

No.1 for dental professionals in Scotland

April-May 2014

Scottish Dental magazine



Dental charity
Bridge2Aid
reaches
its funding
target in just
eight weeks
Page 10

Scottish Dental magazine

April/May 2014



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Dr Stephen Jacobs and Dr Philip J Friel in conjunction with The Regeneration Support Team invite your participation

Sinus Bone Augmentation for Dental Implant Rehabilitation

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This two-day course will cover:

- The anatomy and physiology of the maxillary sinus
- The aetiology of bone loss
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- ENT perspective of the maxillary sinus

The practical exercises of this course will cover:

- Model based sinus access, manipulation and grafting
- Cadaver dissection and sinus access, elevation, grafting and closure
- Suture techniques
- Implant placement in grafted sinus region on cadaver specimen
- CT interpretation, assessment and planning
- Observation of live cases

Course details

Course dates: 13th –14th June 2014

Location: **Friday 13 June:** Philip Friel Advanced Dentistry Clinic, 154 Hyndland Road, Hyndland, Glasgow, G12 9HZ

Saturday 14 June: Clinical Anatomy Skills Centre, University of Glasgow and RCPSG, Thomson Building, University Avenue, Glasgow G12 8QQ

The course is limited to 12 delegates.

Clinical host

Stephen Jacobs BDS MJDF RCS (Eng)

Stephen qualified from Birmingham University in 1985 and went into general dental practice. He started in implant dentistry in 1992 and since then has placed / restored over 5000 implants, and carried out over 900 sinus grafts.

His training was carried out in the UK, USA and Europe and he now lectures extensively on all aspects of dental implantology throughout continental Europe and the UK. Stephen runs his implant referral practice in Glasgow, UK, where all aspects of implant and reconstructive dentistry are carried out. Stephen is involved with implant product development with Dentsply Implants and carries out research, currently working on 3 projects. Stephen is the Immediate Past President of the Association of Dental Implantology and a committee member of the American Academy of Osseointegration. He is a founding Board member of PEERS UK.

He is on the editorial board of three journals and runs a variety of courses at his practice, including a comprehensive year course for those willing to get started in the field of implantology, sinus grafting and restorative programmes.

Stephen currently mentors several dentists and is experienced with many implant systems.



Regeneration Support Team
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info@geistlich.co.uk | www.geistlich.co.uk



Programme

Friday 13th June

08:30-09:00 Registration, coffee and introduction
09:00-11:00 Lectures
11:00-11:30 Coffee
11:30-13:00 Hands-on exercises: Model access and elevation/grafting
13:00-14:00 Lunch
14:00-15:30 Live cases
15:30-15:50 Coffee
15:50-17:00 Lectures
17:00 Close and course dinner

Saturday 14th June

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 – as above
13:00-14:00 Lunch
14:00-16:00 Discussion, debrief, delegate case discussion, Q/As, certificates, feedback

Clinical host

Philip J Friel BDS BSc (Hons, MedSci) MFDS RCS (Edin) MRCPS (Glas)

Philip graduated from Glasgow University with degrees in anatomy (1998) and dental surgery (2000).

In 2010, after working in a number of private practices, Philip opened his own clinic, Philip Friel Advanced Dentistry in Glasgow, heading an 18-strong team.

Philip concentrates on restorative and cosmetic dentistry with particular focus on dental implantology, including bone grafting, immediate implant placement and loading together with soft tissue surgery.

As a referral clinic, Philip and his team work with and mentor a number of dentists.

Philip travels extensively in his quest for knowledge of the latest implant advances and often lectures on the topic.

In naming Philip in Dentistry Magazine's 2010 list of the UK's Top 50 Most Influential Dentists, the publication said he is "regarded as one of Scotland's finest implant surgeons"

Philip is a member of a number of key professional organisations including the British and American Academies of Cosmetic Dentistry, the ADI, the International Team for Implantology, The PEERS group and the American Academy of Osseointegration.

He is a mentor for, and currently President-Elect of the Association of Dental Implantology.



A superb course – it was a privilege to be able to practice implant placement, sinus membrane elevation and grafting with xenograft materials on fresh frozen cadavers.

A well organised course presented by two enthusiastic and knowledgeable clinicians. Jamie Maguire

The sinus augmentation course I attended in Glasgow was led by two very experienced, knowledgeable yet approachable dentists. They led us through the theory, observation of live surgery with commentary and "hands on" on the first day with enthusiasm and openness. They encouraged questions and participation by all course participants. We had a great talk from Gerry McGarry, an ENT surgeon, on how to look for pathology that should be referred on.

The day flew past and we returned the next day and had the opportunity to work on freshly frozen cadavers. This allowed all participants to carry out surgery under the expert tutelage of Stephen and Phil. We revisited anatomy lessons, which for me had happened 20 years previously, this was an amazing and very informative day. We finished with a short lecture and lots of questions. Everyone left inspired to carry out sinus surgery and were offered the chance to be mentored by either of our two expert tutors. I thoroughly enjoyed meeting everyone involved and would strongly recommend anyone who wants to expand their clinical practice to take this worthwhile and invaluable course. Eimear O'Connell

Registration and confirmation

To confirm your registration please return this form with payment.

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Editor's desk

with Bruce Oxley



That time again

The Scottish Dental Show 2014 is nearly upon us and I'm looking forward to seeing as many of you as possible at Braehead Arena on 9 and 10 May.

We have a fantastic two days in store for you, including a bustling trade show featuring more than 130 exhibitors and a world-class lecture and workshop programme.

For the first time, all the exhibitors and lectures will be in the same hall, meaning it will be easier to navigate for delegates, and the trade will have as much chance to show off their products and services as possible.

We are also introducing an expanded workshop programme featuring everything from implants to endodontics. Turn to pages 16-19 for a full run-down of the confirmed programme.

Another first for the show, and to

tie in with the upcoming referendum on Scottish independence, we will be holding a special debate on Saturday 10 May at 2pm. At time of writing we have secured Glasgow Central MP and former dentist Anas Sarwar, retired academic Dr Willie Wilson (see letters page 15) and Glasgow GDP Gerard Boyle to discuss how independence would affect dentistry in Scotland. The final panel member and host will be announced as soon as they are confirmed.

Keep an eye on the website - www.scottishdentalshow.co.uk - for more details in the coming weeks and don't forget to follow us on Twitter @ScottishDental ■



*Bruce Oxley is editor of Scottish Dental magazine.
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Biting back

with Arthur Dent



The Midas touch?

Midas, you will recall, was the legendary king who turned anything he touched into gold. In modern idiom 'the Midas touch' describes someone who can profit from any activity; more widely it can be applied to something which is a complete success in all aspects.

MIDAS is also the acronym for the Management Information and Dental Accounting System which is the IT system used by Practitioner Services Division (PSD) to generate payments to general dental practitioners. MIDAS receives information from GP17 forms or digitally from practices using Electronic Data Interchange (EDI) and it validates the fees claimed and also records, stores and cross-checks the registration data for each patient. This validation of registration data is vitally important in ensuring dentists are paid accurately and in preventing duplication of payments i.e. the same dentist being paid twice for the same patient or two dentists being paid simultaneously when a patient changes practice.

MIDAS uses 'fuzzy matching' to detect duplicates such that, even if a name is mis-spelled or mistyped, the system should detect the error and avoid duplication; it all sounds wonderfully efficient. So does MIDAS live up to its Midas metaphor?

For those GDPs who are now suffering financial clawbacks, which is the vast majority, the answer is plainly NO. It is clear that MIDAS has been failing to match patient details and to avoid duplication of registration details and payments.

When I reviewed my detailed list of clawback payments, it was clear that there were duplicates of patient names which should have been easily detected by MIDAS. Most appeared to be errors created when the OCR scanning system misread a digit or letter but the software should have easily detected this and prevented duplicate payments. What is even more surprising is that practices using EDI were having patients duplicated; their claim data is transferred digitally so there should be no risk of errors.

Nevertheless, these duplicated payments appear to have been mounting up over

"It is clear that MIDAS has been failing to match patient details"

many years so the Scottish Government now wants the overpayments repaid over two or three months regardless of whether the fault was by the dentist, practice or PSD. The situation has been exacerbated by the introduction of continuous registration some years ago. At that time BDA Scotland expressed its concern that MIDAS would not cope with the large increase in the size of the database and those fears have now been realised. Dentists' representatives have often been assured by PSD that MIDAS is a robust and sophisticated IT system which does not make such errors. Plainly that has been untrue and the evidence for this is the amount of clawback now being taken; no Midas touch for Scottish GDPs.

What evidence can dentists be given that the ageing MIDAS is fit for purpose and what assurance do we have that further clawbacks will not be taken in the future? ■



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1 year, 6 issue subscriptions: UK £60; overseas £75; students £30.

Back issues: £5, subject to availability.



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ISSN 2042-9762

Scottish
Dental
magazine

is published by

CONNECT

Innovation in communication

Studio 2001, Mile End,
Paisley PA1 1JS
Tel: 0141 561 0300
Fax: 0141 561 0400
www.scottishdentalmag.co.uk

Defibrillators for dentists

Scottish Government announces £1 million heart scheme to save lives

Every NHS dental practice in Scotland is to have a defibrillator installed as part of a £1 million Scottish Government initiative.

More than 1,500 Scots died after suffering a cardiac arrest outwith hospitals last year. This scheme aims to reduce this figure by half by having nearly 1,000 more defibrillators in public spaces. The machines will be mapped on to the Scottish Ambulance Service control system to enable ambulance call handlers to direct the public to the nearest practice while an ambulance is on its way.

Chair of the British Dental Association's Scottish Dental Practice Committee, Dr Robert Donald, said: "Only five per cent of people who have a cardiac arrest in

the community survive. However, when defibrillation is delivered promptly, survival rates can be as high as 75 per cent.

"As there are around 1,000 dental practices across Scotland, dental teams have the potential to save many lives by increasing public access to defibrillators.

"In a situation where every second counts, we're pleased the government has backed our campaign to widen public access to a defibrillator."

At the moment, only five per cent of people who have a cardiac arrest in the community survive, and every minute of delay cuts their chances. The easy-to-use machines are expected to be in place by the end of August.

Minister for Public Health, Michael Matheson, said: "Every second counts

when someone's heart goes into cardiac arrest and having access to a defibrillator can mean the difference between life and death.

"There are almost 1,000 NHS dental practices in the centre of Scottish communities. By giving them this equipment, we are providing 1,000 more chances to save a life. I believe this investment will save many more lives."

The public will be informed of the new defibrillators through a range of measures, including a display in the windows of dental practices.



This year's Scottish Dental Practice Based Research Network's annual symposium will take place at the West Park Conference Centre in Dundee on 10 June.

Entitled 'Closing the gap: research for improvement' the event will be introduced by Tom Ferris, deputy chief dental officer, and speakers will include Neil Houston (Healthcare Improvement Scotland), Tony Anderson (NHS Education for Scotland), Paul Brocklehurst (University of Manchester), Steve Turner (SDPBRN), Paul Bowie (NHS Education for Scotland) and Irene Black (NHS Education for Scotland).

The first talk, from Neil Houston, is entitled 'Medicine - What's happening there?' with Irene Black and Paul Bowie following it up with their presentation

about the 'Development of Safety Culture Tool'. Steve Turner will then talk about 'Issues of Direct Access', Paul Brocklehurst will follow that with a presentation looking at skills mix, Direct Access and independent practice and then Tony Anderson will give a presentation on 'Future of Audit'.

After lunch there will be a series of parallel sessions with GDPs sharing their research experiences before a question and answer session to round off the day.

There will also be a pre-symposium dinner held on the evening of 9 June at the Invercarse Hotel, Dundee. All delegates are welcome to attend.



For further details and registration forms, contact SDPBRN@nes.scot.nhs.uk

Dental award

A PhD student from Dundee Dental School came third in an international poster competition at the 18th International Dental Conference & Arab Dental Exhibition (AEEDC), held in Dubai in the United Arab Emirates.

Nawaf Mohammed Almustafa's findings focused on the force applied by dentists during the cementation of All Zirconia Three Unit Bridges and the impact on seating.

"Having analysed all the results, we thought about presenting a poster in a major conference as there were only two such experiments done before, in 1993 and 2010," explained Nawaf.

"These previous experiments were carried out on single crowns; as our experiment was carried out on three unit bridges, we sectioned the bridges to find the impact of the force on the seating."

At AEEDC Dubai 2014, 54 posters were presented.

"Dundee Dental School and Hospital is well known internationally and presenting the school in such an international dental conference reflects the teamwork of all the workers here in Dundee," added Nawaf.

BDA new leader

Dr Mick Armstrong has been elected as the new chair of the British Dental Association's (BDA's) Principal Executive Committee (PEC).

Dr Armstrong is a general dental practitioner in a mostly NHS practice in Castleford, West Yorkshire. He has been a member of the PEC since its inception in July 2012, having been elected to its membership by BDA members across Yorkshire and the Humber. He has served on the BDA's Representative Body and General Dental Practice Committee, and was chair of the Conference of Local Dental Committees in 2011.

Dr Armstrong, who graduated from Newcastle Dental School in 1985, said: "I am honoured to be elected to serve the profession as chair of the BDA's Principal Executive Committee and look forward to leading the profession

as it attempts to navigate the minefield of complexity it is confronting."

The association has also announced that Dr Alasdair Miller, a leading figure in dental education and former postgraduate dean for the South West of England, is the new President of the BDA. Dr Miller formally assumed presidency of the Association on 10 April at its annual conference in Manchester. He is the BDA's 128th President, succeeding Dr Barry McGonigle.

Commenting on his inauguration, Dr Miller said: "It is an honour to be taking up the presidency of the Association and I look forward to acting as an ambassador for the profession in what are challenging times. During my year as president I will champion the profession and its commitment to maintaining the highest standards of patient care and professional excellence."

Getting to grips with trigeminal neuralgia

An international group of researchers are asking dental professionals to help them get a better picture of how trigeminal neuralgia (TN) affects individuals.

TNNME (Trigeminal Neuralgia and Me) and the International Awareness Fighters have put together an online survey to gather information and statistics on sufferers.

Toni Saunders, founder of TNNME, said: "Trigeminal Neuralgia is a challenge, not only because of the pain but also because of the lack of knowledge, awareness and statistical material. This is one TN patient asking another, 'How are you? You matter and we'd love to know how you've been'."

The survey was compiled by Outi Elo, from Finland, assisted by Lorraine Burgess, from Canada, and Anu Parkkonen and Lari Tikkanen, also from Finland.



