



Fig 11
Healing after apically repositioning the flap



Fig 12
Presentation of peri-implantitis



Fig 13
Six months after apically repositioned flap surgery

Continued »

form of surgical intervention in this situation is contraindicated.

Bone loss around an implant is a very obvious cause for concern. Just because an implant is showing through the tissue or some threads are visible above the bone level, however, does not mean an active peri-implantitis.

There can be situations when an implant integrates without full bone coverage (eg in an immediate extraction and placement), in which case what you are seeing is the situation that was present on completion of treatment rather than a progressive problem (Fig 4).

Bleeding is the most accurate indicator of active inflammation. Bear in mind, however, that the attachment of the soft tissues to the neck of an implant is an entirely different mechanism to that of a periodontal ligament round teeth. As a result, probing with the recommended pressure of 25g is likely to penetrate the soft tissue complex and initiate bleeding in many healthy implant sites.

There are important ramifications from these points:

1. It is essential that clear surgical notes are written up at the time of implant placement to indicate where the head of the implant has been placed.
2. On completion of treatment, there should be a final radiograph clearly showing the bone level mesial and distal to the implant.
3. Consider screw rather than cement-retained restorations to avoid the problems of excess cement and foreign body reactions.
4. A maintenance and monitoring programme should be set up, explained and agreed to, prior to any treatment being commenced.
5. If you are at all unsure about whether a situation is peri-implantitis then seek a second opinion.
6. How potential future problems will be managed should ideally be agreed to prior to the initial treatment being undertaken.

"The meeting may well pose more questions than answers, but it will make us examine what we do and why we do it"

STEPHEN JACOBS, ADI PRESIDENT, PAGE 25

Clinical

Treatment

Once a diagnosis of peri-implantitis has been arrived at, how should it be managed?

The CIST (Cumulative Interceptive Supportive Therapy) protocol was initially proffered as a logical systematic approach to peri-implant problems.

This system set out a sequence of interceptive protocols:

1. oral hygiene instruction and local debridement and irrigation
2. as above with local antiseptics
3. as above with the addition of systemic antibiotics
4. if no resolution then surgical intervention
5. long-term monitoring.

While useful in terms of elevation of the problem until a diagnosis of peri-implantitis has been arrived at, ultimately this has now been replaced with surgical intervention as the mainstay approach in management of these conditions.

Surgically there are two approaches:

1. Guided bone regeneration to keep the implant covered and encourage some form of soft or hard tissue reattachment (Fig 5, Fig 6, Fig 7, Fig 8).
2. An apically repositioned flap to expose the



Fig 14
18 months after surgery

unintegrated portion of the implant, smooth adjacent bony anatomy and allow easier access for oral hygiene (Fig 9, Fig 10, Fig 11).

With both approaches, the goal is to eliminate the granulation tissue from around the implant, encouraging bony bleeding and a healing process.

Open flap surgery is essential and diligent debridement equally so. Disinfection of the implant surface has been tried with many different medicaments (chlorhexidine,

hydrogen peroxide, tetracycline gel, saline, citric acid) all under a systemic antibiotic regime. No one treatment has thus far been found to be more effective than another, irrespective of which approach is taken.

Ultimately which approach to use is most likely determined by the position in the mouth; in an aesthetic situation guided surgery is most appropriate, while more posteriorly an apically repositioned flap.

These are challenging surgical procedures and, unless placing many hundreds of implants, are unlikely to be routine, in which case seeking the appropriate surgical expertise is essential if the patient is to have the best outcome (Fig 12, Fig 13, Fig 14).

Of course, careful monitoring and maintenance is then required. Peri-implantitis is thankfully rare, but all those participating in providing implant treatment for their patients must be aware of how to prevent and, if necessary, manage it. ■



This article was contributed by Kevin Lochhead at Edinburgh Dental Specialists www.edinburghdentist.com

The ADI is hosting a symposium on peri-implantitis on Monday 1 February in London

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"Following the refurbishment, I have noticed a definite improvement in staff morale" SIMON MILLER, PAGE 50

Clinical

Optimal aesthetics using dental implants

A 34-year-old female patient was referred by her GDP for an opinion and treatment of the upper right lateral incisor. The patient's complaint at attending was that she had seen her dentist after traumatising the upper-right lateral incisor; this tooth has some mobility and is tender on tapping.

The patient was looking for a fixed. She is adamant that at no point does she want to consider a denture. She intimated that she would also consider improving her smile, but her GDP is looking to treat the upper left central and lateral incisors. Her medical history is unremarkable.

She has a very high smile line. Her oral hygiene was very good with little plaque present. She has no evidence of periodontal disease and maintains her oral hygiene prudently. Her remaining dentition is well maintained and restored with little evidence of tooth wear. The upper right lateral incisor has a grade two mobility and

A sub-gingival root fracture presented a complex case for **Abid Faqir**, particularly as the patient was adamant she did not wish a denture. Following a lengthy course of treatment, the result was a very happy patient

can be seen to move a few millimetres below the margin.

This tooth has previously had endodontic treatment and has a periapical area. The upper right central incisor has been root treated in the past. It has a veneer present. The upper left central incisor and lateral incisors are heavily filled and discoloured. The patient has good keratinized tissue but it is very thin tissue. The gingival profile of her anterior teeth is good.

All clinical findings were proven on the X-ray. There seemed to be adequate bone volume in the 12 area to consider an implant. After discussing the present situation and

the prognosis of the remaining upper teeth, I diagnosed her with having a sub-gingival root fracture of tooth 12. We looked at the various treatment options that were available and discussed the pros and cons of keeping the tooth as well as the option of fixed bridgework or an implant.

Treatment plan

1. Appointment with hygienist to optimise oral hygiene.
2. Inform GDP of treatment plan and to ask her to continue maintaining her teeth.

Continued »

PROCEDURE



Fig 1

Pre-op smile



Fig 2

Removal of crown to show the subgingival fracture



Fig 3

Zirconia abutment used for optimal gingival aesthetics



Fig 4

Note the gap left to allow papilla formation



Fig 5

Smile on completion



Fig 6

Post-op X-ray



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Scottish Centre for Excellence in Dentistry.

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

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

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

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



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Clinical

Continued »

3. Extraction of tooth 12, clean out infection, maintain buccal wall and place a collagen plug to maintain volume. Prepare tooth 11 for two-tooth temporary bridge.
4. After three to four months, place an implant with immediate loading using a definitive zirconia abutment.
5. After a further 12 weeks, final preps to place all ceramic crowns.
6. Fit final crowns.
7. Regular reviews as with normal implant protocols.

The tooth was extracted atraumatically followed by placement of a collagen plug and temporary bridge. After three months, the implant surgery commenced with a minimal flap approach placing a 13mm narrow platform implant torque to 40Ncm. The integrity of the walls of the osteotomies was checked prior to implant placement.

This was followed by placement of an immediate zirconia abutment, which was prepared and then had the temporary crown adapted to it extra orally. The margin was prepared about 1.5mm below the gum line. The surgery was carried out under local anaesthetic.

After a number of months, we carried out X-ray examination as well as clinically checking the osseointegration.

We took the temporary

crowns off and took normal crown impressions. The final crowns were fitted after a number of weeks.

The patient was extremely happy with the final outcome. Final X-rays were taken to confirm proper seating. The patient has been removed on a periodic basis. She is currently undergoing treatment from her GDP for the remaining incisors.

As was evident, this was an extremely difficult anterior case with high aesthetic demands. The plan for the treatment was followed as shown, but I am sure that the aesthetics were kept to the optimum by not using a denture, using a zirconia abutment and the use of temporary restorations to mature the gingival.

The use of a customised abutment would have been possible, but as this was an immediate case we had to re-prepare the margins to the ideal position just below the gum margin. It would have been a more complete result if we were able to restore the other incisors, but the patient's circumstances delayed this. ■



This case was carried out by Abid Faqir at the Scottish Centre for Excellence in Dentistry (SCED). For more information on SCED, including specialist referrals and details of courses, please visit www.scottishdentistry.com or telephone 0141 427 4530



Fig 7

Review after 14 months

We found a gap

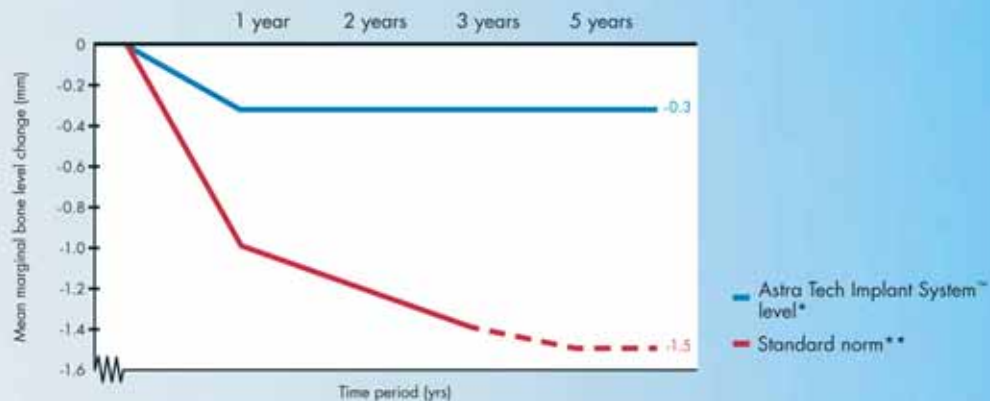
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Clinical

Special interest



Dr Lindsey Haveron explains how an interest in endodontics, developed during her time in the RAF, will help her bridge the gap between general practice and specialist referrals

Dentistry has evolved. Nothing new there. New materials, methods and equipment – but how on earth do you keep up with it all? Of course, if you look in the CPD pages of the dental press, you will discover opportunities to attend any number of courses, conferences, lectures, hands-on clinics... the list is endless, and the options numerous.

