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150 YEARS YOUNG

Ann Shearer talks about becoming president of the 'Odonto' in a very special year

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>
> **ROBERT DONALD**

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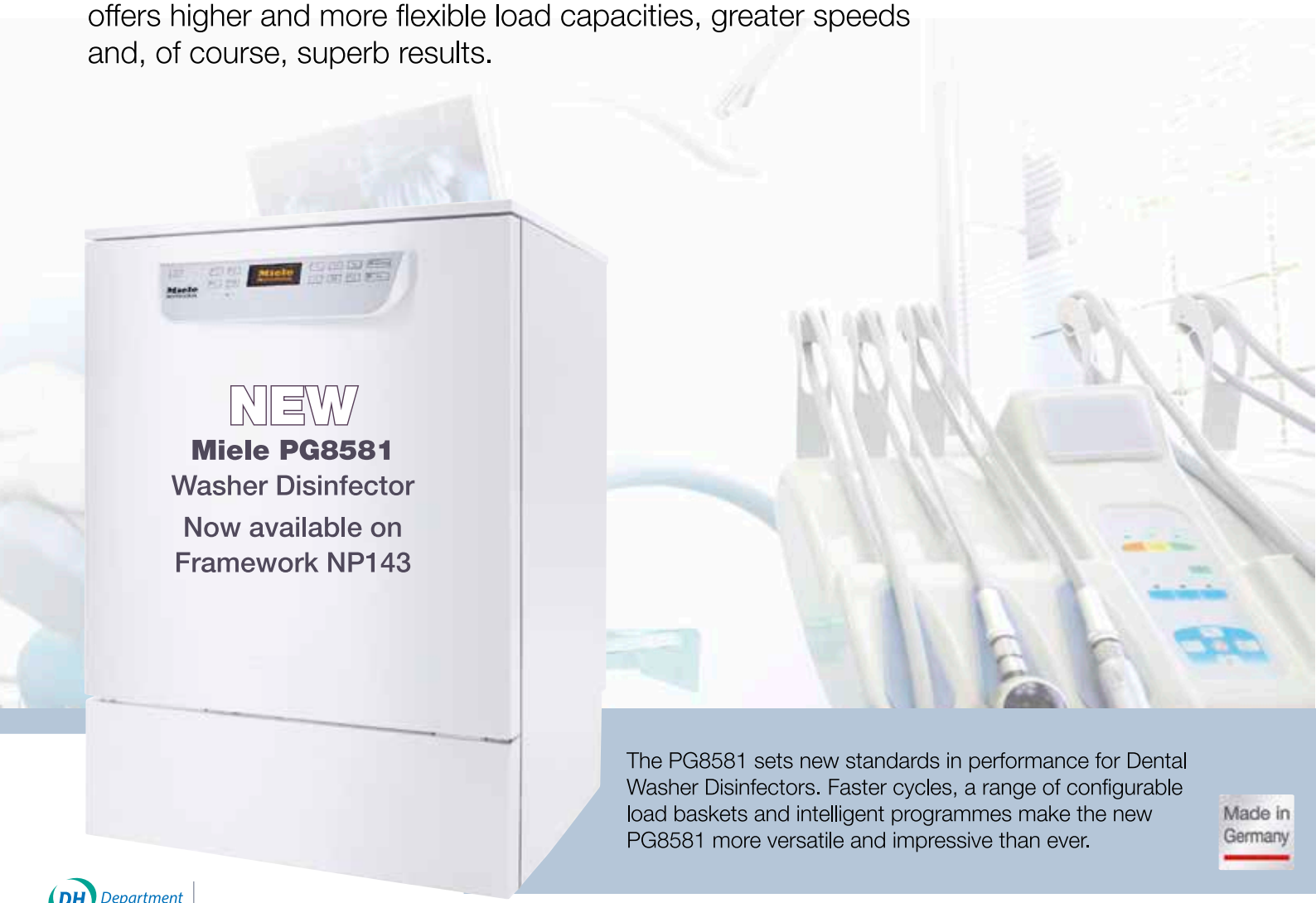

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Editorial

WITH BRUCE OXLEY, EDITOR →
Get in touch with Bruce at
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150 YEARS OF DENTAL PROGRESS

Celebrating the founding fathers of the Scottish profession

The dental profession has come a long way in the last 150 years. In the 1860s patients didn't have the luxury of a quick Google search to help them choose where to go. They had to rely on the word of the person treating them and, if you were unfortunate, you could lose both the contents of your wallet and all your teeth (whether they were diseased or not) to an unskilled charlatan.

However, there were skilled and ethical dentists around at that time and one group of surgeon dentists helped lay the foundations of the modern dental profession. They wanted to raise standards and unite dentists, who at the time were incredibly insular and particularly averse to sharing their methods.

So it was that, more than a decade before the enaction of the first Dentists Act and the incorporation of the British Dental Association, John Smith and colleagues founded the Odonto-Chirurgical Society of Scotland. And now, 150 years later, the society, which was granted the Royal prefix in 1966 ahead of its centenary celebrations, is still going strong.

Just before Christmas I met up with Ann Shearer, the incoming 'Odonto' president, and we discussed her career and her time in office, which will include the sesquicentennial celebrations. She has been instrumental in organising a top-quality line-up of speakers for the 150th symposium March, but she was also at great pains to encourage fellow dentists to join and attend the Odonto's regular meetings.

Dentists in 2017 are vastly more skilled than their 1860s counterparts and there is also a good deal more cooperation and conversation, but dentistry can still be something of a lonely profession. Ann, argues that by attending meetings such as the Odonto's regular lectures that run from November until March, dentists can expand their knowledge as well as their social circle.

For many, this will be par for the course, but I'm sure there are some dentists out there that could do with expanding their horizons and joining the oldest dental society in the UK, and possibly the world, wouldn't be a bad start.

Elsewhere in this issue, we have an interview with NHS Scotland's clinical director Jason Leitch and an account from a young dentist on her year in VT and the transition to becoming an associate.

If you were unfortunate you could lose both the contents of your wallet and all your teeth to an unskilled charlatan

We also have all the latest news, views and three top quality clinical articles. I hope you enjoy and, if you have any comments or concerns, please don't hesitate to get in touch.

WE COULDN'T HAVE DONE IT WITHOUT...

1

ANN SHEARER
(ON THE ODONTO'S 150TH)
Ann Shearer is associate dental dean at NHS Education for Scotland and the new president of the Royal Odonto-Chirurgical Society of Scotland.

2

KATIE MACDONALD
(ON BECOMING AN ASSOCIATE)
Katie MacDonald graduated from Glasgow University in 2015 and is currently an associate at Airthrey Park Dental Practice in Stirling.

3

LAURA FEE
(ON TREATING THE ELDERLY)
Trinity College Dublin graduate Laura Fee completed her implant diploma at the Royal College of Surgeons of Edinburgh.

4

SUSIE ANDERSON-SHARKEY
(ON PRACTICE WEBSITES)
Susie Anderson-Sharkey is the practice manager of Dental fx in Bearsden. She previously worked as a dental nurse and an oral health educator.

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HAVING HIS SAY →
Arthur Dent is a practising NHS dentist in Scotland
arthurdent@sdmag.co.uk

SHOW ME THE MONEY

Arthur argues that the recent consultation posed a lot of questions but was short on detail

Responses to the Oral Health Consultation closed on 8 December. Let's hope the CDO is reading this article too! Many of the other initiatives outlined in the SNP's *Plan for Scotland* came with funding attached, such as an extra £85 million for GMPs. At her roadshows, the CDO stated there would be no more money for the GDS.

The consultation promises to be a game-changer for us all. We can be certain that we will be asked to do more, for less money, and with the bonus of added bureaucracy, no matter what happens. There has been much discussion among the profession, although a worrying number of people seem to have been unaware of this.

The CDO has rightly identified that we should continue the success of Childsmile and extend the preventative programme and that DCPs, whether extended-duties nurses or therapists/hygienists, are the best people to do this. Young adults are caries free, and the universities continue to churn out vast numbers of bursary-aided graduates. However, almost everyone has found their books are quieter – why would we pay someone if we can do it ourselves when we have the time to do so? There is also no mention of how this will be paid for – it is very hard to imagine anyone handing over money directly for this service.

Very worryingly, the document insists we should have an urgent referral pathway for patients with suspected oral cancer. This has been in place for many years, and I am concerned that SGHD seem to be unaware of it.

SGHD would like us to address other factors such as smoking and alcohol use. We cannot say that this is a bad thing. However, we cannot be expected to maintain the patient's oral (or general) health – that is up to them. We can provide advice on diet (including alcohol) and smoking, but cannot reasonably be expected to see a reduced (or no!) fee if this does not change.

Everyone agrees that a properly funded oral health assessment would be a good thing, and needs to implemented at different intervals throughout life. This should perhaps also reflect an individual's different needs. It needs to be developed in consultation with the profession.

The document states "complex treatments should be delivered more often by local practices". This forgets the many complex treatments already provided in general dental practices. We all do molar endodontics and surgical extractions, which by all accounts have disappeared from the high street in England. There is no mention of how we deliver these treatments, or how they will be paid. I cannot envisage someone on the specialist list agreeing to do a complex molar endo for £100. Neither would I refer my patients to someone who has been on an extra weekend course in prosthodontics. There is also a real risk of de-skilling the existing workforce. I also suspect that if one is working in Stornaway there will not be these opportunities.

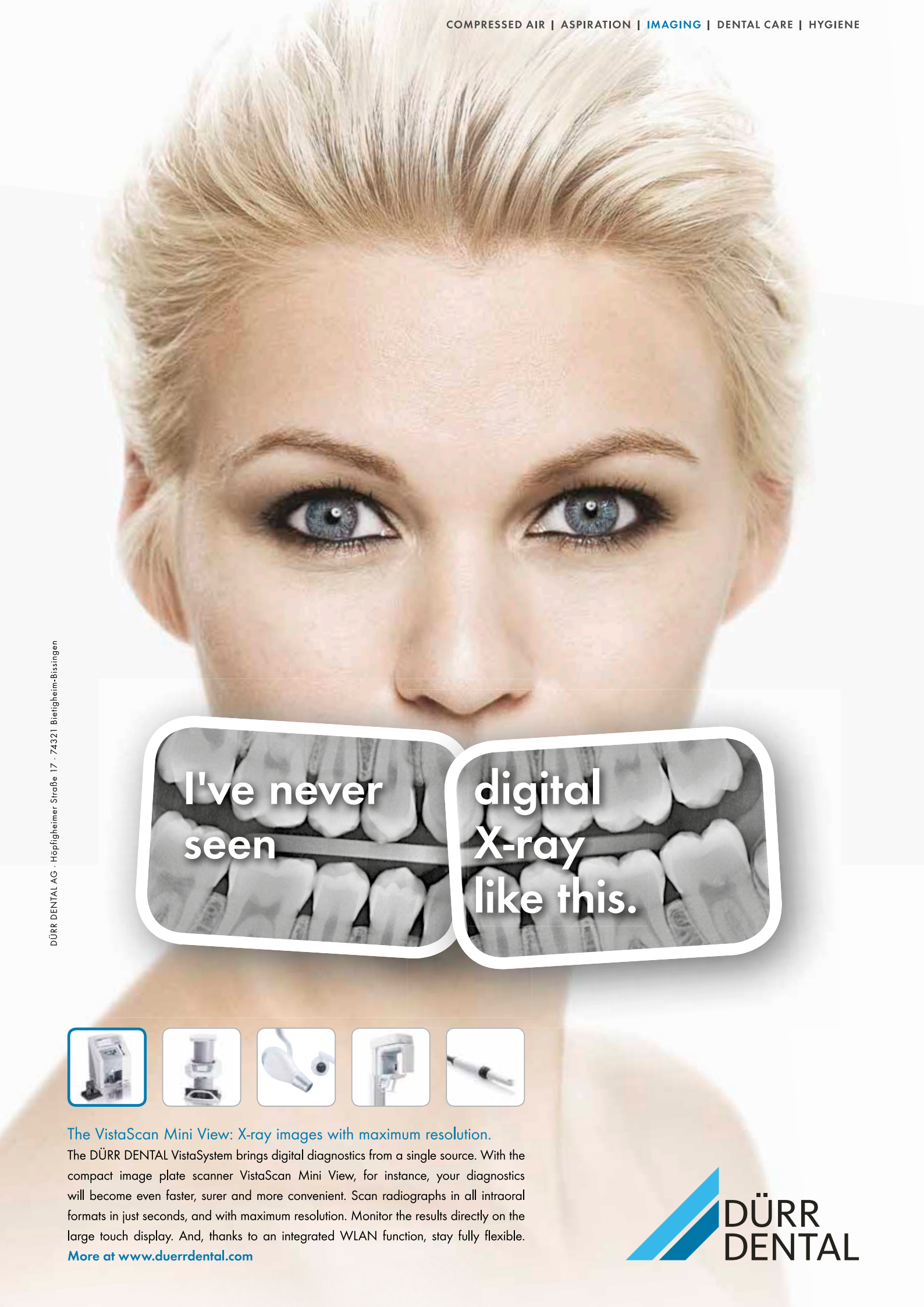
I cannot envisage someone on the specialist list agreeing to do a complex molar endo for £100

"The existing system of dental payments should be simplified". Why? It works, and certainly needs updating (when was the last time anyone did a tunnel prep?) and the fees must reflect the work we undertake, as well as rising material and lab costs. Simplifying the SDR has been attempted in the past, and as the CDO knows it came to nothing. It also does not reflect the increased workload borne by practice owners. GDPA is a drop in the ocean, and capped for many practices. It also appears that SGHD wish to run two parallel systems – preventive pathway (with no indication how this might be funded) and a simplified SDR.

SGHD also look to reform/remove allowances at every turn. They say allowances should reward "commitment and quality". There is no indication as to how quality will be defined or judged. SGHD propose developing a national database of key areas of quality, but again do not indicate what this would mean. We all have patients we have tried our hardest with but their overactive tongue/copious saliva/ inability to recline means treatment is always compromised. Few people would argue with the commitment factor. It has been suggested that some of these should not just reflect commitment but also SIMD. This would de-incentive NHS practices in better-off areas – not all of which have a significant private element.

Health and Social Care Partnerships are apparently going to be in charge of local dental services. Local dentists are not funded to attend these meetings at present – so there is very little dental input. This sounds very much like the system down south where different practitioners are all paid different amounts for the same work, decided locally not nationally. There is nothing good about this idea.

The whole document consists of leading questions, and there is a general lack of detail to it. It is certainly something to guide the CDO's thinking, but she should not base any significant changes on it.



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DÜRR DENTAL

ORAL HEALTH PLAN NEEDS MORE THAN JUST 'WARM WORDS'

BDA says that consultation provides opportunity to deliver a UK first with preventive pathways

Scotland's Oral Health Plan is "short on detail" and requires more than "warm words" to make a real difference, according to the British Dental Association (BDA) in Scotland.

The association was responding to the Scottish Government consultation into the future of oral health services, which closed on 8 December. It has called on the government to set out how it will effectively resource proposals set out in the consultation documents.

The Chair of the Scottish Dental Practice Committee, Robert Donald, said: "Despite 33 proposals, Scotland's Oral Health Plan is short on detail. Warm words on tackling oral health inequalities, refocusing effort on prevention and meeting the challenges of an ageing population are sadly undermined by the total lack of references to additional funding anywhere in the document.

"This profession shares the Scottish Government's aspirations on prevention. We have an opportunity to deliver a real UK first with preventive pathways, and build on significant gains made through Childsmile and other initiatives. However, it is unclear how further breakthroughs can be achieved without appropriate funding. There is already insufficient funding for NHS dental treatment, and if an Oral Health Risk Assessment is to be implemented, it is essential that it is properly resourced.

"Together, we can take Scotland's pioneering work on prevention to the next level. So let's talk about narrowing inequalities, better diet, and turning the tide on oral cancer. If the Scottish Government can start recognising the challenges this profession faces, we can make real progress on all these fronts."

BDA Scotland has sought feedback on proposals from across its membership and elected representatives.

MORE INFORMATION
The BDA's full consultation is available to download on the association's website at www.bda.org

ORKNEY DENTAL DONATION

NHS Orkney has done its part in helping to improve dental care in the developing world with a donation of dozens of hand instruments to a national dental charity.

The donation, which includes mirrors, probes, small drill bits and instruments for carrying out fillings, was received by Dentaid with the help of Northlink Ferries and the Aberdeen Lions Club.

Stuart Little, a former senior dental officer, who has now retired from NHS Orkney, has maintained close links with the charity after volunteering in Belarus and Nepal. He explained: "Having worked with Dentaid-supported projects I know just how grateful the charity and the dentists that eventually get these instruments will be. Many people in developing countries have little or no access to quality dental treatment, and basic instruments such as these are exactly what are needed for pain and infection relief. Over the last 20 years, Dentaid has worked in more than 70 countries to end dental pain through treatment, training, education and equipment donations."

ROYAL HONOUR FOR EDINBURGH GRADUATE

Edinburgh graduate and foundation dean of the Peninsula Dental School in Plymouth, Professor Liz Kay, has been made an MBE in the Queen's New Year's Honours.

Prof Kay graduated from Edinburgh in 1982 and completed her Masters in Public Health (1984) and PhD (1991) in Glasgow. She gained her FDS from the Royal College of Physicians and Surgeons of Glasgow in 1988.

She led the development and implementation of the Peninsula Dental School, has authored more than 150 papers and six books and secured £1.5 million worth of research funding in her career. Prof Kay has also devised and developed an MBA in Healthcare in partnership with Plymouth University Business School, the first in the UK to be taught via blended and distributed learning.

Speaking about her award, Professor Kay said: "When they receive awards such as this people often say 'it's not about me, it's about my team', but in my case this is especially true. I am surrounded by the most wonderful, talented and supportive colleagues and associates, without whom I may not have been recognised for this amazing honour."

Professor Judith Petts CBE, vice chancellor at the University of Plymouth, said: "The University is proud and delighted that Professor Kay's major contribution to dental education has been recognised by this honour. She has been at the forefront of the University of Plymouth's dental school development, its success and its impact."

SPECIAL CONFERENCE AS ODONTO TURNS 150

Edinburgh-based society looks back on a century and a half of promoting education, knowledge sharing and standards

One of the oldest dental society's in the world is celebrating a very special anniversary in March with a one-day conference and celebratory dinner in Edinburgh.

The Royal Odonto-Chirurgical Society of Scotland (ROCSS), or Odonto for short, was founded 150 years ago by a group of surgeons looking to raise the standards of dentistry at the time. And, in 2017, sesquicentennial president Ann Shearer is encouraging dentists in Scotland to attend the one-day conference to help celebrate a very special society. She said: "To anyone who is thinking of coming along to the conference or to one of our regular meetings, I'd say please come, you will be made very welcome. You will meet lots of new and interesting people.

"We also have an education programme of events that always take place on the second Thursday of the month between November and March. So, it is fixed in the calendar and you absolutely know when it is going to take place, which is quite nice."

The Odonto was founded in 1867 by John Smith and a group of like-minded colleagues. Smith was the first person to institute a course of clinical instruction in dentistry in Scotland in 1865 and helped found the Edinburgh Dental Dispensary and the Royal Hospital for Sick Children in Edinburgh.

Ann, who is associate dean at NHS Education for Scotland, said: "We have to give enormous credit to our forebears for having shown the importance of sharing knowledge and experiences, helping to strengthen the profession and support successive generations of dentists.

"I see it as our role to champion the intentions of the founders of the society, namely to advance the profession by promoting dental education, maintaining ethical standards and uniting professional colleagues, from new graduates to senior colleagues in all branches of dentistry, in serving the needs of patients."

MORE INFORMATION

Turn to page 24 to read an in-depth interview with Odonto president Ann Shearer. Visit www.royalodonto.co.uk to find out more about the 150th anniversary conference.

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* sdshow.co.uk

ORAL SURGERY PRIZE FOR ABERDEEN STUDENT

An Aberdeen Dental School student has been recognised with an award at a meeting of the British Society for Oral Medicine (BSOM).

Fourth-year student Caoimhin O'Higgins presented his work at the BSOM winter meeting in London on descending necrotising mediastinitis, a rare but sometimes fatal sequela of odontogenicinfection. Caoimhin said: "The aim of my study was to perform a systematic review of reported cases to determine most common sources of infections and whether or not the source of the infection could predict the outcome for the patient. The study found that posterior mandibular teeth are most commonly implicated as the origin of these infections, mostly due to dental neglect."

He continued: "It's a big accolade personally and I'm delighted. Due to the high number of really talented dental graduates that UK schools are producing and the competitive nature of the jobs market, I'm really trying to gather up experiences that will differentiate me from other applicants.

"I'm very proud that I was able to represent Aberdeen Dental School on a national stage."

CHRISTMAS MISSION FOR SCOTTISH CHARITY

Glasgow-based Dental Aid Network sent 10 dentists to Palestine to provide vital treatments and preventive advice

A Scottish dental charity provided more than 750 treatments during a 10-day visit to the West Bank in Palestine over Christmas and New Year.

Seven dentists from Scotland and three from the north of England took part in the Dental Aid Network's latest mission, which saw them provide treatment for 218 children, many of whom were orphaned or who had special needs. The group provided 167 composite/amalgam/GI restorations, 171 extractions, 34 stainless steel crowns and 390 fissure sealants.

Umara Tariq, an Aberdeen graduate working in Edinburgh, said that she didn't realise how much impact the trip would have on her life. She said: "Going to Palestine led me to make some great friends, both from the UK and Palestine, and also opened my eyes to the suffering in this part of the world. I am so much more grateful for the luxuries I have in my life that prior to this trip I did not regard as such.

"I did expect to see things that would sadden me, especially as we were going to be treating children from impoverished backgrounds. However, what took me by surprise was the sheer resilience and positivity of these people despite living in Third World conditions. They entered and left the clinics with a smile despite their anxiety and dental pain."

As well as providing vital dental treatments, the group also gave preventive advice involving visual demonstrations of toothbrushing and distribution of toothbrushes and toothpaste. Some of the dentists also gave lectures to the local Palestinian dentists.

Umara continued: "Having returned from Palestine I find myself planning time off for my next dental aid mission. It is a truly addictive experience and I urge anybody who wishes to gain more satisfaction from their vocation to get involved in aid work, whether it be at home or abroad."

MORE INFORMATION
To find out more about the Dental Aid Network, visit www.dentalaidnetwork.org

THE ODONTO ON PAGE 24

"We are going to reflect on what dentistry was like in 1867, what it is like now and what it will be in the future"

ANN SHEARER

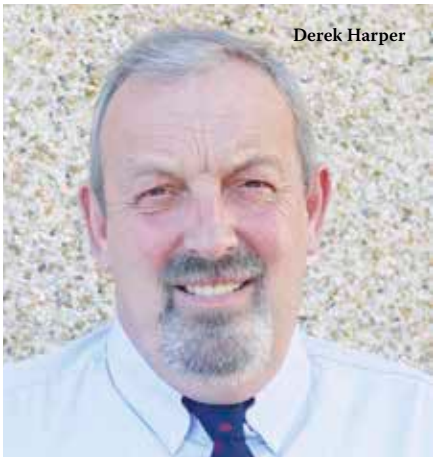
NEW SCOTTISH MEMBER FOR BDA COMMITTEE

Fife dentist Derek Harper elected to serve on Principal Executive Committee

Fife dentist Derek Harper has been elected as the Scottish board member on the British Dental Association's (BDA) Principal Executive Committee (PEC).

Derek, who took up his post on 1 January, joins fellow new PEC members Anthony Kilcoyne (UK-wide), Alison Lockyer (East Midlands and Central), Russ Ladwa (Greater London) and Victor Chan (South East) for the 2017-19 triennium. The PEC is made up of 15 elected members, nine from the English regions, one from Scotland, Northern Ireland and Wales and three UK-wide members. It is chaired by Castleford dentist Mick Armstrong.

Derek has been involved in dental politics since 1984 when he was elected to the Fife ADC, where he still sits. He is also chair of the LDC and was elected to SDPC and GDPC in 2000, being vice-chair of SDPC for six years and sitting on the executive since 2002.



Derek Harper

"BDA HAS TO BE STRONG AND FORTHRIGHT IN NEGOTIATIONS. IT HAS TO BE RESOURCEFUL IN WHAT IT HAS TO OFFER"

DEREK HARPER

In his PEC election statement, he said: "The BDA faces many potential problems. Brexit may throw up many such problems though only time will tell.

"General practice is reaching a crossroads in all parts of the UK and steadfast leadership of the profession through the BDA is more vital than ever. The PEC as the overarching body of the association has a great deal to do to maintain membership and guide these members through the trials ahead.

"The BDA has to be strong and forthright in negotiations. It has to be resourceful in what it has to offer to the members – particularly the younger ones in the profession – in order to have a strong base.

"I feel I have a lot to offer to help the PEC operate successfully in all these facets. The association needs a strong PEC where all the members of it have experience and knowledge vital in these difficult times."

DUNDEE DENTIST JOINS TRAINING MISSION TO TANZANIA TO HELP RELIEVE PAIN AND SUFFERING

A dentist from Dundee was part a team of UK clinicians who flew to Africa recently to provide emergency dental training that will enable local health workers to free their communities from pain.

Laura-Anne Johnston from mydentist in Fintry spent two weeks in Tanzania training rural clinical officers to safely extract teeth. The visit, which was organised by Bridge2Aid, also saw more than 500 patients treated.

Laura-Anne said: "I was made aware of the problems that the country has and how important this training would be to the local community, as many people cannot afford to have dental treatment and therefore will put up with chronic pain for months and even years.

"The most rewarding part was knowing that I wasn't just going to be doing charity work for two weeks, then leaving the locals with no more access to dentistry. I knew that we'd be leaving the local population in safe hands if they ever need any future extractions.

"Over the two clinics we treated about 500 patients. Some of them had been suffering with chronic toothache for months and even years – one lady I saw had toothache for three years. They are usually treated with antibiotics and herbal remedies, or nothing at all."

NOMINATE NOW!

17.03

Nominations for the Scottish Dental Awards close at midnight on 17 March*

*To nominate, visit sdawards.co.uk

JOHN CAMERON RETIRES FROM PSD

Practitioner Services has announced the retirement of senior dental advisor John Cameron, who will stand down at the end of March.

A spokesman for NHS NSS said: "We are beginning the work to recruit a replacement senior dental adviser and more information will be available on this through our website and other communications as our plans progress.

"I am sure you will join with us in thanking John not only for his time with NSS, but also for his long career in NHS dentistry, all of which have been given with a huge effort and energy, and most of all with a key focus on the outcome for patients."