For more information, visit www.tnnme.com/trigeminal-neuralgia--facial-pain-survey.html

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Aberdeenshire dentist struck off by the GDC

Professional and Performance Committee find Banff practitioner's clinical incompetence was risk to patients



A dentist from Banff has been struck off by the General Dental Council (GDC) following a public hearing into allegations of a wide range of failings and inadequacies.

The allegations against Michail Michalakis were heard by the GDC's Professional Performance Committee and all relate to his time as a dentist at the Bayview Dental Practice in Banff, Aberdeenshire. He did not attend the hearing and he was not represented.

The charges against him included: recommending inappropriate treatment; poor recording keeping; inadequate radiography skills; and misdiagnosis.

In considering this case, the GDC's Professional Performance Committee said: "There were several obvious failings in Mr Michalakis' clinical practice. A number of the treatments he provided were defective, for example the method he adopted in treating a patient with an uncomfortable new denture was inappropriate and far below the standard expected of a reasonably competent dental practitioner.

"In the Committee's view, the way in which Mr Michalakis practised dentistry did not put his patients' interests first. In some cases, patients were exposed to risks as a result of his incompetence.

"In all the circumstances, the Committee

has determined that it is necessary for the protection of the public and is otherwise in the public interest to impose an immediate order for suspension on Mr Michalakis' registration. In view of his clinical incompetence, lack of remediation and minimal insight, the Committee has determined that Mr Michalakis is not fit to remain registered as a dentist. It would be inconsistent not to suspend his registration forthwith, given the potential risk to the public and to the reputation of the profession."

Unless Mr Michalakis exercises his right of appeal, his name will be struck off the register in approximately 28 days' time.

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Two new faces at Vermilion

APPOINTMENTS

Corstorphine-based referral clinic Vermilion welcomes two new clinicians to its team, Dr Alfred Dellow and Dr Craig Mather.

Dr Dellow is a specialist in prosthodontics and has worked with dental implants for more than 25 years. He qualified as a general dentist at the University of Pretoria, South Africa, in 1977, and obtained his Masters degree in prosthodontics from the University of Pretoria in 1994.

Glasgow graduate Dr Mather is a specialist in oral surgery and an honorary clinical teacher in the department of oral surgery at the Glasgow Dental Hospital and School. He is very experienced in

minor oral surgery, intravenous sedation and anxiety management.

Practice principal Dr David Offord said: "I am delighted to welcome two high-calibre clinicians to the team. Alfred Dellow brings a breadth of implant experience to Vermilion. He will work closely with Grant Mathieson and myself to continue the multi-disciplinary approach to our patients referred for implant dentistry.

"I am also delighted to extend our services in oral surgery by welcoming Craig Mather to the team. His appointment will help us to ensure patients referred for minor oral surgery are seen and treated within two weeks of referral."

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Fraud-hit charity reaches target



Donations help Bridge2Aid reach £50,000 target in just eight weeks

After starting 2014 facing a severe funding crisis with the very future of the charity in serious doubt, Bridge2Aid has been rescued by the kind donations and support of the dental community in the UK.

In January, the dental charity announced it had been the victim of a high level organised financial fraud. This, combined with the withdrawal of funding by a major corporate supporter, meant the charity needed to find £50,000 by the end of March to continue its vital work.

However, after issuing an urgent appeal, the dental profession pulled together and managed to raise the required funds in just two months.

The charity's CEO Mark Topley said: "This is all thanks to our generous supporters and we really can't thank you

enough. We've been overwhelmed by your response to our emergency and are humbled by the generosity and kindness shown by so many of you.

"The many donations received were from people we know well, and people we've never met. From people who have volunteered many, many times with us to people who have never engaged practically with Bridge2Aid at all, the support has been enormous.

"It's a huge encouragement for the entire Bridge2Aid family and we can now look forward to continuing with our vital work, delivering much needed dental training programmes to rural based health workers in developing nations."



To find out more about Bridge2Aid and how you can get involved, visit www.bridge2aid.org



Dental skills competition winner

A student dentist from Hampshire has won the first-ever national dental skills competition organised by the Royal College of Surgeons of Edinburgh.

University of Sheffield student Hannah Crane saw off competition from 13 other finalists at the competition, which included a number of complex challenges such as suturing, building a fractured tooth, matching colour shades of teeth, root canal treatment, and even tests on patient communication abilities.

Hannah won an all-expenses paid trip to the Chicago Dental Society's Midwinter Meeting, along with a year's Affiliation with the Royal College of Surgeons of Edinburgh (RCSEd).

She said: "I'm really excited to have won the competition - it's a fantastic privilege. I really enjoyed competing in the final and, overall, the competition has been a really good experience."

Richard Ibbetson, dean of the RCSEd's Faculty of Dental Surgery, said: "At the Faculty of Dental Surgery we are dedicated to providing the widest and



most comprehensive training opportunities for all the men and women choosing the rewarding and competitive career of dentistry. We were delighted to hold this exciting UK-wide competition offering the next generation of dentists a chance to showcase their knowledge and skills. Hannah demonstrated extraordinary talent, as did all our finalists - their emerging talent will be a credit to the profession."

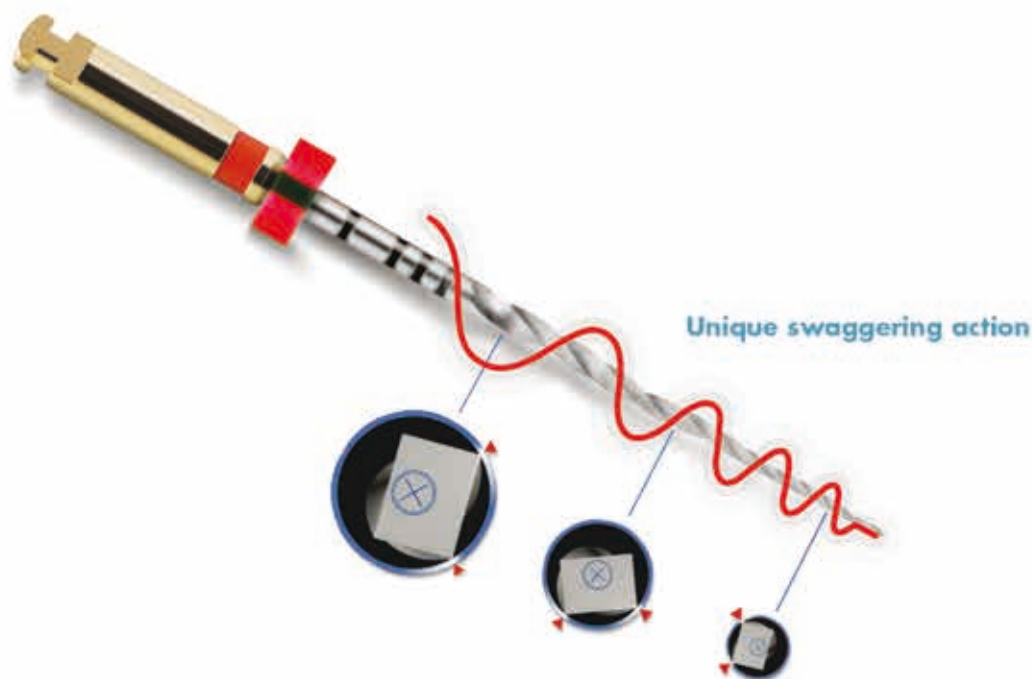
BDA opposes VT salary reduction

SUPPORT

BDA Scotland and the Scottish Dental Practice Committee have moved to defend the current VT salary level in talks with the Scottish Government.

Pat Kilpatrick, national director for BDA Scotland, said: "If the Department of Health goes ahead with the plan to reduce salaries for Foundation Trainees in England (from £32,000 to £30,000), this will add to the pressure facing Scottish graduates who will have to compete with even greater numbers of English applicants vying for limited places on the VT scheme north of the border.

"A record 192 dentists will graduate from Scottish dental schools this year. They're already competing against the odds to secure an FT position, so changing the English system will make it even harder for students here."



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World's surgeons gather in Edinburgh

ROYAL COLLEGE OF SURGEONS AWARDS

The Royal College of Surgeons of Edinburgh (RCSEd) hosted its latest diploma ceremony recently to recognise the achievements of surgeons and dental professionals from around the world.

Surgeons and dental professionals from the Czech Republic, Egypt, Kenya, India, Iraq, and Nicaragua joined their UK counterparts to receive Fellowship and Membership diplomas in recognition of their success in achieving the required standards in the rigorous surgical and dental examinations.

Retired dental dean Professor Chris Franklin, OBE, was awarded a Fellowship in Dental Surgery ad hominem for his significant contribution through clinical service commitments, his collegiate activities and his role as a postgraduate dental dean. Professor James McDonald was rewarded for his outstanding contribution to dental surgery with the Faculty of Dental Surgery Medal 2012.

The President of RCSEd, Mr Ian Ritchie,



Prof Franklin and Prof Richard Ibbetson

said: "Diploma ceremonies are one of the most popular events in the RCSEd calendar and provide a wonderful occasion for myself and the RCSEd Council to personally welcome and congratulate diplomats from across the world, who have chosen to be part of the college, after many years of education and training.

"It is also an opportunity to celebrate and acknowledge the achievements of those who excelled in the profession and made a firm contribution to the advancement of both surgery and dentistry. I congratulate all those receiving diplomas and awards on their success."

VT trainers refund victory

VT trainers will be refunded all the money incorrectly deducted by PSD from their superannuation payments since 2012, thanks to the intervention of BDA Scotland and SDPC.

This rectifies an earlier decision by the Scottish Government to back-date these payments only to 2013. The payments had been withheld from VT trainers for more than two years following recent changes to the superannuation regulations.

The BDA and SDPC have been campaigning for this superannuable income to be repaid to VT trainers in Scotland for the past year.

Pat Kilpatrick, national director for BDA Scotland, said: "This is a victory for common sense in a year where the VT system is already under massive pressure to recruit more VT trainers. The Scottish Government must honour its commitment to deliver the VT scheme and credit the enormous amount of work trainers carry out to train the next generation of dentists in Scotland."

Spreading the Smileys

National Smile Month returns in May with lots of great new ideas to spread the oral health message

The UK's largest and longest-running oral health campaign kicks off next month with thousands of practices due to take part.

The 38th National Smile Month (NSM) takes place between May 19 and June 19 with the aim of encouraging all dental and health professionals, schools, pharmacies, community groups, colleges and workplaces – in fact anyone with an interest in good oral healthcare – to join in and help educate, motivate and communicate positive oral health messages and improve the quality of smiles all around the UK.

Organised by the British Dental Health Foundation (BDHF), the campaign promotes three key messages: brush your teeth for two minutes twice a day

with a fluoride toothpaste; cut down on how often you have sugary foods and drinks; and visit your dentist regularly, as often as they recommend. Dental professionals are encouraged to sign up for a registration pack, which includes five free 'smileys', a National Smile Month resource catalogue, campaign information and news. Visit www.nationalsmilemonth.org/register to sign up.

Once you receive your pack, start taking your Smiley 'selfies', upload them via Twitter using the hashtag #NSM14 or via www.facebook.com/NationalSmileMonth

The NSM website also has an events hub with loads of ideas on how your practice could get involved, including the 'Two minute challenge'. This competition, which



could be hosted in a practice or in the community, sees who can brush their teeth closest to two minutes without a clock or watch. It sounds simple, but it really isn't. On average, research shows that adults brushing their teeth for what they believe is two minutes, is actually 54 seconds.



www.nationalsmilemonth.org

50-day charity challenge

FUNDRAISING

A dental therapist from the Western Isles has taken on a 50-day charity challenge to raise money for the Ben Walton Trust.

UHI graduate Laura Mauchan is undertaking the 5X50 challenge, which involves doing either a 5k cycle, run, walk, swim or row for 50 days. Her challenge began on 30 March and lasts until 18 May.

Laura explained that she decided to attempt the 5X50 challenge after successfully completing the 3X30 challenge in November.

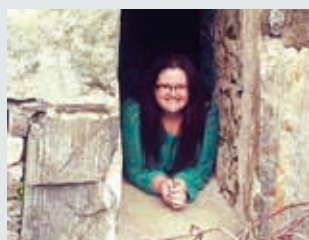
She said: "The weather lately has been perfect, which will make the beach walks in the Western Isles much more enjoyable.

"I'm doing it for The Ben Walton Trust as I fully believe in their cause. Moreover, cancer awareness is an important aspect of our job."

The Ben Walton Trust aims to promote awareness for oral cancer, particularly in youth. Ben attended Aberdeen University, where he was studying Honours Psychology. He was in his final year when he died at the age of 22 in 1995. His father has worked tirelessly to promote awareness.



To support Laura's charity challenge, visit www.justgiving.com/Laura-Mauchan



DPL's judicial review victory

Indemnity organisation is celebrating after judgement that dentists be paid for treatment regardless of record keeping

DPL lobbied for change after a dentist in Powys was accused of making inappropriate claims because no record of an examination had been made.

This follows an increasing number of cases where dental work has been carried out in good faith, and expenses have been incurred in that provision, and the NHS body in question has withheld or reduced payments by referring to a technicality or using a unilateral interpretation of the Regulations or contract.

In his judgment, Mr Justice Wyn Williams emphasised the importance of keeping accurate and complete records, but concluded: "The word 'examination' in the contract means a 'full mouth examination'. A dentist is obliged to make a full and accurate record of the treatment afforded to a particular patient in the patient record (including the carrying out of an examination), but the failure to record the fact of an examination in the patient record does not mean that the dentist has no entitlement

to be paid for the 'units of dental activity' or 'course of treatment' provided to the particular patient. His entitlement will depend upon whether or not it is established that he has provided the 'units of dental activity' which justify the payment."

DPL's dental director Kevin Lewis said: "Dental Protection has a long history of fighting important points to ensure the fair treatment of members. The result can sometimes have significant benefits for the wider profession and so it is good to have an opportunity once again to remind the profession that we do a whole lot more than simply settling clinical negligence claims.

"Sadly, claims from patients arise more frequently and garner more column inches in the press than a judicial review. That is a pity, because although it helps to explain the cost of professional indemnity, it doesn't accurately reflect all the other work going on behind the scenes every day to deliver the excellent value that Dental Protection has a reputation for."

Students get their teeth into campaign

Dundee Dental School event for World Oral Health Day 2014 is hailed huge success

Dundee Dental School students took to the streets recently to highlight the importance and benefits of good oral healthcare as part of World Oral Health Day 2014.

The students set up stalls at the Overgate shopping centre and the city's Olympia swimming pool, giving out information on risk factors for disease and information on how to look after teeth. Free samples of toothpaste and other products were also available.

Nirmal Shah, student president of the university's dental school, said: "When I decided to organise a Dundee section of the event, I had a huge interest from students in all



years to help out and in the end had about 40 volunteers. We ran two stalls, taking one-hour shifts throughout the day, so there were four or five people manning a stall at any one time.