Then, then on top of that, every course and new idea

comes with a price tag: the clinical camera, the composite finishing burs, the hand instruments, the microscope, the cone-beam CT scanner. Aaaaagh! Where do you stop?

Realistically, within general dental practice, we have to set limits. We aren't and can't be expected to be attaining specialist standards in all and every discipline. Otherwise there would be no specialists! However, there are definitely disciplines within our realm as GDPs that we favour, just as

there are those that, ideally, we would do anything to avoid.

Endodontics has always been my baby. I developed my interest as a dental officer in the RAF. However, I still enjoyed working as a GDP and didn't want to devote my whole career to endodontics.

On leaving the RAF in 2003, I was fortunate enough to find myself working in a practice where the principal appreciated these aspirations.

Care Dental is a general dental practice, but over the years the dentists working here have been encouraged to develop their own special interests. This has been fortified by the purchase of specialist equipment and the encouragement to further our knowledge in these areas.

The practice has worked successfully for a number of years with its own 'internal referral' system which, while not replacing referrals to specialists, provides another layer of expertise for more challenging cases. And patients benefit from staying within the practice, in a familiar environment.

Recently, I have had the chance to work alongside Professor WB Saunders on a temporary basis at his referral clinic at Dundee Dental Hospital (DDH). The experience has been immeasurably beneficial. I have sought to gain as

much knowledge and skills from him as possible, and relate it to a general practice situation.

I am indebted to Professor Saunders for his encouragement and support.

I have taken the knowledge that I have gained at DDH and delivered it within our practice, at a level that I am confident to work within, for both my own

"Every course and new idea comes with a price tag: the clinical camera, the composite finishing burs, the hand instruments, the microscope, the cone-beam CT scanner. Aaaaagh!"

patients and those of my colleagues. The natural evolution now is to be able to offer this service to other practitioners.

I have had a lot of clinical experience as well as attending courses and conferences, but I am *not* a specialist and would always work within my comfort zone, referring as and when appropriate.

With the help of a surgical microscope, ultrasonic instruments, an electronic foramen locator and CBCT scanner, I would like to think I can offer treatments to a level that can bridge the gap between general practice and specialist referrals. ■




Dr Lindsey Haveron
BDS MFGDP (UK)
Member of British Endodontic Society



Care Dental
34 Cornie St,
Crieff,
Perthshire,
PH17 4AX

Endodontic Referral at Care Dental

Dr Lindsey Haveron has worked within the Endodontic Referral Clinic at Dundee Dental Hospital for the past year under the guidance of Prof W B Saunders. She also works 4 days per week in practice. This brings access to referral services in endodontic treatment to a local level, thus ensuring training and accountability to academic standards.

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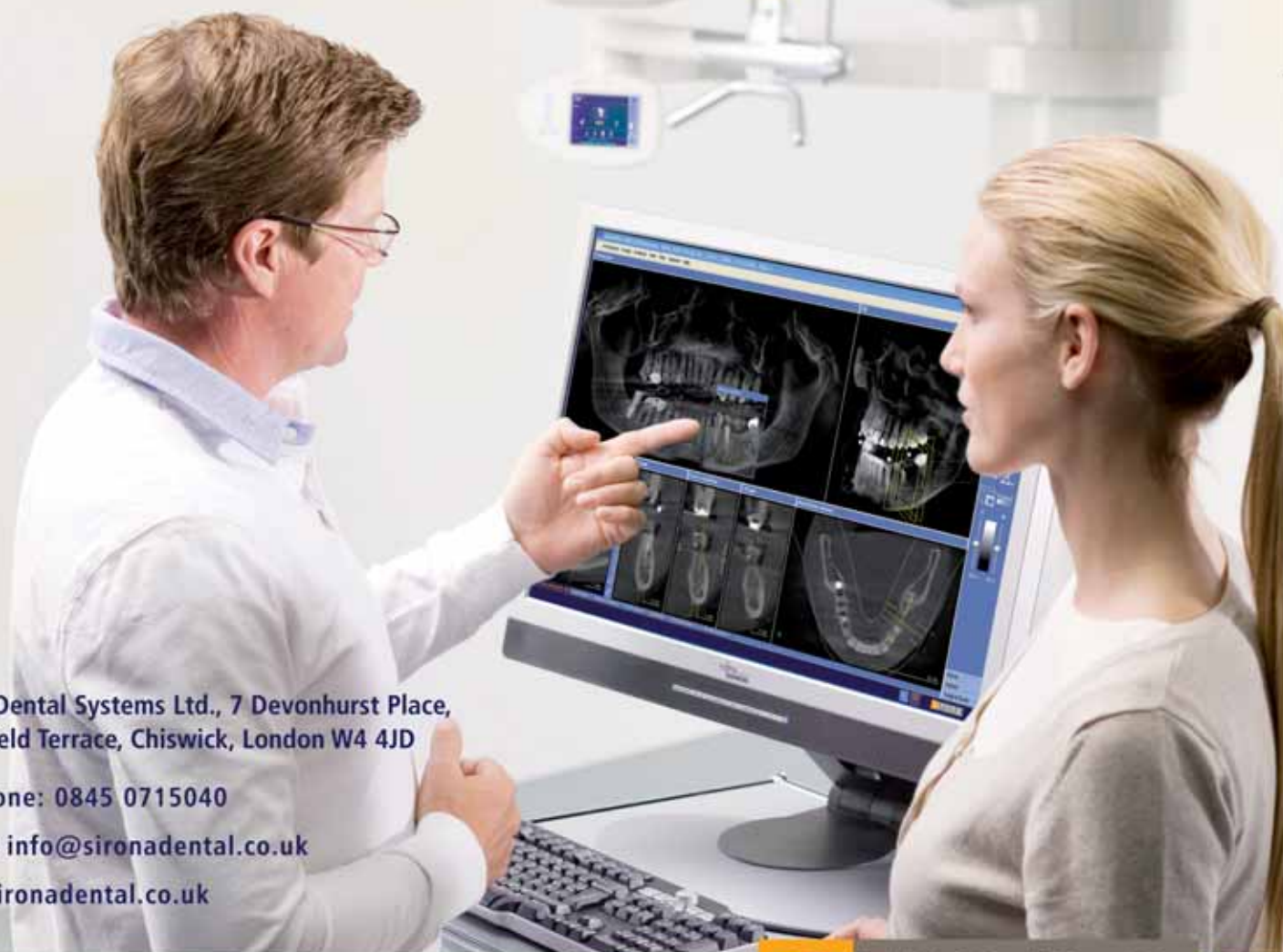
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Goodwill values remain buoyant despite the recession but, as Practice Financial Management's **Martyn Bradshaw** explains, using an agent to sell your practice can make all the difference

Exit strategy

Changes in market conditions and goodwill values

Our experience of selling practices in England and Wales reveals a buoyant market despite tough economic conditions.

The more favourable NHS funding position enjoyed by Scottish practices should result in a similarly buoyant market north of the border. However, this is not necessarily the case.

We regularly come across the scenario where a practice simply closes or is sold for a very low value, compared with what might have been achieved with the help of a professional agent. Our experience shows that not using an agent can actually be counter productive, as they can significantly add to the realised value and facilitate an efficient and smooth practice sale.

Why should you use an agent?

A professional and successful dental practice agent will be able to demonstrate proven experience and should offer expert advice from the start to finish of the sales process. They should also provide professional marketing and negotiation to ensure that the administrative burden is taken from you.

So what should you expect from your agent?

An agent can help in a variety of ways:

• Valuations

Professional assessment of the practice goodwill and equipment value is often a starting point for the sales process. A professional valuation ensures that the practice is marketed at the correct price, based on a detailed and thorough assessment.

• Marketing

The aim of marketing your practice openly is to achieve the maximum price and gain as much interest as possible, from the 'right' buyer.

A professional sales agent should be able to match the most suitable potential buyers with your practice. We do this by retaining a list of serious potential buyers, including body corporates. PFM employs a range of techniques such as e-mailing or posting a professionally produced prospectus, advising on dental press advertising and taking advantage of online marketing.

• Potential purchasers and viewings

Your time is precious and an agent should be in a position to answer queries from potential purchasers as well as arranging viewings on your behalf. As all enquiries and negotiations can be kept at arm's length through your agent, confidentiality can be maintained without upset to staff.