ONLINE PROJECT GOES NATIONWIDE

Dundee students looking to expand successful editing initiative to include schools across the UK

A project aimed at updating and verifying online dental information is expanding to include collaborators across Scotland, the UK and even worldwide.

The Wikipedia Editing Project began at Dundee Dental School in January 2016 with the aim of making accurate, up to date, evidence-based information widely accessible to all. The project team found that many of the dental articles on the online encyclopaedia were out of date, deficient or entirely absent due to the lack of active dental editors on the site.

With the support of the Cochrane Collaboration, over the past year the students at Dundee have been editing

Staff and students at one of the Dundee editing events

individually as well as in groups, leading to the improvement of many articles and the creation of several others. The project is now being expanded to include other dental schools in Scotland and further afield. Amr Taha, a recent Glasgow graduate, said: "It was alarming to learn of the quality of dental articles on Wikipedia, especially considering the frequency of usage of the website. I felt that if each dentist makes a small contribution, collectively we can make great progress as a profession."

An event in March will give the Dundee editing groups the chance to showcase their accomplishments so far to delegates from other schools in the UK who will be encouraged to set up their own editing groups.

Andrew Hannah, who is currently working with Dundee to expand the project, said: "Despite the important changes the Dundee group have already been making, there is plenty more to do. Collaboration with other dental schools will be enjoyable and extremely valuable, allowing us to increase our impact and improve the quality of the work carried out."

Any individuals or dental schools who wish to join the effort can get in touch with n.geres@dundee.ac.uk

FIRST CLINICAL DIRECTOR FOR NHS LANARKSHIRE

Initial task is to study outcome of government consultation, says new Lanarkshire dental lead

Kilsyth dentist Laura Milby has been appointed as NHS Lanarkshire's first clinical director of general dental services.

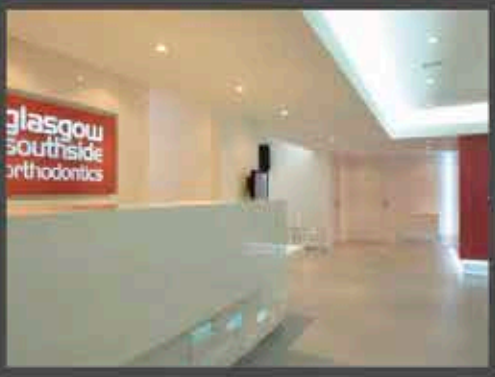
The post was created following the retiral of dental practice advisor Kieran Watters. Laura, who lives in Cumbernauld, has worked in Lanarkshire for 25 years and is a partner at Kilsyth Dental Partnership, where she will continue to work part time.

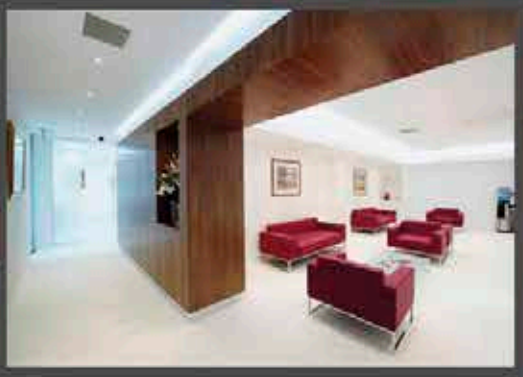
She said: "I'm delighted to have joined the fantastic dental team at NHS Lanarkshire. I will be working closely with my colleagues in the public dental service and the primary care team to ensure the oral health of people in Lanarkshire is the best it can be."

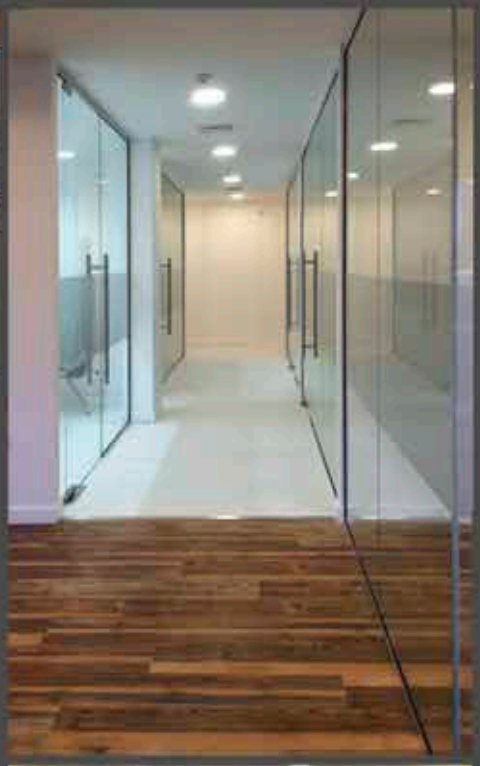
Laura will lead within NHS Lanarkshire on all issues relating to general dental services. She'll also contribute to and promote the improvement of the overall quality of care in general dental practice and support and advise general dental practitioners and practice teams.

She said: "One of my initial tasks will be to study the outcome of a Scottish Government consultation on oral health, which has just concluded."

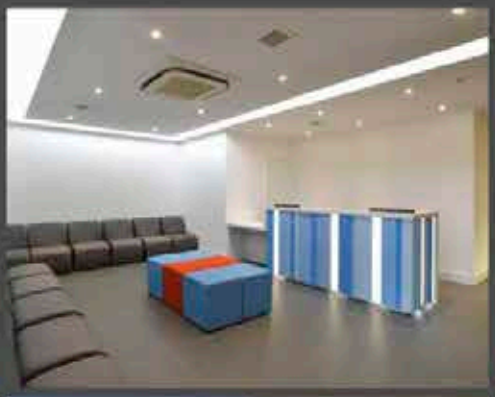
The consultation, Scotland's Oral Health Plan, outlined challenges around oral health inequalities, an ageing population and how to shift the emphasis from restorative dentistry to a more preventive approach.

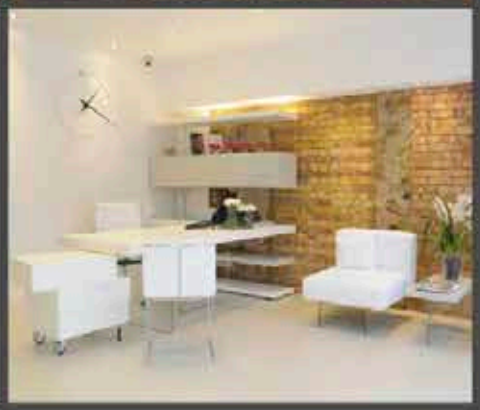






A FRESH APPROACH TO DENTAL DESIGN & CONSTRUCTION





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ICE WORK FROM GLASGOW DENTAL STUDENTS

'Frozen' panto raises more than £3,000 for three charities

A dental take on a popular Disney film received a warm welcome from staff and students at Glasgow Dental School and raised more than £3,000 for charity in the process.

'Frozen: A Disnae Hurt Anymore Production' was the latest pantomime put on by the students and featured a cast of 30 and a crew of 15, meaning more than half of the final year were involved in the production. They were joined by 25 students – from second to fifth years – who are part of the dental school band and provided the accompanying music for the show.

Directors Aoibheann Higgins and Lawrence Sharkey, along with production manager Jayne Patterson, wanted the choice of charities which would benefit to be a group decision and, after a vote, the cast and crew decided on Alzheimer's Society, United Nations Commission for Refugees and the Glasgow Oral Health Improvement Student Society.

Jayne said: "To date we have raised over £3,000 for our three charities, which surpassed all our expectations. We can't thank everyone enough for buying tickets, raffle prizes and donating to these fantastic causes. Special thanks to our sponsors Clyde Munro Dental Group, DDU, Wesleyan and Dental Protection, without whom the show wouldn't have been possible.

"The cast and crew have already organised a viewing of the DVD of the show so we can watch and relive the whole evening again. We're even missing the five-hour long Sunday rehearsals and are thinking of things we can all do together at those times in the new semester."

FUTURE OF CHILDREN'S DENTISTRY TO BE DISCUSSED

The latest publication from the Scottish Dental Needs Assessment Programme (SDNAP) will be launched in March.

The Oral Health and Dental Services for Children Needs Assessment Report will be unveiled at an event at the Stirling Court Hotel on 17 March.

Chair of the working group Maura Edwards, who is a consultant in dental public health at NHS Ayrshire and Arran, will introduce a line-up of speakers including consultant paediatric dentists Alyson Wray and Graeme Wright, specialist paediatric dentist Barry Corkey, GDP John Davidson, and senior lecturer for DCPs and programme director for the BSc oral health science degree at the University of Edinburgh, Margaret Ross.

There will also be presentations from NHS Tayside clinical dental director Morag Curnow, west region Childsmile programme manager Peter King, SDNAP public health researcher Praveena Symeonoglu and chair of the SDNAP steering group, and consultant in dental public health Derek Richards.

MORE INFORMATION
To attend the launch event, to be held on Friday 17 March at the Stirling Court Hotel, University of Stirling, visit bit.ly/SDNAPevent

EDINBURGH REFERRAL CLINIC EXPANDS INTO BORDERS

Kelso practice gets the go-ahead and a new specialist joins the team at Vermilion

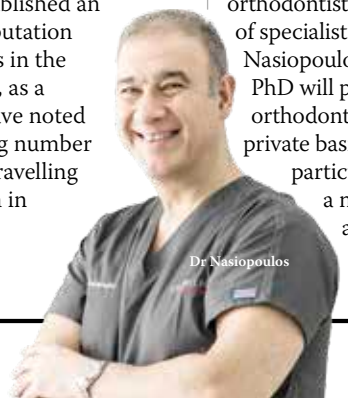
An Edinburgh referral clinic has been granted planning permission to build a new branch practice in the Scottish Borders.

Vermilion, based on St John's Road in Corstorphine, will be offering its private referral services from the new clinic in Kelso from this summer. The new practice will feature three fully-equipped surgeries and a denture laboratory.

Practice principal David Offord, who opened the Edinburgh practice in 2011, said: "Over the past five years we have established an excellent reputation with dentists in the Borders and, as a result, we have noted an increasing number of patients travelling to Vermilion in Edinburgh to receive specialist dental procedures. We believe it makes sense to open a branch in the Scottish Borders, which should mean significantly less travel time and ease of access for many patients.

"We will continue to collaborate with our Borders-based referrers and offer ongoing clinical support and educational opportunities at the new clinic to continue to enhance the quality of dentistry in the Borders."

Vermilion has also recently announced the appointment of an experienced specialist orthodontist to its team of specialists. Dr Tom Nasiopoulos DDS MDSc PhD will provide orthodontics on a fully-private basis, and is particularly interested in a multidisciplinary approach to treating adult cases.


Dr Nasiopoulos

SCOTTISH DENTAL AWARDS 2017

The deadline for nominations is fast approaching so get online and start nominating your colleagues for the biggest dental awards in Scotland

Margaret McMillan (centre) with members of the Whitecart team before the 2016 Awards

Dental teams, businesses and professionals across Scotland have until midnight on 17 March to get their entries in for the 2017 Scottish Dental Awards. With 16 fantastic categories, there is something for every member of the dental team as well as dental businesses, dental advisors and associated services. So, whether you want to celebrate an excellent practice team, a member of staff who has done some sterling community work, an employer who is a class apart or a company that goes above and beyond, the Awards has a category for you.

The Awards Dinner and Ceremony will again take place at the five-star Glasgow Hilton Hotel and this year will be hosted by comedian and radio personality Des Clarke. The 2016 Awards welcomed more than 450 guests and the 2017 event is gearing up to be even bigger.

Whitecart Dental Care in Glasgow's southside was named Practice of the Year at the Scottish Dental Awards 2016. Margaret McMillan, practice manager at Whitecart, said that the staff and owners were "thrilled and excited" to simply have been nominated. Margaret, who has been shortlisted in the Business Manager/ Administrator of the Year in the past, said: "The practice had been shortlisted in previous years without winning, but that just made us all the keener when we learned that we had been nominated again."

Margaret described the moment their name was read out. "Our initial reaction was one of total ecstasy and we were immediately jumping for joy. To hear the practice name announced at such a prestigious event was unbelievable."

Margaret said that they felt "very privileged to have won and honoured to accept the accolade". She continued: "The wider effect has been quite profound and has benefited all aspects of the business. Perhaps the most obvious one has been the positive reaction of patients to our success and their identification with it.

"Our team spirit has always been good but with the profile given to the practice by achieving this award has taken the team spirit to an even higher level."

When it came to the awards dinner itself, Margaret said: "The Awards ceremony was worthy of the occasion with the appropriate balance being struck between the required formalities and creating an environment where the dental practitioners and their guests could relax and enjoy the evening. All the hallmarks of a well-organised and efficient event were in evidence."

She added: "You should show no hesitation in nominating your colleagues or peers for one of the wide range of categories that are available.

"The Awards is a great stage to highlight success and the benefits of hard work."

SCOTTISH DENTAL AWARDS 2017 – THE CATEGORIES

- Scottish Dental Lifetime Achievement Award 2017
- Scottish Dental Representative 2017
- Best Professional Advisor **NEW FOR 2017**
- Business Excellence Award
- The Style Award
- Community Award
- Business Manager / Administrator of the Year
- DCP Star
- Unsung Hero Award
- Laboratory of the Year
- Dental Team Award
- Dentist of the Year
- Practice of the Year
- Website of the Year
- Employer of the Year
- Young Dentist Award

To nominate for the Scottish Dental Awards 2017, visit www.sdawards.co.uk

To book your tickets, or to find out more about the awards dinner, call Ann on 0141 560 3021 or email ann@sdshow.co.uk

The Whitecart Dental Care team with their award

SD SHOW OFFICIAL APP LAUNCHED

Download the new smartphone app for iOS and Android now and take advantage of some great Show offers

The official smartphone app for the Scottish Dental Show 2017 is now available to download from the App Store and Google Play. As well as a full list of speakers, lectures, workshops and exhibitors the app also offers exclusive deals and offers for delegates.

The My Offers section will not only provide delegates with great deals on the days of the show, they will benefit from offers in the weeks leading up to the event, providing great value for both show exhibitors and attendees.

The first deal is already on the app and we are expecting many more to be added in the coming weeks and months as the exhibitors at the show reveal all their special offers and promotions.

The app also provides comprehensive directions to Braehead Arena as well as details of all the exclusive hotel deals that are on offer.

Other benefits include Social Media integration through Facebook and Twitter, a Submit a Selfie function for all your Show selfies, as well as the opportunity to nominate for the Scottish Dental Awards that takes place on 19 May at the Glasgow Hilton Hotel.

MORE INFO
To download the app from the App Store, visit apple.co/2iBix7T or to download from Google Play for your Android device, visit bit.ly/SDSAndroid

REGISTER AND WIN!

When you sign up for your FREE delegate pass to the 2017 Scottish Dental Show you will also be entered into a prize draw to win one of two Amazon Echo smart speakers or a £150 Amazon voucher!*

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MORE INFO
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Indepth

ESSENTIAL EDITORIAL CONTENT FOR DENTAL PROFESSIONALS

INNOVATOR

NHS SCOTLAND'S NATIONAL CLINICAL DIRECTOR JASON LEITCH

See page 29

BACK TO THE FUTURE

THE 'ODONTO'S' SESQUICENTENNIAL PRESIDENT ANN SHEARER LOOKS FORWARD TO A VERY SPECIAL YEAR AT THE HEAD OF ONE OF THE OLDEST DENTAL SOCIETIES IN THE WORLD

BRUCE OXLEY MIKE WILKINSON

Dentistry in Scotland during the 1860s was often a fraught affair, with no shortage of charlatans willing to pull your teeth for profit, whether you needed it or not.

As Paul Geissler explains in his short history of the Royal Odonto-Chirurgical Society of Scotland (ROCSS), there was no easy way for the man on the street to discern between the ethical and the non-ethical dentist. "Dentistry at that period was unscientific and crude," he writes, "training was at best by apprenticeship. The majority of those who practised dentistry were charlatans, many being illiterate."

Even for the legitimate surgeon-dentists it was often a financial struggle for survival, forcing many to be "slightly elastic with their ethics" says Paul. He explains that this ethical elasticity unfortunately enabled the charlatans to gain some rudimentary instruction, which they then developed by trial and error. This led to a situation where they charged outrageous sums and "concentrated almost exclusively on the extraction of every tooth (sound and unsound) and the insertion of artificial dentures. These services were expensive, unhygienic and largely unsatisfactory".

> "THE MAJORITY OF THOSE WHO PRACTISED DENTISTRY WERE CHARLATANS, MANY BEING ILLITERATE"

Something had to be done and, in 1865, a surgeon by the name of John Smith set about creating a "society of persons practising ethical dentistry" in an effort to raise standards in what was still a fledgling profession. In 1856 Smith had instituted a course of clinical instruction in dentistry at the Royal College of Surgeons of Edinburgh (RCSEd), the first of its kind in Scotland. He also started a movement that resulted in the foundation of the Royal Hospital for Sick Children and, in 1871, was appointed Surgeon Dentist to Queen Victoria and was president of both the RCSEd and the British Dental Association.

In 1860 Smith, along with a group of like-minded friends, had founded the Edinburgh Dental Dispensary, which was later to become the Edinburgh Dental Hospital. Five years later, in 1865, Smith invited a group of surgeons to the Edinburgh Dental Dispensary and proposed the formation of a new society, the Odonto-Chirurgical Society of Scotland. It took two years before the first official founding meeting of the group in 1867, which was timed to coincide with the anniversary of the introduction of the first LDS diploma at the Royal College of Surgeons of England on 13 March 1860.

With the first Dentists Act not due to be enacted until 1878 and the British Dental Association not being incorporated until 1880, the society was not only ahead of its time, it proved to be, as Paul says, "a great stimulus to the ethical and scientific progress of the profession in Scotland, which up to then had been in chaos".

PRESIDENTIAL BUSINESS

The 'Odonto' as it is affectionately known, celebrates its 150th anniversary in 2017

CONTINUED OVERLEAF>


“PEOPLE DON’T JOIN SOCIETIES THESE DAYS IN THE SAME WAY THEY USED TO, BUT THE ODONTO SEEMS TO KEEP GOING”

ROYAL ODONTO-CHIRURGICAL SOCIETY OF SCOTLAND

150th Anniversary One Day Conference and Dinner

Friday 10th March 2017

Royal College of Surgeons of Edinburgh
Nicolson Street, Edinburgh EH8 9DW

PROGRAMME : BACK TO THE FUTURE

StJohn Crean
Professor of Medicine in Dentistry, University of Central Lancashire

Focal Infection

Hendrik Meyer-Lückel
Professor of Conservative Dentistry, Aachen University

From drill and fill to heal and seal in caries management

Michele Barbour
Senior Lecturer in Dental Biomaterials, University of Bristol

Novel dental materials

Charles Maran
Specialist in Periodontics, Edinburgh

Will I still need to brush my teeth and implants?

Peter Briggs
Consultant in Restorative Dentistry, Bart's Healthcare Trust, London

Replacement of teeth

Jan Clarkson
Professor of Clinical Effectiveness, University of Dundee

Dentistry in the future: 2067

Cost of one-day conference for members/trainees/students/DCPs is £100 (£120 for non-members)
Dinner on evening of 10th March 2017 in Surgeons' Hall is £80

For further information and booking please see *www.royalodonto.co.uk* or contact *events@surgeonshall.com*

6 hours CPD

LEFT: The Odonto's sesquicentennial president, Ann Shearer

FROM PREVIOUS PAGE>

and is widely thought to be the oldest dental society in the UK, if not the world, still actively functioning under its original title and upholding the original objectives. The use of the title 'Royal' was granted in November 1966 ahead of the society's centenary celebrations and the society has met regularly over the past century and a half.

In 2017, the ROCSS's 109th president, associate dental dean at NHS Education for Scotland (NES) Ann Shearer, will lead the Odonto through the special anniversary celebrations culminating in a symposium and celebration dinner in March.

Ann graduated in her home town of Dundee in 1983 before moving to a house job at the Royal Dental Hospital in London. She then relocated to Newcastle and a senior house officer post in Bristol, before securing a lecturer post in Manchester. By the time she left Manchester for a return to Dundee in 2001, she was a senior lecturer/consultant in restorative dentistry. In Dundee she took up a consultant post and ran the hygiene therapy BSc programme as well as the final year BDS clinic.

Towards the end of her time in Dundee, she was part-time associate dean at NES and started full time in Edinburgh in 2014. In her current role she oversees Scotland's dental core trainees and dentists undertaking specialty training, ensuring their training is quality managed. She is also responsible for the Scottish Government funding for the BDS and the BSc programmes, in dental schools and outreach clinics.

Ann was introduced to the Odonto by Dundee colleagues shortly after returning to Scotland in 2001. She said: "When I moved to Edinburgh I got more involved. Nairn Wilson, who I have known for many years from when we were in Manchester together, invited me to join the committee as he was ROCSS president at the time."

She progressed from committee member to junior vice president in 2015, before being put forward for the top job. She said: "It is an honour really, I'm very proud. People don't join societies these days in the same way they used to, but the Odonto seems to keep going. Things like the Dundee Dental Club have fallen away, it is a similar aged society but it doesn't meet any more. The Odonto keeps going and I think it is because it contains a really nice mix of people from general dental practice, hospital and public dental service. Everybody turns up to it and it is very friendly."

SESQUICENTENNIAL CELEBRATIONS

Ann has been a central figure in the organisation of the society's 150th Anniversary Symposium, which is taking place on Friday 10 March at the Royal College of Surgeons of Edinburgh. The exciting line-up of speakers is as follows: StJohn Crean from the University of Central Lancashire, Hendrik Meyer-Lückel from Aachen University, Michele Barbour from the University of Bristol, Edinburgh periodontist Charles Maran, Peter Briggs from Barts in London and Jan Clarkson from the University of Dundee.

Looking forward to the event, Ann said: "It will be good to get lots of people together. Dentistry is sometimes quite a lonely profession, you are often stuck within the same four walls. So dentists quite like to get together and have a moan, have a gossip and exchange ideas.

"We have excellent speakers coming, some I have known a long time and some I have only got to know more recently, from across the UK and Europe. So it is going to be great to hear them all speak.

"We are going to reflect on what dentistry was like in 1867, what it is like now and look to what it is going to be like in the future for future generations. So the theme of the meeting is 'Back to the Future'."

LOOKING TO THE FUTURE

For a society that has not only survived for 150 years but thrived, Ann believes there is no reason it can't keep going for many years yet. She said: "It has lasted this long from the very beginning in the 1860s to the modern day. It has kept going through all the various ups and downs in society and the profession – such as the closure of Edinburgh Dental School, which would have had a major impact.

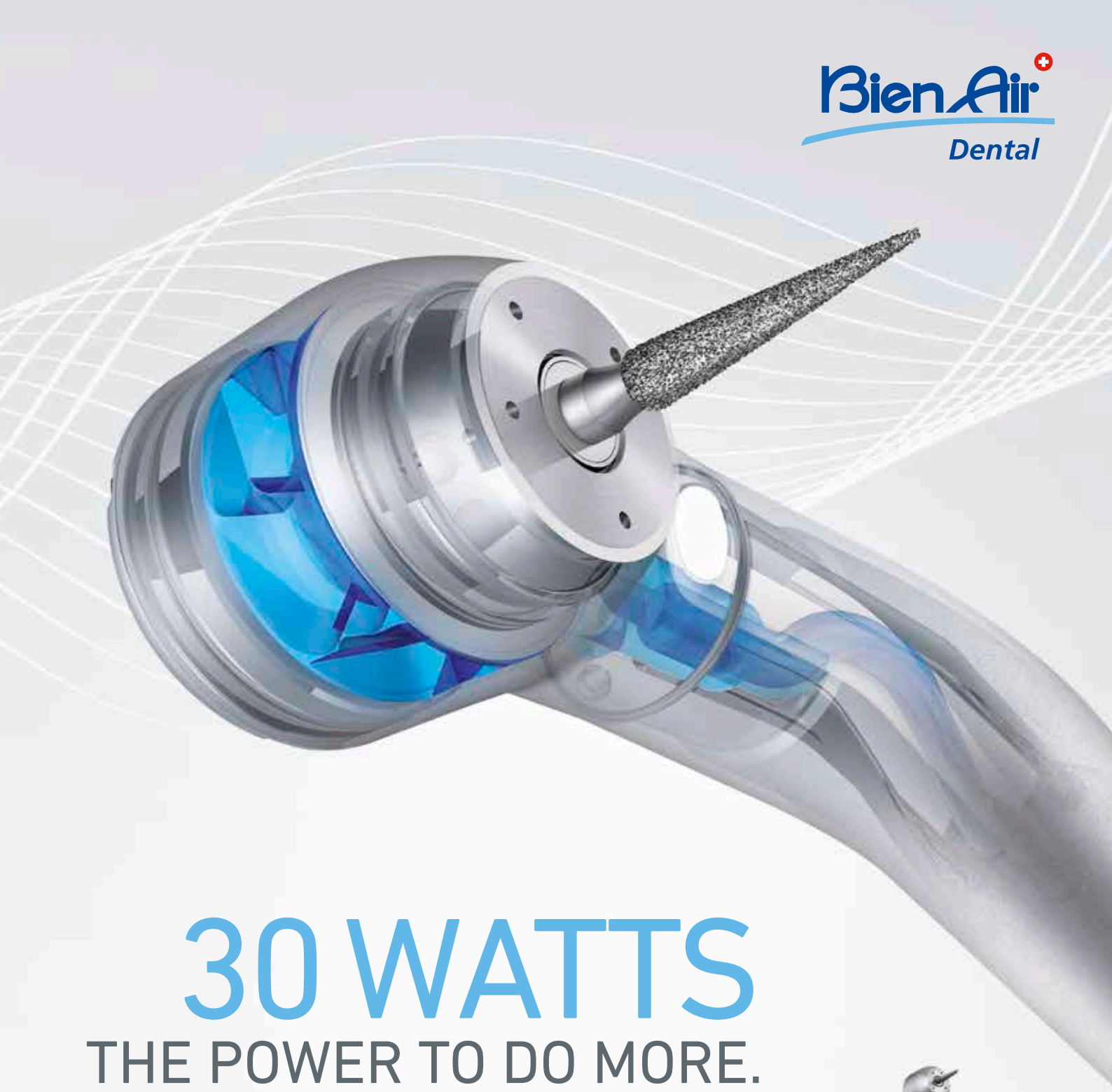
"In fact the money that the alumni at Edinburgh held came to the Odonto, so each year we choose a special nominated speaker to remember and honour the school and those that studied there.

"So, with the great membership we have and the education programme that runs every year from November through to March (on the second Thursday of the month), I don't see why we can't look forward to another 150 years."