"The stalls were heaving – we always had at least one member of the public speaking to us and seven or eight people at times. We had a lot of interest from teenagers – a demographic we didn't think would pay us much attention."

Following the success, Nirmal is planning to repeat the event next year as well as manning stalls during Mouth Cancer Awareness Month in November at the students' union.

Retired academic Dr Willie Wilson says we must vote Yes to independence – to avoid NHS Scotland suffering the consequences of privatisation that are now becoming obvious in England and Wales

Dentistry in Scotland after the referendum

I am a retired academic from Glasgow University who spent more than 30 years teaching dental students (among others) the principles of pharmacology. While my original qualification was not BDS, I feel this experience gives me a certain amount of affinity for the profession of dentistry.

Much of my time in retirement has been spent working for the Yes campaign for the referendum. With the rapid advance of privatisation in the entire English NHS, my major concern is that, in the event of a No vote in September, NHS Scotland will be forced down the same road.

The economic consequence of privatisation – indeed its main intention – is to reduce the cost of the service to the taxpayer. As this proceeds in England and Wales, the funding of Scotland's block grant automatically suffers in proportion. This will inevitably happen if we remain a part of the UK (whether the Barnett formula is retained or not) and NHS Scotland will suffer the consequences of privatisation that are now becoming obvious in England and Wales.

Very soon there will be a two-tier service, much of it managed by companies such as Atos (French), G4S (American), Serco and others, with a host of damaging and divisive results, not just for the professionals and other employees at every level, but for the entire public who currently depend on our very reputable NHS.

The bottom line economically is illustrated by the fact that the American healthcare system, with its associated army of insurers, accountants and marketing people, gobbles up 18 per cent of their GDP while that figure in the UK is about 9 per cent. Everyone in this country will suffer both financially and in the quality of healthcare.

It has been clear for some years that dentists in Scotland are very unhappy with the leadership provided by both the General Dental Council and the British Dental Association, to the extent that last year's Scottish LDC conference passed a motion of no confidence in the GDC. It is also likely that this year's conference will pass a similar motion in respect of the BDA.

These developments strongly suggest that Scotland's dentists will see the referendum as a huge opportunity to establish their own professional independence, as well as a welcome the chance to gain control over so many of the other vital decisions that affect our daily lives.

Dr Willie Wilson

Do you agree with Dr Wilson or do you want to put over the other side of the argument? Get in touch and let us know. Email the editor of *Scottish Dental magazine*, Bruce Oxley, at bruce@connectcommunications.co.uk



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Lecture programme

FRIDAY 9 MAY

09:30 – 10:30

Room 1: Pragmatic Approach to the Treatment of Tooth wear.

Part 1: Theory

Speaker(s): Professor Trevor Burke

Room 4: What is your practice worth?

Speaker(s): Martyn Bradshaw

COFFEE BREAK

11:00 – 12:00

Room 1: Pragmatic Approach to the Treatment of Tooth wear.

Part 2: Practice

Speaker(s): Professor Trevor Burke

Room 2: Immediate removable implant bridges: sharing our experience

Speaker(s): David Offord & Grant Mathieson

Room 3: Medical emergencies

Speaker(s): Graeme Ramage

Room 4: Dental hot potatoes

Speaker(s): Aubrey Craig

LUNCH

13:30 – 14:30

Room 1: How to attract the patients you need with online marketing

Speaker(s): Mark Oborn

Room 2: The Matrix Reloaded – Short-term ortho for the GDP

Speaker(s): Prem Sehmi & Preet Bhogal

Room 3: Brave New World

Speaker(s): Helen Kaney

Room 4: Manage your energy and grow your business

Speaker(s): Jayne Clifford & Robin Th'ng

COFFEE BREAK

15:00 – 16:00

Room 1: You are worth it – discover the secrets to discussing fees with self-confidence, so that you can earn the income your services deserve

Speaker(s): Ashley Latter

Room 4: Legal issues for new dentists and those long in the tooth

Speaker(s): Donna Reynolds

WORKSHOPS

Atraumatic extraction, socket grafting/ridge preservation, implant placement and impression taking for the general dental practitioner

Friday and Saturday: Various times

(see scottishdentalshow.co.uk/workshop for more details)

Company: Geistlich/DENTSPLY Implants

Speaker: Philip Friel

Price: Free to attend

Booking: Each workshop session will be limited to 20 dentists, to book your place email cd@philipfriel.com indicating your preference of Friday or Saturday.

Intra-oral scanning within everyday practice

Friday 9 May, 09.30-10.30

Company: Somerset Place Consulting

Speaker: Duncan Black BDS MJDF RCS

Price: Free to attend

Booking: For more information and to book your place on this workshop, please email Laura@somersetconsulting.co.uk

Composite Bulk Filling – A New Perspective

Workshop 1 – Friday 9 May, 09.30-10.30,

Workshop 2 – Friday 9 May, 11.00-12.00

Company: Kerr UK

Speaker: Arshad Ali

Price: Free to attend

Booking: To book a place on the workshop, please Contact Gillian Callaghan on 07711 750 621 or email gillian.callaghan@kerrhawe.com with 'Kerr workshop' in the subject line and your choice of either the 09.30-10.30 or the 11.00-12.00 workshop.

An exploration of oral scanners

Friday 9 May, 11.00-12.00

Company: core 3d

Speaker: Graham Littlejohn

Price: Free to attend

Booking: For more information and to book your place on this workshop, please email Laura@core3dcentres.co.uk

Hands-on Compoener Workshop

Location: Management Suite

Workshop 1 – Friday 9 May, 12.00-16.00, Workshop 2 –

Saturday 10 May, 10.00-14.00

9-10 May, Braehead Arena

SATURDAY 10 MAY

08:30 – 09:30

Room 1: The influence of vertical dimension on facial aesthetics
Speaker(s): Professor Paul Tipton

Room 4: Maximising your practice – key legal and accountancy issues
Speaker(s): Roy Hogg & Michael Royden

COFFEE BREAK

10:00 – 11:00

Room 1: Getting the right angle on radiographic technique – dealing with patients that present positioning problems
Speaker(s): Barbara Lamb

Room 2: NHS Endo: The bottom line
Speaker(s): Bob Philpott

Room 3: The Science of Fastbraces and the concepts of Orthodontosis and Orthodontitis, the undiscovered dental diseases
Speaker(s): Dr Vijay Gohil

Room 4: Understanding your accounts and cloud accounting
Speaker(s): Stephen Bargh

COFFEE BREAK

11:30 – 12:30

Room 1: Managing the medically challenged patient in dental practice
Speaker(s): St John Crean

Room 2: Dental anxiety management
Speaker(s): Mike Gow

Room 3: Cosmetically-focused short-term orthodontics for every GDP
Speaker(s): Daz Singh

Room 4: Dentists deserve and should demand more from their dental business
Speaker(s): Ian Main

LUNCH

14:00 – 15:00

Room 1: Independence debate
(see website for more details)

Room 2: Aesthetic anterior composites
Speaker(s): Dipesh Parmar

Room 3: Periodontics
Speaker(s): Marilou Ciantar

Room 4: Rethinking oral rehabilitation
Speaker(s): Arshad Ali

Company: Coltene

Speaker: Dr Chris Siddons

Price: £49+VAT

Booking: To register, please contact Abigail Smith at Abigail.Smith@coltene.com or 01444 235 486 Ext 226, or Helen Wilson on Helen.Wilson@coltene.com or call 07788 146 109.

Implants for the general dentist

Friday 9 May, 13.30-14.30

Company: DTS

Speaker: Sandy Littlejohn

Price: Free to attend

Booking: For more information and to book your place on this workshop, please email Laura@dts-international.com

Restoring Dental Implants – an update on implant therapy and restoring dental implants

Workshop 1 – Friday 10 May, 13.30-14.30, Workshop 2 – Friday 10 May, 15.00-16.00

Company: Scottish Centre for Excellence in Dentistry

Speaker: Arshad Ali

Price: Free to attend

Booking: To book your place on this course, please email secretary@scottishdentistry.com

An insight into Short-Term Orthodontics

Workshop 1 – Friday 9 May, 15.00-16.00, Workshop 2 – Saturday 10 May, 11.30-12.30

Company: Quick Straight Teeth

Speakers: Prem Sehmi & Preet Bhogal

Price: Free to attend

Booking: For more information or to book your place on one of the workshops, email chris@quickstraightteeth.co.uk with Scottish Dental Show workshop in the title

Hands-on workshop on Protaper Next & EndoActivator


Saturday 10 May, 11.30-12.30

Company: DENTSPLY

Speaker: Bob Philpott

Price: Free to attend

Booking: To book your place at this workshop, just email enquiry.uk@dentsply.com



All workshops, apart from the Coltene Hands-on Compeer workshop (see below for details), will take place in the Atrium, which is accessed via the escalator in the lower food court where the main exhibition is accessed. The Atrium is accessed past the box office. All workshops require booking in advance and places are limited, so book early to avoid disappointment.

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The Shortlist



Featuring a diverse range of practices, teams and individuals from across Scotland, the shortlist for the Scottish Dental Awards 2014 is now out. For more information on the awards dinner, to be held at the Glasgow Science Centre on Friday 9 May, visit scottishdentalshow.co.uk/awards To book tickets for the event, call Ann on 0141 560 3021

PRACTICE OF THE YEAR

- Inspire Dental, Kingussie
- Beam Orthodontics, Dundee
- Glasgow Orthodontics
- Southwest Smile Centre, Stranrear

DENTIST OF THE YEAR

- John Gibson, Glasgow Dental School
- Colin McClure, Whitecart Dental Care, Glasgow
- Bert Hay, Inspire Dental, Kingussie
- Hassan Ali, Complete Dental Care, Glasgow

DENTAL TEAM AWARD

- NHS Lanarkshire Oral Health Team
- Three Towns Dental Care, Saltcoats/Stevenson
- Lockerbie Dental
- Crown Dental, Aberdeen

LABORATORY OF THE YEAR

- Core3dcentre, Glasgow
- Leca Dental, Glasgow
- Wyvis Cosmetic Dental Laboratory, Dingwall
- Porter Boyes Dental Laboratory, Glasgow

UNsung HERO AWARD

- Shona Barron, Smiles Dental Practice, Elgin
- Illona Mclay, 3M
- Donna Morrison, The Dental Directory
- Arthur Dent, *Scottish Dental magazine* columnist

DGP STAR

- Amy Steele, Your Perfect Smile, Aviemore
- John McLaughlin, DTS, Glasgow
- Fiona Duncan, Cowal Community Hospital, Dunoon
- Laura Greenhil, Southwest Smile Care Centre, Stranrear

BUSINESS MANAGER/ ADMINISTRATOR OF THE YEAR

- Helen White, Kirriemuir Dental Practice
- Tammy Early, Martin Dental Care, Glasgow
- Margaret McMillan, Whitecart Dental Care, Glasgow
- Susie Anderson-Sharkey, Dental fx, Bearsden

COMMUNITY AWARD

- Fiona Duncan, Cowal Community Hospital, Dunoon
- Kirriemuir Dental Practice
- Southwest Smile Care Centre, Stranrear

THE STYLE AWARD

- Kirriemuir Dental Practice
- Your Perfect Smile, Aviemore
- Family Dental Care East Lothian
- Westerwood Health, Glasgow



Last year's Lifetime Achievement Award winner Alex Littlejohn of DTS. This year's award will be announced on the night

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Believe it or not, audits are beneficial

MDDUS dental adviser [Claire Renton](#) reminds dentists that audits offer a genuine opportunity to improve the efficient running of a practice and ease the strain on busy workloads

Many dentists may ask: are there any real benefits of an audit? Is it something dentists do simply because they are obliged to do so?

We have highlighted five key steps of an audit that can improve the way dentists carry out their day-to-day tasks.

1. Find a topic relevant to you

This is an opportunity for dentists to identify something that they want to improve within their working day. Don't fall into the trap of auditing something without having a genuine benefit that it can be achieved as a result of the audit.

It could be those 'failed to attend' patient appointments. All dentists have had a situation where they have set up for a crown prep with impression trays at the ready, retraction cord found, X-rays checked and the patient doesn't turn up.

So perhaps a project about patients failing to attend might just be the answer. This can not only save the practice money, but fewer missed appointments means greater availability for other patients.

2. Setting standards

The next step in the audit process is to define the criteria and standard. This is relatively easy to do if you chose a clinical audit. For example, all dentists are familiar with the idea that 70 per cent of X-rays should ideally be grade one, 20 per cent grade two and 10 per cent grade three.

With regards to evidence of current medical history in the records, you might want to aim high and set a target of 100 per cent. The standard should be set for your audit project at an early stage, keeping in mind the quality of patient care should be

high for all patients, but also that these high standards must be achievable.

3. Data collection

Next, dentists must decide what data they are going to collect. The simplest way is to produce a spreadsheet and fill the data as you go. Any data collected from dental records should be verifiable, so while you might wish to exclude personal data such as the patient's name, it is sensible to develop a code so data can be easily checked at a later date if need be.

4. Making the change

Once the audit has been submitted for approval and funding, the next step is to establish a baseline in your audit. This can be done by collecting the initial round of data and then comparing the baseline data to the standard you set and want to achieve.

At this point, you're now in a position to make the change. This is the step that requires the most thought. Making the right change in the right way will make all the difference. If any actions involve other staff in the practice, then get them on board with your idea and encourage them to see how practice life and patient care will be enhanced.

It is important, of course, to check that the change you have made has been effective so it is necessary to collect another round of data to prove that things have improved. You should wait at least three

months before you carry out the second round of data collection, although this can vary depending on the project.

5. Final verdict

The next and final stage involves analysing the second round of data and evaluating if you have met the target of your audit and then producing and submitting your audit report.

Hopefully the improvements made will reflect in the running of your dental practice and benefit patients and the rest of the dental team. ■

ABOUT THE AUTHOR

Claire qualified from the University of Glasgow in 1985 and gained an FDS from the RCPS Glasgow in 1989. She completed a masters degree in medical law in 2008. Claire has previously worked in hospital dentistry, in university teaching and in a mixed practice in Glasgow. She is currently a dental advisor at MDDUS.



"Fewer missed appointments means greater availability"

REFERRALS FOR IMPLANT AND RECONSTRUCTIVE DENTISTRY

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 or call us on 0141 931 5533



Stephen Jacobs

COURSES

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New Service: Consultant periodontist Lee Savarrio is now accepting periodontal and implant referrals at Dental fx. Email perio@dentalfx.co.uk

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A life's work and a passion

Dr Stephen Jacobs decided his practice would focus on dental implants

In April 2006 Dr Stephen Jacobs started Dental fx, a referral practice for implant and reconstructive dentistry, in Bearsden, Glasgow.