• After a buyer is found

An experienced sales agent can deal with any issues at the outset and prevent delays to the sales process further down the line. Timescales to completion should be set and closely monitored to ensure that the legal work, bank finance of the purchaser, leases, etc are all arranged in a timely manner and any issues which may arise are dealt with swiftly. ■



Contact PFM's practice sales team on 01904 670 820, or visit www.pfmdental.co.uk



"We regularly come across the scenario where a practice simply closes or is sold for a very low value, compared with what might have been achieved with the help of a professional agent"

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Advertising feature

| **IndependDent Care Plans p48** | **Refurbishment p50**

When it comes to helping dental practices realise their ambition of having paper-free and more efficient operations, Ian Wilson of IW Technology is helping make it happen, discovers **Bruce Oxley**

Make the connection

Ian Wilson (pictured right) has plenty of experience helping dental practices install new computer systems to replace old or outdated ones, but recently he has managed to successfully introduce paperless technology into two practices that were previously almost entirely reliant on a paper system.

Stewart Thomson of Ayrshire Orthodontics in Kilmarnock said: "We've been in the practice for 12 years and we've had no major IT systems before now outside of an N3 machine and an office PC for admin. We had just got to the stage where, because of the size of the practice, it has become difficult to manage all our records on paper. We needed a system that would be able to manage all our patient data better and more efficiently."

Stewart called in Ian Wilson of IW Technology to introduce a complete IT solution and he has been delighted with the result: "It's been a major change but a major step forward. This new system will make us more efficient and help the staff do their jobs and make their lives easier. Ian was great, he's very friendly and helpful, and good to work with."

As well as Ayrshire Orthodontics' new system, Ian has also recently transformed the working practices of Embrace-U Orthodontics in Ayr whose only previous IT equipment consisted of an office PC that was mainly used for letters and other correspondence. Ian has installed high-tech networks in both practices running the latest Orthotrac software and there is now a computer alongside each chair in the surgeries, linked with the reception and office areas.

Ian explained the difference he believes the new systems will have on the day-to-day running of the practices. He said: "From having nothing, they now have everything accessible on

their screen. The nurses will be able to bring up information telling them that the next patient is in, that they are in the waiting area and then bring them through. So there is no more calling down to reception, on the phone and on foot, to see if patients are in and ready to be seen.

"All the technical information can then be input into the system and into the patient's individual record as it is being done, so it will make it a lot easier for them."

Both practices will initially run a parallel paper system in the short term but over time the technology is in place for them to go completely paperless. Once all their existing patients are entered into the Orthotrac database, they can then start to phase out their paper system. The new technology also allows them to design treatment plans, do all their product ordering and print off GP17s directly from their machines.

As well as maintaining the hardware - Orthotrac provide software maintenance and training - Ian will be looking after their email and website and providing regular training and IT support to help the practices get the most out of their new technology and fix any bugs or problems that may arise.

Ian said: "I think initially people's fear of IT and what they can and can't do is eased when they get the system in and start working with it. A lot of my job is managing people as opposed to managing the IT systems as people are often more complicated!"

"However, when clients realise how much easier their working lives can be with an up-to-date system, they start to get more confident and start to think themselves how they can improve things." ■

"I think initially people's fear of IT and what they can and can't do is eased when they get the system in and start working with it"

Ian Wilson

Meeting the needs of the modern orthodontic practice

Helen Bennett from Orthotrac explains how a one-size-fits-all approach to software is not appropriate for orthodontic practices



Advertising feature

The demands on the modern orthodontic practice are as diverse as they are challenging.

Orthodontic practices often differ in their approach, size and demographic. Add to this the varied workload and no two days are ever the same.

At Orthotrac, we recognise this and offer an application that is a fully integrated orthodontic solution which is diverse enough to meet the needs of any orthodontic practice with the ability to develop and grow as your practice develops or legislation dictates changes to your operating procedures. A "one-size-fits-all" approach is not appropriate. The software allows users to adapt the system to reflect how they work and how their practice operates.

I am sure you will have seen or worked with other software products in the past, but imme-

diately you will see a difference when you work with Orthotrac. It has been designed purely for orthodontists to incorporate everything from orthodontic clinical charting, referral and waiting list management, image storage to cephalometric analysis in one integrated solution.

Orthotrac is not a general dental application modified to work for orthodontics. It is a dedicated orthodontic solution developed for the speciality.

Regardless of the size of your practice or whether you already have a system in place, Orthotrac brings all information into one central point. You will be able to make intelligent and accurate business decisions and free up key staff to concentrate on more strategic and profitable activities.

Investing in a new computer system is a big decision. The Orthotrac team works with you, every step of the way to make

sure that your software choice is the right one for you and your business. New practices have the help of our trainers and support staff from the moment you decide to implement Orthotrac.

Each new practice has an allocated trainer, who will work with them throughout the



whole process. Your trainer will be able to offer guidance on configuring the software to reflect your practice and the way you like to work.

We are currently working with two new orthodontic practices in Ayrshire who have now

converted to Orthotrac.

The training programme is carefully designed to support every person who will be using the software, from receptionists to clinical staff. We can even offer data transfer services so that electronic data held on your current systems can be exported into Orthotrac, reducing downtime and eradicating the danger of data duplication or corruption.

Orthotrac is committed to ongoing client care. To realise the true value of your investment in the world's leading orthodontic software, you need to see tangible business benefits in terms of saving time and money. ■

More information on Orthotrac can be found at www.orthotrac.co.uk

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Gary Moore of IndependDent Care Plans UK highlights how constantly reviewing services is bringing benefits to customers

IndependDent thinking

As my first anniversary with IndependDent Care Plans fast approaches, I thought it appropriate to provide a brief overview of what has been an exciting, hectic and extremely interesting period for both the group and myself.

Entering the dental industry with no previous experience and having enjoyed a career of over 25 years in retail, it was interesting to notice the similarities between both sectors.

It was intriguing to be entering a different industry in the midst of a particularly difficult recession, and I was interested to see what impact this was having in dentistry circles, compared with my experiences on the high street.

The obvious and most important similarity that exists is that of the company/client relationship which from IndependDent's perspective is apparent in two major formats, namely the relationship between IndependDent and our member dentists, and the dentist and patient.

Like most companies, we at IndependDent, as part of our business strategy, have a number of key objectives we aim to achieve; the largest proportion of our goals focus on the valued relationship with our existing members.

Over the last year we have implemented a series of initiatives that have improved important support functions for our members, focusing on customer service and communication standards, costs, product

Right: Gary Moore is keen for practices to give feedback on IndependDent's services



Advertising feature

enhancements, marketing, training and plan conversion management.

However, at IndepDent we are conscious that to maintain our competitiveness within the dental care plan provider market, we need to continually review the services and benefits we provide, and while we have implemented change in the last 12 months, we have identified further aspects of our business which require closer attention during the early part of 2010.

While implementing key initiatives for existing members, we also want dentists who are looking to introduce a new dental care plan into their practice, or considering a plan conversion, to consider IndepDent as their provider of choice.

With this in mind, and in conjunction with supporting our business objective of raising the IndepDent brand and product awareness throughout the industry, we have recently introduced an exciting initiative which we are confident will generate "new-to-group" interest.

To find out more about this new development any interested dentist/practice can call IndepDent directly on 01463 222999, or visit our newly relaunched website at www.ident.co.uk

With regards to the new website, I believe we now have a

more vibrant, attractive and benefit-driven website. Visitors (dentists and patients alike) will not only want to investigate its content further, but by doing so, will find it more user friendly.

It also provides a great opportunity to find out more about who we are and what we have to offer, while giving a greater choice of ways to contact IndepDent than ever before.

"Over the last year we have implemented a series of initiatives that have improved important support functions for our members, focusing on customer service and communication standards, costs, product enhancements, marketing, training and plan conversion management"

Gary Moore

It will also give existing members and potential new to group candidates, a first insight into the subtle changes to our presentation style and image, initially demonstrated at the recent BDTA conference at NEC, Birmingham in November.

IndepDent was established in 1995 by practising GDPs in the Highlands of Scotland, and has a proven record within the dental care plan market. IndepDent allows dental practitioners to set up their own dental care plan scheme, and undertakes all the financial administration of plan patients contracted with dentists and provides additional business development support.

I want to finish by highlighting how supportive and beneficial our members have been in helping IndepDent to "shape" the way we operate. To this end, I would emphasise that we welcome feedback and the thoughts of our members because, if with their input we can enhance their experience when dealing with IndepDent, this can only result in a positive outcome. ■



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Advertising feature

Refurbishing any practice can have a number of positive impacts on the business, such as boosting staff morale, improving staff recruitment and retention as well as enhancing the patients' perception of the practice. After a refurbishment of Glasgow Orthodontics, staff noticed that patients are less anxious before and during appointments, are more co-operative and treat the staff with a greater degree of respect.

Principal dentist Simon Miller said: "Following the refurbishment, we have received numerous comments and lines of praise from patients and I have noticed a definite improvement in staff morale. Not only that but I think the new, more professional environment has made it easier for me to recruit new staff and associates when needed as they will see the practice as a place they would be more than happy to work in."

Simon and his brother Jonathan relocated from a West End practice in Clifton Street to Renfield Street in the city centre in 2004. The two-surgery practice had simply outgrown its premises and after about a year of searching, they came across the perfect space. However, Simon readily admits that after finding the premises, they initially didn't make the most of the 2,500 square foot space in terms of patient flow and layout.

He said: "When we first took over, we were just keen to get in and start working so we maybe didn't spend enough time thinking through how the patients and staff would move through the building."