MORE INFO

The Royal Odonto-Chirurgical Society of Scotland 150th Anniversary One Day Conference and Dinner will take place on Friday 10 March at the Royal College of Surgeons of Edinburgh. To find out more about the speakers, to book your tickets or to find out about the Odonto itself, visit www.royalodonto.co.uk or contact events@surgeonshall.com

Bien-Air Dental



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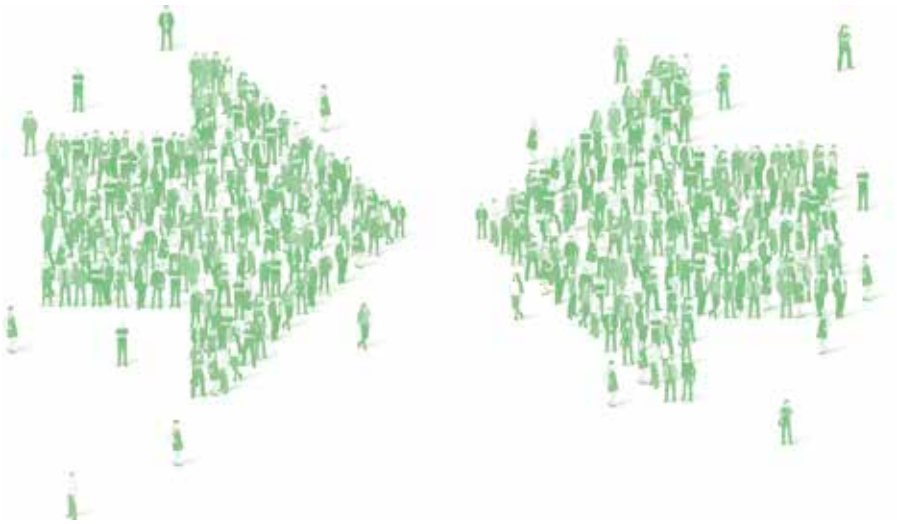

AN INTEGRATED APPROACH

THE SCOTTISH GOVERNMENT'S CLINICAL DIRECTOR, PROFESSOR JASON LEITCH, TALKS ABOUT ONGOING REFORM IN SCOTTISH PUBLIC HEALTH AND HIS ROLE IN PROMOTING INNOVATION

JOANNE CURRAN

Finding new ways to think about healthcare improvement has become a hallmark of Professor Jason Leitch's career. Having qualified BDS from Glasgow University in 1991, he became a consultant in oral surgery based in the west of Scotland. But it was a trip to the US in 2005 to work for the prestigious Institute for Healthcare Improvement (IHI) that he says "turned my career on its head". He completed a Masters in Public Health at the Harvard T.H. Chan School of Public Health in 2006 and returned home to begin working for the Scottish Government, helping to run its patient safety programme.

Ten years later, Professor Leitch is now the Scottish Government's national clinical director. He is a fellow at all three UK surgical royal colleges, a senior fellow at the IHI and holds an honorary professorship at the University of Dundee. He also recently joined the board of MDDUS as a non-executive director.

WHAT ARE YOUR MAIN PRIORITIES IN THE ROLE AS CLINICAL DIRECTOR FOR HEALTHCARE QUALITY AND STRATEGY?

We have a directorate structure within Scottish Government and I am one of a set of directors working in health and social care. As national clinical director I have specific responsibility for quality, planning and improvement, which includes patient safety, person-centred care and a host of other clinical priorities. I also share corporate responsibility for how we spend the nearly £14 billion budget and how we manage the health boards and their 160,000 employees.

I also have Scottish Government responsibility for other areas of improvement and do quite a lot of work in education and criminal justice, looking at systems of delivery across the public service. It's a broad remit.

WHAT ARE THE KEY CHALLENGES FACING HEALTHCARE IN SCOTLAND IN THE NEXT 20 YEARS?

It's not dissimilar to the rest of the developed world – the two-pronged challenge of increasing demand at a time of constrained resources. There is the well-publicised increase in the elderly population but there is also another unspoken set of increasing healthcare demands from the middle aged population. Expectations have changed.

This means we have to adjust the way we deliver healthcare. The National Clinical Strategy is an attempt to begin that conversation about shifting the balance of care towards more primary/community-based care and more locality-based delivery, but at the same time having fewer specialist centres for the very high-end expensive care.

HEALTH AND SOCIAL CARE INTEGRATION IS A MAJOR THRUST OF THE RECENTLY PUBLISHED NATIONAL CLINICAL STRATEGY. WHAT HAS CHANGED THIS YEAR?

The transitions between GP, dental, hospital and social services are the areas where patients and families can fall through the cracks. Those are the elements that integration is meant to resolve. From 1 April, the Scottish Parliament legislated to make health and social care integrated at a structural level. But true integration happens at a team level and that's where we're now seeing quite dramatic changes in the way health and social care is delivered on the ground.

Genuinely, the driver is quality delivery for the user. But if you can make those transitions between health and social care more efficient from a quality perspective then they become more financially efficient too.

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"OUR STRATEGY MAKES IT CLEAR THAT FOR OUR HIGH-PERFORMING HEALTH CARE SYSTEM TO CONTINUE TO IMPROVE, IT NEEDS TO MODERNISE"

WHAT DOES PATIENT-CENTRED CARE MEAN TO YOU?

I'd say it means "no decision about me, without me". It's fundamentally the inclusion of the patient – or family or carer – in every decision about their health and social care. This might be visiting times, decisions about chemotherapy, end-of-life care or vaccinations in children.

I've been involved in supporting the "What matters to you?" campaign, which is an attempt to focus healthcare teams on the patient and the family. It's about taking a moment in a consultation – whether GP or hospital – to ask the patient what matters to them. It began in our children's hospitals where a nurse started asking children what mattered to them when they were admitted. They didn't talk about wanting their chemotherapy on time or their antibiotics stopped; they wanted the nurses to smile, for their parents to be able to visit and other things that made them feel more human. It has since expanded to our elderly care units and even schools, and there is also now a campaign day involving 11 other countries.

THE SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) HAS HAD IMPRESSIVE RESULTS IN AREAS SUCH AS REDUCED SEPSIS AND VENTILATOR-ASSOCIATED PNEUMONIA. WHAT IS KEY TO THESE SUCCESSES?

Two very simple things have led to the initiatives' success. The first is clear evidence: having a recipe of what to do. Sepsis is a terrific example of having the evidence – now summarised as the "sepsis six" – about what you should do for very acutely ill septic patients. The second is having a method for effective local implementation – and learning that just telling people what to do or sending them a guideline is not a method. The SPSP ran an improvement science collaborative with multidisciplinary teams and taught them a method to bring about change together – one that allowed them to do it locally. It has taken a lot of hard work over a long period of time.

YOU SPEAK OF A NEEDED "CULTURE CHANGE" IN PATIENT SAFETY? HOW IS THIS BEST ACHIEVED?

I am increasingly convinced that culture change comes from a series of tasks that you do in teams. Edgar Schein, a leading management thinker, says your aim cannot be "culture change" because that is too vague. You should have specific goals – for example, "reduce mortality by 20 per cent by the end of 2015" – and then the culture change will come as a result of that.

WHERE IS IMPROVEMENT MOST NEEDED IN NHS SCOTLAND?

Our National Clinical Strategy makes it clear that for our high-performing healthcare system to continue to improve it needs to modernise – and that's a never ending task. There isn't a moment when a system is transformed and you can relax. It requires constant effort and the principal thing we have to do now is to move care downstream as much as possible, both in a prevention sense and in a primary and community care sense.

Improvement is needed in out-of-hospital care and that's partly about care of the elderly but also in chronic disease management, bolstering primary care teams – not just doctors but a much broader set of professionals who can keep people at home. What we say in our 2020 vision is care at home or in a "homely setting" – so as much as possible keeping patients outside very expensive acute hospitals.

ARE SCOTLAND'S HEALTH CHALLENGES IMPROVING?

I'd say the nature of the challenges is changing. In the past 30 years we have made unprecedented improvements in areas like cardiac disease, stroke care and smoking cessation. But new challenges are emerging, such as liver disease and alcohol/drug/mental health issues in young men.

Added to that, of course, is the next public health challenge of physical activity and obesity. We need to do more to encourage physical activity in the elderly and the rest of the population and that will be a big challenge going forward. It brings us back again to health and social care integration.

HOW WILL HEALTHCARE PROVISION IN SCOTLAND BE AFFECTED BY BREXIT?

There are two principle risks: workforce and research funding. Scotland employs many EU nationals in healthcare, and Brexit could bring uncertainty for both those here now and those who might want to come in future. Similarly, there would be uncertainty for Scottish graduates who want to go to Europe to learn and bring that expertise home.

We also have significant EU research funding in Scotland and that will become increasingly difficult to rely on and would have to be replaced or substituted in some way. The First Minister has made clear in recent speeches that, as far as possible, our position in terms of workforce and research funding should remain unchanged.

MORE INFORMATION

This interview first appeared in the Winter 2016 issue of MDDUS Summons.

THE VIEW FROM VT

KATIE MacDONALD TALKS ABOUT HER JOURNEY FROM VOCATIONAL TRAINING TO ASSOCIATE AND PROVIDES SOME TIMELY REFLECTIONS FOR CURRENT VTs, NEW ASSOCIATES AND PRACTICE OWNERS

KATIE MacDONALD

In addition to marking the end of 12 calendar months, New Year is often considered a time for reflection. It provides an opportunity to look back on the previous year's successes, failures, dramas and disasters. And, most importantly, trying to forget about that one treatment that didn't go quite according to plan...

For me, 2016's achievements have included; completing Vocational Training, passing Part 1 of the Membership of the Faculty of Dental Surgery (MFDS), and securing my first associate job. Several hours spent re-evaluating my life choices, endless note-writing and a few episodes of near-exhaustion were also involved.

Despite this progression, experiencing mixed emotions in the first few months following VT led me to question whether young dentists will ever be prepared for the challenges of professional life beyond training, and the advice I wish I could have given myself.

There are three words I would use to describe the three main phases of my career so far: challenging – the word I use to describe dental school; supportive – my experience of VT: and shock – the reality of being a first year associate. Having found the academia of dental school demanding, my initial goal for VT was just to survive the programme. However, the experience of working in a supportive and encouraging environment changed my view on dentistry, and the short life span I had previously associated with it.

Like many of my fellow graduates, I chose to avoid speciality/hospital routes and remain in general practice as a dental associate.

VOCATIONAL TRAINING

AKA an accelerated course in practical dentistry designed to make you a safe practitioner (with the added bonus of working in a supervised and protected environment). Or put more formally: "A post-qualification training period, which UK graduates are required to complete, in order to work in NHS practice."

> "WORKING IN A SUPPORTIVE AND ENCOURAGING ENVIRONMENT CHANGED MY VIEW ON DENTISTRY"
>
> KATIE MacDONALD

This is the reassuring message the BDA offers prospective patients doing some background research into their recently graduated dentist. And an alias many VTs will come to appreciate during the more intense "work experience" related patient interrogations:

"You look about 14", "Where did you work before this?" and "How long have you been qualified?" are common cynicisms you become expert in answering.

As intended, my VT year provided the opportunity to develop a wide range of clinical skills in the time needed, without pressure. A full and well-organised book also ensured a varied range of NHS treatments and patients. The demand for Prior Approval cases and private treatments was fewer, but in keeping with VT requirements.

In addition to accruing essential continuing personal development (CPD) hours, study days offered a welcoming break to the working week and proved

invaluable in sharing clinical experiences and picking up useful tips along the way.

Trainee experiences within the group varied greatly – some positive and some negative – but despite a lack of complete standardisation, everyone passed "satisfactory completion" without problem.

The result? Ten eager young dentists ready for the challenges of general dental practice. Apparently.

ASSOCIATE

Twelve years of combined education to earn the status of fully-qualified general dental practitioner. More than a decade spent learning (six years of that dedicated to teeth). And I still felt unprepared. The VT safety blanket had been removed, its absence replaced by a colossal sense of responsibility and fear of the unknown.

Despite such a positive and progressive VT experience, adapting to associate life still proved challenging and felt overwhelming at times.

Like many of my fellow graduates, finishing VT meant finding a job in a different practice. This involved moving to an unfamiliar environment and working with a different team, equipment, materials and software. Habits that were second nature in VT have to be re-learned; from finding the recline button on the dental chair, to familiarising yourself with multiple drawers in a foreign surgery.

You realise you didn't quite know how to work the "different" rotary system only when you're half way down a canal, and the impression material you've been handed looks different because you discover you've never used it before.

The ultrasonic on the side unit isn't fixed to the chair and has its own pedal you keep forgetting about, and now you're battling with an X-ray machine that refuses to stay in place.

Failing at basic dentistry – and this is only day one!

After an exhausting few weeks, you begin to settle into a routine, but now paperwork and forms that you never paid any attention to in VT suddenly become relevant, as does the prospect of organising your own book. "Money" turns into a dirty word and private treatments become more significant.

Finally, at the end of month two, the long-awaited schedule arrives. Line 40 is the first thing you look at. "It's all been worth it" you think, until you deduct the tax!

A lack of full-time associate jobs meant working two part-time positions, which has resulted in two very different experiences.

One of the practices is based in a university campus. My day is never dull and involves treating mainly students and staff.

It mimics general practice, with the exception of more emergency appointments and an increase in sports-related traumas.

Despite the risk of going straight from VT into a single-surgery practice, the support of the dental team has more than made up for my lack of experience. Having to make decisions independently has also benefited my treatment planning and clinical decision making skills – something I feel may have taken longer to develop had I not been in that situation.

My other job is exactly what you would expect from a predominantly NHS practice; a mix of patients from diverse socio-economic backgrounds, requiring multiple treatments. Denplan

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has been a concept I've had to get used to, as is discussing implant placement as a treatment option in-house.

Despite it being a four-surgery practice, a lack of communication and support has felt isolating at times and made the initial transition into general practice slightly more challenging.

Two very different practices and one steep learning curve later, I feel like I'm starting to get a grasp of being a dentist. Reflecting on this experience has made me realise how much I undervalued the VT programme at the time and the importance of utilising it to its fullest extent.

In hindsight, there are certain things I would have done differently, so I've come up with a list of changes I think would have helped me:

TIPS FOR VTS

1. Try, try and try again:

- Don't be hesitant to attempt treatments you've never done before
- You're going to have to do it sometime so take advantage of the support while you have it
- Patients understand that you're still learning in VT and make allowances for this.

2. Use free time wisely:

- Write up tutorials or reflective logs
- Observe treatments that you lack experience in
- Go over financial reviews and familiarise yourself with the schedule.

3. Observe other associates working:

- When was the last time you watched another dentist working? Probably during your work experience for getting into dental school. It's amazing what you can learn.

4. Familiarise yourself with the SDR:

- Know the most common codes – you won't always have a nurse who will chart this for you
- Prior approval charting: extensive/full case examination, clinical photographs, radiographs, study models, duplicate study models (diagnostic – not included in prior approval limit).

5. Have an idea of your monthly income (before and after tax) and the size of your patient list:

- Compare this to the start of your training – you'll soon realise the progress you've made
- Use this as a gauge to determine what you would earn as an associate. Is it enough to live off?
- This question is commonly asked in associate job interviews.

6. Communicate with reception to help organise your book:

- Give reception an estimate of your treatment times (e.g. RCT 45 mins, fills 40 mins, denture work 30 mins)
- Start this now and it'll be far easier in your first associate job.

7. Be aware of the paperwork/forms/admin that goes on behind the scenes:

- Prior approval/GP17
- Referrals: where to? Method: email/letter etc.

8. Be able to make your own clinical decisions:

- Be prepared to support, discuss and defend decisions you've made regarding treatment planning
- Remember you won't always have the reassurance or advice of your trainer.

9. Money matters:

- Provide the patient with all treatment options (NHS and private) and a printed estimate (it's part of the consent process!)
- Get into the habit of discussing the cost of treatment. Demo/models and a printed treatment plan are helpful aids.

10. Practice safely:

- Know your limitations
- Ask for help, advice and a second opinion when required
- Act within your clinical capabilities
- Remember the option to refer.

ABOUT THE AUTHOR

Katie MacDonald qualified BDS from the University of Glasgow in 2015. She is currently working towards the second part of her MFDS and is an associate at Airthrey Park Dental Practice at the University of Stirling.

A PERFECT PARTNERSHIP

THE NEXT SINUS BONE AUGMENTATION COURSE RUN BY DR STEPHEN JACOBS AND DR PHILIP FRIEL IS TO BE HELD ON 1 AND 2 SEPTEMBER 2017

Stephen has been running implant-related courses for nearly 20 years and staged a sinus augmentation course for several years before teaming up with Philip four years ago. They are delighted to announce a new programme in a new venue for the 2017 course.

Stephen said: "I was approached by my good friend Philip a few years ago, to combine my sinus course with his cadaveric anatomy course, which to me seemed like a logical progression and a perfect fit. We ran the course for three years from Phil's conference room in his clinic, with the practical dissection at the Glasgow University School of Anatomy. With Philip's knowledge of anatomy from his BSc days, it worked very well and the feedback was amazing, with most of our delegates going on to carry out the surgery on their own patients."

Philip said: "I knew Stephen was probably the most experienced surgeon in Scotland when it came to sinus augmentation and that he also ran a great course, so I wanted to incorporate his experience with the unrivalled experience that cadaveric dissection provides, to allow participants to gain that very important hands-on experience. We also carry out live patient demonstrations on day one."

Another unique aspect of this course is the involvement of Professor Gerald McGarry, a consultant ENT surgeon. Philip explained: "Gerry is a world-renowned ENT specialist who pioneered endoscopic sinus surgery. Unlike many in his field, he fully understands what implant dentists are trying to achieve with sinus augmentation and bone augmentation in general. We intend to use Gerry more on this new course, where delegates will experience the use of an endoscope to view the sinus space from a paranasal approach."

The new "improved" course will be based at Philip Friel Advanced Dentistry on day one, with day two, the cadaver day, at the Royal College of Surgeons, Edinburgh.

Stephen explained: "Included in the course programme is transport from Glasgow to Edinburgh after day one for an overnight stay at the RCS Edinburgh, with dinner at this world-famous college. We are very excited, in that delegates will get full access to the three clinicians – myself, Phil and Gerry – between days one and two, during the social event as well as on the course days and I think that adds massive value to the whole event.

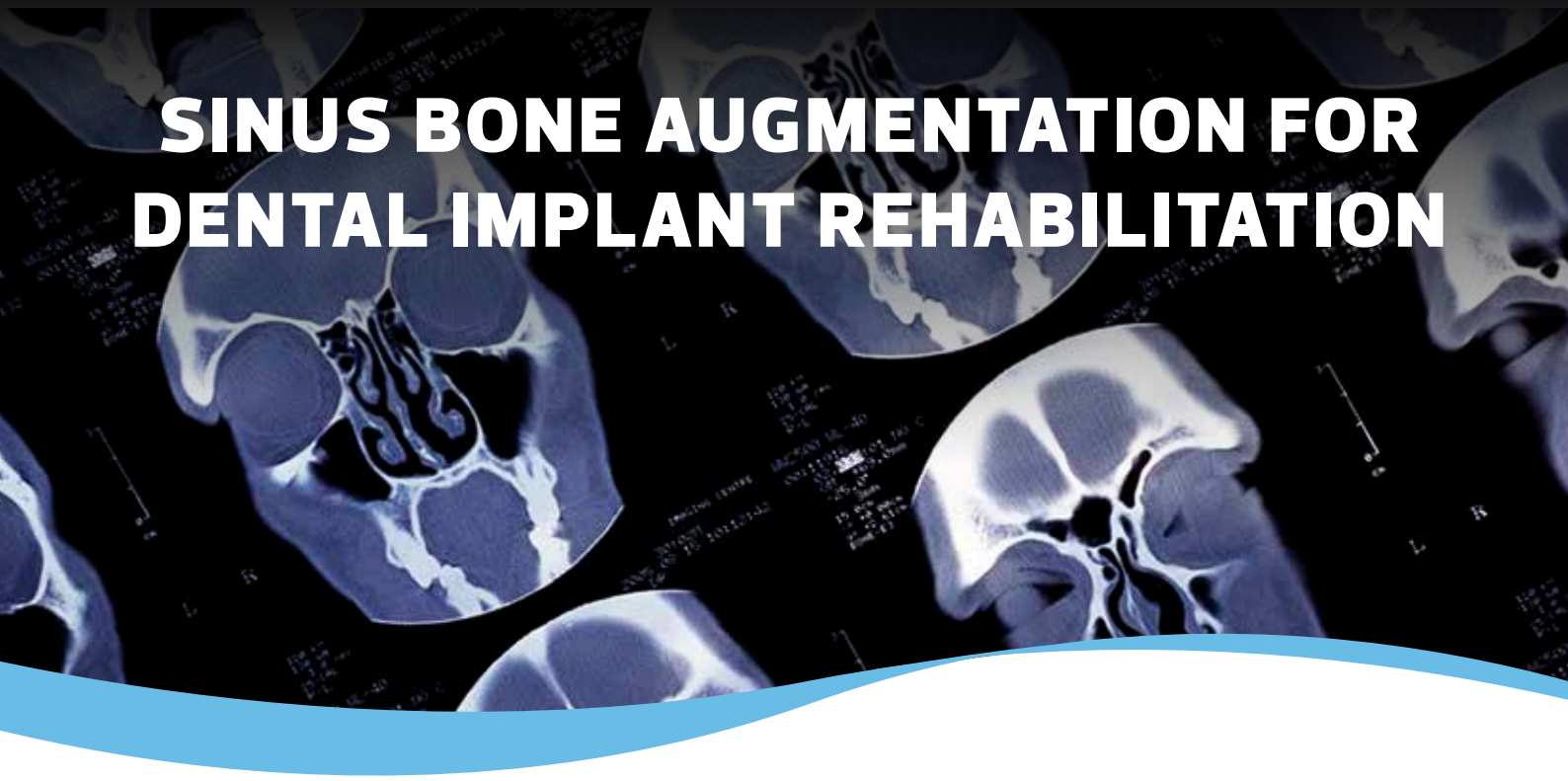
"Furthermore, as we have found on our previous programmes, delegates can not just practice sinus floor elevation, but a whole range of implant-related and anatomical exercises on the specimens, as there is a full day allocated to dissection."

So, Stephen and Philip, would be delighted to welcome anyone interested in furthering their surgical skills in implant dentistry, on the sinus bone augmentation course, in February. Delegates will finish with a course certificate from the Royal College of Surgeons, Edinburgh.

MORE INFO

Please contact Stephen Jacobs, Philip Friel or Heather Anderson at RCS Edinburgh by calling 0131 527 1600 or emailing education@rcsed.ac.uk

SINUS BONE AUGMENTATION FOR DENTAL IMPLANT REHABILITATION



CONVENORS

Philip Friel (GDC No 77637)
Stephen Jacobs (GDC No 60601)
Professor Gerald McGarry

VENUE

Advanced Dentistry Clinic, Hyndland, Glasgow & the Surgical Skills Centre, Quincentenary Hall Complex, RCSEd

Fee - £2150

TARGET AUDIENCE

General dental practitioners who are experienced in straightforward dental implant surgery and wish to progress to incorporating sinus work into their skillset.

LEARNING OUTCOMES

- The anatomy and physiology of the maxillary sinus
- The aetiology of bone loss
- Evidence based decision making
- Biologically based surgical technique
- The use of biomaterials and none harvesting techniques
- Lateral window and osteotome techniques
- Experience based complication management
- ENT perspective of the maxillary sinus

OVERVIEW

A comprehensive programme including anatomy, physiology, cadaveric dissection – with implant and graft placement. This course benefits from input from two experienced general dental practitioners as well as a consultant ENT surgeon.

PROGRAMME

Day 1 – Glasgow

08.30-09.00	Registration, coffee and introduction
09.00-11.00	Lectures
11.00-11.30	Coffee break
11.30-13.00	Hands-on exercises: model access and elevation/grafting
13.00-14.00	Lunch
14.00-15.50	Live cases
15.30-15.50	Coffee
15.50-17.00	Lectures
17.00	Close

(Travel through to Edinburgh for dinner and overnight stay)

Day 2 – Edinburgh

08.30-09.00	Coffee
09.00-09.30	Cadaver brief
09.30-11.00	Cadaver session dissection, sinus, elevation, grafting, implant placement
11.00-11.30	Coffee
11.30-13.00	Cadaver session continued
13.00-14.00	Lunch
14.00-16.00	Discussion, debrief, delegate case discussion, Q&As, certificates and feedback

Cheques to be made payable to:
Heather Anderson
Courses and Educational Events Co-ordinator

The Royal College of Surgeons of Edinburgh
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PERI-IMPLANTITIS

Part two – management and maintenance of implants

KEVIN LOCHHEAD, PIERLUIGI COLI, LARS SENNERBY

In the last issue we reviewed the literature on the validity of the use of periodontal indices to predict peri-implantitis. The conclusions were that current diagnostic tools are ineffective at predicting peri-implant problems, and, moreover, if they are used as an indicator of treatment needs, many patients will receive treatment that is of no benefit [1].

To recap:

1. The majority of implants will bleed on probing
2. Pocket depth of >4mm cannot be used as a sign of pathology
3. Increasing pocket depth alone is not an accurate predictor of peri-implant bone loss
4. A single episode of bone loss is not an indicator of future bone loss and does not call for treatment, unless associated with other signs of active infection (bleeding and profuse suppuration on palpation)
5. Peri-implantitis cannot occur within a year of implant placement as this is the adaptive phase of integration
6. Radiographic evaluation of crestal bone levels over time seems to be the most reliable tool to identify those implants undergoing continuous bone loss and therefore in need of treatment.

The above points are uncomfortable as they may challenge what we have previously been taught in the clinical management of dental implants.

The following obvious questions arise:

- Just when should we intervene?
- Which patients really are at risk?

The bottom line, unfortunately, is that we don't know (Figs 1 and 2). With hindsight it is, of course, easy to look at a failing implant case and postulate as to the probable causes of failure playing the, so called, "blame game".

Likely suspects

- The patient – poor oral hygiene smoker, diabetic, previous periodontitis, bruxist, aggressive foreign body reaction
- The surgeon – surgical trauma, implant selection, positioning, technique
- The restoring dentist – occlusion, misfit, material/component choice, poor treatment planning.

While all the above factors have, at one time or another, been highlighted in crestal bone loss and failure, in reality what is more likely is, as described by Albrektsson, a combination of a number of these factors [2].

In terms of prevention of peri-implant problems, the "ideal" would be that ALL clinicians involved are experienced and knowledgeable in ALL aspects of dental implant treatment and planning, and are respectful not only of the others' role but of their own limitations.