"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 set up my current practice, 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:

- Past President of The Association of Dental Implantology (ADI)
- A committee member of the Academy of Osseointegration (AO)
- Lecturer and speaker at meetings and congresses throughout Europe and USA, most recently at the AO Annual Meeting, this year in Seattle, WA
- Author of many articles in the dental implant press
- Currently involved with several research projects
- Scientific Chairman of the ADI.

Stephen explained the various types of work carried out at Dental fx: "We provide the full range of implant treatment, from straight forward 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 including 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."

Stephen continued: "In 2006, there was myself, 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 added our associate, Nahida Roy, and a specialist periodontist, Lee Savarrio."

Moving with the times and keeping up with technological developments has also been an important part of running a successful referral clinic. Stephen said: "In 2010, we purchased a Cone Beam CT machine, and I could never have imagined the difference that would make to our daily work. Eighteen months ago, Lee Savarrio joined the team, and takes referrals for periodontal treatment and implants. A periodontal treatment service is the cornerstone to any implant practice, and Lee is busy with both mine and outside referrals.

"Furthermore, we have a visiting oral and maxillo-facial surgeon, Jeff Downie, who carries out more complex oral surgical procedures, including hip-grafts."



Stephen Jacobs treated his first implant patient in 1991



Referral services at Dental fx include:

- Implant placement only
 - Implant placement and restoration
 - Bone grafts
 - Sinus augmentation
 - Periodontal treatment
 - CT scanning
 - Implant complications
 - Peri-implantitis
 - Implant removal
- Dental fx is also a training establishment offering a range of courses including:
- A comprehensive one-year course in basic implant dentistry
 - Implant restorative courses
 - Advance implant courses
 - Sinus bone grafting (including cadaveric dissection at Glasgow University's

- department of anatomy)
- One-to-one mentoring.

Stephen said: "I encourage our referrers to restore the implants we place for them. That's the fun bit and is the most rewarding part of what we do - provision of the patient's teeth.

"We are happy to train dentists to treatment plan and restore their patients implants, so I urge those interested to look at our courses."

As for the future, Stephen said: "My aim is to continue to grow the practice and improve the service we provide to both patients and referrers. This continues to be a priority.

"To lecture at the AO this year was a big honour and a special goal for me this year is to have an article accepted for publication in one of the foremost peer reviewed journals... two are in preparation at the moment." ■

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A relationship business

Gillien Duncan, Plandent's regional manager Scotland and Northern Ireland, talks about her career in dental sales

Tell us a bit about your career so far

I worked as a qualified dental nurse both in general practice and for Lothian Health Board but I was always interested in a dental sales role out on the road.

After calling an engineer out to repair a faulty dental chair in the practice where I worked, he told me that Wright Cottrell were looking for customer services advisors and I should apply. Although I had no 'administrative' skills, I decided to go for it as they were looking for people with dental knowledge and I certainly had that!

The contacts I made as a customer services advisor led me to apply for a territory manager position with Coltene Whaledent and I ended up becoming the northern accounts manager, covering Scotland and Northern Ireland. After a very enjoyable nine-and-a-half years with Coltene, I felt I required a new challenge and took a post with W&H and then with Kerr UK.

When did you join Plandent?

I joined Plandent in January 2013 along with another four new recruits. The two-week induction programme was held at the head office in Stevenage, where we were introduced to the history of Planmeca and Plandent Ltd and had many presentations from dental manufacturers on their latest products and promotions.

What do you enjoy most about working for Plandent?

Plandent have a great support network, I definitely have two of the best customer service operators – Ellen and Natasha – we work really well as a team and, although I am out in the car on my own, they both keep me going!

I really enjoy the relationships and rapport you develop with your customers in a retail position. Because you are visiting

and communicating with the dental practices on a more regular basis, you get to know everyone and it's always great to be welcomed into the practice.

I am finding the change to working in a retail environment a rewarding one and I don't think I have ever worked so hard. Unlike working for a manufacturer where you are a product specialist, you need to know a little about a lot when you supply all of the manufacturers' products.

It is a very competitive business and you have to prove to customers why they should spend their dental consumables and equipment business with you. It is not always about price, I feel if you can help in any way for a practice to run more efficiently, then service and reliability go a long way.

Describe a typical day/week

It can vary. One phone call or email can completely change your day!

A 'typical' day starts pretty early, depending on where my appointments are. I visit some of my accounts on a regular appointment basis – that way they have time to see me and we can review their account and discuss any promotions that may benefit them or demonstrate new products.

Recently, I have been very busy demonstrating and installing a unique ordering system called PlanORDER lite. This is an app that has been developed for customers to place their orders and can be installed on any Apple device. We can also provide a free iPod for customers to use (terms and conditions apply).

Feedback has been very positive. The app is very easy to use and you can search the catalogue either by product name or category. We can download all of your favourite products, which makes it very quick to use and orders can be placed in



seconds. There is no need to wait for a computer terminal to be free or be kept on the phone while you place your order. The only requirement you must have is Wi-Fi.

What do you do in your spare time?

There is no spare time at the moment! We are in the middle of planning a conversion and new kitchen at home, so if anyone has Nick Knowles' number from DIY SOS please let me know!

Generally, most weekends are probably the same as everyone else – catching up with friends and family, and I seem to have a part-time job as a taxi driver to my 16-year-old daughter Molly...

What does the future hold for you?

I hope to continue enjoying working for Plandent for many years to come and look forward to the development and growth of Plandent as a main dental distributor in Scotland along with my colleagues Douglas Patrick and Marlene McKenzie. ■



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Avoiding probity issues

Dental Protection's team in Edinburgh have noticed a number of issues that have got dentists into difficulty. [Helen Kaney](#) explains how you can avoid disputes about probity with Practitioner Services.

Patients' interests come first

The Statement of Dental Remuneration (SDR) is a Statutory Instrument detailing the scale of fees that can be claimed by NHS dentists in Scotland. Dentists must act at all times in a patient's best interests; it is not appropriate to manage treatment in a way which is designed primarily to maximise income.

Prior approval

Prior approval must be sought for certain treatments and also where the treatment total exceeds a certain value (currently £350) and for any SDR discretionary items. Only emergency care can be provided in advance of prior approval, and re-approval is necessary if the treatment plan changes.

While it is acceptable to stage treatment in situations where it is in the patient's best interest to delay more complex restorative treatment, it is not appropriate to stage treatment as a device to prevent the need for prior approval.

For example, item 14(h) can be claimed for the treatment of early or small carious lesions by application of fissure sealant, but following the removal of any enamel caries or defects following appropriate preparation methods.

A prudent dentist would record this in the records. Additionally, it is not permitted that numerous teeth are treated under item 14(h) unless there is a specific treatment need in each instance.

Five or more sealant restorations proposed under item 14(h) during a course of treatment requires prior approval. Proceeding otherwise may result in a request for full repayment and an allegation of failing to comply with prior approval requirements.

Free treatment?

An amendment to the SDR on 23 November 2012 stopped the claiming of free replacements of certain items which includes most restorations but dentists are still required to provide these free of charge. Free orthodontic repairs ceased in 2012.

Surgical issues

Oral surgical procedures are a frequent cause of claiming difficulties. For example, all extractions of special difficulty under item 22(a) require a radiograph and, if one is not available, then this item cannot be claimed. Item 23(a) (1) – Postoperative care involving arrest of haemorrhage – can only be claimed where the treatment does not immediately follow any other attendance at the surgery on the same day.

Recording the detail

Dealing with repayments requested by Practitioner Services can be difficult unless the records contain sufficient detail regarding the treatment provided and claimed. Similarly, if there is a view that the treatment undertaken or proposed is excessive and inappropriate, given the patient's periodontal condition, it can be difficult to resist the suggestion unless details of the presenting periodontal condition have been recorded. BPE scores are required at every dental examination and six-point pocket depth chartings are indicated where appropriate and are required where item 10(c) is being provided. Questions arise when there is a request to provide extensive restorative treatment in the presence of undiagnosed and untreated periodontal disease.

Where special trays are claimed under item 27(e), these must be laboratory

constructed. Dentists should make sure that the records reflect this fact.

How am I doing?

Practitioner profiles provide a very helpful means to compare oneself to the norm. Dentists should reflect on any areas or items of service where the clinical profile deviates from the statistical norm. Significant variation is likely to be questioned or challenged by Practitioner Services. ■

SDR CLAIMS

Familiarise yourself with the SDR claiming requirements and ensure that:

1. The standard of clinical care provided is appropriate;
2. Oral health has been secured;
3. Relevant guidelines are followed (eg. Scottish Dental Clinical Effectiveness Programme and FGDP (UK));
4. Claims are appropriate and can be justified by your records.

ABOUT THE AUTHOR

Helen is dually qualified as both a dentist and a solicitor. She works for Dental Protection as a full-time dento-legal adviser based in the Edinburgh office and is the dental services lead for Scotland.



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Is price *the* issue or *an* issue?

Taken from his new book, *You are worth it*, **Ashley Latter** talks about the factors that are important when people make buying decisions and they are not what you think they are

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Over the last 20 years, I have personally trained and coached almost 7,000 dentists on my 'Two Day Ethical Sales & Communication Programme'. I have visited hundreds of practices, spent hours socialising with dentists and presented to thousands of them and their teams, all over the world.

I have had hundreds of hours of conversation and it has led me to the undeniable conclusion: the area in which they require most help is discussing fees and dealing with price objections. These are two absolutely fundamental issues which have ultimately led to regular undercharging of their patients.

Almost without exception, dentists I've met have all admitted that, sometime during their practice lives, they have found this whole matter extremely uncomfortable. For example, how many times have you reduced the price of your treatment in your head? You think of one figure, but before it comes out it is less? How many times have you ever delegated the talking of money to the reception team? Or simply, do you quiver when a patient queries your fees?

In truth, it is quite understandable that you should feel uncomfortable when it comes to dealing with money. At dental school you were taught how to deliver your specialist technical skills in a caring and empathetic manner. Quite rightly, you have been trained to be a healthcare professional and not a business person. I understand that discussing fees is totally outside your comfort zone.

Perhaps you've also been affected by

the bad press which the dental profession seems to receive? The media will sometimes highlight dentists who've opted to leave the NHS, to concentrate on private practice. This decision is cruelly portrayed by thoughtless journalists as being greedy, leaving your profession unjustifiably tarnished. From the evidence I have gathered, I have actually concluded that the total opposite is true and, in reality, it is undercharging that is much more prevalent in dentistry!

Dentists on my courses have been painting a very different picture to that of the media. They often describe practices that are struggling to keep pace with rising overheads and of staff requiring increased salaries to meet their own spiralling domestic bills. In some extreme cases, I've even heard of dentists piling debt onto their credit cards, in order to meet financial demands.

Yet, despite this increasingly bleak picture, the same dentists are still finding it almost impossible to quote their prices accurately. They find themselves regularly reducing charges, on the assumption that otherwise their patients won't be able to afford them. They believe that, by offering discount, they will hear the word 'yes' more often. Reductions of this nature are, in my opinion, totally unnecessary and actually bordering on stupidity.

So, one of the things we need to look into is what is important when people buy everyday products and services. Is price the issue or an issue when you buy products and services? Here is a simple exercise to determine how important the price tag is when you make your own purchases:

"I've even heard of dentists piling debt onto their credit cards"

Firstly, get a piece of paper and write down five acquisitions that you have recently made. Maybe an item of clothing, a meal out or even a present? When you made these purchases, was the price the most important factor? When completing the exercise, think carefully about your thought process. Only put a tick next to the item, if you made your purchase solely based on price.

How many ticks do you have?

When we do this exercise on my programmes, we very rarely get anybody who has bought anything based on price alone. We could have 25 delegates, equating to more than 100 purchases and I would say on average per class, we get only a handful, where cost has been the most significant issue. There are always other more important factors such as brand, colour, and design. There are always, therefore, other equally important considerations in addition to the cost.

Let's say you're buying a television. You might do some research on the internet and visit several stores, in order to determine which brand you like and which model would look best in your living room. Technology may be an issue too, as you decide whether to acquire a plasma screen, or one

Continued »



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Continued »

with HD or even 3D capability. Only once you have collated all that information, will you then begin to look into its potential price bracket.

The example above is from my own personal experience, but I usually find that the same principles also apply to B2B purchases. Here's a simple experiment that can be conducted in your practice:

Think about the furniture and everyday materials you currently use in your surgery. When you bought them, was cost the number one factor, or were there other more important considerations?

Now look at the day-to-day invoices you settle. Are they always the cheapest products? Are there other factors such as service or the relationship you have with your supplier? How important was quality? When this is discussed, though price is certainly an issue, it is never THE issue.

Apply this same process to a vendor you now no longer use. Did you leave them because of price or were there other more important factors such as poor service, unreliability or perhaps an irreconcilable breakdown in the relationship with the

company or their representative?

Why not try this exercise with your staff? You will quickly learn how many different factors they will consider before they buy.

Imagine a world where price was the most important factor. Everyone would be driving the most basic cars, eating only cheaply made food and wearing bargain basement clothing. There would be no need for luxury cars or Michelin star restaurants, while designer label stores would all be boarded up.

In conclusion

Please don't feel embarrassed if you find the talking of fees uncomfortable. Firstly, you are not alone. I have very rarely met a dentist who at one stage in their career have they found this area challenging. When people buy every day products and services, price is very rarely the issue. Yes it is an issue, but very rarely the issue.

On the basis that price is very rarely the issue when people buy products and services; try not to reduce the price of your treatments. Chances are the vast majority of your patients will pay full price. Any discount you give the patient in your head will come off your bottom line. ■

ABOUT THE AUTHOR

Ashley Latter is internationally renowned for helping dentists and their teams improve their communication and ethical sales skills, so that practices can create more opportunities to deliver the dentistry that they love to do and their patients want. He writes a fortnightly email newsletter that is read by more than 12,000 dentists worldwide. To register for this free of charge and to read other articles similar to this topic, please visit his website www.ashleylatter.com



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What lies beneath

NHS Education for Scotland to host Dental Team Symposium on periodontal problems

To coincide with the forthcoming launch of new SDCEP guidance on periodontal disease, NHS Education for Scotland is hosting a Dental Team CPD Symposium in Aberdeen on 30 May 2014.

Entitled 'What Lies Beneath - our behaviour and our health', the event will take place at the Aberdeen Exhibition and Conference Centre and ties in with the new SDCEP guidance on the 'Prevention and Treatment of Periodontal Diseases in Primary Care'.