However, after a few years of working in the practice, Simon and his staff had a much better idea of how to maximise the space available and decided that the time was right for their first major refurbishment. So, two years ago, he contacted Dereck Lang of SAS Shopfitters to get the ball rolling. The work was split into three phases to minimise the disruption to patients and staff.

Simon acknowledges that having the work carried out in stages was probably not as cost effective as one job, but his commitment to patient treatment being uninterrupted was paramount. This also meant that a lot of the work needed to be carried out after hours and SAS were more than happy to oblige.

Dereck and his on-site project manager Colin co-ordinated the various contractors and also made sure that there was no mess left behind when the staff returned. Simon explained that he often marvelled at how well the different contractors worked together as opposed to getting in each other's way as he imagined could have been the case.



Above: frosted glass allows light to filter through but keeps staff and patient areas distinct

Wonderwalls

A major refurbishment has delivered unexpected benefits to one orthodontic practice in Glasgow, reports **Bruce Oxley**

And while Dereck visited the site most days to check on the overall progress, Colin was always available to keep Simon involved with all the key decisions and details.

The first stage of the refurbishment involved moving the X-ray room and office before a curved wall was installed in the reception area. The idea for a wall with



lighting and signage was Simon's idea. The lights above the sign in the wall subtly change through a spectrum of colours and give the reception area a unique look.

The second phase involved installing the waiting area seats, which back onto a frosted glass and wood partition, to separate the patient space from the staff areas. This allows light to filter through from the patient area into the staff room and lab without

losing the distinction between the two areas.

This separation allowed the final phase to be completed out of sight of the patient area and meaning they didn't have to close the practice or have contractors working out of hours. The last area to be completed was the staff room, changing room, office and laboratory, and was finished late last year. Simon explained that all three phases took less than a month to complete each time. As well as being quick and efficient, the work was to a very high standard and on budget.

In fact, Simon revealed that the work is so good that all it will take in the coming years is a lick of paint every now and again to keep the practice looking brand new.

There is now a total of 26 staff at Glasgow Orthodontics, including seven orthodontists. Simon's brother Jonathan has been with them since 2003, Professor John Kerr has worked in the practice part-time since 2000 and their newest associate, Justine Weir, has been with them for just one year. They also have two qualified orthodontic therapists and two nurses who are undergoing training to become orthodontic therapists. This new qualification means that Simon can delegate a number of treatments and tasks, under his guidance and supervision, freeing him up to see more new patients and more complicated cases. ■



For more information on Glasgow Orthodontics, including referral details, call 0141 243 2636



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BDTA

The BDTA Dental Showcase 2009 was the biggest yet, with thousands of delegates checking out hundreds of exhibits, attending daily lectures... and trying to find Tweetums the Parrot

Better than ever!

More than 13,000 delegates, including record numbers of the dental team than ever before, attended the BDTA Dental Showcase 2009 held at the NEC in Birmingham.

As ever, the three-day event provided a great opportunity for visitors to find out about the latest products and services in the dental world, compare what's in the market and speak to the people in the know.

There was also a range of continuing professional development (CPD) opportunities with lectures from the Faculty of General Dental Practitioners, Dr Chris Orr, Dr Martin Trope and representatives from Dental Business Solutions. Daily seminars covering core subjects recommended by the GDC were also held in the purpose-built lecture theatre, which had doubled in size since last year.

On the exhibition floor, more than 360 exhibitors displayed everything from loupes and handpieces to financial services, alongside stalls from dozens of groups, associations and governing bodies. Product



Software of Excellence



Above left: the A-dec stand. Above right: Nicola Pegg from DP Medical



Alison Miller at the W&H stand



Gary Moore and his team at IndependDent Care Plans

launches and demonstrations took place throughout the event, giving delegates a chance to check out the latest innovations.

As has become customary, the conference took on a theme,

which this year was Treasures of Dentistry. Free non-alcoholic cocktails and sorbets on a pirate-style "treasure island" were in high demand and hundreds of visitors headed over to the photography area to have their picture taken on a "tropical beach", courtesy of the BDTA. The Caribbean Regals steel band encouraged visitors and exhibitors to get in the Caribbean mood with their tropical sounds greeting people as they arrived.

Continuing the pirate theme, showcase mascot Tweetums the Parrot was hidden in various locations around the hall for delegates to discover as part of a treasure hunt. Versions of the soft toy parrot were also on sale at the conference with all proceeds going to the Bridge2Aid charity.

Tony Reed, executive director at the BDTA, said: "This year's BDTA Dental Showcase was bigger and better than ever before with more exhibitors, visitors and CPD opportunities.

"We are delighted with the positive feedback we have received from those involved so far and will continue to develop the event to ensure it meets the needs of the industry in the future.

"The level of interest in products and new developments highlights the appetite of the dental team to remain up to date with advancements in dentistry." ■

This year's BDTA Dental Showcase will take place at ExCeL London, from 14-16 October 2010. For further information, visit www.dentalshowcase.com



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Imagine being able to greet each patient personally when they call. Denticom strengthens the bond between patient and practice by displaying the patient's name and details on screen when the telephone rings. This personal welcome will undoubtedly improve patient satisfaction and retention rates.

Denticom's Perfect Partner allows patients to book, cancel or change



appointments over the telephone any time of day or night, integrating seamlessly with the practice's electronic appointment book. It also allows for messages to be played while the patient is on hold, promoting services while letting the patient know their position in the queue, and eliminates the engaged tone, improving access.

■ *Denticom offers a range of solutions to suit every dental practice's budget. For more information, please call 0844 573 3000 or visit: www.denticom.co.uk*



BDA members benefits at Showcase

The BDA's stand at the 2009 BDTA Dental Showcase received a constant stream of new members joining and learning about the many benefits of membership.

There were exclusive Showcase discounts on the range of books and products from the BDA and substantial discounts on seminars and events organised

throughout the year. One BDA product that proved extremely popular with delegates was their Good Practice Scheme and BDA members also have the invaluable support of free advice on any matter relating to working in dentistry.

■ *For more information, visit the website www.bda.org/join*

Helping you help your patients

GC's stand at the recent Showcase Exhibition proved to be as popular as ever. The company was promoting the Minimal Intervention programme with two new products. GC Saliva-Check Mutans is a chair-side diagnostic tool that shows whether a patient carries a high level of *Streptococcus mutans* in the saliva.

And Dry Mouth Gel from GC UK is a unique, sugar-free product with a unique neutral pH to provide ultimate patient comfort combined with an immediate soothing effect.

G-Cem luting cement is also now available in an automix syringe. G-Cem combines the improved handling and self-adhesion of conventional cements with the superior mechanical properties, adhesion and aesthetics of resin cements.

■ *For further information please contact GC UK on 01908 218 999*



Ground-breaking technology at BDTA 2009

PracticeWorks has always been at the forefront of innovation, and this year proved no exception.

Among the range of impressive devices on display were the Kodak 1500 Intraoral camera, the newly unveiled Kodak 6500 wireless RVG sensor, the PEARL Access system, OralInsights, as well as The Patient Point automated check-in facility and The Patient Partner automated appointment management system.



■ *Contact PracticeWorks on 0800 169 9692 or visit www.practiceworks.co.uk*

Education and CPD opportunities unveiled

Dental professionals from all areas of clinical practice were amongst the many interested visitors to the UCL Eastman Dental Institute's stand R12 at this year's BDTA Dental Showcase.

Regarded as a leading provider of CPD and graduate dental education, many visitors to the Eastman stand were keen to learn more about the wide range of flexible and full-time programmes available at certificate, diploma and masters level, such as the Restorative Dental Practice programme which currently has more than 500 enrolled graduate students.



■ *For taught or research programmes, please contact the admissions officer on 020 7915 1092 or academic@eastman.ucl.ac.uk; or for CPD programmes and e-learning, please contact the administration Team on 020 7905 1234 or cpd@eastman.ucl.ac.uk*



The future of implantology

The market leaders for evidence-based solutions, Nobel Biocare has a long history of bringing superior software and services to practices around the world.

At the 2009 BDTA Dental Showcase in November, dentists with an interest in the best implant developments got to grips with the new NobelProcera

scanner and CAD/CAM software. The Nobel Biocare team were also on hand to discuss the latest approaches to dentistry and advise on the extensive range of training and education available for dentists and their teams.

■ *Call 01895 452 912, or visit www.nobelbiocare.com*

BDTA/News

'Our most successful showcase to date'

Ivoclar Vivadent's stand generated much attention at the BDTA Show with the company's latest innovations and technical developments drawing much attention from visitors.

New Empress Direct Composite and recent additions to the new IPS e.max System proved a resounding success. With more than 15 new products on display, including AdheSE One F bonding system, Phonares Denture Teeth and the innovative BluePhase Curing Light family, the company drew impressive attention. Another great attraction was the in-depth knowledge and product range within



the field of CAD/CAM Dentistry – IPS Empress CAD, IPS e.max CAD and the CS (Chair side) Furnace were all on display and proved popular.

Darryl Muff, general manager, commented: "Simply, this was our most successful showcase to date. It gives me real optimism for the year ahead."