For example, while restoring a single tooth implant may appear simple from a technique perspective, the restorative dentist taking on this treatment has as much a role in the long-term survival of the implant as the surgeon. A poorly constructed crown can result in implant failure [3].

A multidisciplinary approach can be argued to be the most effective as not only should all potential compromising factors be managed to a higher level, but responsibility is shared. It is essential, however, that such an approach is openly collaborative with the restorative dentist or prosthodontist taking the lead, as it is they that are ultimately responsible for the long-term management and care of the patient.

Proposed guidelines for follow-up of implants

In current practice, clinicians are challenged to provide a high level of care often within the constraints of a system which does not recognise the time/effort and expense required in providing it.

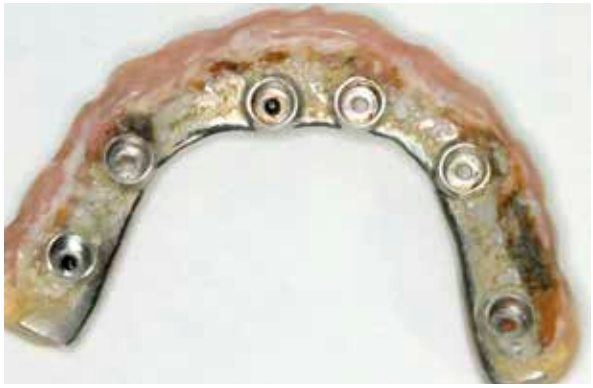
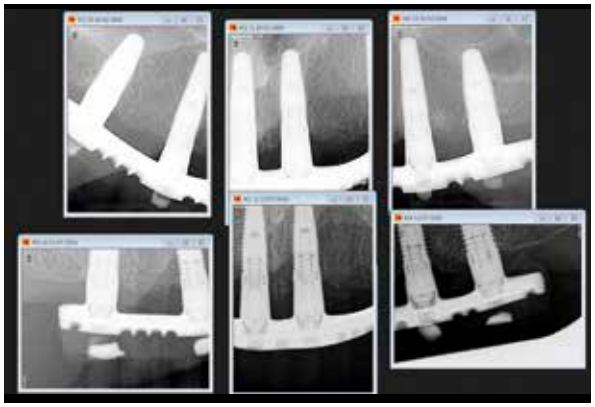


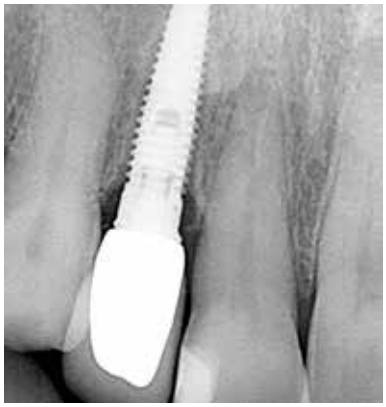
FIGURE 1
(top left)
Poor oral hygiene

FIGURE 2
(bottom left)
Crestal bone stability over seven years

FIGURE 3
(top right)
Profuse suppuration

FIGURE 4
(bottom right)
A single radiograph cannot diagnose peri-implantitis





The restorative dentist has as much a role in the long-term survival of the implant as the surgeon

What is needed are simple diagnostic tools which can be integrated into routine daily practice, taking a minimum of time and providing a high degree of accuracy. Current implant maintenance advice does the opposite of this. Bleeding on probing and pocket charts take time and, as we now see, have a very low level of predictive accuracy.

Based on the current degree of knowledge, the most reasonable approach is that implant patients should be examined annually for the presence of clinical problems. The clinical examination should cover three areas:

1. Observation – absence of redness and swelling in the soft tissues, assessment of adequate plaque control [4] and assessment of the occlusal scheme (paying particular attention to the possibility of parafunction and the excessive loads this may transfer to the restorations and implants)
2. Palpation – pressure on the tissues surrounding the implant to ensure absence of discomfort, bleeding and suppuration (see Fig 3)
3. Radiation – radiographs should be taken once a year during the first two to three years of function and thereafter at regular intervals (every two or three years, depending on the findings of the clinical examination and on the individual patient's oral hygiene and co-operation) to monitor the crestal bone level stability.

It should be kept in mind that a stand alone radiograph after baseline radiography is insufficient to diagnose "disease"

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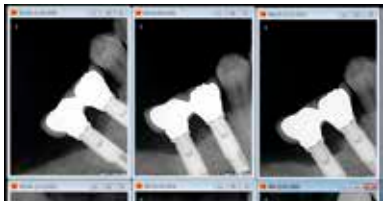

FIGURE 5a
Bone loss radiographic series after maturation phase 2008-9

FIGURE 5b
Progressive bone loss after maturation phase surgical debridement was carried out in 2009 bone loss continued

FIGURE 5c
Despite visible threading and poor oral hygiene this is not perimplantitis without progressive bone loss

FROM PREVIOUS PAGE>

(Fig 4). To diagnose peri-implant health or disease, a series of radiographs from different times of follow up is needed to decide whether a particular implant has progressive loss of marginal bone (Figs 5a and 5b). Furthermore the "series" of radiographs only starts after the maturation/ adaptive phase of one year [5].

Only significant, progressive loss of marginal bone, as verified in the series of radiographs, in association with clinical signs of inflammation such as redness, swelling, bleeding and suppuration at palpation and pressure on the soft tissues (not at probing) should be considered indicative of an ongoing peri-implantitis process (Fig 5c).

Clinical aspects of true peri-implantitis lesions

True peri-implantitis lesions do of course exist, all be it in a thankfully smaller number that some might think, with an incidence of only 2.7 per cent [5]. Peri-implantitis constitutes a threat to the longevity of the implant due to rapid marginal bone loss. Characteristic symptoms are, as outlined above: swelling, redness, pain and suppuration when palpating the peri-implant soft tissues in addition to the presence of rapid marginal bone loss.

The pathology of the development of a peri-implantitis lesion is not well understood. A primary peri-implantitis lesion has yet to be recognised and treatment is usually of the secondary infection which presents clinically. It is postulated that marginal bone resorption, for any reason, may have provided the conditions for a secondary infection with anaerobic bacteria, which in turn accelerates the tissue damage [2,6].

Treatment therefore should be aimed at resolving the presenting infection. This can include the use of local antibacterial rinsing, general treatment with antibiotics and surgical exploration of the area (Figs 6, 7, 8, 9).

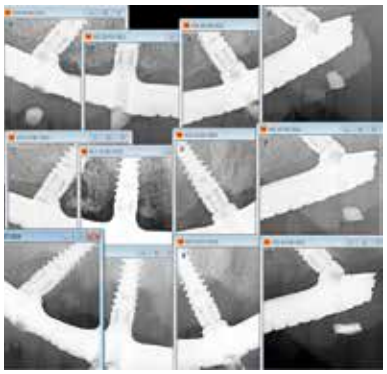

FIGURE 6
Radiographic series showing progresssive bone loss around three out of four implants

FIGURE 7
Clinical picture at completion of treatment

FIGURE 8
Surgical debridement of granulation tissue to attempt to treat suppurative infection

FIGURE 9
Clinical picture after healing

There are, in addition, a number of innovative approaches to the surgical management of peri-implantitis lesions proposed:

1. Laser treatment of cleaned implant surface
2. "Implantoplasty" to attempt smoothing of the implant surface
3. Use of antibiotics mixed with biomaterials to promote healing and soft tissue reattachment to the implant
4. Soaking of the implant with various solutions after mechanical cleaning.

While all these techniques show occasional impressive results to justify their use, it should be remembered, in the context of this and the previous article, that:

1. The diagnostic tools dictating treatment are poor and may have resulted in treatment of implants that did not actually have true peri-implantitis lesions, in which case there is little to be learned
2. In such cases there are no controls or long-term outcomes – these are low evidence techniques and do not justify routine practice
3. Surgical treatment of peri-implantitis is unpredictable whatever the method [7].

As stated before, the pathology of a true peri-implantitis lesion is poorly understood. Even if the secondary infection is managed effectively, the cause of the original bone loss may still be present and continue to affect marginal bone levels. It is important, therefore, that all the potential compromising factors are also addressed (patient/surgeon/restorative).

Occasionally, bone loss results in the exposure of a large portion of the implant, deeming it unaesthetic, impossible to clean and a constant irritation for the patient. In such situations, if it has not already lost integration, removal of the implant should be considered. Implant failure is no longer a terminal event, in contrast to losing a tooth, as a new implant can be placed if a sufficient amount of bone is present. The replacement implant does not seem to be significantly worse off than any new implant might be.

Osseointegrated implants can now be removed in an atraumatic way by using a so-called removal tool. With this new development, removal of "ailing" implants can be

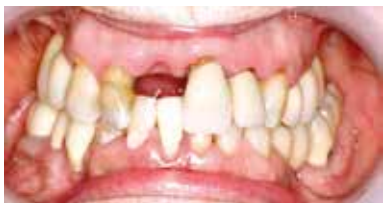

FIGURE 10
At presentation

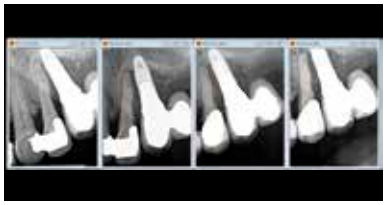

FIGURE 11
Radiographic series showing stability of bone despite significant loss round implant and adjacent tooth

FIGURE 12
Remaining teeth and ailing implant removed and replaced for full-arch restoration

FIGURE 13
New baseline radiograph

FIGURE 14
Implant removal tool in failed implant

FIGURE 15
Failed implant counter rotated out to break osseointegration

carried out and treatment started anew, rather than lengthy, unpredictable surgical "management" (Figs 10-15).

Conclusions

There is still a lot that we do not know about peri-implantitis and hopefully future research will provide us with accurate diagnostic indicators of health and treatment needs, together with predictable management techniques. Until such a time, we need to approach peri-implant problems with a measured and pragmatic approach, assessing each case on its clinical presentation and deciding on a course of action that is best for that patient at that time.

REFERENCES

1. Coli P, Christiaensen V, Sennerby L, De Bruyn H. Reliability of periodontal diagnostic tools for monitoring peri-implant health and disease. Periodontology 2000 Vol 73, 2017, 203-217.

2. Qian J, Wennerberg A, Albrektsson T. Reasons for Marginal Bone loss around Oral Implants. Clin Implant Dent Relat res 2012:14: 792-807.

3. Bryant SR. Oral implant outcomes predicted by age and site specific aspects of bone condition. PhD Thesis Department of Prosthodontics, University of Toronto, Canada 2001.

4. Attard N. Zarb G. Long term treatment outcomes in edentulous patients with implant-fixed prostheses: the Toronto study. Int. Journal Pros 2004:17:4.

5. Albrektsson T, Buser D, Sennerby L. Crestalbone loss and oral implants. ClinImplant Dent Relat Res 2012: 14: 783–791.

6. Albrektsson T, Dahlin C, Jemt T, Sennerby L, Turri A, Wennerberg A. Is marginal bone loss around oral implants the result of a provoked foreign body reaction? ClinImplant Dent Relat Res 2014: 16: 155–165.

7. Listl S. Tu Y. Assessment of endpoints in studies on peri-implantitis treatment – A systematic review. Journal of Dentistry 2010: 38: 443-450.

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To propose a guideline for monitoring of dental implants
- To rationalise the guideline based on current knowledge
- To suggest limiting surgical intervention to management of progressive crestal bone lesions with active suppurative infection only
- To highlight that implant loss is not necessarily a terminal event but maybe a rational treatment option to allow more predictable re-treatment.

LEARNING OUTCOMES:

- To understand that currently no treatment for peri-implantitis is predictable
- To understand that all clinicians involved have a responsibility to the management and maintenance of dental implants
- To understand that any treatment should be patient centred based on the current knowledge, information to hand and patient preference.

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THE CORONECTOMY TECHNIQUE

ORAL SURGERY

An alternative procedure to the complete removal of a third molar in high-risk cases

MICHAEL DHESI AND CLIVE SCHMULIAN

Impacted lower third molars are a common developmental anomaly in primary care that requires an evidence-based approach to gain informed consent from patients in treatment planning. The prophylactic removal of third molars has been discouraged since the development of SIGN 43 and NICE guidelines.

The SIGN guidance suggests "surgical procedures for extraction of unerupted third molar teeth are associated with significant morbidity including pain and swelling, together with the possibility of temporary or permanent nerve damage, resulting in altered sensation of lip or tongue" [1].

The introduction of SIGN guidance initially showed a reduction in the number of cases of third molar removal in primary care. However, since 2005 there has been a steady upward trend [2]. McCardle and Renton suggest this initial change resulted in patients retaining third molar teeth due to rigid interpretation of the guidance. The extraction of third molars may have been delayed due to the use of antibiotics to manage pericoronitis or a more palliative approach to clinical decision-making. As patients retain third molars into later life they are more vulnerable to caries and pathology, particularly where the teeth are impacted leading to the 'rebound' in data.

Inferior alveolar nerve injury is a significant complication associated with the removal of third molars and is reported to occur in up to 3.6 per cent of cases permanently and 8 per cent of cases permanently [3]. Such injuries can significantly impact a patient's quality of life and should be taken into consideration when making clinical decisions and gaining informed consent. The coronectomy technique is an alternative procedure to complete removal of a third molar in high-risk cases and can reduce the risks of nerve damage.

Assessment of lower third molars

A methodical approach to the gathering of relevant information from the clinical history is key to successful management. The guidance provided by SDCEP document 'Oral Health Assessment and Review' provides a comprehensive overview to history taking [4].

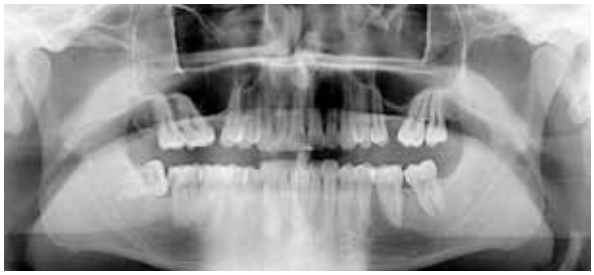

FIGURE 1
Example of low-risk case where tooth 48 is mesially impacted but not closely associated with the inferior dental canal. Note the presence of distal caries on tooth 47

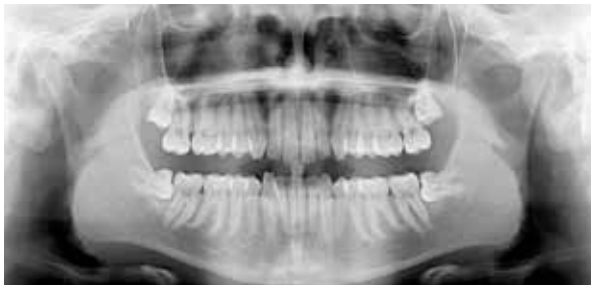

FIGURE 2
Example of a moderate-risk case of horizontal impactions of 38 and 48

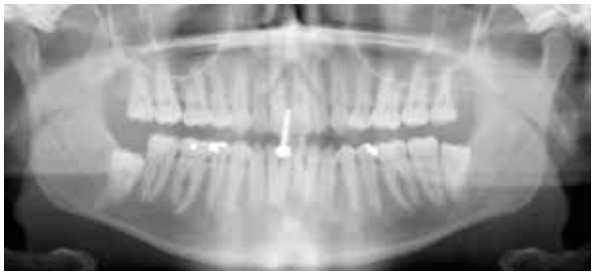

FIGURE 3
Example of a high-risk case where both 38 and 48 are closely associated with the inferior dental canal

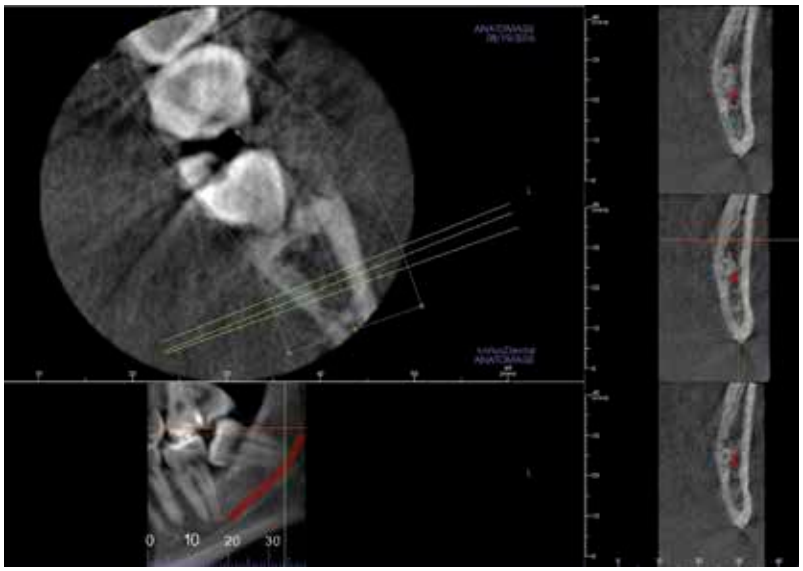

FIGURE 4 (far left) CBCT imaging demonstrating a close relationship between the IAN and a mesially impacted 38

FIGURE 5 (above) Roots remaining in situ after removal of crown

FIGURE 6 (left) Crown sectioned below the ACJ and removed

The patient's history should be combined with a thorough clinical and radiographic examination. Practitioners are advised to follow IRMER 2000 [5] in ensuring any exposure is justified, optimised and dose limited. Colleagues are also referred to FGDP's 'Selection Criteria for Dental Radiography' [6] for guidance in their decision making process.

The guidance indicates that radiographs are indicated in the "extraction of teeth or roots that are impacted, buried or likely to have a close relationship to important anatomical structures. With the exception of third molars, the appropriate radiograph will normally be a periapical view". As a result, an OPT is generally the radiograph of choice for assessment.

All images should be reported on by the practitioner and particular attention paid to the following radiographic signs that could result in a higher risk of inferior alveolar nerve damage as described by Palma-Carrió et al [7]:

1. Darkening of the root
2. Deflection of the root
3. Narrowing of the root
4. Bifid root apex
5. Diversion of the canal
6. Narrowing of the canal
7. Interruption in white line of canal.

Colleagues are advised to make an assessment of the difficulty of the case and their own surgical skills before considering the options of surgery in primary care, referral to a dentist with a special interest in oral surgery or referral to secondary care. Some radiographic examples are shown in Figs 1-3.

CBCT

In high-risk cases, the European Commission *Cone Beam CT for Dental and Maxillofacial Radiology* [8] guidance states: "Where conventional radiographs suggest a direct inter-relationship between a mandibular third molar and the mandibular canal, and where a decision to perform surgical removal has been made, CBCT may be indicated."

Matzen et al carried out a study of 186 lower third molars that were assessed using both panoramic imaging and CBCT to decide whether surgical removal or coronectomy was indicated [9]. Treatment planning was carried out after the initial two-dimensional imaging followed by a second treatment plan after three-dimensional imaging. The authors found that the treatment plan was changed for 22 teeth and thus CBCT influenced the decision making process in 12 per cent of cases. The authors advised that "narrowing of the canal lumen and canals positioned in a bending groove or in the root complex observed in CBCT images were a significant factor for deciding on coronectomy".

The example in Figure 4 demonstrates a case of a mesially impacted tooth 38 that required CBCT investigation as part of the examination and consent process. CBCT demonstrated a close relationship between the roots of 38 and the IDN. In this case, the patient was offered the opportunity of both surgical removal and coronectomy. Given the potential for altered sensation or numbness, the patient opted to undergo a coronectomy.

Given the significant impact of CBCT imaging in treatment planning it is essential that patients in high-risk cases are offered three dimensional imaging and coronectomy where appropriate in order to gain informed consent.

Evaluation of findings and consent

On reviewing the findings of both clinical and radiographic assessment, clinicians should refer to the guidance available in the UK in deciding whether surgery is indicated [1] ,[10] ,[11]:

1. One or more episodes of pericoronitis
2. Caries in the third molar or lower second molar. The future risk of caries in the second molar should be taken into account
3. Pulpal/periapical pathology
4. Periodontal disease
5. Internal/external resorption of the tooth or adjacent teeth

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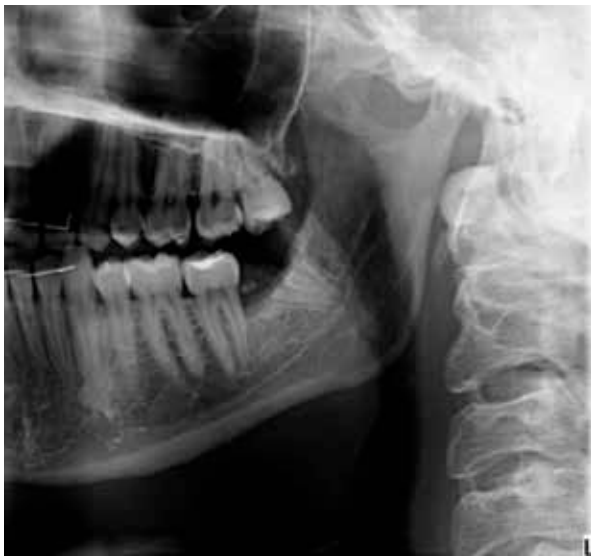

FIGURE 7
Left OPT demonstrating post-op view of retained roots in situ

6. Follicle disease including dentigerous cysts
7. Prophylactic removal in specific medical conditions such as before chemotherapy/radiotherapy
8. To facilitate effective restorative treatment including prosthesis
9. Patients whose lifestyle precludes ready access to dental care.

This list is not exhaustive and practitioners are advised to make an individualised risk assessment and assist patients in making informed decisions in relation to their ongoing care.

Consent

Informed consent is an essential part of the assessment process and it is advisable to obtain written consent.

Patients should be alerted to the following risks:
1. Pain and discomfort
2. Swelling and trismus
3. Bleeding
4. Infection
5. Localised alveolar osteitis or infection (around 20 per cent of cases)[2]
6. OAF/OAC in the case of upper third molars
7. Paraesthesia or anaesthesia of the inferior alveolar nerve or lingual nerve in lower third molars (8 per cent temporarily and up to 3.6 per cent of cases permanently) [3].

In high-risk cases, patients should be offered the opportunity of a coronectomy procedure where appropriate. Patients should be aware of the possible need for a second surgical procedure at a later date and the possibility that, should the roots become mobile, the need for complete extraction [12].

Patients should be given adequate time to consider the risks involved and an opportunity to have their queries answered, this may involve a second visit to allow sufficient time.

Procedure

The coronectomy technique or "deliberate vital root retention" is a means of removing the crown of the tooth but leaving roots intimately related to the inferior alveolar nerve untouched in order to reduce the risk of nerve damage. The procedure is carried out as follows [13]:

- IDB and long buccal infiltration anaesthesia are provided. The author's preference is lidocaine 2 per cent, 1:80000 adrenaline, as an IDB and articaine 4 per cent, 1:100000 adrenaline, given as a buccal infiltration.
- A full thickness mucoperiosteal flap is raised to obtain sufficient access and expose the third molar tooth.
- A fissure bur is used to remove buccal bone and expose the crown of the tooth down to the ACJ. The fissure bur is used to drill into the pulp at the mid centre of the buccal grove as it intersects with the ACJ. This cut is lateralised to create space for an elevator. The cut should be no more than the length of the bur in order to avoid perforation of the lingual cortical plate.
- An elevator, such as a Coupland's or straight Warwick James, is used to fracture the crown from the roots. It is essential to take care and not apply too much pressure at this stage to prevent mobilisation of the roots. If mobilisation occurs, the roots must be elevated and removed.
- A rosehead bur can then be used to remove any spurs of enamel and to reduce the roots a few millimeters below the alveolar bone crest.
- The pulp chamber is left untouched and primary closure with resorbable sutures.

Contraindications

Contraindications to coronectomy include:
- Teeth with active infection
- Mobile teeth
- Deep horizontal impactions as sectioning of the crown could in itself endanger the nerve [14].

Complications

Complications after coronectomy are rare but include the following:
- Pain
- Infection
- Alveolar osteitis
- Failed coronectomy i.e. mobilisation of the roots (9-38 per cent)
- Inferior alveolar nerve injury
- Root migration (30 per cent) [14].

Post-operative pain is an expected complication but the more conservative nature of the coronectomy procedure results in less tissue disturbance and thus less post-operative pain than conventional surgical removal. Simple analgesia such as paracetamol and NSAIDs is adequate for post-operative pain relief in most patients [15].

The incidence of alveolar osteitis is 10 to 12 per cent. Should 'dry socket' occur, the management is similar to that in extractions of irrigation and placement of a dressing. Rates of infection after coronectomy range from 0.98 to 5.2 per cent. Local measures with antibiotics as an adjunct can be used to manage. If the retained root fragment is involved it may need to be retrieved, however, this is rare [15].

O'Riordan demonstrated in a study of 100 patients that the risk of infection was minimal and morbidity less after coronectomy than after surgical removal. Over the subsequent two years some roots migrated coronally and

were removed under LA [16]. Given the reduced risks of nerve injury, it has been recommended for patients where there is a high risk of nerve injury.

Root migration is estimated to occur in between 14 per cent and 81 per cent of cases. Pogrel estimates root migration of approximately 30 per cent over a six-month period [18]. Similar results were found by Knutsson et al on a prospective trial of 33 patients where, after one year, all but six roots had migrated between 1 and 4mm [19]. Migration can continue to the point where eruption into the oral cavity occurs. If this occurs, the roots will require retrieval but this is often at less risk than originally due to their migration away from the inferior alveolar nerve [15].

Conclusion

Inferior alveolar nerve injuries during third molar surgery can be reduced by:

- Thorough clinical assessment and decision making in line with guidance
- The use of appropriate imaging, including CBCT, to identify high-risk cases
- The use of the coronectomy technique where appropriate to prevent trauma to the inferior alveolar nerve.

Clinicians should consider coronectomy as an alternative to surgical removal for patients who are at a high risk of iatrogenic nerve injury.

REFERENCES

1. Management of unerupted and impacted third molar teeth. 1st ed. Edinburgh: Scottish Intercollegiate Guidelines Network; 2000.

2. McArdle L, Renton T. The effects of NICE guidelines on the management of third molar teeth. Br Dent J. 2012;213(5):E8-E8.

3. Howe GL, Poyton HG. Prevention of damage to the inferior dental nerve during the extraction of mandibular third molars. Br Dent J 1960; 109: 355–363.