Professor Iain Chapple, head of periodontology within the School of Dentistry, at the University of Birmingham, will consider how major risk factors for chronic inflammatory diseases like periodontitis are controllable, how our nutritional choices and whether we take regular exercise influences our immune system which is vital for the health and longevity of our increasingly ageing population.

Prof Chapple has published more than 200 research papers and abstracts in scientific journals, written and edited seven textbooks and authored several book chapters in the field of periodontology,

periodontal medicine and surgery, nutrition and molecular methods.

He will be joined on the main programme by Tim Newton, professor of psychology as applied to dentistry, King's College London Dental Institute, will examine a range of practical and effective methods to change patients' behaviour based upon psychological theory and identifying methods for improving patient compliance.

Prof Newton has worked in behavioural sciences in relation to dentistry for the last 20 years, and his particular interests include self-perceived oral health and quality of life, the working life of the dental team and patients' perceptions of treatment. He has published more than 200 peer-reviewed journal articles on various topics, including stress and the dental profession, workforce planning in dentistry, and patients' perceptions of the process and outcome of treatment.

To ensure there is something for the whole dental team, parallel sessions led by Elaine Tilling, dental hygienist and education and project manager for Molar Ltd, and management consultant Sheila Scott will also be available for DCPs, receptionists and practice managers. The sessions will examine the intricacies of behavioural



Prof Chapple (left) and Prof Newton

change, towards developing techniques for enhancing patient adherence.

Elaine and Sheila will also discuss the importance of talking positively about health and oral hygiene and how to utilise time effectively during the dental appointment to endorse general health improvement messages. ■

Delegate rates are as follows:

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Toothy Tigers

Dundee students take their oral health message out to the community

Changing the health ideologies and habits in a community usually begins by transferring the knowledge and said habits to children at a young age. In recent years, the dentistry profession has aimed to shift its focus from purely management and treatment of disease to the prevention of it.

Oral health campaigns have taken the nation by storm and dental students are taught to heavily focus on the prevention of dental diseases by delivering the correct oral hygiene instructions, topical fluoride applications and issuing diet advice. Several studies were carried out by the British Association for the Study of Community Dentistry at two-year intervals assessing the dental caries experience of five-year-olds in England, Wales and Scotland. These studies have shown a gradual improvement in the oral health of five-year-olds in Scotland; this is a positive indicator that the recent drives are effective.

In an effort to join the movement of prevention of dental disease in our local community, we began a programme at the University of Dundee in which we visit local primary schools to make children aware of what dentists do to help acclimatise them to the profession. We also hope to eradicate any fears they may have, be it from their own past experiences or that of parents or family members.

We have been very lucky to have strong support from various sponsors in the dental field and also from our staff.

The highly-interactive and



stimulating programme is designed for children aged four to eight. It is made up of three stations, the first titled 'What dentists do' begins with a question and answer session in which the children relay their experiences of going to the dentist, recall what the dentist was wearing and what sorts of things the dentist usually does. They then have the chance to dress like a dentist by wearing masks and using a mirror to look into a puppet's mouth, they also have the opportunity to fill cavities in model teeth using play dough.

The second station aims to teach the correct brushing techniques and habits, again using puppets, toothbrushes, colourful posters and various sing-alongs. The final station addresses diet, we have created an interactive game in which the children distinguish

between foods and drinks which can harm or benefit teeth.

Toothy Tigers is very popular among students at Dundee Dental Hospital, with more than 80 members across various year groups subscribed. We have carried some general presentations to familiarise members with the programme. Prior to each visit, the team going out to the school (usually four members) meet to rehearse the activities in more detail. Our students have benefited from it greatly as it has given us the opportunity to interact with children outwith the paediatric clinic at the dental hospital, thus improving our communication skills further. The committee has also enjoyed a variety of responsibilities, from designing risk assessment forms to contacting various sponsors and materials suppliers.

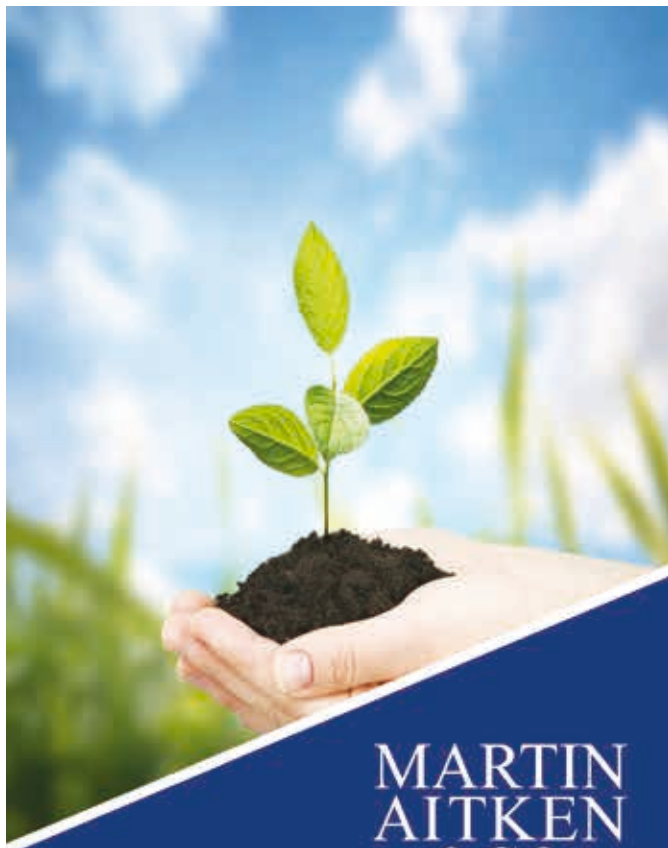
After each school visit, we gather written feedback on our performance. To date, all Toothy Tigers feedback has been extremely positive.

I know the programme will continue to grow in the years to come, driven forward by our enthusiastic younger members upon my graduation from the dental school this coming summer. I hope that we are having a positive effect, albeit a small one, in the wider national drive aiming to change oral health behaviours. ■



ABOUT THE AUTHOR

Salma Daou is a final year student at the University of Dundee. She has recently founded the Toothy Tigers programme, in which Dundee dental students visit local primary schools raising oral health awareness. This was inspired by her recent elective trip to Tonga, where she participated in the Mali Mali prevention programme.



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Walking the line

Jayne Clifford from Martin Aitken & Co Chartered Accountants looks at how the Budget will affect Scottish practices

It was always going to be a difficult 'tight rope walk' for George Osborne when he delivered his fifth Budget speech on 19 March. On the one hand, he would have been buoyed by recent positive economic indicators – we are enjoying lower than expected unemployment figures, low inflation and the UK's economic progress has received the thumbs up from the IMF.

However, against this were dire warnings of the impact of disproportionate youth unemployment, a £20 billion black hole in public finances and the Tory grandees (Lawson et al) cautioning their youthful successor of the perils of bringing too many of the 'squeezed middle class' into the 40 per cent tax rate.

It was no surprise then that the Chancellor's speech hardly set the swollen channels of the River Thames on fire. Instead, it was mostly a cautious, if somewhat predictable affair, no doubt designed to inspire confidence in the (mostly) Tory-led recovery, while remaining cognisant to the fragile state of the recovery.

There were a number of changes flagged well in advance of the Budget. The Personal Allowance was raised to £10,000 per annum with effect from 6 April 2014. This will be increased again to £10,500 for 2015/16. The Chancellor resisted the pressure brought about by Tory grandees and increased the number of taxpayers in the 40 per cent bracket with a reduction of the basic rate band from £32,010 to £31,865. This figure will reduce again for 2015/16 to £31,785. The additional 45 per cent income tax rate band remains at £150,000.

A significant development for businesses was the uplift in and extension of the Capital Allowances (CAs) Annual Investment Allowance (AIA). In a drive to encourage business investment, the AIA, was increased in January 2013 from £50k to £250k for a two-year period. CAs represent a valuable form of tax relief, providing a tax write off against plant and machinery (e.g. washer disinfectors and dental compressors etc.).

Normally, Capital Allowances can be claimed at a rate of 18 per cent on plant

and machinery; however, the AIA offers your practice a 100 per cent tax write off on qualifying expenditure each year. The Chancellor announced that, not only was the AIA being doubled to £500k, it was also being extended for a further year until the end of 2015. If cash is available, now is an excellent time to think about replacing/upgrading your dental equipment. Speak to your tax advisor before embarking on any course of expenditure as the timing of your spend may be critical.

In our Budget analysis last year, we highlighted the introduction of the annual allowance for employer National Insurance Contributions (NICs). This modest NIC break (£2,000) will be available to private practices and, in certain circumstances, to NHS dentists who also have a number of private patients. This allowance will help reduce the costs of employing staff in your practice. It will be available to employers from April 2014 and can be deducted from the employer's NICs liability.

An additional NIC incentive for businesses from April 2015 is the scrapping of NICs on those employees aged 21 and under (except those earning more than the upper earnings limit – being £805 per week). We will provide you with further information on this incentive in future articles.

ISAs will be simplified from 1 July 2014 with a New ISA (NISA) replacing the Cash and Stocks/shares ISA – the annual limit will also be increased to £15,000 from that date. The limit for the junior ISA will be increased to £4,000.

We were already aware of the restrictions in pension contributions. The total amount you can contribute to your pension scheme with tax relief each year is being cut from £50,000 to £40,000 from 6 April 2014. Likewise, the tax-free lifetime allowance for the value of your pension pot is being cut from £1.5 million to £1.25 million.

In a bid to take the pressure off hard pressed savers, the Chancellor announced a proposed number of relaxations to the pension laws. From April 2015 it is hoped that those wishing to extract more than the 25 per cent tax-free lump sum could



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do so without suffering a punitive 55 per cent tax rate. Instead, any amount in excess of the tax-free lump sum will be charged to tax at the taxpayer's marginal rate of income tax. In addition, we expect there will no longer be a requirement for pension holders to purchase an annuity giving an element of flexibility in pension draw down.

The main rate of corporation tax rate is being cut from 23 per cent to 21 per cent and will go down again to 20 per cent in April next year. This ultra-low rate of tax would appear to enhance further the advantages of incorporation. However, unincorporated dental practices should think very carefully before considering incorporation. Certain grants are not available to incorporated practices, so you should discuss this with your accountant before taking any action. ■



If you have any questions in respect of the Budget, please do not hesitate to contact us on 0141 272 0000 or email Jayne Clifford at JFC@maco.co.uk

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Joining forces

Two East Dunbartonshire practices have combined their successful amalgamation with a move to stylish new premises

It's never an easy decision to relocate your practice, especially if you are based in a small town or rural community. The choice of available and suitable premises can be limited outside of the big towns or cities and, for those not willing to undertake a new build, finding the ideal location can be a long process.

However, Philip Church and Michael Kelly, partners at Millersneuk Dental Practice in Lenzie, managed to combine their search for new premises with a successful amalgamation with another local dentist.

Philip became partner at Millersneuk Dental Practice in 2011, joining fellow Glasgow graduate Michael at the two-surgery practice in the small East Dunbartonshire town. With an expanding patient list and a growing interest in implants, sedation and cosmetic dentistry, it became clear that they simply needed more space.

On top of this, they had started discussions about joining forces with fellow Lenzie practitioner Andrew Meek, who ran a one-surgery practice up the hill from Millersneuk. With one eye on retirement, he had brought up the possibility of amalgamating the two practices, with Andrew coming on board as an associate.

With the current Millersneuk Dental Practice situated in a one-storey retail unit, Philip and Michael initially enquired about expanding into the adjacent unit – a takeaway restaurant that had recently closed – and had even reached the stage of applying for and being approved for planning permission. However, in the course of all this, they realised that the next door unit would really only give them room for one more surgery and many of their other problems would have remained, such as disabled access and the fact that the units didn't provide much natural light.

Then, in August 2013 a local Italian restaurant just a few hundred yards up the hill closed its doors and Philip went to investigate. Having eaten there a few



times before it closed, he knew the rough layout and that it had great potential for conversion into a new dental practice. Despite a small shop front, the accommodation extended to the rear and downstairs significantly, allowing room for three surgeries on the ground floor and one on the lower level along with a staff room, kitchen and LDU.

The construction of the internal walls to define the reception, office and surgeries on the ground floor and the surgery and LDU downstairs was the only major construction work required and Philip was on hand every day to make sure his plans were put into action.

"I'm a bit of a control freak so I needed to be involved at every stage and to know what was going on," Philip explained. "I've had a hand in everything at the practice to be honest, right down to insisting on LED bulbs for the light fittings."

The newly constructed surgeries were kitted out, with most of the equipment



and supplies coming from Henry Shein, including a new Takara Belmont Clesta chair for surgery number one.

Work started in November, with the practice opening its doors at the end of February, and Philip insisted that he has enjoyed the whole experience, despite

Continued »

Practice profile

Continued »

battling with a leaky roof during the last few weeks.

He said: "It has been a really positive experience. We now have a lot more room and the whole practice is brighter and more welcoming. In the old building, we felt a bit cramped, with small narrow corridors and not much natural light."

"Now we have more light and there is room to get pushchairs or wheelchairs around the practice with no hassle."

Philip explained that the merging of the two practices has had its benefits too.

He said: "One thing I've realised, that I maybe didn't think about before, is how nice it is to be part of a larger team. Andrew has come over and brought his two nurses and we are working really well as a slightly bigger group."

"We are now better able to cover staff holidays and sick leave and we are also able to offer Andrew's patients sedation in-house, which wasn't available to them previously."

The focus for the short term is to get all the paper records from Andrew's practice onto their computer system, which is



managed and co-ordinated by Carestream. In the short to medium term, Philip and Michael are aiming to increase their referral base for implants and sedation alongside their general dentistry.

Philip said: "There has been a growing local interest for implants in recent years but we now have the space and capacity to offer a referral service to GDPs across the central belt and beyond.

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"We can offer surgery-only referral where the referring dentist restores the implants, or full case referral where we hand the patient back at the end. We would also welcome referring practitioners to accompany their patient if they wish." ■

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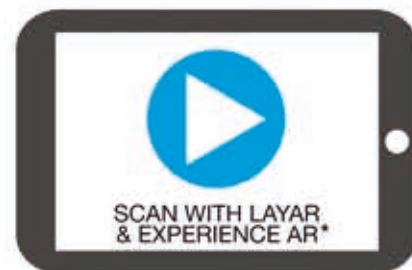
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INSTRUMENTARIUM

Your information responsibilities

Rosemary Agnew, Scottish Information Commissioner, describes what practices need to know about freedom of information (FoI)

Did you know that, by law, you must respond to requests for information? The Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 place a duty on you to respond when you're asked for recorded information you hold in relation to your NHS work.