The tech of tomorrow

At the 2009 BSDHT oral health conference held at the Bournemouth International Conference Centre, PracticeWorks enjoyed introducing dental professionals and hygiene therapists to the latest and most advanced software and technology in modern dentistry.

State-of-the-art solutions on display included the Oralinsights interactive computer-generated 3D system, a world-first chance to see the Kodak's 1500 intraoral



video camera and visitors to the stand were also wowed by the promise of RBG 8 a digital x-ray system with wi-fi sensors, allowing users to review images on iPods and iPhones.

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

Oral cancer

A recent discussion in the House of Lords considered evidence of an increase in oral cancer in females and young adults. Oral cancer is now responsible for more deaths than testicular and cervical cancer combined.

Researchers from the Eastman and the University of Surrey are studying a new method of diagnosing oral cancer. Dielectrophoresis detects electrophysiological changes within the cell, and although only in the early stages of development, it is hoped that this new analytical method will prove effective in the

early identification of oral cancer.

The sampling method merely requires brushing the lesion surface, and if the accuracy of dielectrophoresis is proven, then screening will become both practical and cost effective, potentially saving many lives.

■ *For more information please call Professor Stephen Porter, Director of the UCL Eastman Dental Institute, 256 Grays Inn Road, London WC1X 8LD on 020 7915 1038, fax 020 7915 1039 or email s.porter@eastman.ucl.ac.uk*

An innovative and inspirational approach

Visitors to the 2009 BDTA Dental showcase were keen to explore the upcoming facial aesthetics courses from Dr Bob Khanna at the world-renowned Dr Bob Khanna Training Institute.



demonstrates the unparalleled successful techniques he has mastered through a series of practical one-day training courses.

One of the first dentists in the world to venture into facial aesthetic procedures utilising botulinum and dermal fillers 12 years ago, Dr Khanna

■ *For more information on the 2010 facial aesthetic courses at the Dr Bob Khanna Training Institute, please call Sonia on 07956 378526 or visit www.drboobkhanna.com*

Impressing dental hygienists and professionals at the 2009 BSDHT

Delegates to the British Society of Dental Hygiene Therapy conference and exhibition on 16-17 October in Bournemouth were impressed with Dentsply's range of unrivalled products and portfolio.

As the largest manufacturer of consumable dental products in the UK, Dentsply won enormous interest from delegates keen to discuss the latest solutions for dental hygienists and therapists.

With a proud history of technical excellence and service to the industry, Dentsply remains committed to providing superior,



cost-effective products manufactured to the highest standards.

■ *For more information visit www.dentsply.co.uk or call 0800 072 3313*

Dental excellence through accreditation

The British Academy of Cosmetic Dentistry (BACD) introduced accreditation in 2005 enabling members to demonstrate the ability to diagnose, plan and execute treatment to an agreed standard of excellence.

Open to UK dentists and technicians, accreditation involves anonymous submission of clinical cases (including before-and-after pictures to support work) demonstrating a range of different aptitudes in cosmetic dentistry. Accreditation candidates then sit a Viva examination, answering questions about their choice of treatment and materials.



For a dentist, becoming accredited is recognition of skill by patients and colleagues alike. For technicians, it allows them to demonstrate expertise in planning and producing restorations as an active, expert member of the dental team.

■ *To find out more, call Suzy Rowlands at the BACD on 0207 612 4166, fax 02071827123, email info@bacd.com or visit www.bacd.com*

Get involved, get ahead

The continual improvements in cosmetic dental care have made patient access to the smile of their dreams easier than ever. But with any qualified dentist able to offer cosmetic dentistry, how can the patient know whether they will get the treatment they deserve?

By becoming a member of the British Academy of Cosmetic Dentistry, practitioners can demonstrate their commitment to providing successful, natural-looking treatment in which patients can be confident.



With techniques and treatments being continually updated, staying informed is an essential element of successful practice. The ethos behind the BACD is to create an active group of members who can share their knowledge and experiences so that everyone benefits.

■ *To contact the BACD call 020 7612 4166, email info@bacd.com or visit www.bacd.com*

Munroe Sutton – accessible dental care

There are many dental professionals asking questions about Munroe Sutton:

■ What can they do for me?

Dentists provide their services at a slightly reduced cost and in return, gain access to an enormously large pool of potential patients. The plans reduce out-of-pocket costs – it is therefore easier for patients to afford necessary treatments and for dentists to increase treatment plan acceptance rates.

■ What will it cost me?

Nothing.

■ Does it work?

Munroe Sutton has been tried and tested in the US and found to be highly effective. The statistics



speak for themselves – currently, more than seven million Americans subscribe to this patient referral plan and this figure is climbing.

The Munroe Sutton discount plan offers huge advantages for dentists and helps to expand and grow the practice at no cost.

■ *For more information or to find out if you are eligible, call 020 7887 6084 or visit www.munroesutton.co.uk/dentist*

Award-winning dentistry from EndoCare

The 2009 Private Dentistry Awards have presented the Best Specialist Practice Award to Dr Michael Sultan and EndoCare. The award is testament to the commitment EndoCare has shown to providing excellent pain management and patient care.

Since 2000, Dr Michael Sultan has been the clinical director of EndoCare, establishing the referral practice in Harley Street London before going on to open two further clinics in Watford and in Richmond, Surrey. There, patients can enjoy the same high standard of endodontic treatment in state-of-the-art



surroundings, from the award-winning team!

■ *For more information, call 0207 224 0999, email reception@endocare.co.uk or visit www.endocare.co.uk*

“The best conference I’ve EVER been to!”

The British Academy of Cosmetic Dentistry’s sixth annual conference 2009, entitled: ‘The Future of Dentistry’ was a huge success, according to attendees.

Comments from enthusiastic delegates included:

“The best conference I’ve EVER been to (seriously!)”

“Well organised meeting, which has convinced me to join the BACD. I look forward to the next meeting.”

“A very friendly group of dentists.”

“Very high quality of speakers and presentation.”



“Dr S Weinberg was a very entertaining speaker. Lecture material and veneer cementation tips were particularly useful.”

“Great congress, good speakers and interesting topics.”

■ *For more information contact Suzy Rowlands on 0207 612 4166 or email info@bacd.com or visit www.bacd.com*

A team approach

Ivoclar Vivadent is taking a ‘team approach’ to lecturing by hosting an event on all ceramic restorations, in conjunction with Oliver Brix and Daniel Edelhoff.

February 2010 sees Brix return to discuss aesthetic and functional rehabilitation of complex cases with new all-ceramics at the prestigious Guildhall in Bath. Joined by Daniel Edelhoff CDT, Dr Med Dent, PhD, this

offers practitioners a wonderful opportunity to see both the clinician and technician presenting together.

As this will undoubtedly be very popular, numbers will be limited and tickets will be offered on a strictly first-come, first-served basis.

■ *For further information please call 0116 284 7880 to guarantee your place at this prestigious event*

BMA commendation for Professor Scully

The UCL Eastman Dental Institute is delighted to report that the BMA has awarded a highly commended certificate to Professor Crispian Scully CBE for his textbook Oral & Maxillofacial Medicine:

The Basis of Diagnosis and Treatment, in the 2009 round of its Medical Book Awards.

The book offers up-to-date, practical guidance on a range of common and potentially serious disorders affecting the oral and maxillofacial region.

The first edition of the textbook won the New Authored Book Award from the Society of Authors



and Royal Society of Medicine Prize in 2004. Since then, it has been reprinted several times and it has been translated into numerous languages, including Chinese and Polish.

Professor Crispian Scully is one of the most prolific authors in dentistry worldwide, and his books have received extensive acknowledgment, including the Doody Prize in 1999.

■ *For more details about the UCL Eastman Dental Institute, please visit www.eastman.ucl.ac.uk or telephone 020 7915 1038*

News/Equipment/Financial/Restorative

BDJ online CPD stats show steady rise

Recent figures have shown that the BDJ online CPD courses are becoming more popular. So far this year, there have been 78,193 visits to the site, up from 71,000 in 2008.

Currently, there are more than 14,000 registered users, with approximately 6,000 log-ins per month from 3,500 individuals. The most popular location of users is the UK, followed by Australia and then the United States, but the site has been accessed from 135 countries around the world.

UCL Eastman CPD offers a wide range of on-site opportunities to



support all areas of clinical practice from traditional short hands-on courses to innovative CPD challenges. The UCL Eastman Dental Institute is also committed to providing access to lifelong learning through a wide range of flexible-learning Certificate, Diploma and Masters courses.

■ *For more details about the UCL Eastman Dental Institute, please visit www.eastman.ucl.ac.uk or telephone 020 7915 1039*

Txt 2 remind ur patients

Missed appointments are all too apparent for both private and NHS dental practices. In fact, recent research of NHS practices shows that an average of 11 per cent of appointments are missed due to 'no shows' by the patient.

With 51 million mobile phone users in the UK, the introduction of an SMS alert system is a fast, immediate and effective way of reminding your patients about appointments by



simply sending a text message. With the cost of sending a text being significantly lower than sending a letter, your practice can save money and time and benefit from increased profitability through having a significantly lower amount of missed appointments.

■ *Don't let your patients miss an appointment! Call 0845 345 5767 to find out more about Software of Excellence's SMS capabilities*

Time for a check-up

Whether you are planning to maintain your current situation or make lasting changes to the structure of your business, the starting point is a no-nonsense, realistic assessment of your current financial situation.