4. SDCEP Oral Health Assessment and Review Guidance – Published March 2011. Available from: www.sdcep.org.uk/published-guidance/oral-health-assessment

5. Ionising Radiation (Medical Exposures) Regulations 2000 (IRMER). Available from: www.legislation.gov.uk/uksi/2000/1059/contents/made

6. FGDP – Selection Criteria for Dental Radiography: Third Edition. Published 2015. Accessed 14/06/2015. Available from www.fgdp.org.uk/publications/selection-criteria-for-dental-radiography1.ashx

7. Palma-Carrio C, Garcia-Mira B, Larrazabal-Moron C, Penarrocha-Diago M. Radiographic signs associated with inferior alveolar nerve damage following lower third molar extraction. Medicina Oral Patología Oral y Cirugia Bucal. 2010;:e886-e890.

8. European Commission – Radiation Protection No. 172 Cone Beam CT for Dental and Maxillofacial Radiology (Evidence-based Guidelines). Published 2012. Available from: www.sedentexct.eu/files/radiation_protection_172.pdf

9. Matzen L, Christensen J, Hintze H, Schou S, Wenzel A. Influence of cone beam CT on treatment plan before surgical intervention of mandibular third molars and impact of radiographic factors on deciding on coronectomy vs. surgical removal. Dentomaxillofacial Radiology. 2013;42(1):98870341-98870341.

10. SIGN 43 – Management of Unerupted and Impacted Third Molar Teeth. Sign.ac.uk. Guidelines by topic. Available from: http://sign.ac.uk/guidelines/published/index.html#Dentistry

11. NICE – Guidance on the Extraction of Wisdom Teeth. Available from: www.nice.org.uk/guidance/ta1

12. Renton. T, Notes on Coronectomy. Br Dent J 2012; 212: 323-326

13. Renton. T, Update on Coronectomy. A Safer Way to Remove High Risk Mandibular Third Molars Dent Update 2013; 40: 362–368

14. Ahmed. C et al – Coronectomy of Third Molar: A Reduced Risk Technique for Inferior Alveolar Nerve Damage. Dent Update 2011; 38: 267–276

15. Patel V, Gleeson C, Kwok J, Sproat C. Coronectomy practice. Paper 2: complications and long term management. British Journal of Oral and Maxillofacial Surgery. 2013;51(4):347-352.

16. O'Riordan B. Uneasy lies the head that wears a crown. Br J Oral Maxillofac Surg 1997; 35: 209–212.

17. Zola MB. Avoiding anaesthesia by root retention. J Oral Maxillofac Surg 1992; 50: 419–421.

18. Pogrel MA. Coronectomy to prevent damage to the inferior alveolar nerve. Alpha Omegan 2009; 102: 61–67.

19. Knutsson K, Lysell L, Rohlin M. Postoperative status after partial removal of the mandibular third molar. Swed Dent J 1989; 13: 15–22.

ABOUT THE AUTHORS

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Clive Schmulian qualified from Glasgow University in 1993. Throughout his time in general dental practice, he has developed his clinical skills by obtaining a range of postgraduate qualifications, which in turn led him to develop an interest in digital imaging in both surgical and restorative dentistry. He is a director of Clyde Munro.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- Describe how to appropriately assess lower third molars prior to extraction
- Describe the appropriate radiological investigations to be used
- Describe the risks/benefits and indications/contraindications of a coronectomy
- Explain the clinical technique for performing a coronectomy.

LEARNING OUTCOMES:

- Know how to appropriately assess lower third molars prior to extraction
- Know when a coronectomy may be indicated or contraindicated
- Be able to describe the risks and benefits of a coronectomy
- Be able to describe the clinical steps involved in a coronectomy.

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CHRONOLOGICAL VERSUS BIOLOGICAL AGE

GERODONTOLOGY

When it comes to treating the ageing population, the best treatment might not be the most appropriate

LAURA FEE

In 2013, 14 per cent of the world's population was over 60 years of age. It is estimated that, by 2050, this figure will have increased to 19 per cent [1]. However, as people age they develop more health conditions. Multimorbidity is the "presence of two or more diseases in one person" [2]. Research indicates that, by 70 years of age, 63 per cent of people can expect to have developed two or more disorders [3].

Common chronic conditions in the elderly include cardiovascular disease, type 2 diabetes, depression, COPD and osteoarthritis. Multimorbidity has been shown to impact immune function greater than age alone [4].

These multiple chronic conditions can also result in polypharmacy where patients have to manage an increasing number of medications. In Europe, over half of the elderly population take more than six medications per day [5]. This results in an increased risk of adverse drug events. Treatment plans for an elderly patient should be based on their individual risk factors, functional difficulties and preferences.

A growing elderly population increases the indications for partial removable dental prostheses and expands the indications for implant therapy. When considering implant surgery in elderly patients, pre-operative medical fitness is more important than chronological age [6].

The standard of care in geriatric patients has to be adapted to the patient's motivation, medical condition and socio-economic circumstances. Oral health can significantly affect an elderly patient's nutritional intake. It has been found that complete denture wearers have thinner masseter muscles whereas implant retained over-dentures lead to increased muscle thickness [7]. Unlike most adults, a BMI >25 in elderly patients is associated with a reduced mortality. It is therefore important that elderly people can chew adequately to avoid restricted diets which offer lower nutritional values [8].

Medical consideration in elderly patients considering dental implant treatment

Cardiovascular diseases

These can be divided into atherosclerosis, hypertension, chronic heart failure and atrial fibrillation. A recent myocardial infarction, stroke and cardiovascular surgery is an absolute contraindication to implant surgery [9]. Medical control of the disease is imperative prior to implant therapy. Patients with stent implantation after coronary artery disease usually have dual antiplatelet blood-thinning therapy to prevent clot formation.

Bleeding disorders

Bleeding can be prolonged in patients with haemophilia or those taking medication such as warfarin for anticoagulation. Current recommendations advise against modifying the anticoagulation provided the INR is <3.5. The exception may occur upon consultation with the patient's medical team in cases of high volume bone grafting or extensive flaps. Splints can be used to manage expected bleeding.

The number of patients taking new oral anticoagulants such as dabigatran and rivaroxiban is increasing. New oral anticoagulants do not require monitoring, however, they lack a reversal agent. It is important that dentists follow the most recent guidelines regarding the management of these patients especially when considering invasive implant surgery [10].

Poorly controlled diabetes mellitus

This can result in delayed wound healing, an impaired response to infection and susceptibility to periodontal disease. Dentists should check their patient's HbA1C (glycosylated haemoglobin) prior to implant placement. Implant and bone augmentation surgery in an uncontrolled diabetic can lead to serious wound healing complications.

Osteoporosis

A decrease in bone mass and bone density increases the risk of fracture. Oral bisphosphonates reduce osteoclast function increasing the risk of bisphosphonate-related osteonecrosis of the jaw. Oral bisphosphonates are a potential risk factor for osteonecrosis of the jaw but not for implant success and survival [11].

Chronic obstructive pulmonary disease

Chronic bronchitis and emphysema result in a chronic cough, sputum production and shortness of breath. Special consideration needs to be given to the type of local anaesthetic administered. It is recommended that the maximum dose of local anaesthetic be halved in patients >65 due to reduced liver function [12]. Also dentists should be mindful of the risk of adrenal insufficiency in elderly patients taking long-term steroids.

Psychological conditions

Depression is common among the elderly population. At the age of 90, three out of four patients have a diagnosis of dementia [13].

Treatment planning options

Shortened dental arch concept

The shortened dental arch is where 10 upper teeth oppose 10 lower teeth [14]. Dentists can reduce the biological risks for the patient and avoid problems of low acceptance by providing this treatment option [15]. Gerritsen et al concluded that a shortened dental arch can last for 30 years and that there is no recommendation for adding a partial denture. McKenna et al also examined the shortened dental arch concept in 89 patients who were >65 years old. His results demonstrated a better oral health related quality of life score in patients with a shortened dental arch compared with those wearing removable partial dentures [16].

Removable partial dentures (RPD)

This is an economical prosthodontic solution involving sound abutment teeth for increased retention. It helps maintain teeth of strategic value if implants are not an option [17]. The prosthetic flange can also maintain facial fullness. However, abutment teeth for removable partial dentures are high risk for both caries and periodontal disease.

Prognostic factors for partial RPD abutments include [18]:

- Crown-root ratio
- Root canal treatment
- Periodontal pocket depth
- Type of abutment – multi-rooted maxillary molars can make for unfavourable abutments
- Occlusal support and function of the abutment tooth.

Partial removable dentures with implants

Conventional dentures have limitations as oral function can decline with age. Old age is not a contraindication for dental implant treatment however; some medical conditions can increase their risk of failure. It is the degree of systemic disease control that is important rather than the nature of the disorder itself. Dentists should consider the American Society of Anesthesiology's (ASA) Classification. The ASA restricts dental implants to ASA 1 and 2 patients. Dental implant placement may be undertaken in some very carefully considered ASA 3 cases.

FIGURE 1
Removable partial chrome cobalt denture

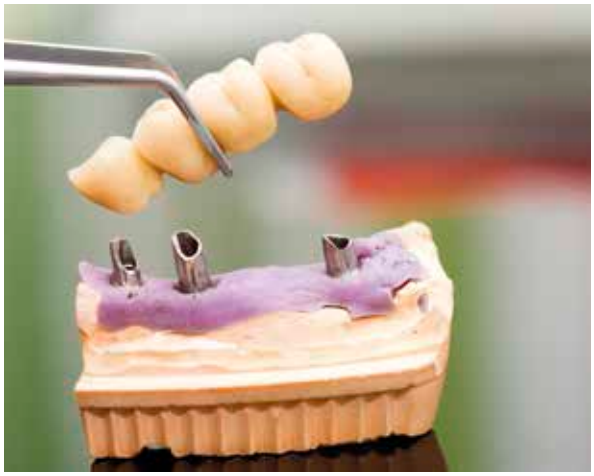

FIGURE 2
Extended implant fixed partial denture

In comparison with conventional dentures, implant over-dentures have the advantage of slowing peri-implant bone resorption and preventing bone atrophy [19]. There is also a significant improvement in chewing ability with two lower implant supported over-dentures as a result of improved muscle co-ordination. Implants increase support, retention and can improve the aesthetic outcome of dentures by avoiding the use of clasps which results in greater patient satisfaction.

Strategic implant positioning can also help convert a Class I and Class II Kennedy arch into a Kennedy Class III configuration following the extraction of a hopeless abutment. This improves the elderly patient's ability to eat harder food when compared with a conventional complete denture. This encourages elderly patients to eat a more diverse diet, which not only boosts their nutritional intake, but also enables them when socialising to finish their meals at the same time as family and friends [20].

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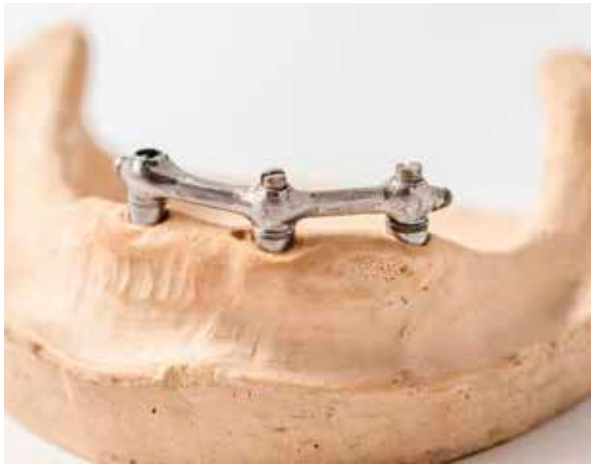

FIGURE 3
Lower implant over-denture bar

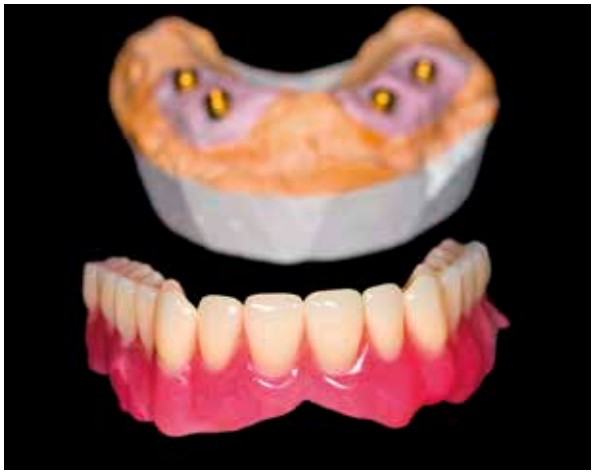

FIGURE 4
Implant-retained over-denture

Implant-supported over-dentures are also associated with psychological benefits such as improved social interactions and better self-confidence. Wismeijer et al examined patient satisfaction among 36 conventional and implant assisted partial denture wearers [21]. The results showed a significant improvement in patient satisfaction with support of healing caps on implants as opposed to the conventional partial removable denture by itself. There was an even greater improvement in patient satisfaction when ball anchors were attached to the implants for retention.

In cases where patients are fully edentulous the recommended configurations are:

- Four or more implants in maxilla
- Two or more implants in mandible.

Removable options for the fully edentulous patient

The McGill Consensus statement on over-dentures recommends that "a two-implant over-denture should become the first choice of treatment for the edentulous mandible" [22]. Implant-retained over-denture designs should be easy to clean, repair and also to re-activate retention. Long-term results suggest that a mandibular over-denture retained by two implants with a single bar may be the best treatment strategy for edentulous patients with an atrophic ridge.

A bar can remove pressure from the tissue [23]. There appears to be no influence with regards to the length of the cantilever arm (up to 12mm) and crestal bone loss [24]. There is also good evidence to support the use of four implants with single retentive elements in the maxilla with a conventional loading protocol [25].

Combination syndrome

Two implants have an axis of rotation meaning that forces on the posterior ridge are higher than if the patient had a complete denture. Anterior flabby ridges and more posterior ridge loss can result from two implants necessitating more frequent denture relining in the upper jaw [26].

Short and reduced diameter implants

Short and reduced diameter implants are increasingly making dental implants possible in low and narrow alveolar ridges. They preserve bone and reduce the mouth opening requirements for an elderly patient. The surgery is less invasive and the need for augmentation procedures is eliminated, which results in less surgical morbidity.

The reduced complexity of the procedure also reduces the financial burden on the patient. Short and narrow implants make the reversible 'backing off' strategy easier if for instance a patient undergoing chemotherapy can no longer manage their dentures.

Implant configurations for Fixed Dental Prosthesis (FDP)

It is not necessary to replace every tooth that is missing in an elderly patient. Careful assessment is required when choosing the type and dimensions of implants. The minimal distance between teeth and implants must be respected and also bearing in mind the need for pink aesthetics. Short edentulous spaces that comprise of three missing teeth can normally be restored with two implants. Cantilevers help avoid bone augmentation procedures which can reduce the surgical morbidity for elderly patients.

Extended edentulous spaces have greater than three teeth missing. Implant positions are determined by the prosthodontic plan considering the number of teeth to be replaced, anatomical limitations and the bone volume present. When four teeth are missing in the anterior region, two implants and a FDP with a pontic or cantilever design can be utilised. When four teeth are missing posteriorly two to three implants are usually sufficient, utilising a one piece or segmented design.

An edentulous ridge can be restored with a one-piece FDP or three to four segmented FDPs. A full-arch one-piece FDP requires four to six implants. Utilising the shortened dental arch concept or cantilever units can help reduce the number of implants required for a FDP in the edentulous ridge. The implant sites should be evenly spaced if possible. Cantilevers can eliminate the need for a sinus augmentation procedure in the maxilla. Distal implants can also be straight or tilted to help avoid anatomical structures.

Full arch segmented FDP are indicated in certain cases where patients have gradually lost teeth or if segments need to be removed for periodic cleaning. Full arch segmented FDPs usually require more implants such as eight in the maxilla and six in the mandible. The implants can be

strategically positioned to allow three to four short-span implant-supported FDP [27].

Conclusion

Dentists can provide life-changing treatment for patients of advanced age. Minimally invasive interventions with reduced healing times are recommended. Strategies for successful dental treatment for elderly patients must allow for frequent breaks, postural issues and increased chair time. Access and mobility issues can become barriers to care as patients become more reliant on others and experience reduced autonomy. It must be borne in mind that complications and prosthetic repairs are frequent [28].

Objective information should be clearly provided in writing and, where possible, with pictures. Declining cognitive function can affect a patient's understanding of treatment, which raises the issue of valid consent. It is crucially important that patients have proven oral hygiene compliance. A prosthesis which is easy to manage and straightforward to clean will increase patient acceptance [29]. Neuroplasticitiy reduces in ageing patients making it difficult to develop new muscular patterns when adjusting to a denture.

Careful case selection is crucially important for patients advancing in age. It is important for dentists to address the patient's specific concerns and to remember that the best treatment may not always be the most appropriate. Dentists must follow up on patients who have become institutionalised in order to implement a "back-off" strategy if necessary. Modifications that make denture management easier such as unscrewing an implant ball attachment and relining a denture can dramatically improve an elderly patient's quality of life. The goal of treatment planning should allow for simple therapeutic step-back solutions if the patient enters a period of decline.

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- This article examines common medical conditions that affect elderly patients considering implant treatment
- The advantages of the non-invasive shortened dental arch concept are also explored
- Partial removable dentures with and without implants are discussed along with implant configurations for fully edentulous arches
- This article examines possible implant configurations for fixed partial denture prostheses (FDP) in elderly patients and their maintenance requirements.

LEARNING OUTCOMES:

- Consideration of barriers to dental care encountered by the elderly population
- Implications of multimorbidity and polypharmacy on dental treatment planning
- Re-emphasise the importance of dentists recognising prognostic factors for partial-RPD abutments
- Understanding the McGill concept as the preferred first line of treatment in an edentulous mandible in an ASA1 or ASA2 patient
- Consideration of the different clinical indications for fixed dental prosthesis in short or extended edentulous spaces and in full-arch FDP cases.

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ABOUT THE AUTHOR

Dr Laura Fee graduated with an honours degree in dentistry from Trinity College, Dublin. During her studies, she was awarded the Costello medal for undergraduate research on cross-infection control procedures. She is a member of the Faculty of Dentistry at the Royal College of Surgeons and, in 2013, she completed the Certificate in Implant Dentistry with the Northumberland Institute of Oral Medicine and has since been awarded the Diploma in Implant Dentistry with the Royal College of Surgeons Edinburgh. Laura is currently completing the Certificate in Minor Oral Surgery with the Royal College of Surgeons, England. She has also been involved with undergraduate teaching in the School of Dentistry, Belfast where she has an honorary oral surgery contract.

REFERENCES

1. United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Ageing 2013
2. Mercer et al Multimorbidity in primary care: developing the research agenda. Family Practice 2009 26(2):79-80
3. Barnett et al Epidemiology of multimorbidity and implications for health care, research and medical education: a cross sectional study. The Lancet 2012:380:37-43
4. Castle SC et al. Comorbidity is a Better Predictor or Impaired Immunity than Chronological Age in Older Adults. J Am Geriatr Soc. 53(9):1565-9
5. Fialova et al. Potentially inappropriate medication use among elderly home care patients in Europe. JAMA. 2005; 293:1348-1358)
6. Seymour DG, Vaz FG. A Prospective-Study of Elderly General Surgical Patients 2: Postoperative Complications. Age and Ageing 1989 Sept, 18(5): 316-26
7. F Muller et al. Masseter muscle thickness, chewing efficiency and bite force in edentulous patients with fixed and removable implant-supported prostheses: a cross-sectional multicentre study. Clinical Oral Implants Research, 2012, vol.23, no. 2,p.144-50
8. Weiss A et al. Body Mass Index is Inversely Related to Mortality in Elderly subjects. Journal of General Internal Medicine 23(1) 19-24(2007)
9. Hwang D, Wang HL. Medical contraindications to implant therapy. Part 1. Absolute contraindications. Implant Dent 2006;15(4): 353-60
10. O'Connell JE, Stassen LF. New oral anticoagulants and their implications for dental patients. J Ir Dent Assoc 2014 Jun-Jul;60(3):137-43
11. Kumar MN, Honne T. Survival of dental implants in bisphosphonate users versus non-users: a systemic review. Eur J Prosthodont Restor Dent 2012 Dec; 20(4):159-62
12. Daublander M, Muller R, Lipp MDW. The incidence of complications associated with local anesthesia in dentistry. Anesth Prog 1997;44:132-141
13. Stone AA, Schwartz JE, Broderick JE, Deaton A. A snapshot of the age distribution of psychological well-being in the United States. Proc Natl Acad Sci USA 2010 107(22) 9985-90
14. Kayser AF. Shortened dental arch: a therapeutic concept in reduced dentitions and certain high-risk groups. Int J Periodontics Restorative Dent 1989;9(6):426-49
15. Wostmann B. Indications for removable partial dentures: a literature review. Int J Prosthodont. 2005 Mar-Apr; 18(2):139-45
16. McKenna et al The impact of rehabilitation using removable partial dentures and functionally orientated treatment on oral health-related quality of life: A randomised controlled clinical trial. Journal of Dentistry 2015 Vol.43(1):66-71
17. Zitzmann et al. Strategic Considerations in treatment planning: deciding when to treat, extract or replace a questionable tooth. J Prosthet Dent. 2010 104(2):80-91
18. Tada et al. Multifactorial risk assessment for survival of abutments of removable partial dentures based on practice-based longitudinal study. J Dent 41 (2013) 1175-1180
19. Tallgren A.The continuing reduction of the residual alveolar ridges in completed denture wearers: a mixed-longitudinal study covering 25 years. J Prothet Dent 1972 Feb; 27(2):120-32
20. Van Kampen FM. Masticatory function with implant-supported over-dentures. J Dent Res 2004 Sep; 83(9):708-11
21. Wismeijer D. Multicentre prospective evaluation of implant-assisted mandibular bilateral distal extension removable partial dentures: Patient Satisfaction. Clin Oral Impl Res 24,2013,20-27
22. J Feine, GE Carlsson et al. The McGill consensus statement on over-dentures. Gerodontology 2002 Jul 19(1):3-4
23. Timmerman R, Stoker GT, Wismeijer D, Oosterveld P, Vermeeren JI, Van Waas MA. An eight-year follow-up to a randomised clinical trial of participant satisfaction with three types of mandibular implant-retained over-dentures. J Dent Res 2004 Aug; 83(8):630-3
24. Semper W, Heberer S, Nelson K. Retrospective analysis of bar-retained dentures with cantilever extension: marginal bone level changes around dental implants over time. Int J Oral Maxillofac Implants. 2010 Mar-Apr; 25(2): 385-93
25. Gallucci GO, Morton D; Weber HP Loading protocols for dental implants in edentulous patients. IJOMI 2009; 24(Suppl)132-146
26. Kreisler M. Residual ridge resorption in the edentulous maxilla in patients with implant-supported mandibular over-dentures: an eight-year retrospective study. Int J Prosthodont 2003 May-Jun; 16(3):295-300
27. Papadimitriou DE, Salari S, Gannam C, Gallucci GO, Friedland B. Implant-prosthodontic classification of the edentulous jaw for treatment planning with fixed rehabilitations. Int J Prosthodont.2014 Jul-Aug; 27(4):320-7
28. Shamiri RA, Atieh MA Mandibular Kennedy Class 1 implant-tooth-borne removable partial denture: a systemic review. J Oral Rehabil 2010 Mar; 37(3): 225-34
29. Stone AA, Schwartz JE, Broderick JE, Deaton A. A snapshot of the age distribution of psychological well-being in the United States. Proc Natl Acad Sci USA 2010 107(22) 9985-90

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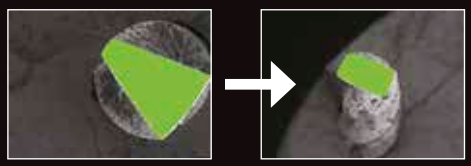

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GROW AND EXTEND YOUR SERVICES

BERKELEY CLINIC LAUNCHES NEW IMPLANT COURSE PROGRAMME FOR GENERAL DENTISTS IN 2017

The Berkeley Clinic in Glasgow is opening the doors to its new on-site training suite located in the city's west end. This high-tech environment has live surgery video link-up, hands-on training suite and on-site laboratory, making it a perfect location for dentists to learn new clinical skills. The clinic is kicking off the year with a brand new and exciting course programme beginning in February.

PARTNERSHIP WITH NEODENT

The clinic recently announced an exciting new development within its practice with the introduction of Neodent implants as their first choice platform. As a clinic that continuously strives to improve its patient and referral patient offering, its decision to work with Neodent is supported by comprehensive research, the crux of which is to offer patients and referral patients a simpler and time-saving solution combined with enhanced longer term outcome and this is exactly what Neodent offers.

Neodent is an established company, trading for more than 23 years and currently placed as the world's fourth largest implant manufacturer. Company statistics support their world-class rating with a 96.5 per cent success rate during a 10-year open study. In addition to this, over one million Neodent implants are placed annually by more than 30,000 dentists while they have successfully sold over seven million implants globally in the past 23 years. The team at the Berkeley Clinic expects Neodent's presence in the UK to grow rapidly, particularly given the initial success with the platform.

2017 EDUCATION PROGRAMME

The choice of courses available at the Berkeley Clinic for dentists, dental therapists and hygienists are extremely beneficial to the dental fraternity. By undertaking such training in the Berkeley Clinic education centre, dental practices can grow and extend their services to offer dental implants to their own clients. Delegates will benefit from an extensive suite of supportive resources, training and kits from Neodent as well as exceptional on-site training from a highly experienced team complete with the latest dental technologies.

THE COURSES ON OFFER ARE:

1. Refer and Restore Course

The objective of this course is to teach delegates how to refer a patient requiring an implant as well as how to restore an implant within their own practice. During this course, mentoring will be provided at the Berkeley Clinic to avoid unnecessary stress and concerns when starting to restore implants. This is further supported by on site support from 4D Dental crown and bridge lab meaning prosthetic concerns can be easily managed. An added benefit of this course is the free restorative kit worth £826.35 for every clinic with their first implant referral.

2. Two-day Implant Maintenance Course

This course is aimed at dental therapists and hygienists and is also carried out in partnership with Neodent. This two-day course will cover all aspects of looking after implant patients as well as learning and understanding how to maintain implant health.

3. Surgical Course

The third course is a surgical course for dentists who would like to learn to place dental implants. This course lasts for one year and is supported by Neodent. Dentists enrolling on this programme will undertake training in a monitored environment within an implant suite at the Berkeley Clinic.