By law, you must also have a 'publication scheme', describing what information you make available without people having to ask for it. The existing publication scheme for dentists expires on 31 May 2014, so take action now to avoid being in breach of FoI law.

Rosemary Agnew, Scottish Information Commissioner, explains further:

Does this apply to any requests for information I receive?

FoI laws don't apply when people request their own personal information (e.g. patients asking for their dental records). That's covered by the Data Protection Act. Any other request for information you hold relating to your NHS work is covered by FoI. All someone needs to do is ask in writing (or another recordable format), give their name, contact address and describe the information they want.

What kind of FoI requests could dentists receive?

Something as simple as an email asking: "When does the surgery close on Friday?" is technically an FoI request, but easy to respond to quickly. Other requests involve more work. You might be asked for your surgery's policy on removing patients from your NHS list, or for the amount you spent on buildings maintenance last year.

It's hard to predict what people might ask as often it's about specific things, important to them. A patient may request your cleaning rota for a specific day or your correspondence with the NHS Board about

a particular treatment. Basically, someone can ask you for any information they think you hold, from reports to correspondence, handwritten notes to CCTV footage.

What do I do if I get a FoI request?

You must respond in no more than 20 working days. If the requester is dissatisfied, they can ask you to review your response. You must do so within a further 20 working days. Providing the information (where you can) is the easiest and least costly option and is good practice for open and transparent public services. Try to be helpful by providing context to help a requester understand your response. Don't forget to tell the requester which exemption you're withholding information under, and about their rights to request a review and to appeal to me if they remain dissatisfied.

Do I have to provide everything I'm asked for?

The presumption is you will provide information. You can refuse, but only in the circumstances set out in FoI laws. For example, if you don't hold the information or it will cost more than £600 to respond.

FoI laws also describe specific circumstances where information is exempt from release: e.g. when it's someone else's personal information; where releasing it would demonstrably harm commercial interests; or where it is already available to that person via another route. We have lots of guidance to help you to decide whether you can lawfully withhold information.

Our publication scheme expires soon, what do I need to do?

You must have a publication scheme which I have approved. To help with this, we've created one for you. This 'Model Publication Scheme 2014' (MPS) is available to download from our website. You don't need to tell us as I'll assume you've adopted the



MPS by 1 June 2014. There is still work to be done. You must create your guide to information, make it available, and publish all the information in it. The BDA has created a template guide for members (www.bda.org/foisa). For non-members, there's a wealth of help on our website. Remember, if you already publish information under the existing model scheme for dentists, you won't be starting from scratch.

What happens if I don't adopt the publication scheme in time?

I can issue a legally-enforceable notice compelling you to adopt one, but this is a last resort. We'd start by offering you help.

Where do I go for help?

I run an enquiry service from 9am to 5pm, Monday to Friday. Call 01334 464 610 or email enquiries@itspublicknowledge.info and my staff will be happy to help. There's also plenty of guidance on our website:

- Publication Schemes: www.itspublicknowledge.info/MPS
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http://www.theburleydentalsuite.com/docs/Chris_Siddons_biog.pdf

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Vertical dimension

Professor **Paul Tipton** looks at vertical dimension and changes during restorative treatment

Scottish Dental Show speaker
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Changes in vertical dimension are often required for either gaining restorative space during restorative procedures or for improving facial aesthetics. Occlusal splints are used to first verify that the increase in vertical dimension can be tolerated and this is easily accomplished in most cases as long as this increase is done around RAP or Centre Relation so that the condyles are in their most relaxed, bone braced and reproducible position. Increases and decreases in vertical dimension will be discussed showing positive changes in facial aesthetics as treatment is completed.

Increasing VDO

There is some debate among professionals as to what constitutes the need to open VDO (vertical dimension of occlusion) in the restoration of anterior teeth or partial or full mouth reconstruction. In most cases, clinicians look to alter vertical dimension for one or all of the following reasons: to gain space for the restoration of the teeth; to improve aesthetics; to correct occlusal relationships.

Understanding what determines the VDO and what the effects of altering it have on the temporomandibular joint (TMJ), muscle comfort, bite force, speech, and long-term occlusal stability are prerequisites to restoring the worn dentition. Spear clearly outlines the principles of VDO and concludes that “patients can function at many acceptable vertical dimensions, provided the condyles



Fig 1
Pre-op smile showing inter-commissure line



Fig 2
Patient in ICP

are functioning from centric relation and the joint complex is healthy.”

He states that: “vertical is a highly adaptable position, and there is no single correct vertical dimension.” He further concludes that the best vertical dimension is the one that satisfies the patient’s aesthetic desires and the prac-

itioner’s functional goals with the most conservative approach.

Occlusal adjustment

When starting from retruded axis position, opening of the anterior teeth by

Continued »

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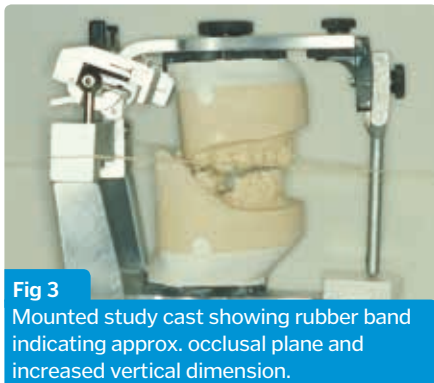


Fig 3
Mounted study cast showing rubber band indicating approx. occlusal plane and increased vertical dimension.



Fig 4
Boyle's Plane Analyser



Fig 5
Final facial view

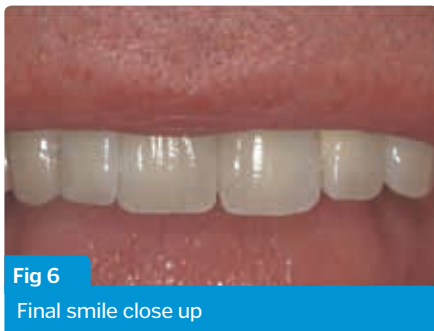


Fig 6
Final smile close up



Fig 7
Initial presenting smile



Fig 8
Edge-to-edge occlusion in ICP



Fig 9
Models mounted in RCP showing anterior open bite



Fig 10
Posterior segments removed



Fig 11
Upper dentine bonded crown preps

Continued »

3mm will yield a posterior separation of approximately 1mm and stretch the masseter muscle length approximately 1 mm. If the condyles are not in retruded axis positions and are subsequently seated to a more superior position, every millimeter of vertical seating will reduce the masseter muscle length by 1mm, thereby eliminating the need for a true opening of vertical dimension.

Case study one

Mr O was referred to me from Birmingham for a full mouth reconstruction (Fig 1). On examination there was marked amounts of wear present and loss of vertical dimension (Fig 2). Mounted study casts were taken and mounted at the vertical dimension (Fig 3) – to which the final restorations were to be fabricated.

Options for treatment included composite bonding anteriorly and composites onlays to open up the vertical or standard crown and bridgework. The

patient opted for the later. The standard diagnostics and treatment planning protocols previously described by the author were used to establish the ideal aesthetic and functional end result so that the diagnostic waxing using a Boyles Plane Analyser (Fig 4) prep guides and prototypes were produced and vertical dimension was raised by 5mm.

Reconstruction then followed along established gnathological guidelines of initially an occlusal splint to establish the correct RAP prior to starting tooth preparation procedures. All teeth were initially prototyped at the new vertical starting with upper and lower anteriors then one side followed by another side over a period of three visits during one week.

Once the prototypes had been in place for a period of time to establish the correct occlusion, function and aesthetics and the patient was comfortable, sections of prototypes were removed, definitive preps, impressions, occlusal records and facebow

were taken and final restorations fabricated and fitted. Again, upper and lower anterior crowns were fabricated and fitted first to establish and copy (via a custom-made incisal guidance table) the established anterior guidance. This was followed by one side then another in the same way. The final result can be seen in figures 5 and 6. Finally, a post-restorative splint was made for night-time use.

Reduction of VDO

Conversely, although not as predictable a procedure, reduction or shortening of vertical dimension is both possible and often advisable. It cases where there may be an overall anterior open bite, a simple posterior occlusal adjustment (reduction in vertical dimension) will result in anterior teeth meeting with the condyles in retruded axis position. This then allows for the development of a mutually protected occlusion and anterior guidance on the

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Fig 12
Silver dies



Fig 14
Final smile (close up)

ABOUT THE AUTHOR

Professor Paul Tipton, BDS, MSc, DGDP UK is a specialist in prosthodontics, visiting Professor of Restorative and Cosmetic Dentistry at the City of London Dental School and President of the British Academy of Restorative Dentistry (BARD). He is founder of Tipton Training Ltd with academies in Manchester, London and Dublin (www.tiptontraining.co.uk). He is the owner of T Clinics in Manchester (St Ann's Square), Watford (Senova Dental) and London (Harley Street) from where he takes referral for advanced restorative dentistry, implant prosthodontics and cosmetic dentistry. For more details, please visit www.drpaaultipton.co.uk



Fig 13
Upper dentine bonded crowns placed

Continued »

anterior teeth. The following case study will show how occlusal adjustment can improve patient comfort.

A reduction in vertical dimension can also have a positive effect in facial aesthetics in taking a long, thin face and making it look more in proportion. However, a word of warning. Whilst increases in vertical dimension can be first tried out without any tooth destruction with an occlusal splint, a reduction cannot be tried out prior to tooth preparation and so is not reversible. A great deal of experience is required before taking on a case such as this.

Case study two

This lady was referred to me because of her failing upper anterior composite veneers, TMJ dysfunction and poor aesthetics

(Fig 7). Initial examination revealed a near edge-to-edge occlusion (Fig 8) with a vertical and horizontal slide from RCP into ICP. Upon manipulation to RCP there was an anterior open bite present.

The goal of treatment was to equilibrate the patient and at the same time reduce her VDO so that better anterior contacts were gained and then to restore to a new ICP around her RAP with better anterior guidance.

Initial casts were taken and placed on the semi-adjustable articulator (Fig 9). These casts had been pin-dexed so that the posterior quadrants could be removed (Fig 10). Once reviewed the VDO was reduced by approximately 3mm showing true anterior contacts after a planned posterior occlusal equilibration. Further adjustment was then done on the casts so that the anterior teeth contacted in a more even manner reducing VDO by 2mm.

Full diagnostic procedures were then performed including diagnostic wax-ups to this new reduced VDO and the patient was prepped for upper dentine bonded crowns (Fig 11) and upper and lower posterior porcelain fused to metal crowns. Note the patient's lower anterior teeth were not restored but only whitened. Silver dies (Fig 12) were used by the technician for fabrication of the final dentine bonded upper anterior crowns.

The final restorations (Fig 13) show better overjet and overbite with anterior guidance now on the anterior teeth and full interdigitation of all teeth around RAP, and no slide between RCP and ICP (co-incident position). Careful post restorative adjustment was performed after fitting of the crowns and a post restorative splint fabricated, for night-time use.

The final smile shows the aesthetic improvements (Fig 14). ■



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Mock-up technique

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Dr Jürgen Wahlmann describes two clinical cases involving DMG's LuxaTemp Star to create a mock-up prior to veneering

In the past, veneering treatments were mainly influenced by patients' desires for aesthetic improvements, veneers are now being used increasingly often for medical indications. This applies to both conventionally prepared veneers and non-prep veneers; both types of veneer provide extremely conservative treatment of the tooth substance, retaining the healthy dental structure as much as possible.

Extensive veneering treatments,

which are medically necessary, also offer the option of improving the smile and, in many cases, the facial aesthetics too. Therefore, the importance of mock-up techniques for veneering treatments has increased considerably over recent years.

Many patients also have very specific ideas about what their smile will look like after the treatment, thus it is precisely for these patients that the most accurate predictability of the end result is

crucial. Consequently, the operating dentist needs a temporary synthetic material for this that is not only capable of providing high-quality aesthetic results, but also has high-quality longevity, flexural strength, fracture resistance and colour stability, should the mock-up need to be worn over a longer period for medical and/or aesthetic reasons.

Case one

Figure one shows the initial situation for a 12-year-old female patient suffering from amelogenesis imperfecta. Teeth 12 to 22 had already been treated previously with composite restorations.

Figure two clearly shows the extreme extent to which the condition was present. All the teeth in both the upper and lower arch were severely affected and had a yellowish-brown discoloration. A conventional crown restoration could be ruled out, due to the age of the patient, because a chamfer preparation would mean further loss of tooth substance plus an unacceptable risk of pulp damage. The plan, therefore, consisted of non-invasive treatment with non-prep veneers and partial crowns, preceded by treatment involving long-term provisional prostheses.

Initially, a study model was produced using a Status Blue



Fig 1



Fig 2



Fig 3

Continued »

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alginate-substitute impression, plus a bite registration using the DIR system. This was followed by an overbite correction with a DIR splint, which the patient wore for eight weeks. Another DIR measurement was then made to confirm the positioning. Subsequently, a wax-up was created for the patient in this position.

A silicone template was then made around this wax-up as an impression for the correction. It is crucially important that the technician first makes an absolutely precise wax-up, as purely superingival wax-ups are not acceptable in this situation.

High demands are also imposed on the silicone template.

It is only possible to ensure that a smooth finish in the patient's mouth will be obtained later, if the template reproduces the exact details of the wax-up when the mock-up is made.

The creation of the mock-up is straightforward and can be delegated, with no problems (other than the finishing of the margins), to a suitably trained staff member. The silicone template is filled with LuxaTemp Star; it is particularly important that no bubbles are trapped during filling. For this reason, the mixing tip should always be placed at the bottom of the silicone template.

The filled silicone template can then be placed in the patient's mouth and should be left there without any pressure for three minutes, i.e. 30 seconds longer than recommended by the manufacturer. This makes sure that the LuxaTemp Star has reached its final hardness, and that the mock-up will neither be damaged nor partially removed when the silicone template is taken out. The entire preparation is done intraorally in this technique.

Figure three shows the situation immediately after removal of the silicone template. There is now only a thin flash left, which is removed with a "Moskito" bur (Frank Dental).

Figure four shows the revision work on the margins; special care should be taken here to avoid any damage to the papilla.

In the subsequent step, LuxaTemp Glaze and Bond (Fig 5) are applied, blown and light-cured. This creates a high-gloss and very aesthetic surface finish that is resistant to staining.

Figure six shows the finished mock-up. Remarkably, the production of the mock-up only took 10 minutes. With LuxaTemp Star and LuxaTemp Glaze and Bond, combined with a wax-up plus silicone template, this offers a simple, fast and efficient method for giving the patient not only an accurate preview (including the possibility of changing the shade of the final restorations), but also, because of the optimum material properties (improved flexural and tensile strength and long-term colour stability), the option of wearing it as a trial for a longer period.