Our extensive experience of working with the dental industry means that DPCS is ideally placed to provide an in-depth financial evaluation from which the future can be planned.

From guidance on arranging Practice Contractual Agreements between partners, associates or PCTs to undertaking evaluations for both sellers and purchasers of practices, the aim at DPCS is to give a full range



of financial and business-related advice specifically for the dental profession.

For a consultation and a comprehensive review of the options available, contact DPCS today to help realise your full potential.

■ *For more information, contact the Dental Practice Consultancy Service on 0870 444 3742, email info@dentalconsultancy.co.uk or visit www.dentalconsultancy.co.uk*

Increase your implantology expectations with the Chiropro L

The Chiropro L has been designed with efficiency and comfort in mind. The intuitive interface can be managed by the control pedal. The patented peristaltic pump with disposable irrigation lines and insertion support ensures easy handling and optimum infection control.



irrigation system, the 20:1 contra-angle handpiece incorporates the smallest head on the market. Fitted with an exclusive double optical glass rod system, the handpiece provides uniform lighting of the operative field.

The Chiropro L system includes the MX-LED self-ventilating motor. With the world's first internal

■ *For further information please contact Bien-Air on 01306 711 303 or visit www.bienair.com*

Make your practice look exactly how you want

Whether starting from scratch or giving your existing practice a makeover, Henry Schein Minerva can help in every aspect of your surgery design – a process which can be time-consuming, taxing and tiring – allowing you to sit back, relax and watch it all come together without any of the usual stresses and strains.

By using the latest Computer Aided Design technology, Henry Schein Minerva's highly experienced and skilled team work together to achieve the best possible surgery design in the space available.



■ *For more information on the surgery equipment and design services available from Henry Schein Minerva, simply call 08700 10 20 41 or visit www.henryschein.co.uk*

25 years of excellence!

Nobel Biocare would like to congratulate the Charles Clifford Dental Hospital and School of Clinical Dentistry on providing outstanding dental education and training in the UK for 25 years.

The pioneers of implantology in the UK, the Charles Clifford Dental Hospital and School of Clinical Dentistry was among the first centres in the UK to use dental implants and have clinical and technical expertise that dates back to 1984. Today, the school



enjoys a national and international reputation for the quality of its teaching and research. Upcoming Jubilee celebrations will include workshops and demonstrations and there is also the opportunity to participate in the reunion gala dinner.



The University Of Sheffield.

■ *For more information on the 25 Years of Smiles celebrations, contact Julie Parkin on 0114 2717849 or visit www.sheffield-dental-implant.group.shef.ac.uk*



Restorative

BACD Study Club: impression-free dentistry

The British Academy of Cosmetic Dentistry presents the latest in its series of study club lectures, to be held at the British Dental Association, London on Tuesday 26 January, 2010.

Entitled 'Impression-free dentistry: are we there yet?' Dr Ilan Preiss will explore how digital impressions can have a significant impact on the way dentists practise.

The lecture will also feature a practical element, allowing attendees to use the equipment. Places are limited for this event and so booking early is recommended.

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



Working with you for outstanding results!

The Kent Implant Studio offers a new state-of-the-art environment and a highly skilled team of experts to help referring dentists.

Principle dentist Dr Shushil Dattani BDS, MFGDP(UK), DiplImpDent RCS (Eng) is a member of the Faculty of General Dental Practice and the Association of Dental Implantologists. He is also accredited with a Diploma in Implant Dentistry and

Advance Certificate in Implant Dentistry (Bone Grafting) at the Royal College of Surgeons of England.

The Kent Implant Studio builds relationships with referring dentists and ensures that dentists and their patients have access to excellent advice, treatment options, support and information.

■ For more information call 01622 671 265



Predictable diagnosis and treatment planning

The last study Club event of 2009, organised by The British Academy of Cosmetic Dentistry, took place at the Cresta Court Hotel on Friday 11 September and saw Dr Buckle give a presentation on 'Records for Predictable Diagnosis and Treatment Planning'.

He discussed organising an in-depth examination as well as issues concerning the use of articulators and the arguments for utilising a facebow as an aid to



planning treatment. His elucidation on the most opportune times to use centric relation instead of MIP was also extremely helpful.

■ For information on future study events, please contact Suzy Rowlands on 0208 241 8526 or email suzy@bacd.com

Welcome back Lisa

The market leader for evidence-based solutions, Nobel Biocare, is delighted to welcome back Lisa Roche to the UK and Ireland team. Well known for her expertise in the field of dentistry, Lisa's experience and skills will be a great advantage to Nobel Biocare in its ongoing commitment to science, innovation, customer care and outstanding education for professionals.

"I am very excited about returning to Nobel Biocare," said Lisa. "I am looking forward to working closely with leading clinicians and educators around the world to help build the market for Nobel Biocare's line of superb products."



■ For further information please call 01895 452 912, or visit www.nobelbiocare.com

James Goolnik - new BACD President

The British Academy of Cosmetic Dentistry (BACD) is proud to announce James Goolnik as the new President. He plans to continue to forge relationships with the entire dental community creating a tribe for the whole of dentistry not just in the cosmetic dental arena.

Dr Goolnik BDS MSc is the principal and owner of Bow Lane Dental, a private practice in London. He has studied extensively including two years at the Eastman Dental Institute



and, as well as his new position, he is also a member of several organisations including Association of

Dental Implantology, British Society of Occlusal Studies, the British Dental Association and the American Academy of Cosmetic Dentistry in the United States.

■ For more information about the BACD, contact Suzy Rowlands on 0207 612 4166, email info@bacd.com or visit www.bacd.com

Another successful conference

The British Academy of Cosmetic Dentistry would like to thank all the attendees and speakers who made this year's conference such a success.

Held in Edinburgh's International Conference Centre the conference, entitled 'The future of dentistry', provided practical information on the latest innovations in materials, CAD/CAM and other technological



advances in all areas of cosmetic dentistry. Delegates were also able to gain knowledge on the range of alternative orthodontic treatments and systems available to GDPs, through presentations from leading specialists.

■ For more information contact Suzy Rowlands on 0207 612 4166 or email info@bacd.com

Restorative

New board members

The British Academy of Cosmetic Dentists (BACD) is pleased to announce the election of four members to the board, including a new vice-president.

Dr Tif Qureshi brings a great deal of experience to the vice-president position and is keen to help the BACD become the world's leading and most progressive cosmetic, aesthetic and restorative Academy.

He is joined on the board by Dr Paul



Abrahams, who has a general practice with a large 'cosmetic' element, Dr Oliver Harman, who has been a committed member of the BACD since its inauguration, recently becoming an accreditation examiner, and Dr Philip

Lewis, who runs a private general dental practice on the Isle of Wight.

■ For more information contact Suzy Rowlands on 0207 612 4166 or email info@bacd.com



Diamonds are a bur's best friend

Mrs Hi-Di is well respected – with her years of experience, she is a key asset to the team. Her multiple layers of diamond grit mean that she is reliable and lives longer. She ensures most clinical situations are met with her various patterns and offers more precision cutting edges, with reduced vibration for increased patient

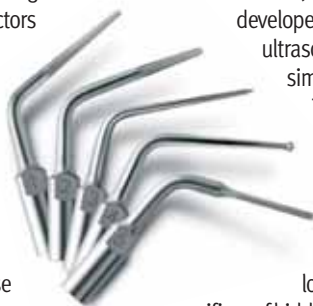
comfort. And of course, she's always kind to your handpieces.

Mrs Hi-Di can offer you assurance with high quality Diamonds are a bur's best friend!

■ For more, contact your local DENTSPLY Product Specialist on: 0800 072 3313 or visit our website www.dentsply.co.uk

New range of ultrasonic tips

A well-prepared access cavity and the location of canal openings are recognised as key factors for the success of endodontic treatments. An adequate opening should provide complete removal of the pulp chamber roof and all the interferences. The use of ultrasonic inserts is advised for these applications due to greater working precision and an improved view of the operative field. DENTSPLY Maillefer, together with



Prof Berutti, Prof Cantatore and Dr Castellucci, have therefore developed a range of ultrasonic tips based on a simple concept – ONE TIP – ONE CLINICAL INDICATION, to facilitate and optimise the preparation of the access cavities and localisation of the orifices of hidden canals.

■ For more information phone 0800 072 3313 or visit www.dentsply.co.uk



Investing in better dentistry

The team from DENTSPLY were delighted with the response received from delegates on their stand and at their 'Investing in better dentistry' event at the 2009 BDTA Dental Showcase.

The event was an outstanding

success, updating the profession on the continuing support that DENTSPLY contributes to the UK dental industry and the benefits for both practitioners and patients.

■ For more, contact your local representative, freephone 0800 072 3313, or visit www.dentsply.co.uk

Get it right first time

Mr Aquasil Ultra, a key starter in his indirect restorative team, delivers great impressions even where moisture control is a challenge and records finer details that other impression materials will not.

With a strength that is at least 40 per cent greater than 24 other leading products tested, he records even the thinnest margins, remaining intact when removed from the mouth. Recently, Mr Aquasil Ultra has a new addition to the family – Aquasil Putty DECA, for easy and consistent mixing in the Duomix.