MORE INFORMATION

This education programme is a must for practices wishing to implement implants into existing clinics. For further enquiries about, this please contact the Berkeley Clinic at www.berkeleyclinic.com

DENTAL IMPLANT TRAINING

With Dr Greig McLean at The Berkeley Clinic, Central Glasgow

Dr Greig McLean

MFDS RCPS (Glasg). 2002, BDS (Glasg). 2001, MB ChB (Glasg)
Clinical Director, Doctor & Dentist
(GDC No 79630)

Introduction to implants

Hands-on

Live surgery

Straightforward/Advanced ++

Duration 1 day

Venue Glasgow UK

Participants 15

Fee £249

Course overview

This course will help you to gain the knowledge you need to provide your patients with full implant treatment options. It provides essential knowledge for different types of implant cases both with and without immediate loading. Pre-operatory planning, surgical and prosthetic concepts are explained through lectures and hands-on sessions on models. The option to start restoring or placing implants yourself with guidance and supervision under a mentor program.

Course topic include

- Treatment planning
- Morse taper principals
- Surgical and prosthetic components
- Immediate loading and considerations
- Immediate provisionalisation
- Restorative options
- Complications of implant treatment

Free Neodent® restorative kit worth £826.25 with your first implant referral to the Berkeley Clinic

NeoArch – restoring full arch implant bridges on 4 implants

3D Models

Live surgery

Advanced ++

Duration 2 days

Venue Glasgow, UK

Participants 15

Fee £1, 395

To register for these events:
Contact Instradent UK on:
+44 129 356 0777
info.uk@instradent.com
www.instradent.co.uk

Course overview

This course will help you to gain the skills you need to provide your patients with full arch treatment options. It provides essential knowledge for full arch rehabilitation on four implants with immediate loading. Preoperatory planning, surgical and prosthetic concepts are explained through lectures, a live surgery demonstration and hands-on sessions on models. .

Course topic include

- Morse taper principles
- Surgical and prosthetic components
- Immediate loading and considerations
- Immediate provisionalisation
- Complications for full arch cases
- View live surgery
- Final stage restoration and hygiene considerations

CONSIDERING ATTENDING?

Why not join us at our open evening- See the clinic and meet the team. At The Berkeley Clinic, Glasgow on Wednesday 22nd February 2017. call : 0141 564 1900

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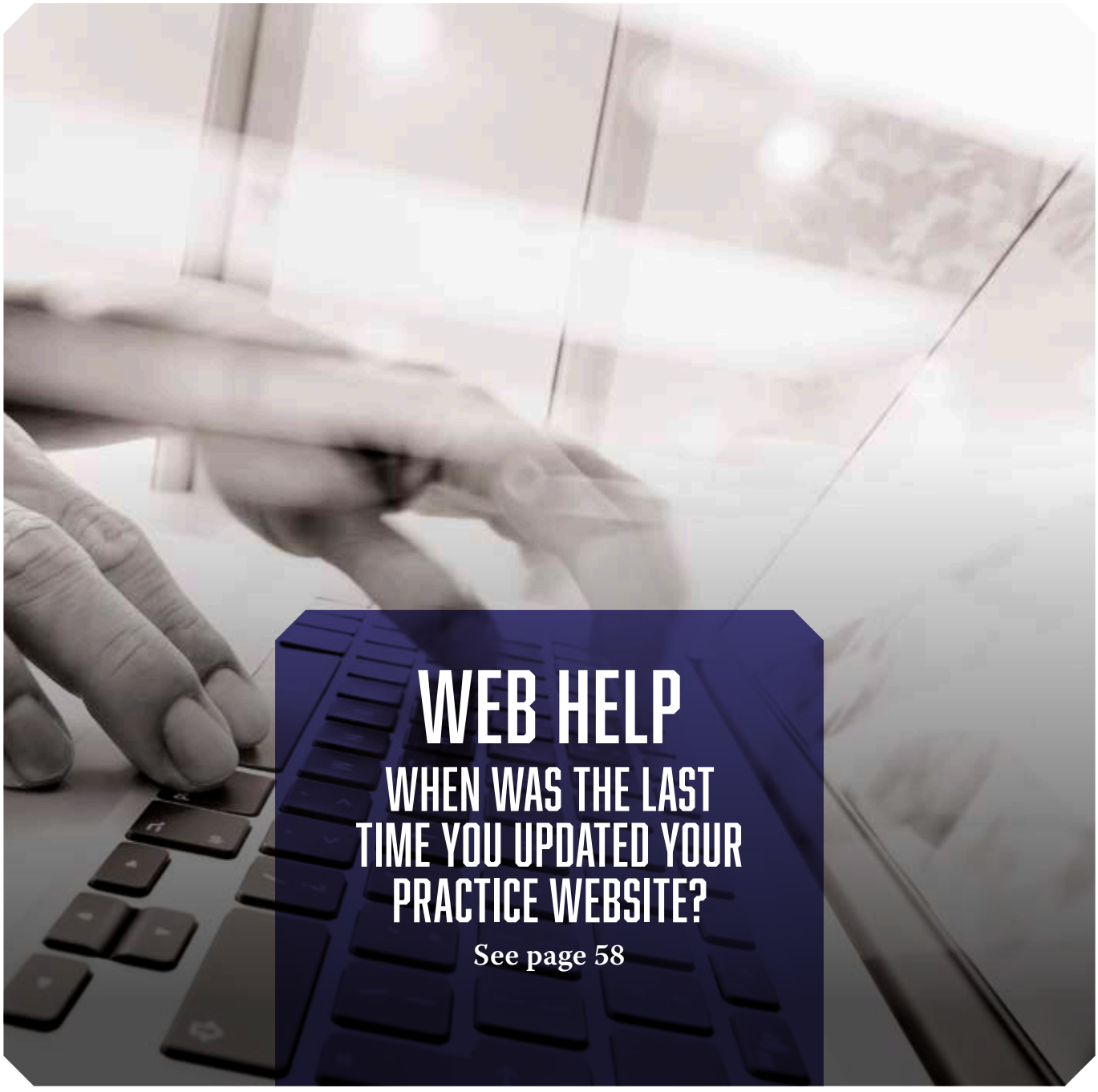
Management

PRACTICAL INFORMATION FOR PRACTICE MANAGEMENT PROFESSIONALS



WEB HELP

WHEN WAS THE LAST TIME YOU UPDATED YOUR PRACTICE WEBSITE?

See page 58

NEW YEAR, NEW WEBSITE?

DOES YOUR PRACTICE WEBSITE DO YOUR BUSINESS AND YOUR STAFF JUSTICE? IF NOT, HOW DO YOU GO ABOUT UPDATING YOUR WEB PRESENCE?

SUSIE ANDERSON-SHARKEY

New Year has traditionally been a time in our lives for fresh starts, changing habits and making resolutions that, for most of us if we're honest, we hope will last after 31 January! If we do this in our own personal lives, why not use New Year as a time when we have a fresh look at our business and see where we need to make changes and take steps to implement these changes throughout the year?

One area which I feel dentistry tends to overlook is the practice website. So, let's have a look at where we start. I advisedly say 'start' as this is not an overnight process but is worth the time and effort that will be needed to see a great end result.

From my experience, you will need to ask yourself several questions before you embark on the project. Here are a few which should help you along the way, but there are many more you will ask yourself as you see the website taking shape:

1. Do I need a website?
I'd say a definite yes to this question and quickly move on to the next question!
2. What are my goals?
These will be different for each practice.
3. How long will it take/do I have the time to devote to this. If not who in the practice should manage the project?
Set yourself a realistic timeframe. I found six months was just about right.
4. What am I trying to promote/sell?
Again, this will be specific to your own practice.
5. Do I need to hire a professional?
In my experience, I'd say yes to this.
6. What is my budget?

> "I FOUND IT WAS HARD WORK BUT IT SEEMS TO HAVE PAID OFF, AND WE NOW HAVE A VERY ATTRACTIVE AND INFORMATIVE WEBSITE"

Again, be realistic. But, I'm a firm believer in "you get what you pay for".
7. How do I maintain the website after it has gone live?
Can you do this yourself or work with a company who will do this for you?

I've worked as practice manager at my current practice for the last 11 years and, in that time, we have had two websites built completely from scratch. The first one we had gave the basic information you would expect and was sufficient for that particular time. However, after about five years I felt that the website was beginning to look a bit tired.

I looked at a number of other dental practice websites and realised that, as dentistry has moved on, so has technology and we were in a position where we were able to offer so much more on our website other than the standard who/where/how etc. With that in mind, we started to look around for a company we could work with to realise our vision for a new modern website. We eventually found

a highly recommended company who specialises in designing websites for the dental industry, and so in September 2015 the partnership began.

I can honestly say the whole process took six months of my working life. We agreed a package where the company wrote 10 pages of copy but apart from that I had to write every page myself. I had a Skype meeting with the company every Monday for six months and each Monday we would agree from the use of a sitemap what areas were to be completed for the following week. That kept us both on track and I'm relieved to say that with very few glitches, the site went live almost on schedule.

There were dozens of decisions, both large and small, which had to be made but the company guided us every step of the way and when the project was completed, we were very happy with the result. Time is obviously needed to maintain the website, keep the content fresh and this is done between myself and the company who update the website on a monthly basis.

I'm realistic in my expectations in that I will probably have to do this again in five or six years time. That seems to be the life expectancy of a website before it begins to look a bit tired and dated. Technology is moving on so fast and new ideas for websites are coming on line all the time. I found it was hard work, but a very enjoyable experience where I personally learned a lot during the six months of working on our new website. I'm glad to say that all the hard work seems to have paid off and we now have a very attractive, and informative website.

In addition to a world-class website, the site also has to be optimised. Now this may sound like an obvious or simple process but it is usually a whole different speciality. Very often, web builders are very good creative and design people. They often morphed from graphic designers in the pre "www" days into website design. Search engine optimisation (SEO) is a whole different story and very often it is not the web designers that should be doing this, it is simply not 'their bag'. There are many digital media companies who do SEO and don't build websites, so one needs to take references and recommendations to find the right people.

Very empirically put, SEO will drive traffic to your website, then a well-designed site should have an obvious "call to action" and your message should be there on the landing page and obvious to all. I will explore and explain more about SEO and website maintenance in the next issue.

ABOUT THE AUTHOR

Susie Anderson-Sharkey is the practice manager of Dental fx in Bearsden.

VALUATION, VALUATION, VALUATION

MARTYN BRADSHAW EXPLAINS WHY ASKING THE RIGHT PRICE WHEN SELLING YOUR PRACTICE IS ABSOLUTELY VITAL

MARTYN BRADSHAW

For most dentists, their dental practice is their largest investment and, as such, its sale needs to be treated very seriously. Getting it wrong can cost tens of thousands, if not hundreds of thousands of pounds in lost sale proceeds.

The market has evolved considerably over the last decade and, even over the last few years, there has been much change in the demands of buyers and values being achieved. Therefore, I suggest that anyone who is looking to sell their practice (even if this is an internal sale) requests a valuation by someone who is active in the market. By this, I mean someone who is in touch with current trends and conditions.

TAKING EVERYTHING INTO ACCOUNT

A typical valuation should be based on a multiple of the adjusted profitability, whereby tax reducers and personal items are added back to the profitability. However, there are many unique situations such as where a principal is working part-time with a full-time associate where the distribution of income (thus effecting profitability) should also be calculated. The experienced valuer will know exactly what needs to be amended and, as some of the income multipliers can be as high as six, a £10,000 cost which has not been taken into account could result in a £60,000 loss of sale price.

PRINCIPAL-LED MODEL

This valuation basis will consider the adjusted profitability of the practice assuming that a principal is working at the practice full-time. Once this has been calculated, a multiple is then applied to the calculation dependent on location, type of treatments, demand for the area and the practice set-up (for example, how much future investment is required).

This model will often work better for single-handed, small, multi-surgery practices as a principal is required to be working in the practice to generate a (reasonable) profit.

ASSOCIATE-LED MODELS

This valuation will often benefit the larger but, more importantly, more profitable practices. Once all the adjustments have been calculated as above, we add the principal back in as an associate (thus putting an extra associate cost in).

The profitability would obviously be lower than a principal-led model, due to the extra associate cost. However, a higher income multiple is used so, for the more profitable practice, this can lead to a higher valuation figure.

WHICH VALUATION MODEL TO USE?

The valuation method used is determined by which gives the better value. If the principal-led model provides a higher value, the practice would be valued/sold on this basis. What it means, however, is that financially the practice would generally only work for someone who wants to work in the practice.

If the associate-led model works better and this valuation is used, the practice would interest dentists looking to work in it. It would also open up interest from Body Corporates and small corporates who would work in the practice.

At PFM Dental, we always calculate both methods to determine which provides the better value and, in consequence, the likely types of purchasers of the practice. There can often be a number of things the practice owner can do to improve the profitability levels and we discuss these with clients as, once again, each £10,000 difference in profit using an income multiplier of six generates a further £60,000 in sale price.

When selling your practice, it is always best to speak with an expert who can undertake an independent valuation for you. Make sure you choose someone with daily involvement in the selling of dental practices.

ABOUT THE AUTHORS

Martyn Bradshaw is a director of leading practice sales agents, PFM Dental, with offices in Edinburgh and York. For information on practices for sale in Scotland, visit www.pfmdental.co.uk

INDEMNITY MYTH-BUSTING

THERE ARE MANY MISCONCEPTIONS ABOUT HOW PROFESSIONAL INDEMNITY WORKS. MDDUS DENTAL ADVISER CLAIRE RENTON SETS THE RECORD STRAIGHT

NO PENALTY FOR ADVICE CALLS

Some dentists believe that if you call your indemnity provider for any kind of assistance then you will be penalised and your subscriptions will rise based on the number of times you call.

This is simply not true. MDDUS positively encourages members to call early for advice as we believe this will help them to practise more safely and will help to resolve any issues before they escalate.

Let's take a closer look at how indemnity organisations work. In the simplest of terms, doctors and dentists club together to form a mutual organisation where shared funds are used to compensate patients who have suffered harm as a result of clinical treatment from our members.

The mutual fund is also used to advise and support clinicians who are subject to scrutiny from their regulator or patient complaints/claims. At MDDUS we have no shareholders to pay (unlike most insurance providers) and all subscriptions are invested back into the mutual fund to help our members.

So, we want our members to call for advice at the earliest point to prevent problems from escalating. MDDUS has a team of experienced dental advisers on duty from 8am to 6pm during the week plus a 24/7 out-of-hours advice line for emergencies.

DISCRETION IS GOOD

Another common myth scaring dentists just now focuses on the fact that MDDUS indemnity is "discretionary". The story going round is that our ability to operate discretion means that we don't have to provide you with support or assist you when things go wrong.

The fact is that at MDDUS we appreciate that we're all clinicians and we embrace the ability to carry out our professional duties in our own unique way. We don't want to put unnecessary constraints on our members providing care.

Yes, it would be great if patients were always fully informed of every available treatment option and that this was clearly documented in the records and that every root treatment was done under rubber dam – but we know that, in reality, that's simply not going to happen every time.

> "WE HAVE NO SHAREHOLDERS TO PAY (UNLIKE MOST INSURANCE PROVIDERS) AND ALL SUBSCRIPTIONS ARE INVESTED BACK INTO THE MUTUAL FUND TO HELP OUR MEMBERS"

We can, and do, use our discretion to help our members in these types of situations. The enormous benefit of being able to use our discretion is that we are not restricted to lists of treatment we can cover you for and are not forced to comply with inflexible terms and conditions such as those found in insurance policies.

In many cases, we have offered levels of support to our members that would not have been possible with a conventional insurance policy.

We can provide assistance and cover for patient care and what can be defined as the practice of dentistry. It really is very simple. The decision is made by healthcare professionals here at MDDUS who recognise that what we do for our patients can't be fully listed in the small print of an insurance policy.

We don't ask you to complete an application form confirming how you treat your patients. We don't look for ways to avoid paying out a claim like an insurance company might. For example, if a patient inhales an endo file and you've said in your insurance application form that you always use rubber dam for root treatments, what do you think the shareholder-paying company is going to do? Pay out or look for ways not to?

Discretionary indemnity really just means that we have the ability to be flexible. We can and do provide cover when the case doesn't quite fit the norm. We don't have to explain ourselves to an external insurance firm. Dental cases are handled by dentists – real, currently registered, proper dentists, who know what it's like to be a dentist and who use their discretion to help and support you.

UNLIMITED INDEMNITY

If you find yourself called before the GDC, and increasing numbers of good dentists do, we do not put a cap on the fees spent to defend your position.

An MDDUS basic team for a GDC case consists of a dento-legal adviser, an experienced clinical negligence solicitor and a specialist barrister/advocate. Once you add on others, including an expert witness, it can become very expensive indeed. However, our job is to protect and defend your position at whatever cost is necessary. Finally, members should be aware that there are no limits on the amount that MDDUS can pay to patients who have been awarded compensation, unlike an insurance company.

So, don't believe the scaremongers and don't be worried into making bad decisions. Please pick up the phone as often as you like and be confident in the flexibility of discretionary indemnity.

MDDUS
UK INDEMNITY, ADVICE & SUPPORT

MORE INFO
Claire Renton is a dental adviser at MDDUS.

Tax system transformed for the digital world

JAYNE CLIFFORD, DIRECTOR AT MARTIN AITKEN & CO, SAYS IT IS TIME TO GET YOUR PRACTICE IN DIGITAL ORDER FOR HMRC CHANGES

It may be that you have just filed your personal tax return (before the 31 January deadline, of course) and you are trying to forget about tax for a while. Well, I'm afraid that is not going to be easy this year.

The tax system as we know it is about to be completely transformed to fit the digital world in which we now live and work. By 2020, HMRC hopes to have moved to a fully digital and online tax and VAT system for individuals, businesses and companies.

The good news (or the bad news, depending on your inclination) is that the Making Tax Digital (MTD) changes are already under way and heading towards you very soon. Authorised agents (your accountants and tax advisers) will be able to manage their clients' digital tax accounts through the use of third-party software and, by April 2018, we will see a new personalised digital service through which taxpayers will be able to send and receive information from/to HMRC at the click or tap of a button.

It has been suggested in the MTD policy documents that HMRC will request income and expenditure information in summary in a digital format at least quarterly.

In our experience, a good number of dentists do not use accounting software to manage the practices finances and will find quarterly submissions challenging. This digital gap will therefore have to bridged by a significant number of dental practices in 2017-18.

You may have noticed an increase in television and other advertising around cloud accounting software e.g Kashflow, Xero, Quickbooks. These products have been developed to provide businesses with a complete digital accounting solution.

If you are interested to find out more about digital accounting get in touch with me and do have a look at the videos on www.maco.co.uk/cloud. This will give you a taster for how you get MTD-ready and get a better handle on the practices finances to boot.

MORE INFO
Contact Jayne by calling 0141 272 0000 or by email at jfc@maco.co.uk

Is your business compliant with all regulations?

MAKE SURE YOU ARE REGISTERED, SAY CAROLYN MORGAN AND CRAIG RAMSAY FROM HARPER MACLEOD LLP

Whether you're preparing your practice for sale, or looking to expand in 2017, it's always important to make sure your business and its operating structure remain compliant with all the relevant regulations.

As specialist advisers who regularly assist clients with regulatory compliance, whether they are buying, selling or simply operating their practice, we can keep you on the right track.

One imminent stipulation is that providers of independent clinics have until 31 March this year to make sure they are registered with Healthcare Improvement Scotland (HIS) – and failure to do so could be a criminal offence.

Last year, HIS began regulating independent clinics in Scotland. Independent clinics are defined as those not forming part of a hospital from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional provides a service and that service is not part of the NHS. Dental practices which carry out a mixture of NHS and privately funded work may be excluded from the requirement to register (provided that all treatments are carried out by the same business – e.g. through one limited company).

The legislation provides that the "service" is to be registered, so the obligation to seek registration lies with the provider – the entity which contracts with patients and receives the fees.

For example, in the case of a dental practice which carries out solely private treatments and operates through a limited company, using a variety of employed and self-employed dental practitioners/dental care professionals, the provider would be the limited company and it would have the obligation to register – not the self-employed dentists. If the company operated across several sites then each site would need to be registered.

After 31 March, any person who provides an independent health care service without being registered is committing a criminal offence punishable by a fine, imprisonment for up to three months, or both.

If you're concerned about this, or any other issue affecting your business, please get in touch with the Healthcare team at Harper Macleod to find out how we can help.

MORE INFO
Carolyn Morgan is a partner and Craig Ramsay is an associate at Harper Macleod LLP. To find out more, call 0141 227 9564 or email dental@harpermacleod.co.uk

Life's a journey

IAN MAIN, FROM STARK MAIN DENTAL, SAYS IT IS IMPORTANT TO REGULARLY ASSESS YOURSELF AND YOUR TEAM TO MAKE THE PATIENT JOURNEY AS GOOD AS IT CAN BE

When was the last time you thought about the journey your patients take with your practice? What do they experience every time they have a "touch point" with your team and services? Are you proud of that experience?

We encourage all of our practice owners to "walk through" their patient journey regularly, and on a minimum basis annually to effectively "mystery shop" themselves and rate the experience.

We also offer an independent feedback service and competitor analysis to our clients to help them to adopt a culture of constant improvement.

The analysis lends itself well to a whole-team exercise and is often an enlightening and fun project to work on with your team together. It can motivate them if you are seen to value their opinions, helping with "buy in" if you feel you need to make any changes to procedures together.

We find that the practices who undertake this review of their patient journeys well are also seeing the benefits from high levels of patient satisfaction, retention and acquisition which helps to keep the economic engine of the practice running at full efficiency. A happy team and a happy patient is a powerful combination.

My message to you at this point is if you haven't walked through your patient journey in the last 12 months, make it a priority in 2017.

If your team is lacking direction and your team meetings have become a chore for all involved, why not inject some energy in to a team review of your services and get everyone involved in making sure you are the practice of choice for your target market.

I wish you every success in the year ahead with your goals, and if you would be interested in an insight into what the most successful practices are doing and how you compare, do get in touch.

MORE INFO
To get in touch with Ian, call 0131 248 2570 or email ian@starkmaindental.co.uk

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Going digital – is it time to review your system?

MAIRI MACIVER EXPLAINS WHY NOW IS THE TIME TO SWITCH TO CLOUD ACCOUNTING

HMRC has recently announced its Making Tax Digital initiative (MTD) and has stated that, from April 2018, all businesses will be required to send real-time financial data each quarter using online accounting software which is MTD compliant. HMRC has also confirmed it will not be providing the software and that the use of "digital record keeping software that links to and updates business's digital accounts with HMRC" will be mandatory. The current annual system of reporting and paying tax bi-annually for sole traders and partnerships will also change to a quarterly reporting basis with HMRC.

In light of this change, now is the time for practice owners to review their present accounting system and assess whether their existing accounting system has the functionality needed to submit these digital returns to HMRC.

This is where cloud accounting software helps with your digital record keeping, so making the move won't just be about being MTD compliant with HMRC reporting, it also ensures you are up to date with your financial accounts.

Our cloud bookkeeping platform Xero is MTD compliant, user friendly and allows you to monitor your finances and practice profitability in real time. It has been specifically designed to be easy to use with direct links to practice bank accounts and automated bank reconciliations.

The platform also has multi-user level access and makes inputting the financial information of the practice easy, thus saving time overall, a key benefit to any practice owner and practice manager.

Switching to a cloud accounting platform brings considerable benefits, with peace of mind knowing that the business's finances will be well set up to submit the financial data in the right format for HMRC's digital reporting now, in time before April 2018.

ABOUT THE AUTHOR
Mairi MacIver is the accounting services senior manager at Anderson Anderson & Brown Chartered Accountants.

Sales

Valuations

Purchase

Recruitment

Strictly Confidental has been operating for over 16 years within the Dental Profession in Scotland.

We can source and supply all relevant information regarding sales, valuations and acquisitions of Dental Practices and we can also assist with recruitment.

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Capitalise on the strength of the market

THE SCOTTISH DENTAL MARKET SAW HIGH DEMAND IN 2016. PAUL GRAHAM, ASSOCIATE DIRECTOR CHRISTIE & CO, EXPLAINS HOW YOU CAN MAKE THE MOST OF THE OPPORTUNITIES THIS PRESENTS

The start of a new year is an appropriate time to evaluate your plans. A principal owner considering retirement involves much more than just giving up work. You will have worked hard to build and nurture goodwill that you wish to ensure is not only maintained but will flourish further, and there are a number of aspects in the mix that need to work coherently in order to ensure a smooth and successful sales transition.

A principal who is selling but considering staying on post sale, will always be an attractive option to buyers. However, this is not always necessary and can be more of a luxury to the buyer.

In 2016, we completed on a number of these types of sales, where not only was the price achieved well in excess of market value, but terms in favour of the seller were also delivered. Too often we see sellers who have been dealing directly with a buyer receiving unfavourable and unrealistic conditions attached to a mediocre offer.

In recognition of the different needs and demands of various buyer profiles, Christie & Co tailors an approach specifically for the seller in order to deliver their objectives and ensure that the best possible price for their practice is achieved. We also don't take fees from both the buyer and seller like many agents, as we see this as a conflict of interest.

Last year was marked by high demand from private multiple practice owners. This buyer profile is currently dominating the market with Christie & Co arranging an average of 12 viewings on every practice offered to the market. On top of this, 80 per cent of what we sell goes for above the asking price, showing the appetite among buyers and the current imbalance of supply and demand.

In the last 12 months, Christie & Co has sold or valued more than £200 million worth of dental practices. As the only national firm undertaking accredited Royal Institution of Chartered Surveyors (RICS) valuations alongside selling dental practices, we have unique insight into prices that are actually achieved.

MORE INFO
To discuss how Christie & Co might help you achieve your future plans in Scotland, contact Paul Graham on 0131 524 3416.

IS YOUR DENTAL PLAN REALLY WORKING FOR YOUR PRACTICE?

GARY MOORE, BUSINESS DEVELOPMENT MANAGER AT INDEPENDENT CARE PLANS, ASKS YOU TO CONSIDER WHETHER YOUR DENTAL PLAN IS HELPING YOU TO ACHIEVE THE BIGGER GOALS YOU HAVE SET

As with everything in life, we need to make sure we regularly assess our situation and adapt accordingly. It is very easy to become complacent and favour "keeping things as they are". Although we talk ourselves into it being easier to stay the same, deep down we know we need to change.

However, Darwin knew what he was talking about. In order to survive and progress, we must adapt and evolve. With more and more practices converting to private in light of the uncertainty within NHS services, it is more pertinent than ever to ensure that your dental practice is operating at its best.

ASK YOURSELF THE FOLLOWING:

- When was the last time you reviewed your plan?
- Is there synergy between your dental plan and your business goals?
- Is your current dental plan helping you to grow your private revenue?
- Is your plan correctly positioned in order to improve the practice's profitability?

Your dental plan should be helping you to achieve the bigger goals that you have set for the practice such as guaranteed income, moving away from the NHS, or perhaps, increasing the future value of the practice should you have an eye on retirement plans.