In the case of our 12-year-old patient, the class teacher reported that a few days after the mock-up was fitted the patient was suddenly participating actively in verbal aspects of the lessons. This clearly shows how restrictive these aesthetic problems can be for some patients.

Case two

A 28-year-old patient presented at our practice with functional problems. This involved agenesis of teeth 12 and 22 with a history of orthodontic treatment (Fig 7).

"It is crucially important that the technician makes an absolutely precise wax-up"



Fig 4



Fig 5



Fig 6



Fig 7

Continued »

Veneers



Fig 10



Fig 11

Continued »

All the teeth were mesialized and the gaps were largely closed. The patient complained of frequent headaches. After completion of functional studies (Cadiax Compact and DIR system), a diagnostic wax-up was made and discussed with the patient. To enable this, an impression was taken first with Status Blue. Figure eight shows precisely how Status Blue reproduces even the finest details. When filling the impression tray, it is essential to ensure that the mixing tip is kept at the bottom of the tray so that the impression tray can be filled without leaving any bubbles.

The patient was worried and uncertain about the proposed resulting aesthetic changes (the canines were to be made into lateral incisors by means of veneers, and the first premolars would become the canines), and wanted to know what they would look like after

the veneer treatment. Patients' fears such as these should be taken seriously. Even the most successful dental treatment, as seen from a medical perspective, is a failure if the resulting aesthetic change is not accepted by the patient. The mock-up technique provides the Dentist with a method that quickly and easily allows the aesthetics to be demonstrated.

The use of a wax-up, as a mock-up, was not easy in this case, as the patient had not yet made the decision to carry out the treatment. Therefore, it was not possible to produce a perfect wax-up because, in order for the wax-up to be created, areas around the canines on the model would have needed to be eliminated.

However, this was not acceptable because tooth structure would also have had to have been removed in order to fit the mock-up. A wax-up, in which no reduction was performed on the model, was

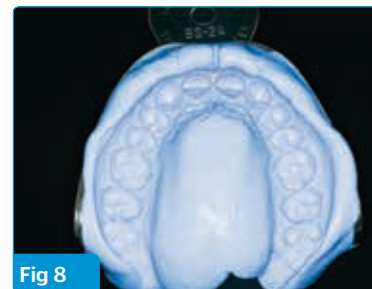


Fig 8



Fig 9

therefore created. Consequently, even though a perfect functional and aesthetic mock-up was not possible, the patient was given a good impression of the direction the treatment was heading. Figure nine shows the finished wax-up.

Because no tooth material had been removed, the lateral incisors are slightly too long and too bulbous. Nevertheless, the aesthetic result of the mock-up is impressive (Figures 10 and 11), although in this case the work was actually done without LuxaTemp Glaze and Bond.

For very little effort, it was possible to give the patient an accurate idea of what the final situation would look like. Before removal of the mock-up, photos were taken, printed and given to the patient. As is frequently the case, this patient was reluctant to leave the practice without a mock-up.

In conclusion, the improved material properties of LuxaTemp Star make it the perfect solution, not only for conventional mock-ups, but also for functional cases in which the mock-up is worn for a longer period in order, for example, to raise the bite gradually and for testing. ■



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CPD – Lessons Learned

The CPD review undertaken by the GDC last year made clear that the dental profession understands the value of CPD and its role in providing patients with confidence in the profession as a whole.

Despite this, a quarter of the DCPs whose cycle ended last summer did not report their activities to the GDC by 31st July. A month later, even after taking into account those who had retired or left the profession, there were still almost 2,000 DCPs who were non-compliant.

These facts suggest that there is something fundamentally wrong with the current process of recording and reporting CPD activity. It would seem that the main reason for this failure is that the current process in place for recording and reporting CPD is not integrated into the daily lives of these busy professionals, and it has become burdensome.

CPD shouldn't be a burden

Everyone seems to be busier now than ever before, both at work and at home. As a professional working within healthcare, you probably feel this more than most. The increasing burdens of regulation add more work to a day which cannot be stretched beyond 24 hours.

Whilst regulation in itself is not necessarily a bad thing, if it increases the workload of already busy professionals then it can sometimes backfire, and it is the disorganised rather than the incompetent who are punished.

This isn't fair and although not the intention of the regulation, many dental professionals are being weighed down by it.

CPD exists for good reasons – to reassure the public and to ensure that dental professionals are committed to lifelong learning. Its purpose is not to be a burden.

A Handy Solution

We now live and work in a connected society. Most of us have powerful computers in our pockets that masquerade as phones, yet are capable of so much more. You can harness the power of these devices to manage virtually every aspect of your CPD.

Since your phone is almost always with you, it's easy to log an item of CPD as soon as it's been completed, no matter where you are or what form the CPD takes.

If you read an article in a magazine or discuss a case with a colleague it may count as general CPD, but who really remembers to make a note of it at the end of a busy day? However, if you tap out a short note on your phone as soon as you've completed the exercise, the record is saved and your notes will most likely be of high reflective value, as you will have made them whilst everything was still fresh in your mind.

Once your records are stored electronically, they immediately become more useful to you. It's easy to analyse what you've done and what you may be missing. You don't have to try to remember – or guess – the number of hours you've completed, as you'll have a digital record which is updated in real-time.

This means you can spend more time focussing on your job and on your learning, confident that the administrative side of your CPD is being handled electronically. As a bonus, at the end of the CPD cycle, your digital records can be sent to the GDC with just a couple of taps on your phone. Since everything is digitised, including your certificates, you can always be confident that you will be able to respond to an audit without breaking your stride.

The Digital Future

Keeping paper CPD records is expensive and inefficient. It increases the cost of regulation (paid for by you) and allows it to take place only at cyclical intervals, leaving long gaps followed by a flurry of activity.

Practice managers and owners now have responsibility for the CPD compliance of their staff. To manage this effectively, a move to digital records clearly holds a number of significant advantages, particularly in terms of time and cost savings.

It should also lead to lower costs for the regulator, which may pass those savings back to you in time (don't hold your breath!) whilst significantly increasing the confidence with which the general public can view the profession as a whole.

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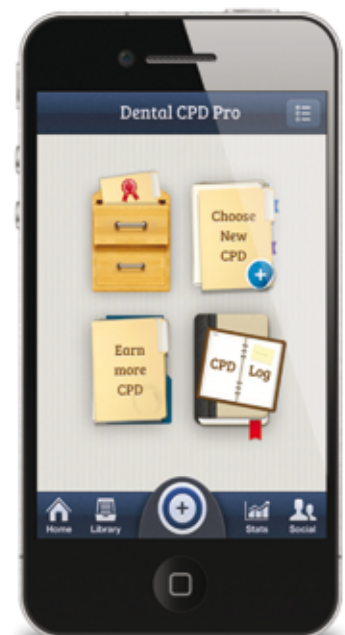
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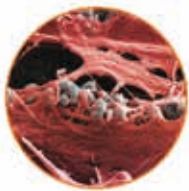


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Implants could be the solution

Providing edentulous patients with implant-retained overdentures has many advantages, writes [Tariq Ali](#)

Edentulous patients can be particularly challenging to manage in practice. As dentists we are all aware of those long-term denture wearers who present with loose dentures and poorly formed ridges. This particular group of patients can be difficult to manage with demands on our professional skills.

Unfortunately, without intervention these problems will only be exacerbated by continued bone loss over time of around 0.4mm per year¹. It is clear that the reduction of the residual ridge is a chronic progressive condition with

associated psychosocial, nutritional and quality of life implications.

The magnitude and pattern of bone loss will vary with the individual and has been shown to be most rapid in the first year after tooth loss². Edentulous patients often report difficulty in eating certain foods which, unfortunately, means a modification to their diet and a reduction in nutritional intake.

In a review of the literature, Redwood et al³ showed that more than 50 per cent of mandibular complete denture wearers have a problem with denture stability and retention. Clearly, denture problems are more significant in the mandible

due to a lack of retention. This is certainly a common complaint in general practice.

As dentists we can sometimes take tooth loss for granted but, in fact, it fulfils the World Health Organisation's definition of both physical impairment and disability due to a loss of a body part that impairs the essential life tasks of speaking and eating. It is certainly a public health issue with around 8 per cent of the world's population being edentulous.

Put in these stark terms it certainly changes the perception of those patients who present with loose dentures. However, it doesn't necessarily mean that the quality of life for those with this condition is poor, as long as they have the ability to cope with the situation they find themselves in.

Now ask yourself, are a set of full acrylic dentures state of the art in 2014 and should we be offering something else to these patients to allow them to cope? In light of all the available evidence, including randomised controlled trials, the McGill Consensus Statement reported that the mandibular two-implant overdenture should be the first choice standard of care for edentulous patients.



Fig 1
Locators used to retain over-denture

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Multiple studies have shown that patients have a higher satisfaction score with implant-retained overdentures, compared to conventional dentures⁴. As caring professionals, it is our responsibility to offer the solution to allow our patients to adapt and cope. In these cases the solution would be to investigate implants as the first line option for our patients.

There are various implant-retained options for the edentulous patient from removable restorations such as overdentures to fixed bridge work. The suitability of each type will be determined by each individual case and the following factors should be considered:

Extra oral factors

- Lip and facial support – is a buccal flange needed and is a removable prosthesis indicated for ease of cleaning?
- Smile line/lip length – is the ridge visible and will the junction of the prosthesis with soft tissue be visible?
- Speech – tooth and prosthetic shape will need to ensure that the patient can speak clearly.

“Should we be offering something else to these patients?”

Intraoral factors

- Thickness and quality of soft tissue
- Thick biotype is easier to manage and shape while a thinner biotype may need the use of pink acrylic/ceramic to create the illusion of soft tissue.
- Bone morphology, quantity and quality – the number of implants and their positions will have a determining influence on the type of restoration indicated. For instance, a reduced number of implants can be used with a removable overdenture due to the tissue support available while a fixed bridge typically requires more implants.

- Inter arch space – a certain amount of space will be needed to allow for the height of the components. For instance, about 12mm is needed for a conventional screw-retained implant prosthesis.
- Occlusal relationships – in class three situations it may be better to have a removable prosthesis with flange and not a large distal cantilever with a fixed solution and anterior implants.

As with most things in dentistry there are number of options available to the patients. Each implant system will vary somewhat in their restorative solution whoever these can broadly be classified as removable or fixed.

Removable options

Implant-retained overdenture with locator attachment or bar/conical crowns. The typical implant overdenture such as the two-implant

retained mandibular over denture with locator attachments (Figs 1 and 2) is retained by the implants while support is derived from the underlying tissues.

Such restorations, while feeling secure, do have some movement with the underlying tissues being compressed in function. To overcome this, more implants are used to incorporate a bar designed to provide some support. The number of implants used and bar design varies in each case, however, the support offered allows for a reduced base such that a maxillary prosthesis can be free of the palate.

Current implant components will allow for the prosthesis to act as fixed solution when in function, while being removable for ease of cleaning. Perhaps this is the ideal clinical solution, however, understandably the main drawback is the patient’s desire to have teeth which are fixed in place. Conical crowns fitted to implants to support and retain a denture have shown a deal of success (Fig 3).

Continued »

ABOUT THE AUTHOR

Dr Tariq Ali BDS (Glas) MJDF RCS (Eng) DiplImpDent RCS (Eng) graduated from the University of Glasgow in 1998. He has been involved in implant dentistry for the past eight years and has trained at the Royal College of Surgeons England, attaining the FGDP Diploma in Implant Dentistry. He is involved in mentoring and accepts referrals for implants at his practice in Bishopbriggs, Glasgow (Tel: 0843 506 6808).

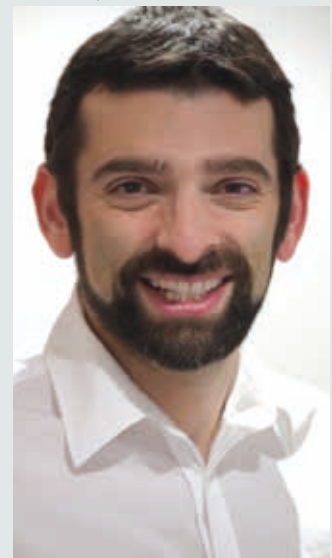


Fig 2
Fixed bridge with acrylic to mask the soft tissue



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Fixed options

Again there are number of designs available to the patient. Porcelain fused to metal has long been thought to be most like natural teeth. The bridge is similar to a conventional tooth-supported bridge and is either screwed or cemented in place. Implant positioning has to be precise, corresponding to the position of the prosthetic tooth. There has to be sufficient bone volume and adequate lip support to allow the illusion of the bridge coming out of the gum.

Advances in materials allow us to take the fixed option further and to overcome these limitations. Ceramic, composite and acrylic based materials can be used to overcome bone loss and lack of soft tissues support. Although the implant heads are located within the prosthetic envelope, the implant positioning along the ridge doesn't need to be as precise as the prosthetic will hide the location of the implant (Fig 4).

Constructed using CAD/CAM methods, these restorations provide a precision fit which is passive. The number of implants used can be reduced as the load can be passed through the substructure and there is a growing body of evidence to support the use of only four implants, which is a marked reduction in the number of implants normally used with fixed prosthetics.

This concept has grown markedly in implant dentistry over the past few years. The

typical anterior-posterior spread of the implants is important in eliminating the distal cantilever, however, with this concept the tilting of the most posterior implant distalises and spreads the implant platform so reducing the number of implants required⁵. This is seen as a way of offering the fixed solution without the associated morbidity of advanced surgical procedures such as sinus grafting. Cleaning this type of restoration can be challenging for patients and careful selection with oral hygiene instruction is warranted. The patient's wishes for a fixed or removable option along with the careful analysis of the extra and intro oral factors will lead to a tailored treatment plan giving the optimal solution to the individual.

"Implants clearly improve patients' speech"

Conclusion

A multitude of studies have documented the use of implants to improve patients' quality of life. The embarrassment of a loose, moving denture during social interactions as well as the constant preoccupation with attempts to improve them, leave the majority of patients dissatisfied. Implants clearly improve patients' speech, function, comfort and self-esteem. This improvement in quality of life, while maintaining alveolar bone, make dental implants a reliable and predictable option for conventional denture wearers. ■



Fig 3
Conical/tapered crowns used to retain denture



Fig 4
The implant heads are located within the prosthetic envelope

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Direct Resin Artistry Live

Jason Smithson is returning to Glasgow in November for another direct resin event, to be held at The Lighthouse in Glasgow from 28 to 30 November.

Jason has a growing international reputation both as a speaker and as a world-class clinician. He is proving to be extremely popular north of the border – this will be his fourth trip within 18 months, and he has presented to more than 100 delegates during this period.