Another team member, Mr SmartCem 2, loves working with his



indirect restorative team and ensuring the final restoration fits perfectly, performing a brilliant job together.

■ For more information, call 0800 072 3313 or visit our website www.dentsply.co.uk

Student Clinician programme

Since 1959, DENTSPLY has been investing in the future of dentistry by recognising and supporting excellence in students and their work.

The DENTSPLY Student Clinician programme, which is supported by the BDA, is designed to help students showcase innovative, original clinical and research work at undergraduate level, and is just one of the initiatives from DENTSPLY that support student education and development.

The Student Clinician Awards (to be held on Friday 5 February,

2010 at the Balmoral Hotel, Edinburgh) will feature 14 finalists from teaching schools around the country presenting their research material for adjudication from three experts: Professor John Drummond, Professor Nairn Wilson and Professor Robert McConnell.

■ For information, please contact DENTSPLY on 01932 853422

DENTSPLY

Restorative/Oral

DENTSPLY Cavitron THINsert



Recently developed and launched in the USA with phenomenal success, DENTSPLY, world leaders in scaling inserts, are now bringing the new Cavitron THINsert to the UK. With a tip diameter 40 per cent thinner than the existing Slimline insert, this new tip allows excellent access in all areas, superior biofilm removal and greater patient comfort.

The insert works with any 30k Cavitron ultrasonic scaler to reach inter-proximal surfaces, concavities and locations with tight tissue attachment, without losing the tactile sensation you rely upon. Ninety per cent of users in the USA rated the cleaning efficiency of the Cavitron THINsert ultrasonic insert as better than their current debridement methods. It can be used at low to high power.

■ For more information, please call freephone 0800 072 3313 or visit www.dentsply.co.uk

Dr Justin Stewart on the web

Recently, dental professionals were able to take advantage of both modern-day communications technology as well as expert knowledge from Dr Justin Stewart in a Smile-On/DENTSPLY 'webinar' event.

From the comfort and convenience of their own homes or surgeries, 64 delegates were online simultaneously to hear a presentation by Dr Stewart on

'Impression taking for dentures'.

Dr Stewart also runs lectures for dentists on denture-making techniques, which can be attended as part of their CPD, to increase their knowledge and so be enlivened to the potential for improving their work with dentures.

■ For more on Dr Stewart's courses, visit www.thedentureclinic.co.uk or call 0208 404 1456



Better looking, better content

Dental Summary Review (DSR) has been revamped for its ninth issue. In future DSR will include articles by practising dentists and hygienists talking about prevention within their practice. DSR provides the profession with three hours of complimentary CPD. Papers have been taken from a plethora of journals to provide readers with an overview of current research in a range of subjects

in clinical dentistry and practice management including some core CPD categories. The three hours of free, verifiable CPD can be gained either online or by post.

■ If you have not already received a copy contact shancocks@aol.com or visit www.shancocksttd.com



Drilling... no thanks!

For 45 years, DMG has been an innovative manufacturer of dental materials, launching a succession of high-quality materials designed to enable dentists to achieve optimum clinical results.

Now, DMG UK, their UK Division, is pleased to announce the launch of Icon – the revolutionary treatment for incipient caries and carious white spot lesions... without drilling!

Icon is an innovative caries infiltration therapy. It represents a breakthrough in micro-invasive technology that reinforces and stabilizes demineralised enamel without the need for drilling or sacrificing healthy tooth structure.



■ For additional information visit www.drilling-no-thanks.co.uk Alternatively, contact your local dental dealer or DMG Dental Products (UK) Ltd on 01656 789401, email info@dmg-dental.co.uk or visit www.dmg-dental.com

BDHF accreditation for Listerine

The British Dental Health Foundation (BDHF) has formally accredited Listerine Total Care antibacterial mouthwash.

A Listerine spokesman said: "We believe that the British Dental Health Foundation accreditation for Listerine Total Care antibacterial mouthwash will add to the existing high levels of consumer confidence in our products, which are reflected in our position as the best-selling mouthwash brand in the UK.

"We are proud of the heritage of the Listerine brand and we are dedicated to providing high-quality



products that contribute to our customers' good oral health."

■ For more on Listerine Total Care, for samples and a copy of a patient information leaflet, please contact Listerine Clinical on 01245 454459

Backed by science

In order to help patients protect their gingival and periodontal tissues, dental professionals obviously want to recommend the most effective means to allow them to achieve these goals – one of which is the use of power brushes.

The Cochrane Oral Health Group, an independent organisation in the UK set up to provide systematic reviews, endorsed power brushes using an oscillating-rotating action. Oscillating-rotating toothbrushes are also the only power products



listed in the Department of Health's 'Toolkit for Prevention'. Oral-B power toothbrushes are also the only power brushes accredited by the BDHF.

Oral/Product news

Down in the mouth

While it's no surprise we make judgements based on initial impressions, it's a person's smile and teeth which can prompt astounding intuitive views about their lifestyle. The recent Oral-B Smile Report, reveals that: bad teeth can age you by 13 years; 82 per cent think



you earn more if you have healthy looking teeth; and 40 per cent of men think women with unhealthy teeth must be single.

The study canvassed 2,000 men and women – one group were shown a picture of a woman with clean teeth, the other the same picture but with dirty teeth.

BDHF accreditation for mouth cancer test

The British Dental Health Foundation (BDHF) has formally accredited ViziLite Plus, an adjunctive aid to help in the earlier detection of mouth cancer and pre-cancer. We also believe that the BDHF Accreditation logo will add to public confidence in agreeing to a ViziLite examination when invited to do so by a dental health professional.

ViziLite Plus is an easy-to-use, non-invasive, non-threatening chairside test used as an adjunct to the conventional head, neck and soft tissue examination. Combined with a programme of



risk factor counselling, routine mouth cancer screening in general dental practice utilising ViziLite Plus could change the trend of late-stage detection and diagnosis to one of early diagnosis and more successful treatment. ViziLite Plus highlights areas which cannot be seen with the naked eye.

■ For more information on ViziLite Plus, please contact Panadent on 01689 881788

The Wright solution, whatever your requirements!

One of the most respected UK dental suppliers, Wright Cottrell, is proud to support UK dental professionals by continuing in its commitment to providing excellent service to all customers and innovative, quality solutions for all your requirements.

With competitive prices and fast, reliable service supported by an experienced team, Wright Cottrell aim to be your long-term partners to help your practice grow.

The extensive range of general consumables gives your team access to quality, everyday items, from gloves and paper products to safety glasses and disposable



3-in-1 syringe tips.

Wright Cottrell's approachable and experienced team is always on hand to offer advice and information about the very latest solutions and technologies.

■ For more information about how you can benefit from outstanding service and a world-class product range, freephone Wright Cottrell on 0800 66 88 99 or visit www.wrighthealthgroup.com

Curaprox celebrates successful seminar

Curaprox is delighted by the overwhelmingly positive response from their recent UK iTOP seminar on sustainable prophylaxis. Held at the luxury Champney Springs Resort in Ashby de la Zouch, Leicestershire, attendees found a wealth of useful information that they can now take back and implement into their daily patient care.

The event was led by Professor



Kirsten Warrer, professor of periodontology at the University of Aarhus, Denmark.

■ For free samples, email clare@curaprox.co.uk For more, call 01480 862084 or visit www.curaprox.co.uk

Smart Rinse for children

The dental profession has made significant strides in combating dental decay in children; however, it still remains a public health issue throughout the world.

Listerine Smart Rinse, a daily use mouthwash for six to 12-year-olds, is good news for all healthcare professionals interested in helping children protect their teeth and gums.

Specially formulated for children, Listerine Smart Rinse is a fluoride mouthwash that helps protect against

cavities when used twice daily after brushing. As a dental professional, you'll have the confidence that Listerine Smart Rinse cleans what brushing misses – reaching virtually 100 per cent of the mouth including hard-to-reach areas. It contains Cetylpyridinium Chloride which kills 99 per cent of typical oral pathogens and is alcohol and sugar-free.

Available in Mild Mint or Mild Berry flavour, Smart Rinse is a fun and effective adjunct to brushing and flossing.

■ For more information, and for a free sample pack, please call 01245 454 459

Johnson & Johnson

Kavo Everest CAD/CAM

Wright Cottrell works hard to deliver the latest innovations and cutting-edge equipment including the Kavo Everest CAD/CAM system.

A complete processing system for strong and highly aesthetic solutions for all ceramic restorations, the KaVo Everest CAD/CAM system is an outstanding example of holistic design in dental laboratory technology.

The benefits of scanning with this innovative solution have opened doors to all dental

professionals by offering fast and accurate results.

■ For more information about how you can benefit from outstanding service and a world-class product range, freephone Wright Cottrell on 0800 66 88 99 or visit www.wrighthealthgroup.com



Product news

Welcome to EndoCare – the ultimate in patient care and specialist treatments!

EndoCare has firmly established itself as the leader in Endodontic care for both patients and referring dentists. Dedicated to providing the very best experience for patients, the highly skilled Endodontic Specialists combine the latest technologies with the human factor to ensure that your patients return to you pain-free and ready for definitive treatment.