REVIEW THE FOLLOWING:

- Your marketing materials – are they up-to-date? Do they effectively promote the benefits of joining your dental plan?
- Your patient communications – do you regularly stay in touch with your patients? Do you periodically contact your dormant patients? Do you remind patients about the benefits of becoming a plan patient?
- Your team – is everyone at the practice on-board? Your dental plan should be part of the practice culture and a key part of the service that you provide to patients. Do you need to consider some team training?

A dental plan that works effectively for your practice can be hugely beneficial to business performance. If you need help reviewing your existing plan or are considering changing then IndepenDent Care Plans (ICP) can help. ICP has been providing bespoke care plans for more than 20 years and **is currently running a £10 per patient switch incentive**. Here are two testimonials from practices who have recently switched:

"We had become increasingly aware of the first-class service ICP offer to both patients and dentists alike and had been thinking of switching solely to ICP for a while. Running two plans wasn't ideal, however, the thought of the paperwork and time this would involve meant that we never quite got round to it… the financial incentive was the push we needed to get going! We needn't have worried. The switching process was very straightforward and administered like clockwork by ICP. They were always helpful, friendly and very efficient.

"Having one plan provider is much more straightforward, and as a practice we now have the increased confidence of knowing that we are giving our patients a high standard administrative backup service to match the high standard of dentistry we provide."

Calum Cassie, Bellstane Dental Care, Edinburgh

"We decided to switch to ICP because we were looking primarily for a cost-effective option for our plan membership. Our existing provider's running costs were at a level where it did not offer good value. The joining incentive was extremely helpful and the transfer support has been excellent.

"We have a well-supported plan, with added benefits to our patients, and a cost saving to our practice that has the potential to become even bigger in the future."

Mitesh Patel, Mi Dental, Stony Stratford near Milton Keynes

"HAVING ONE PLAN PROVIDER IS MUCH MORE STRAIGHTFORWARD, AND AS A PRACTICE WE NOW HAVE THE INCREASED CONFIDENCE OF KNOWING THAT WE ARE GIVING OUR PATIENTS A HIGH STANDARD ADMINISTRATIVE BACKUP SERVICE TO MATCH THE HIGH STANDARD OF DENTISTRY WE PROVIDE…"

Calum Cassie, Bellstane Dental Care, Edinburgh

MORE INFORMATION

Contact Gary Moore, business development manager at IndepenDent Care Plans, on 01463 223 399 or email garymoore@ident.co.uk

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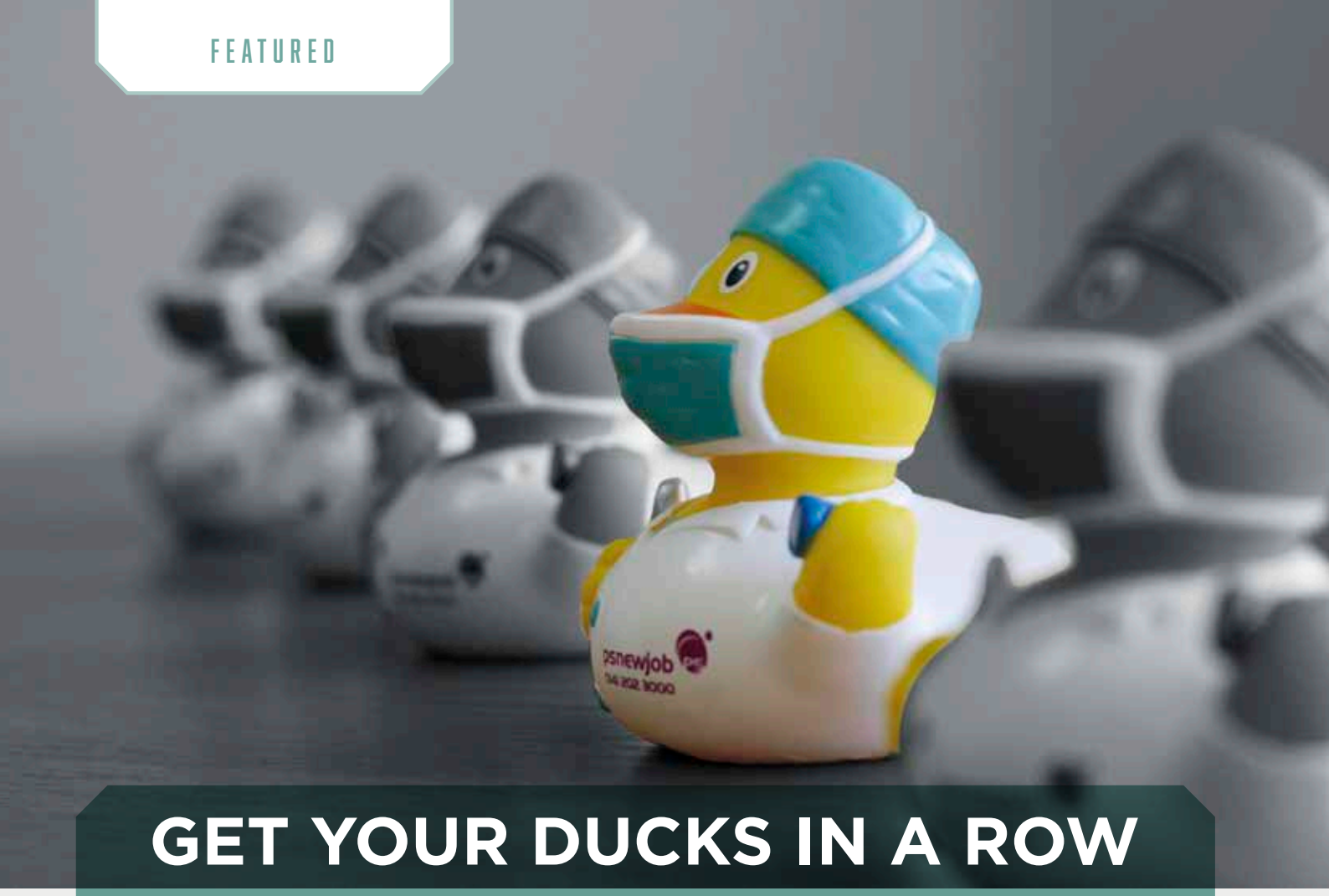

GET YOUR DUCKS IN A ROW

THE LAST YEAR HAS BEEN ONE OF THE MOST SUCCESSFUL IN PS NEWJOB'S HISTORY, HELPING MORE CLIENTS RECRUIT TOP-QUALITY STAFF

APRIL EAST

PS Newjob is becoming known as the 'go to' dental recruitment agency to supply all dental staff for practices all over Scotland. We are continually building on our name and providing even more dental practices with the best temporary and permanent staff possible.

Each week we help at least one new dental practice, supplying them with experienced and reliable dental staff. We endeavour to give them our full friendly but professional recruitment service. This will then show that, with our help, recruitment doesn't need to be a huge burden and allow the practice to prosper and thrive.

PS Newjob's team has more than 20 years of recruitment experience, along with more than 10 years' experience working within busy mixed dental practices. I'm a director of PS Newjob, but I started off as a trainee dental nurse, became fully qualified and then on to become practice manager of an extremely successful practice. With this knowledge and my expansive recruitment experience, your recruitment process will be painless.

The rest of our dental team has more than 15 years' experience in recruitment, with five of those years in dental recruitment alone.

Angela is our senior consultant who deals with all our lovely temporary and locum staff as well as your positions. Our biggest benefit we offer is our 24/7 telephone service so you know you can contact Angela or myself at anytime.

Our team pride themselves in getting to know each practice well so, when the time comes for the practice to employ new staff we are confident in sourcing the best candidate.

We get to know our candidates very well as our candidate register grows from recommendations and word of mouth.

We are always on hand to give advice and support so if you are looking for the right candidate or looking for the right job within the dental sector, PS Newjob can help.

We deal with all dental staff from dental specialists, dental associates through to dental nurses and dental receptionist, full-time, part-time, temporary, locum or permanent we can help all dental practices.

OUR SERVICES INCLUDE

Clients

- 24/7 telephone service – if you require someone first thing in the morning you don't need to wait until 8.30am to contact us
- No up-front fees for sourcing candidates, sending CVs or interviewing our candidates
- All candidates interviewed and checked before client meets them
- Guarantee period
- Experienced recruitment consultants to help all in strictest confidence
- Full interview support.

Candidates

- 24/7 telephone contact
- Free registration and all advice
- Excellent rates for temporary/ locum positions
- Working within a wide and diverse range of practices
- Interview and CV advice
- First choice on top positions
- Full support and feedback throughout the recruitment process.

MORE INFO

To find out more about PS Newjob including all the latest vacancies and opportunities, call **0141 202 3000**

LET US TAKE THE STRESS OUT OF THE RECRUITMENT PROCESS... ...AND YOUR DAY

OUR TOP TEN VACANCIES AT THE MOMENT

PS NEWJOB offer a full recruitment service which will provide you with the best recruitment advice and dental candidates on the market.

DENTAL ASSOCIATE (AYRSHIRE)
Full Time position with active patient list
Modern mixed practice.
Excellent support staff.

DENTAL ASSOCIATE (GLASGOW)
Part Time within an excellent mixed practice
Busy active patient list to take over.
Good renumeration

DENTAL NURSE (EDINBURGH)
Full Time position for a busy friendly practice
Excellent rate of pay for a qualified registered Dental Nurse
Lovely practice.

DENTAL NURSES (ALL OVER SCOTLAND)
Temporary/Locum Nurses for immediate starts.
Looking for extra days for extra money?
Are you fully qualified and registered?
Call us now to work within various practices.

DENTAL TREATMENT COORDINATOR (BASED INVERNESS COVERING 4 SITES)
Full Time position to cover 4 modern and friendly practices.
This is a great role for an enthusiastic dental professional.
You will be dealing with mainly private patients
Working closely with top clinicians
Helping build and develop on the practice patient list
Excellent Salary and benefits for the right candidate

DENTAL ASSOCIATE (DUMFRIES AND GALLOWAY)
Full Time position within a modern, well equipped practice.
This vacancy requires an experienced clinician looking for a busy practice
Full and active patient list available.
Accommodation for someone if required.

DENTAL ASSOCIATE – (EDINBURGH)
Full time or Part time positions
Well equipped modern practice with good support staff
Excellent location
Good Remuneration

DENTAL NURSE – (GLASGOW)
Full time position in city centre location
Excellent opportunity to expand dental nursing skills
Great salary for the experienced nurse

DENTAL ASSOCIATE – (INVERCLYDE)
Full time position
Fantastic central location
Working alongside other experienced clinicians
Active patient list

DENTAL HYGIENIST/THERAPIST – (ABERDEEN)
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To support experienced clinicians
Busy and friendly practice
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Why not visit at one of our UCLan Postgraduate Dentistry Advice Events, find out more at www.uclanpgdentistry.eventbrite.co.uk

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Email dentistryevents@uclan.ac.uk

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DENTAL EDUCATION AND TRAINING – LIFELONG LEARNING

THE SCHOOL OF DENTISTRY AT THE UNIVERSITY OF CENTRAL LANCASHIRE, ON HOW TO DISTINGUISH THE COURSES THAT WILL BE A SOUND INVESTMENT

Postgraduate education and training is an essential component of all dental careers – we cannot progress very far without it, but we have to make sure that we plan carefully to ensure that it is tailored to meet our needs.

HOW DO I CHOOSE?

One only has to open a dental journal these days to see the number of postgraduate courses available, and knowing which one is the right one for you can be a tricky and often expensive decision to make. Pick the right one and your career could really take off, pick the wrong one and you could feel frustrated by what has turned out to be a waste of your time and money.

WHAT DO I WANT?

The first question to ask yourself is what it is you actually want from the course. Is it merely to learn one particular technique, or the use of a new material? If so, then a straightforward industry-supported CPD event may be all that you need.

If you want to enhance your career, then a broader more substantial course would be the right step. Apart from the clinical knowledge and skills, look for one that also allows you to develop your academic writing and presentation skills as these are important tools in raising your professional profile locally, and maybe nationally.

FULL-TIME OR PART-TIME STUDY?

For the vast majority of dental practitioners, a full-time programme is not a realistic option, and a part-time model allows you to keep earning while you are studying.

PHANTOM HEADS OR PATIENTS?

Although there are undoubted benefits to training on phantom heads, this is no substitute for treating patients. Try to find a course that provides some supervised clinical training – that way you will be guided and supported when carrying out more complex procedures, perhaps for the first time. There should be constructive feedback and the opportunity to reflect, so that your skills can develop as you move through the programme.

UNIVERSITY OR PRIVATE SECTOR?

There is little doubt that a higher award from a UK university is recognised and valued by professional colleagues as well as patients. It can be your passport to developing a referral practice, a part-time teaching post, or guest lecturing opportunities. It is this national, and also international, recognition that adds value to studying at a recognised university.

At UCLan we offer a range of part-time MSc courses that are designed to improve your clinical skills and knowledge, as well as develop your appraisal and presentation skills. These three-year courses are based at our Preston campus. Preston has excellent transport links and is close to the main airports in the north west.

The first year of the course provides under-pinning clinical knowledge via seminars and small group teaching, critical appraisal skills, and also the opportunity to develop new clinical skills in our phantom head laboratory.

Teaching in the second year is based mainly in our state-of-the-art, on-campus UCLan Dental Clinic. We provide patients for you to assess, plan and treat under specialist supervision. This is the ideal environment in which to put into practice those skills acquired in the phantom head laboratory, with the back-up and support of experienced clinicians. This approach will give you increased confidence in your ability to tackle more complex cases in your own practice, providing the perfect bridge between the phantom head laboratory and the real world of dental practice.

The third year is your opportunity to research an area of interest within your chosen discipline, and to write your professional project. Successful completion of this will lead to you graduating with the degree of MSc, an award that is universally recognised as a mark of your hard work and achievement.

MORE INFO

You can register for one of UCLan's postgraduate dentistry advice events taking place on:

- Wednesday 3 May
- Wednesday 14 June

at www.uclanpgdentisty.eventbrite.co.uk

To find out more, visit www.uclan.ac.uk/dentistry or visit the UCLan on stand B10 at the Scottish Dental Show on 19 and 20 May – www.sdshow.co.uk

REFERRALS FOR IMPLANT AND RECONSTRUCTIVE DENTISTRY

Stephen accepts referrals from single implant placement to the more complex cases involving full arch reconstruction, sinus lifts and bone grafting. Imaging services also include CT scans and DPT radiography

Patients can be referred to the practice in the following way:

email **referrals@dentalfx.co.uk**,
refer via the website **www.dentalfx.co.uk**
or call us on **0141 931 5533**

We encourage our referring clinicians to restore their implants and restorative training courses are run for those referring clinicians who wish to restore the implants

Stephen Jacobs

Gareth Calvert

New Service: Gareth Calvert is now accepting referrals for all aspects of periodontal and restorative dentistry work at Dental Fx

www.dentalfx.co.uk
call us now on: 0141 931 5533

dental fx
implants and cosmetic dentistry

Stephen picking up his Fellowship award from the Academy of Osseointegration

GROWING AND IMPROVING

STEPHEN JACOBS' PASSION FOR IMPLANT DENTISTRY HAS SEEN HIM GROW HIS IMPLANT-FOCUSED REFERRAL PRACTICE OVER THE LAST 11 SUCCESSFUL YEARS

Dental fx, an implant and reconstructive dentistry referral practice in Glasgow, was founded 11 years ago by Stephen Jacobs. "It was the next logical step for me," Stephen explained. "I treated my first implant patient in 1991 and, since then, it has become a life's work, not to mention my passion. So, to move from a mixed general dental practice to setting up Dental fx, focusing on dental implants, was really me achieving my goal."

Stephen's passion for implant dentistry is reflected in his biography and list of achievements, which includes being past president of the Association of Dental Implantology (ADI), a committee member and UK Ambassador for the Academy of Osseointegration (AO), and a key opinion leader for Dentsply Implants and Osstell. Stephen said: "My involvement with the exciting field of implant dentistry has resulted in many invitations to speak at meetings around the world and in 2015, I lectured in San Francisco and Tokyo, something I could have never imagined when I completed my undergraduate training nearly 30 years ago. Last year, I was also scientific chair for the ADI biannual congress, a very successful meeting where we hosted many speakers from around the world."

But the most important aspect of any clinician's work is clinical practice and Stephen explained the various types of work carried out at Dental fx: "We provide the full range of implant treatment, from straightforward cases to complex full arch/full mouth reconstruction, from block grafts to sinus grafts and now, with increasing frequency, I am required to correct implant complications such as failed cases, both biological and mechanical, including peri-implantitis.

"At Dental fx, the focus is on the team and I am fortunate to have a fantastic group of people around me. In 2006, there was me, my practice manager Susie and one nurse. Now, we have eight members of staff plus three hygienists. Susie still makes the office 'tick' and we have our associate, Nahida Roy."

Keeping up with technological developments has also been an important part of running a successful referral clinic. Stephen invested in a Cone Beam CT machine in 2010 and, more recently, purchased a Trios Digital Impression Scanner to "take the restorative phase to the next level by completing the digital workflow".

Stephen said: "We also have a visiting oral and maxillo-facial surgeon, Jeff Downie, who carries out more complex oral surgical procedures, including hip-grafts. Dental fx also offers a range of courses including a comprehensive one-year course in basic implant dentistry, implant restorative courses, advanced implant courses, sinus bone grafting and one-to-one mentoring."

Stephen said: "I encourage our referrers to restore the implants we place for them. We are happy to train dentists to treatment plan and restore their patients' implants, so I urge those interested to look at our courses. My aim is to continue to grow the practice and improve the service we provide to both patients and referrers. This is a priority."

Stephen lectured at the AO meeting in San Diego in February last year and the North Eastern Gnathological Society in New York in May 2016. In 2017 he will be lecturing at the AO in Orlando, at the ADI Congress in London and returning to Tokyo to lecture in July, followed by New York once again.

Last year, Stephen was also honoured to be only the second from the UK and one of fewer than 90 worldwide, to be awarded Fellowship of AO for his contribution to the practice and education in implant dentistry.

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OUTSTANDING ORTHODONTIC SERVICE

GLASGOW PRACTICE HAS BUILT AN EXPERIENCED AND HIGHLY-QUALIFIED TEAM TAKING ALL ORTHODONTIC REFERRALS

Park Orthodontics is a specialist orthodontic practice in Glasgow's West End. Patients have been attending the surgery from across Scotland since 1972 and, now in its 45th year, the practice is going from strength to strength.

The current owners, Eddie McLaughlin and Andrew McGregor, have built up a highly-qualified and experienced team over the last two years, which aims to deliver an outstanding service.

All orthodontic referrals are welcome, with NHS treatments making up the majority of cases. However, all private options are available, including state-of-the-art custom-made lingual appliances and Invisalign.

Located on the southern aspect of Kelvingrove Park, there is easy access from the M8, plenty of inexpensive parking and excellent public transport links. Inside, the practice is welcoming and has three small surgeries to ensure patient privacy and make them feel at ease.

Of further benefit to busy patients are the popular late-night and early-morning appointments during the week, as well as Saturday morning clinics. The practice can be contacted by phone, e-mail or via the website www.parkorthodontics.co.uk where any of the friendly staff members will be happy to chat.

OFF TO A GREAT START IN 2017

GLASGOW REFERRAL CENTRE HAS INVESTED IN NEW TECHNOLOGY AND NEW STAFF TO IMPROVE ITS RANGE OF SERVICES TO REFERRING DENTISTS

At the end of 2016, the Scottish Centre for Excellence in Dentistry made final additions to its extensive equipment range, with the Navident and Trios machines already making a difference for team and patients.

The Navident is the ultimate in precision guidance for increased accuracy in placing dental implants. It can also reduce treatment times and patient costs.

The Trios allows digital impression scanning; useful for patients who have a problem with traditional methods. Quick and easy, it gives a 3D colour impression.

A NEW DENTAL LABORATORY

The centre launched an on-site prosthetics laboratory in January, teaming up

with experienced technician Margaret Bannatyne. Working alongside her is Lucy Collins, who has a wealth of experience in the hospital and commercial sectors.

Also joining the team is clinical dental technician Paul Holmes, who completed his CDT training in 2013, has 27 years' experience, and accepts referral for anti-snoring devices. The team are accepting cases – if you'd like lab cards, postage labels etc please contact the centre.

OUR WEBSITE – A GREAT RESOURCE

The centre's comprehensive website is continually updated with information for referring dentists. It lists the wide range of courses offered throughout the year, together with information on referral services. If you'd like regular email updates please contact secretary@scottishdentistry.com to receive their e-zines.

MORE INFORMATION

2017 is starting out to be a great year for the Centre – watch this space for more news and updates!

ORTHODONTICS MADE EASY

SOUTH GLASGOW CLINIC IS PASSIONATE ABOUT PUTTING SMILES ON ITS PATIENTS' FACES

Giffnock Orthodontic Centre is a long-established practice with a modern and welcoming approach to patient care. Our experienced specialist orthodontists are delighted to welcome patients from across Scotland who require teeth straightening and long to achieve a winning smile.

We offer a range of treatments including metal fixed braces, clear/white braces, Invisalign and lingual braces. We offer NHS and private treatment for both adults and children, which makes us quite unique. Our complimentary orthodontic consultations, with both specialist orthodontists and our treatment co-ordinators, include full orthodontic records and all necessary radiographs. This is to ensure each individual patient fully understands their own treatment options.

Patients can take full advantage of our competitive pricing and we are delighted to announce that Giffnock Orthodontic Centre is now offering orthodontic treatment at a reduced price for both adults and children. Those with a low IOTN can now have metal braces for as little as £450 per arch and £700 per arch for ceramic braces.

These prices also apply to those patients who are looking for simple alignment only, where treatment time is usually four to six months.

At Giffnock Orthodontic Centre we are very proud of the fact that we have worked hard to achieve our goal of abolishing a waiting list. And as a practice which has room to grow, we would rather expand our team than keep patients waiting to receive treatment.

With extended opening hours – Monday to Friday, 8am to 6.30pm and Saturdays 9am to 1.45pm – as well as opening most Bank Holidays, we intend to make it easier for patients to have access to a specialist orthodontist and orthodontic treatment.

Here at Giffnock Orthodontic Centre we are passionate about putting smiles on our patients' faces. We take pride in working with the latest techniques so our patients can be sure they are receiving the most up-to-date treatments available.

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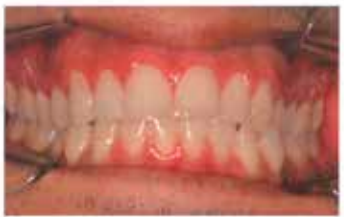

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MAKING MORE OF YOUR DENTAL PRACTICE

IWT DENTAL & SERVICES ARE EXPERTS AT INTEGRATING YOUR IT SYSTEMS WITHIN YOUR PRACTICE, FOR A SEAMLESS TECHNOLOGICAL SOLUTION

One of the many challenges currently faced by dental practices is maximising the capabilities of the practice environment and equipment. Maintaining equipment alongside the IT hardware and software required to run a practice efficiently can quickly become cumbersome and complicated. Not only does technology move quickly, it's hard to keep up and know you're investing in the right devices or systems for your needs. It can also be difficult to know when the time is right to invest in new equipment and ensure you have as seamless an upgrade or install as possible.

Dental practice facilities and IT equipment are used hundreds of times daily, almost all year round, with patients accessing and interacting with various aspects of the practice, from the waiting room to the dental chair. Ensuring your technology and facilities are current and functioning effectively is extremely important to the efficient running of your dental practice.

Ian Wilson, director at IWT Dental & Services who provide IT services to dental practices across Scotland, said: "Technology is an ever-changing environment and it is essential for us to keep informed of the latest developments so we can share this information with our customers.

"It is important for us to access

the right information to ensure we are correctly positioned to provide the right solution for every practice."

IWT recently upgraded IT hardware for City Quay Dental, a specialist dental implant and endodontic centre based in the centre of Dundee. A dedicated server was installed, and all workstations were upgraded. Sam Elassar, owner of City Quay and a member of the Royal Colleges in London and Glasgow, who also lectures internationally, said: "We recognised there were areas where our IT and imaging solutions could be improved to better our usage and to help us improve the efficiency of our patient and image management systems. City Quay undertook a large project to upgrade several areas of our IT network including our dedicated CBCT workstation.

"By upgrading our IT infrastructure, we have ensured all the IT hardware, including our CT scanner, is current and integrated in our network. When planning our IT upgrade, it was essential for us to create a fully integrated system, with a robust support service. IWT were unique as they specialise in dental IT and could deliver a fully integrating network, set up necessary configuration for N3 and provide the essential on-going support."

Ian continued: "IWT understand that integrating software and hardware to ensure information flows from one point to another is a real challenge for practices. When patient records and digital images are created using different software and hardware, its important to make this really work for the dental team.

"With our ability to create infrastructures enabling hardware and software to communicate, we provide the dental team swift and easy access to the relevant patient information, assisting the practice to run as efficiently as possible."

Sam concludes: "We advise practices to choose their IT partner carefully. You need an organisation you can trust, and an organisation who have the knowledge and experience to understand your requirements, but also contribute to them to ensure real benefit to your practice. I would highly recommend IWT."

MORE INFO
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COMPLETE SERVICE, FAST TURNAROUND

A DECADE OF EXPERIENCE IN THE INDUSTRY HAS ESTABLISHED QUINTESS DENTA'S TEAM OF TECHNICIANS AS DENTAL HANDPIECE EXPERTS

Not forgetting its roots, Quintess Denta provides a complete handpiece repair service for all makes and models of dental handpiece with a fast turnaround time. For nearly 10 years, Quintess Denta has built up its knowledge of dental handpieces so its team of technicians can provide you with expert advice to improve the maintenance of your handpieces.

Having firmly established the company as dental handpiece experts, it has also expanded its range to include surgical instruments, drape kits and is also specialising in implant surgical equipment. Discovering manufacturers that have proven themselves in other markets, Quintess Denta thrive on introducing many innovative brands to the UK and Ireland such as Codent, Nouvag and Anthogyr. The company sources pioneering products to offer a comprehensive catalogue of trusted brands you can rely on.

Another global brand available through Quintess Denta is Salvin Implant Equipment Supplies. The Salvin name is synonymous with providing everything you need for your implant practice but the implants. Whether you need instrumentation for placing (or removing) implants or equipment for advanced surgical procedures, Salvin have it.

Quintess Denta is delighted to also add the entire MEDESY catalogue to its expanding range of pioneering dental products. MEDESY enjoys an exceptional worldwide reputation incorporating many centuries of experience in making surgical 'works of art' and is renowned for precision and value.

The MEDESY range is the embodiment of quality, offering beautifully-designed, practical instruments to all areas of dentistry including: surgical, diagnostic, periodontal, restorative, implantology, orthodontics, laboratory and accessories.

The MEDESY range is priced to appreciate top quality Italian craftsmanship while respecting good value for money. Not only that, MEDESY is so confident in its products that all instruments are backed by an amazing 600-year guarantee.

One of the most innovative products and a clear favourite among the dental community, is the much loved teardrop-shaped mirror. The mirror provides only one reflection which gives you an exact sharp image. It is ideal for easy cheek and tongue retraction and offers much better visibility of the oral cavity. The mirror head fits on existing handles or one can choose from a variety of handle options.

In addition to single instruments, a popular choice are the various standard kits designed for specific purposes such as implantology, orthodontics, etc. Quintess Denta can also customise an instrument kit based on the exact requirements of a dentist. All kits come in MEDESY's trademarked GammaFix sterilisation tray which helps reduce preparation time. The type of silicone chosen meets the approval of the strictest food and drug standards and the range includes four different colours of silicone so they can be organised by type or use. A selection of the MEDESY range can be viewed on the website and a comprehensive catalogue is available by email.

If you would like to bring MEDESY's high-quality Italian instruments to your practice, contact the exclusive distributor Quintess Denta today. Visit the company at stand P08 at the Scottish Dental Show on 19 and 20 May to view a selection of instruments, handpieces and implant motors. You can speak with one of our experts who can advise you on the products that are most suited to your needs and the needs of your practice.

MORE INFORMATION
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ALL ABOUT THE PATIENTS

THE SCOTTISH DENTAL CARE GROUP HAS RECENTLY OPENED ITS SECOND PRACTICE IN DUMFRIES, WITH A THIRD ON THE CARDS IN MARCH

With two practices opened in 2016 and a third expected in March, on the surface, the rise of the Scottish Dental Care (SDC) Group appears to have been very swift indeed.

However, despite the practices in Oban, Dumfries and Inverness being launched within such a short time of each other, the group was actually formed three years before the Oban practice opened its doors.

Philip Friel, clinical director of the SDC Group, said: "Although the first 12 months of the group's operations have seen three new clinic openings, the inception of the group was around three years prior to this. The intervening period was spent in preparation, setting up appropriate infrastructure, systems and models to allow for a methodical and planned implementation phase, as opposed to ad hoc acquisitions with a structure then being implemented thereafter.

"As part of that appropriate infrastructure we have secured the services of Christopher Friel as operations director. Christopher has relocated from London specifically to take on this role and has previous corporate dental experience. It's refreshing to have a dedicated and trusted member of the team taking complete responsibility for all the non-dental aspects relating to the clinics, allowing me to focus purely on clinical/dental matters."

Christopher explained that the group was founded with a very strong ethos at its core. He said: "SDC Group's philosophy is 'high-quality, patient-focused dental care'. This is the overarching ethos that underpins all of the decisions that we make as a group and how we operate on a day-to-day basis.

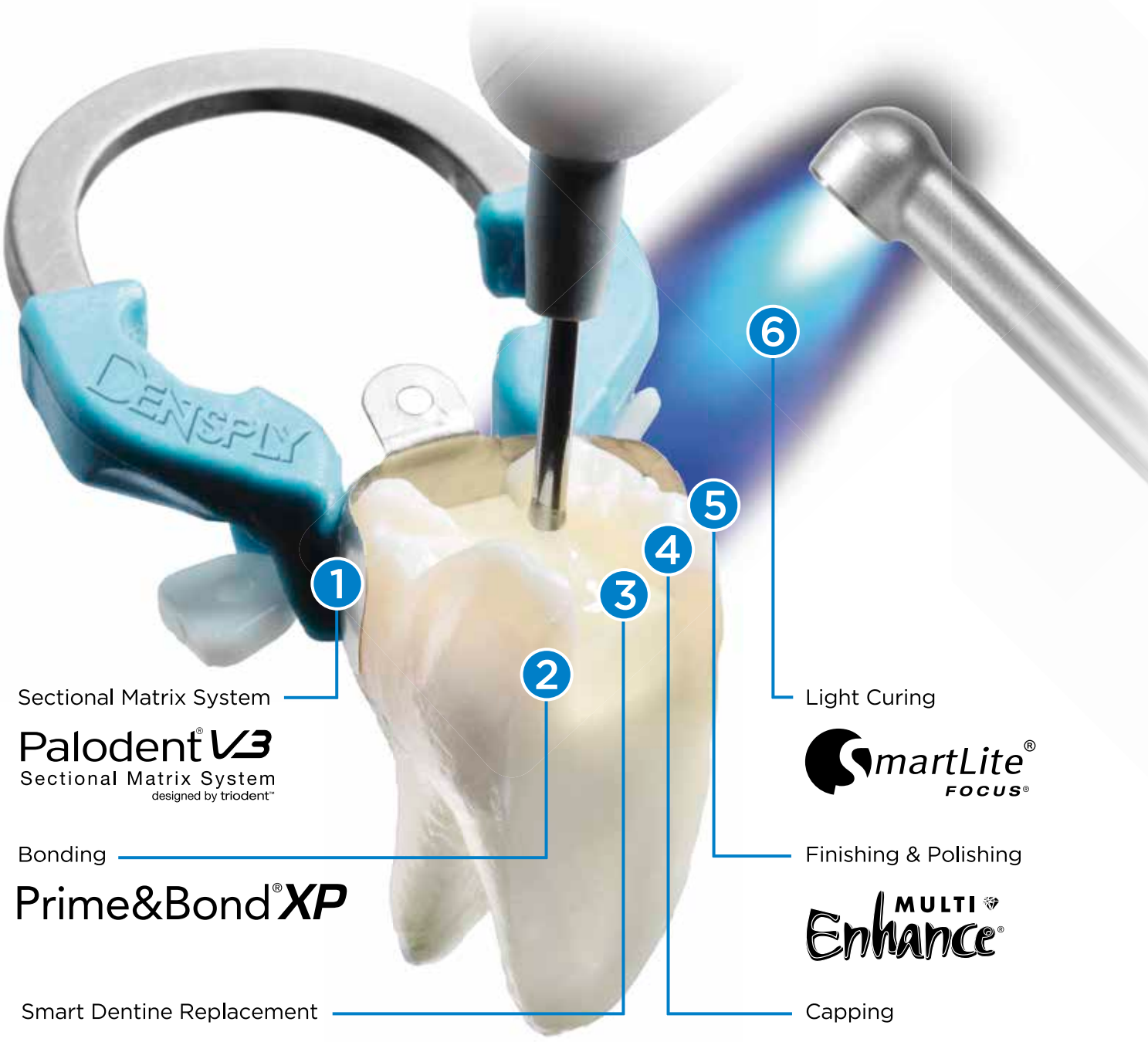
"If a decision would jeopardise our ability to support that ethos then, although it may have other benefits, it would ultimately not be something that we would proceed with. This informs all of the decisions that we make and also the third parties with whom we interact."

The group's second practice, Lochthorn Dental Clinic in Dumfries, opened its doors in September 2016. The practice, which offers a full range of NHS treatments together with private options where desired or appropriate, is located within Lochthorn Medical Centre, a long-established GP practice which also houses a pharmacy, aesthetic clinic and complementary medical services. SDC had entered into discussions with the owner of the centre, Dr Sabur, and his practice manager Jill Teasdale some time previously when identifying potential locations.

The initial phase of development saw the full refurbishment of two of the treatment rooms to serve as the new clinic's treatment rooms and architect's drawings are already in place to provide scope to expand the centre to incorporate a dedicated suite of dental rooms in the

CONTINUED OVERLEAF>

Perfect Class II restorations



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FROM PREVIOUS PAGE>

future. At present, the practice features two surgeries, a decontamination room as well as a dedicated dental waiting area together with step-free access, storage bay for prams and full disabled-patient facilities. IW Tech undertook the IT install, with KaVo Dental (Robert Wright) supplying and installing both the dental chairs and the cabinetry. Dentsply have continued their support for the clinics both in terms of dental implant supplies and materials.

The decor of the surgeries is very clinical but has local artwork which has been created by principal dentist Dr Allan Matthews, who is a keen amateur photographer. There are plans in place to embark on a refurbishment of the waiting area to improve not only the patient experience and aesthetics but also the ability to communicate effectively with the patients through the installation of wall-mounted screens.

Allan had previously worked in Dumfries and Galloway and was looking for an opportunity to take on his own clinic and grow a practice within the support framework that SDC Group offers. Philip said: "We were extremely fortunate that Allan agreed to come on board and lead the clinic at Lochthorn. In addition, the therapist from one of our other clinics, Amanda Kemp, agreed to go down to Dumfries to work alongside Allan in order to help us set up the clinic and instil much of the ethos and standards of operation that she had not only practised but also helped to create within the SDC Group clinic in Oban.

> "SDC GROUP'S PHILOSOPHY IS 'HIGH-QUALITY, PATIENT-FOCUSED DENTAL CARE'. THIS OVERARCHING ETHOS UNDERPINS ALL THE DECISIONS WE MAKE AS A GROUP AND HOW WE OPERATE"
>
> CHRISTOPHER FRIEL, OPERATIONS DIRECTOR, SDC GROUP

"Given the large numbers of new patients being introduced to the clinic, our nursing and reception staff (Sarah, Isla and Holly) have been invaluable in being the first point of contact with the patients and introducing them to the clinic as well as allowing Allan and Amanda to concentrate solely on the clinical aspects of their role.

"The whole process, both from the patients' perspective and from our own point of view, has also been made immeasurably easier with the assistance of the medical centre staff and in particular Jill Teasdale, the centre manager, and her team. They have made our own staff feel extremely welcome but also our patients, many of whom have been visiting the medical centre for a long time. Given the growth of the clinic in the initial phase, we will shortly be starting a second associate dentist in the clinic."

And Philip explained that he would like to see steady growth in the coming months for both the Dumfries practice and the group as a whole. He said: "In the future I hope to see the practice continue to grow in the same manner that it has been and to allow more time to focus on staff training to enable further improvements in the quality and scope of treatments that we can offer. As a consequence of the increasing patient numbers at the clinic, we are currently recruiting for an additional dentist to join our team on a full-time basis.

"For the group in general, we have additional clinics and opportunities that we are working on at present, with Inverness opening early March and we are also progressing the take over of a further three clinics in Q3/Q4 of this year. That said, we are keen to ensure the pace of growth is managed at a sustainable level to allow appropriate periods of consolidation. By doing so we can ensure that we are in as robust a position as possible to evaluate and choose whether or not to take on additional opportunities as and when they arise."

MORE INFORMATION
To find out more about the Dumfries and Oban practices, as well as the SDC Group in general, visit www.sdcgroup.co.uk

SMART OBJECTIVES KEEP LECA MOVING FORWARD

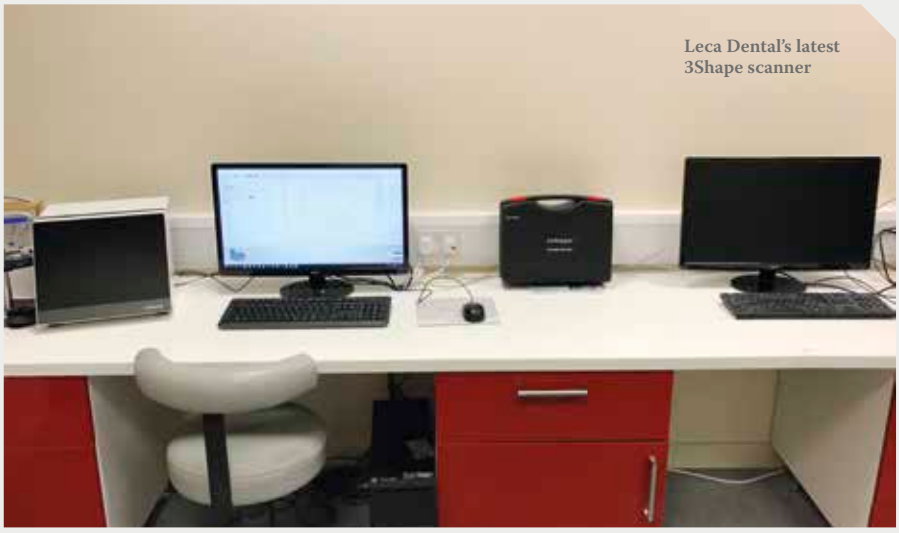
DIRECTOR NICK LECA SUMMARISES THE LAST YEAR AT LECA DENTAL LABORATORY AND GIVES SOME INSIGHT INTO WHAT'S IN STORE FOR 2017

At the beginning of every fiscal year the majority of manufacturing organisations review the previous years results and experiences, they gather these results and begin to formulate their strategic plan for the coming year and, more importantly, the three-five year vision. At Leca, by following this process, collating the results and completing a deep-dive review, 2016 proved a successful year, and here are a few highlights:

- **A completely transformed manufacturing process**
- **Fully invested in all of the latest digital technologies**
- **Continued investment in people with an increase in headcount by 10 per cent**
- **Introduction of new products into the business**
- **New sales CRM (customer relationship manager) tools were implemented**
- **New and improved customer service function**
- **Greater marketing investment and a new look website**
- **Growth of national customer base.**

Last year was very focused on organisational change and building the framework for creating a business that will ultimately deliver an improved experience for our customers. The primary objective across the business was to provide a reliable product with an exceptional level of service. As we look into 2017, our management team have all agreed that this is the key objective for the business, our success is ultimately measured by the level of satisfaction and our ability to retain and grow our customer base with new products.

The theme that took centre stage for us during 2016 was digital. From intra-oral scanning, CAD/CAM manufacturing to 3D printing, technological innovation continues to influence the dental world, and has driven changes to the way that dentists and labs work together. One of our biggest investment programmes has been in our digital equipment and, by being 100 per cent devoted to embracing the latest technologies; we have enjoyed making our lab fully digitally integrated. While many labs today will most likely operate with some form of CAD/CAM equipment, last year we really hit the ground running with more cutting-edge technologies, and significantly changing the way we operate.



Leca Dental's latest 3Shape scanner

As with any new investment, it's vital to make sure the workforce is skilled to make the most of what's available and that's why in 2016 we embarked on a training and development plan to drive us forward on our digital road. We are pleased that since fully integrating a digital operation into our lab, our end-to-end service is already providing huge benefits to some of our largest customers, with many more following.

One challenge facing dental labs across the UK has been the continued stream of low-cost, low-quality overseas laboratories that are entering the market. Some dentist and patients alike are drawn to the cost savings that using such providers can offer, but often what this brings are unregulated products, not made to the standards that a lab operating under the British Bite mark banner would offer.

We are confident that as long as we stick to a strategy whereby our products are produced in accordance to all legislative requirements, our customers and patients will have confidence in the quality of their products. This growing pressure, however, does mean that we constantly need to up our game on efficiencies to deliver fair, competitive pricing.

So, what's in store for 2017? One thing that won't change is that dentists will continue to demand the best for their patients. The consumer demand for affordable, yet biocompatible, aesthetic restorative solutions means much of our attention next year will be on materials, and driving newer CAD/CAM developed and printable material options will be vital to satisfy this demand.

Generally speaking though, more of the same is on the cards for Leca, and by staying aware of market pressures and adapting to those changes, while pushing forward even more with advanced segments of digital technology – we are set for a busy year ahead.

GETTING SMART

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Continuing Investment

Our new 10,000sq ft. premises have been equipped with the very latest of equipment. This has been a considerable investment but one that has made us a premier dental laboratory ensuring we offer the very best in dental restorations. We have also built an in-lab surgery allowing our partners to utilize this area for patient support.

COME AND VISIT US TO SEE FOR YOURSELF

Our Expertise

Our experience and expertise starts with the combined 75 years experience of the Leca family. All of our technicians are highly skilled and are continually updating their knowledge. A driven and efficient team of support staff, who ensure that deadlines are met and all areas of admin and delivery run smoothly, complements the technicians.

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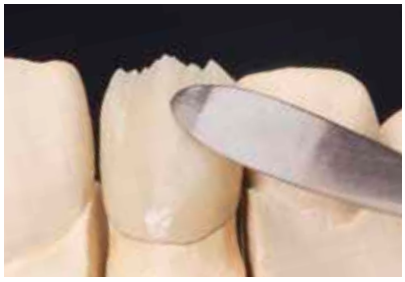

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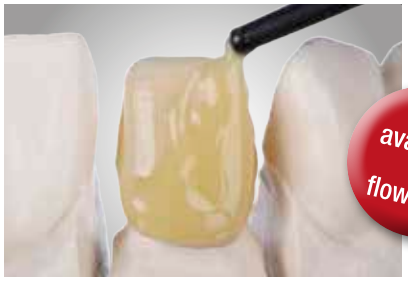
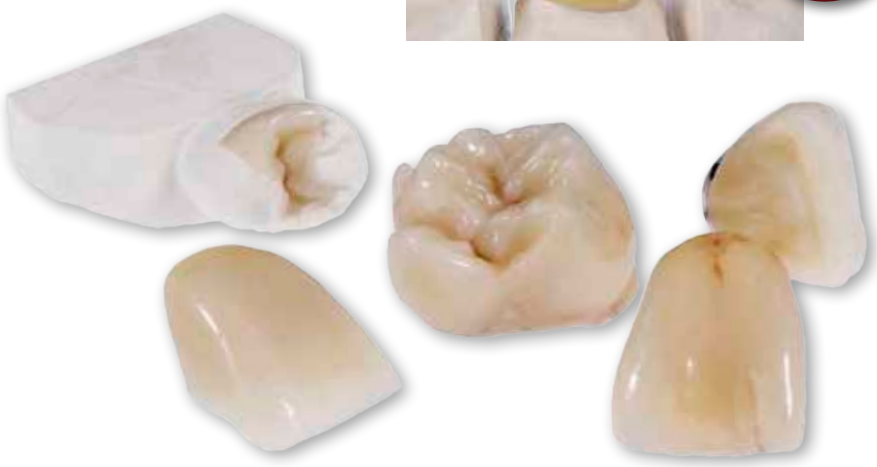
CERAMAGE UP





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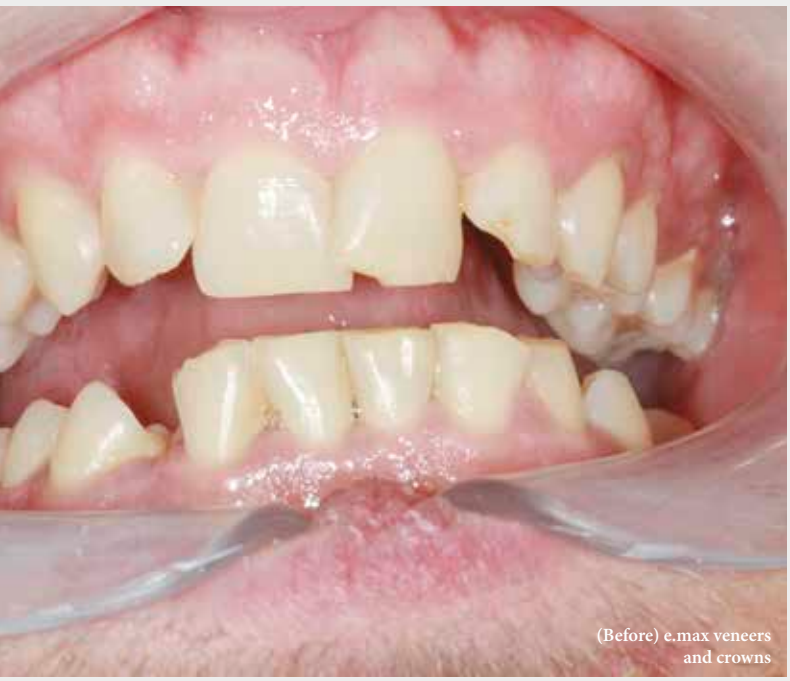
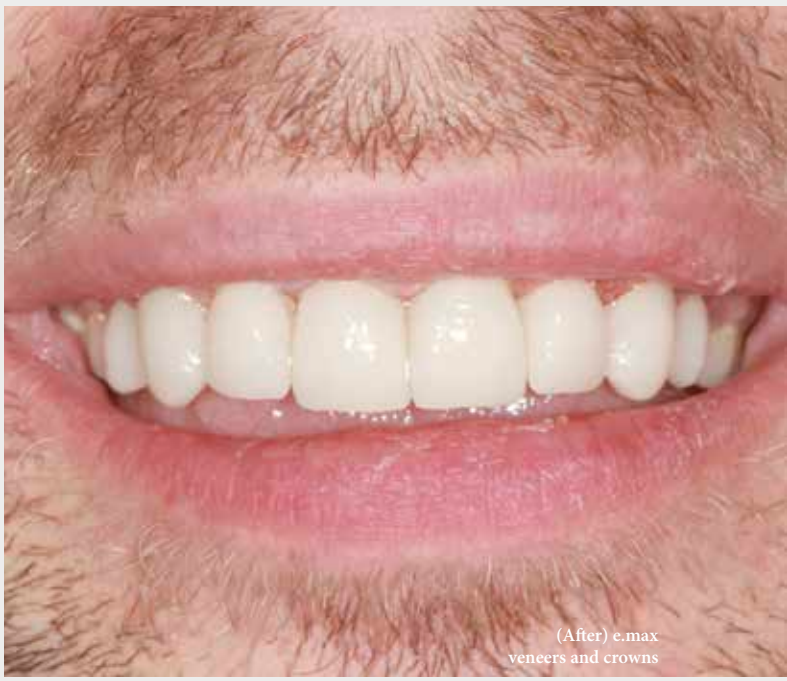


(Before) e.max veneers and crowns



(After) e.max veneers and crowns

EXCEED EXPECTATIONS

VITALITY DENTAL LABORATORY'S VAST EXPERIENCE IN IMPLANT AND COSMETIC WORK GUARANTEES HIGHEST QUALITY FOR CLIENTS

ALEXANDER ADAIR

At Vitality Dental Laboratory, our goal is to provide our clinicians and their patients with the highest level of service and ultimately natural, well-fitting dental restorations. At times, as we all know, this can be easier said than done. However, as a laboratory and as a team, we continually strive to achieve this goal.

Vitality was founded by myself, Alexander Adair. I have been working in the dental industry for 36 years – a fact which surprised even me when I realised. It seems like only yesterday I was setting out, but I have been running my own laboratories for 28 years now – a time during which I have amassed vast experience within the industry.

Over the years our industry has changed dramatically. It is now almost unrecognisable since the 'digital revolution' which we have all been forced to embrace. Nevertheless, I still firmly believe that a knowledgeable and well-trained dental technician is absolutely necessary to make this technology work.

Our laboratory is located in Bothwell, Lanarkshire where we occupy the floor above Bothwell Dental Care, a very successful and busy implant referral practice.

Even though the lab is entirely independent of the practice, we do work very closely with Dr Murphy and his staff. This close working relationship means our technicians have the chance to see their work in situ and deal with the demands and expectations of the patient (and Dr Murphy). This in turn raises the standard of all work produced for our clinicians.

We specialise in implant and private cosmetic work. We restore many implant systems and have great experience dealing with the demands of complex implant work. This experience can prove to be invaluable to the clinician, as can knowing that their work is in experienced hands and will achieve a predictable result.

We can only achieve predictable results when we have clear lines of communication. We encourage this between our technicians and our clinicians. It helps to eliminate any problems early in the process.

As technicians, we love the challenge of private cosmetic work. The material of choice these days has to be Ivoclar e.max – the results we can achieve with this material are fantastic. Hopefully you will be able to see this from our before and after pictures. This material covers a range of indications. Please just give the lab a call to discuss.

Every successful business relies heavily on its staff. At Vitality, we train our technicians to a high level and continually challenge them to raise the standard of their work. We value our technicians, and as a result we retain our core staff, all of whom have many years experience working to highest of standards. We run a strict quality control system and importantly, have a team who share the same vision and values.

VITALITY DENTAL LABORATORY

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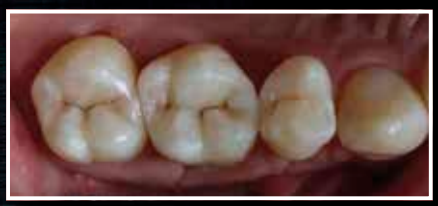
Hands-On Component

The first hands-on component of the program introduces the participant to the technique with a simple class 1 restoration using a single shade of composite resin: the exercise focuses on mastering instrumentation and the establishment of anatomical form in the restoration. The hands on will then progress to a class 2 (Bichromatic layering and external tints). This exercise introduces matrix systems and a simplified finishing protocol.



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Bianca Mueller, ZTM, Director (GDC No.162983)

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Wrights is pleased to announce that the customer service team can now take your order up to 6pm!Dedicated to offering a five-star service, this extension is just another example of Wrights' commitment to the profession and to facilitating the distribution of much needed dental supplies.

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For more information, contact Wrights on 0800 66 88 99 or visit the easy-to-navigate website www.wright-cottrell.co.uk

TAKE CONTROL

First there was Siri, then Hive, and more recently Amazon Alexa. The digital age certainly is pervading your home life so it is perhaps not surprising that you can digitally take control of your surgery too. Tyscor Pulse, from Dürr Dental, ingeniously shows you the performance of your suction and compressor systems and is compatible with almost all Dürr suction and compressors units including the popular VSA 300s. Things such as current status, faults or maintenance messages, such as a prompt to change the filter, are immediately displayed on the monitor.

With Tyscor Pulse your practice equipment supply is always in view and can be accessed by engineers as well by you. The software will warn you if there is a malfunction, and will indicate whether the problem is something that can easily be rectified by a staff member or whether a service technician should be called.

For more information on Tyscor Pulse, visit www.duerrdental.com or call 01536 526 749.

NEW YEAR, NEW RESOLUTION

New year is a time for resolutions, but what if yours is to create even sharper resolution digital images? Dürr Dental's imaging equipment will allow you to do just that and the company is so confident in the clarity of its images that they are running a competition throughout 2017 giving away an Apple Watch each month for the best images taken.

Moreover, the best three images from each category – intraoral x-ray, extraoral x-ray and intraoral camera, will also be awarded a brand new VistaCam iX HD package worth up to £4,776

Chances are if you're using Dürr equipment you're going to struggle choosing your best image, which is why the company is allowing each entrant to upload up to five images each month. The winners will be chosen by a specialist jury, all of whom have exacting requirements when it comes to quality.

For more information or to start uploading images, visit www.duerrdental.com/contest

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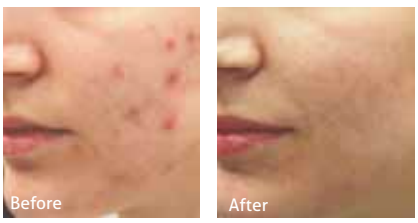

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