This outstanding service is now

EndoCare
Getting to the root of dental pain

available in three locations with the recent opening of EndoCare Richmond and Watford.

Many dentists referring to EndoCare have commented on the service, calling the process “effortless and stress-free” and refer to EndoCare as “an integral part of the team”.

■ For more information about EndoCare or to receive your free referral pack, please call 020 7224 0999, email reception@endocare.co.uk or visit www.endocare.co.uk

Monthly prize draw

Kemdent is currently funding a project to carry out extensive research into Diamond GIC Dental materials, with the support of Exeter University and Bristol Dental School. Kemdent has always valued the contribution of experienced dentists to help them research their products so it is encouraging new customers to evaluate their Glass Ionomer Capsules by providing them with 5 x A3 Diamond Rapid Set Capsules and an evaluation form.

The completed evaluation forms will provide a valuable



contribution to the project and will also be entered into a monthly prize draw with a chance to win £100 of M&S vouchers.

■ For more, call Jackie or Helen at Kemdent on 01793 77 00 90 or visit www.kemdent.co.uk

Hep C in practice

Last year the health department commissioned research into hepatitis C and alarmingly found that around 100,000 people in the UK are estimated to be unaware they have the infection.

In addition to wearing gloves, glasses and mouth protection it is essential to use disinfectants that are effective against hepatitis C in all areas. Dürr Dental has had the products of their Hygiene System tested for its efficacy against hepatitis C by independent institutes. The results are dramatic. All the products were able to render



HCV inactive in the shortest possible time – as a rule, just 30 seconds.

■ For more information please call 01536 526 740 or visit www.duerruk.com

Panadent Minamint Zinc – the next generation of mouth rinse arrives

Panadent is pleased to announce the next generation of dental mouth rinse is launched with the introduction of Minamint Zinc.

By rinsing with Minamint Zinc, patients not only benefit from the fresh clinical bouquet and freshness provided from original Minamint, but will also assist to reduce unpleasant odours and taste associated with dental procedures.

■ Panadent is offering a special introductory trial offer to let you see the advantages for yourself – buy-two-get-one-free, which brings the unit price per 100ml bottle to £8.33 + vat each. Call Panadent today at 01689 881788 for details



BioHorizons 09/10

BioHorizons has had an exciting year with the expansion of its biologics range, new Virtual Implant Planning (VIP) software and the introduction of some brand new implant courses which delivered a record number of delegates.

These new product developments in 2009 have confirmed BioHorizons' place as one of the fastest-growing oral reconstructive device companies in the world. 2010 is set to be even bigger for BioHorizons with a number of new product developments and

launches on which information will soon be released in the UK.

■ For further information contact the UK office directly on 01344 752560, email infouk@biohorizons.com or visit our website at www.biohorizons.com

BIOHORIZONS
SCIENCE • INNOVATION • SERVICE

Effective protection against swine flu

ChairSafe and PracticeSafe Extra Large Microfibre and Economy wipes, used correctly, guarantee a safe inactivation of influenza A (H1N1) viruses (pathogens of swine flu). These products should be used for daily disinfection of surfaces close to the patient/frequently touched surfaces.

The disinfection of hands and surfaces and also

contaminated instruments play a major role in preventing the human-to-human transmission of the currently circulating swine-flu virus which belongs to the group of influenza A viruses, type H1N1.

Any orders placed before 31 March will have a 20 per cent discount.

■ For further information on special offers or to place orders, call Helen on 01793 770256 or visit our website www.kemdent.co.uk



Product news

Pharmacy giant expands into dentistry

Waymade Healthcare Plc, one of the UK's largest suppliers to retail pharmacy, is launching into dentistry.

With a group turnover in excess of £250 million, its founders Vijay and Bhikhu Patel believe they have the experience and expertise to apply their successful business formula to dentistry.

In spite of its long history, the company still has big ambitions. "We have come a long way from our humble beginnings," commented Dr Vijay Patel. "We acknowledge the expertise and commitment of our

staff, and know that they will embrace this new challenge with equal vigour."

Success breeds success.

■ *To find out what sets Waymade apart, visit www.clickdental.com*



Click Dental really will change the way you buy your dental products. If you're still not certain about online ordering,

don't worry, they can arrange for one of their telesales team to give you a call and take your order over the phone (call 0800 108 0228)

Market leader

The Cavitron ultrasonic scaler system is number one in the market for a reason; it effectively removes subgingival biofilm to help towards improving periodontal health. The Cavitron can be used with a variety of inserts, including the new Cavitron THINsert for subgingival root surface debridement, to the Cavitron SoftTip insert, which allows comprehensive scaling around titanium implants.

Oraqix (25/25mg per g periodontal gel, lidocaine, prilocaine) is a non-injectable, local anaesthetic, which has been designed for use in scaling and root planning procedures. Designed with a quick onset of just 30 seconds and a relatively short duration (20 minutes), it is both quick for the practitioner and short lasting for improved patient comfort. Better still, there is no needle involved, so patients will be coming back time and time again!

■ *For more, call 0800 072 3313 or visit www.dentsply.co.uk*



Another new ultrasonic insert innovation

DENTSPLY, with its Cavitron ultrasonic scaling brand, continues to lead the way in technology innovation.

The THINsert was launched at the BSDHT 2009. The Slimline range allows maximum success when subgingival scaling. Its right, left and straight angled tips allow excellent adaptation to the root anatomy and superior access to furcations.

The THINsert insert is 40 per cent slimmer than the Slimline inserts. It is able to remove biofilms and debris from surfaces concavities and locations with tight tissue attachments without losing any tactile sensation.

The Cavitron SoftTip insert allows scaling around titanium implants and the Air Polishing insert converts the Cavitron system into an air polisher.

■ *DENTSPLY is currently offering a buy-four-get-one-free offer on Cavitron inserts (send a copy invoice to DENTSPLY) - visit www.dentsply.co.uk for address. For more information, call 0800 072 3313*



Pharmacy and dentistry unite

Waymade Healthcare Plc has been distributing and marketing products to UK pharmacies for more than 27 years. In that time, it has experienced phenomenal growth. The group now turns over in excess of £250 million and employs more than 500 people. The next area in which to expand is dentistry.



Click Dental is the new dental division of Waymade Healthcare Plc. Click Dental will allow you to shop online for products with the same ease as doing your weekly online food shop. The site is

simple to navigate and fast. Managing your account is easy and will offer you additional benefits – e.g. alternative choices that you might like to consider.

There are no discs to load and no complicated registration process.

Once you've clicked on to Click Dental (www.clickdental.com) you won't be able to imagine buying dental products any other way. If you're still not certain, call 0800 108 0228 and the telesales team can give you a call and take your order over the phone.

Get your hands on the most successful instruments

It is not difficult to understand why DENTSPLY's Flexichange range is such a successful brand within the UK hand instrument market.

Ergonomically designed with soft-grip silicone handles, Flexichange hand instruments fit perfectly in your hand. With a wide grip at the working end and a narrow centre, the dimpled design helps stop hand

fatigue and prevent 'pinching' of the handle, thus improving grip and rotational control.

The range includes a selection of scalers, curettes and hoes, including a number of instruments also available with slimmer tips – allowing for finer work.

■ *For a limited time, DENTSPLY is offering a buy-five-get-one-free on Flexichange hand instruments (send a copy invoice to DENTSPLY) – for address, visit www.dentsply.co.uk To speak to your local DENTSPLY product specialist, call 0800 072 3313*



Eliminate cross infection

Cleankeys Clinical Keyboards are the first and only perfectly smooth keyboards in existence.

Both visually and functionally more professional, Clinical Keyboards stop the need for wrapping cling film around the keyboard. This new breakthrough in infection control offers touch sensitive typing (directly or through gloves), a built-in mouse trackpad, USB connection, a lock/suspend operation, LED indicators and audible feedback.

Studies have shown keyboards to be a major cause of the spread

of infection in healthcare settings and Clinical Keyboards are THE solution to that problem. After one wipe of a disinfecting wipe, Clinical Keyboards were at least 100-times less infected than a silicon rubber and regular plastic keyboards.

■ *To contact Micro Minder for more, call 0845 094 1090, email sales@microminder.com or visit www.microminder.com*



Bien Air
Dental

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- Two year warranty
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Take advantage of our exceptional offer on Bien-Air product packs and enjoy great prices on our superior Swiss Quality dental instruments. Choose from a range of triple or quadruple packs composed of our powerful and robust turbines, or opt for contra-angles from our regular line or **DIAMLINE** ranges. Both are available with or without light.

Take up this offer now and benefit from a two year warranty as well as a selection of maintenance products – completely free! This is a limited offer valid until further notice.

**For the best offer please contact
Bien-Air UK or your local dental dealer.**



Free maintenance products

Raise your glass to a great new offer from DTS

Send us six Lava Crowns before 31st March 2010
and enjoy six free bottles of wine

It's a New Year so it only seems fair that we give you something new to smile about... free wine! We're offering you the chance to get your hands on six excellent bottles of wine for free, courtesy of everyone at DTS.

All you have to do is **send us Six Lava Crowns before 31st March 2010** and we'll send you six bottles of wine absolutely free. Just think of it as a little thank you for working with us.



DTS

Give us a call today to find out more... **0141 556 5619**

Or visit us at... **www.dts-international.com**