November's course will be a combined anterior/posterior event. Day one will focus on posterior direct placement, with Jason presenting his 'simplified technique' for the placement of predictable and aesthetic posterior composite restorations. The second and third days will concentrate on anterior resin placement, – topics covered will be intra-oral mock-ups, shade taking, class IV restorations, diastema closure, direct resin veneers and masking discoloured teeth. Heraeus will be

providing delegates with their Venus Pearl composite and Dental Directory will also be sponsoring the event. NuView/Zeiss will provide an operating microscope to allow Jason's demos to be projected onto a screen, and NSK are providing handpieces and motors for the hands-on aspect of the course.

Other forthcoming events include a photography event hosted by Panos Bazos (Panos was an associate professor at USC and taught beside Pascal Magne) on 10 October and a two-day microscope endodontic event hosted by Professor Pierre Machtou on 17-18 October. ■

 For more details and to book a place, contact Ian Macmillan on ianthamac2@hotmail.com or 07900 803 738.



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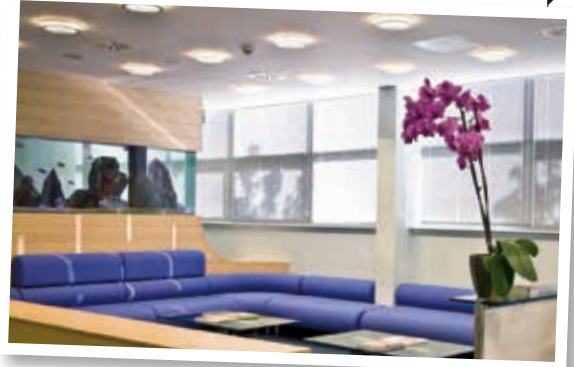
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Arshad Ali is not one to let the grass grow under his feet, he is constantly fine-tuning and adding to the referral services offered by the Scottish Centre for Excellence in Dentistry.

Dental implants have always been a large part of the referral services that are offered, with Same Day Teeth becoming increasingly popular. Arshad did his first Same Day Teeth case in 2006, and was one of the first surgeons to offer this treatment in the UK.

Another addition to the implant portfolio is Zygomatic implants. This treatment will be undertaken by visiting

surgeon Andrew Dawood, who has a practice in Wimpole Street, London. Andrew is one of the world's most experienced surgeons in this area.

Scottish Centre for Excellence in Aesthetics is an additional arm to the business, with the new Inmode machine being central to the treatments offered. Treatments can be offered to patients requiring non-surgical aesthetic treatments such as laser hair removal, red veins and skin contraction, to name but a few.

The centre also has the services of a consultant plastic surgeon for patients who require more advanced procedures – in fact, a full-face lift was carried out at the

centre under local and sedation just a few weeks ago. Referring dentists with patients who are interested in the aesthetic procedures should speak to Arshad or one of his team for more information.

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Michael Kelly B.D.S. Glasgow Michael qualified from Glasgow University in 1993 and set up practice in the south side of Glasgow soon after. After converting his practice to Denplan he then became a partner in Millersneuk Dental Practice. He has an interest in all restorative dentistry and can often be found in Millersneuk on a Friday seeing patients for dental implants. Family life, occasional golf, and running keep Michael busy when he is not practising dentistry.



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With their newly relocated premises in Lenzie, partners Philip Church and Michael Kelly now have the setting and the facilities to offer a range of referral options.

Having moved from a cramped two-surgery practice less than half a mile down the road, the new premises features three surgeries on the ground floor and one on the lower level, along with staff room and fully-equipped LDU. The move has given them the freedom to expand their implant and sedation services outside their own patient list and out to referring dentists.

Having recently completed a year-long implant course, as well as postgraduate qualifications in sedation, Philip is

able to provide both complex cosmetic and restorative treatments, alongside general dentistry. His experience with sedation also allows him to work successfully with nervous and anxious patients so they can receive the treatment they need without the stress they have experienced in the past.

Philip and Michael offer a surgery-only referral service where the patient's own dentist restores the implant, or a full-case referral service where the patient returns to their own dentist at the end of the treatment. They also welcome referring dentists to attend implant appointments with their patients.


For more information on Millersneuk, see the practice profile on page 39, or visit www.dentalglasgow.co.uk



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The perfect year

It seems like only last week that Scottish Denture Clinic opened its doors, and yet it is now just over a year ago, explained CDT and owner Robert Leggett.

The two clinics (centrally located in Edinburgh and Glasgow) have seen a meteoric rise in interest from the profession and the general public.

CDTs and dental technicians at the clinics are involved in the provision of full dentures to the public, as well as providing removable dental appliances in the form of partial dentures under the prescription of a dentist.

Rob said: "Many dentists have commented to me how they love the fact that they can now refer their denture cases to a team that is working on this type of work, day in and day out.

"They feel that their patients benefit

from that expertise and experience. We also work very closely with a number of practices on advanced procedures, such as implant retained dentures and even techniques such as same-day dental implants, such as the All-on-4 system.

"I get a real kick out of seeing patients leave us with their function restored, and knowing that they will regain their quality of life. I think it can be difficult for others to appreciate just how much loss of teeth and function can detrimentally affect a person's life.

"Our patients come back to us saying they can eat without concern again and simply smile a lot more."

Scottish Denture Clinic is keen to work with dental practices on a referral basis, helping even more Scottish patients get their quality of life back. ■



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1 Reception / 2 Surgeries	£121
1 Reception / 3 Surgeries	£176

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Other System Users

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- Our system is painfully slow and I have to wait for hours, sometimes days until I get somebody to help.
- I can't use my own computers, instead I have to use my software companies, slow and ancient machines.
- My software is very difficult to use, and it is a nightmare every time a staff member leaves.
- OK, so where do I sign up, how long does it take to change over? - Oh yes, and how much does it cost?

Merlin Users

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- All our system's support is done using the Internet. I log a support e-mail, and usually have a response, either sorting out my problem within the hour, or somebody dials in and sorts it on-line.
- The Merlin app is free, and I could try it before I said yes for over a month. Either way, I am not tied in to any contract and the folk at Merlin don't care where my hardware comes from.
- Merlin is a standard Windows app, and it comes with an easy to use tutorial. We never had a day's of training. We just never needed it.
- It costs nothing to change over, and it can all happen within a couple of weeks.

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Pension changes you can't ignore

Scottish Dental Show
Visit us at stand F14

Jon Drysdale explores the changing landscape of public sector pensions

At a recent lecture to dentists in Glasgow, I delivered some bad news. If proposals for the new NHS (Scotland) Pension Scheme go ahead, those dentists in the room under the age of 35 would face a retirement age of 68.

The 'new' NHS scheme, with proposed changes coming into effect from 1 April 2015, is part of the UK Government's plan to link the public sector pension scheme retirement age to the state pension age. Ahead of the 2015 proposals, the NHS (Scotland) Pension Scheme has already changed significantly, with the standard retirement age now set at 65 and contribution rates as high as 14.5 per cent of pensionable pay.

We are now encountering many clients who breach HMRC's Lifetime Allowance and Annual Allowance rules. Any dentist with an NHS pension in excess of £54,000 per annum (regardless of their retirement age) will now be subject to a tax charge when they draw benefits. The Lifetime Allowance charge is deducted from your pension. Here is an example:

NHS Pension	£60,000pa
Deemed value	£1,380,000 (HMRC figure of 23 x £60,000)
Lifetime Allowance	£1,250,000
Excess	£130,000
Charge	£1625pa (25% x £130,000/20)

How is the charge calculated?

HMRC stipulates the formula used to calculate how an individual pays the excess charge. This applies to all employer pension schemes, such as the NHS scheme. The formula is 25 per cent of the excess divided by 20. The charge is deducted from gross pension benefits for the lifetime of the recipient. Those with personal pension benefits will suffer a greater charge, which is based on the excess created from all pensions.

There are a number of ways to mitigate the charge, depending on personal circumstances. Transitional protection is available in the form of HMRC Individual Protection. This secures a Lifetime Allowance equal to the value of your pension benefits as at 5 April 2014 and up to a maximum of £1.5million. This is only of use to those with pension benefits valued between £1.25m and £1.5m. If you aren't sure what your benefits were worth as at 5 April 2014, the figures can be obtained from the SPPA and your personal pension provider(s). A two-year application window for Individual Protection is expected to open in August this year.

Those with above-average NHS fee income (probably practice owners) will be worst affected. Dentists approaching retirement can predict with reasonable accuracy the likely HMRC charge and plan for this. Younger dentists may be faced with increased contribution levels, a later retirement age and the possibility of further reductions in the Lifetime Allowance.

Some dentists are reconsidering their membership of the NHS Pension Scheme. As things stand, leaving the scheme is probably not advisable. Even with reduced benefits and potential tax charges, the scheme represents good value compared to the alternatives. Once the new NHS Pension Scheme is finalised, it will be worth reassessing this advice.

Annual pension contribution limits have also dropped dramatically in recent years

ABOUT THE AUTHOR

Jon Drysdale Dip PFS is an independent financial adviser with PFM Dental and provides financial advice exclusively for dentists. Jon can be contacted on 0845 241 4480 or jon.drysdale@pfmdental.co.uk. Visit www.pfmdental.co.uk for further details.

and now stand at £40,000 pa. It is not possible to accurately calculate your NHS contribution amounts without asking the SPPA because the actual amount contributed is not the 'deemed' amount, which is assessed against the limit. In fact, the 'deemed' contribution includes factors such as the annual inflationary increase to benefits you have previously accrued. This usually has the effect of making the 'deemed' contribution larger than the actual contribution. The figures are available online in the member services section of www.sppa.gov.uk

If you make personal pension contributions, you will need to add these to the NHS pension to establish if you have breached the limit.

Excess contributions will need to be accounted for, either by an adjustment to your tax return (effectively a repayment of tax relief claimed) or through the 'Scheme Pays' route, which allows the tax charge to be deducted from your NHS pension benefits at retirement. A breach of the limit in any given year doesn't necessarily trigger a tax charge as unused allowances can be carried forward from the previous three tax years.

The changing landscape of public sector pensions can no longer be ignored, certainly in the case of HMRC limits and tax penalties. If you think you might breach any of the limits mentioned in this article or would like to examine your pension benefits in more detail, I recommend you seek independent financial advice from someone with knowledge of the dentistry sector. ■



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Dr Ainsley Ness, Breeze Dental Clinic, Troon

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Making sense of your accounts

Join **Stephen Bargh** and **Hazel Murphy** from William Duncan + Co at this year's Scottish Dental Show

Do you ever find that, shortly after having met with your accountant to go over the annual figures, what seemed perfectly clear only a few hours ago suddenly becomes a blur of figures spread across several pages?

Your accountant will take time to go over your accounts with you and explain how much you have earned, your operating costs, working capital and other important ratios... but if you later look at your management accounts, do you understand what the figures are saying to you?

Do you find it difficult to find the time required to keep the practice financial books and records up to date or, even worse, find it difficult to interpret the numbers?

Help is at hand. At the forthcoming Scottish Dental Show (www.scottishdentalshow.co.uk), make sure you attend the finance lecture on Saturday 10 May at 10am. Stephen Bargh and Hazel Murphy, of William Duncan + Co, Chartered Accountants, will guide you through a set of financial statements, unravelling the accounting terminology and jargon, to help you translate 'the language of the accounts' so you can return to your financial accounts and use them as tools in running your practice, perhaps when making budgeting decisions, or assessing staffing levels etc.

They will also introduce you to the concept of 'cloud accounting', which frees you from the constraints of trying to fit in the record-keeping while you are still at the practice premises and allows you to access your financial information

wherever you have an internet connection. The session will help you understand the difference between the Profit & Loss account, the Balance Sheet and Working Capital. It will also demystify 'the capital account' and generally help you to get more from your annual financial statements.

In addition, the benefits of using accounting software which is hosted 'in the cloud' (as opposed to servers in your practice) will also be outlined. Many of our clients have moved to using this type of software and have commented that it gives them much more freedom and flexibility as to how and when they maintain their financial records and check their practice's financial information - all too easy to overlook or neglect while you are

"They will help you unravel the accounting terminology and jargon"

seeing patients and running a busy dental practice.

Even where your practice financial records are maintained by your practice manager, using a cloud software package allows you to access, monitor, review and interpret your finances whenever you want, not just when you are in the practice.

You are all trained to provide dental care, not necessarily to be business people - yet in delivering that dental care, you find yourself



responsible for running a business. It is therefore important that you develop an understanding of your practice's financial information, to allow you to make appropriate

decisions affecting your business.

The workshop will not be a detailed technical accounting lesson - it is designed simply to help you better understand your financial accounts and give you an insight into a possible alternative to the more traditional methods of financial record keeping. ■

Scottish Dental Show
Speakers
10.00-11.00
Saturday
10 May.
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Verus Wealth scoops award



Verus Wealth Chartered Financial Planners has been serving dentists since 2005 and, last year, won the 2013 Chartered Financial Planners of the Year award. Directors Paul Lothian and Jonathan Gibson received the award from actor and comedian Hugh Dennis at the ICC Birmingham.

Total Wealthcare to address dentists' key concerns...

Wealth management means more than just taking care of investments. It should address dentists' entire range of financial issues. Verus Wealth refer to this as Total Wealthcare and its purpose is to 'take time to understand your values and goals and to help you face your financial future with increased confidence and security'.

Total Wealthcare focuses on: wealth creation, preservation, transfer and charitable planning.

Wealth creation

Aims for the best possible investment returns, consistent with how much risk you are 'willing', 'able' and 'need' to take, while minimising the impact of tax e.g. income tax, capital gains tax and inheritance tax.

Wealth preservation

Aims to eliminate potential risks from long-term illness and/or disability, critical illness and death by transferring the risk to insurance companies. Also, to preserve the value of your investments in the medium to long term. Your assets can also be exposed to business risks and risks from incapacity, relationships and taxation.

Wealth transfer

Aims to efficiently transfer your wealth to your selected heirs.

Wealth charitable planning

Aims to help you and your family make a real difference to the causes and communities you care about in a strategic, organised and tax-efficient way.

"It is more difficult to give money away intelligently than it is to earn it in the first place" – Andrew Carnegie. ■



Contact Jonathan Gibson and Paul Lothian at Verus Financial Planning Limited in Dundee on 01382 22 34 55 or email jgibson@veruswealth.co.uk or pmlothian@veruswealth.co.uk



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Our services

It's not just the compliance-based services that we offer. We also provide a range of financial services to help you comply with your requirements under tax law and reduce your tax liability. Services include:

- Tax return preparation whether you are a sole trader, partnership or company
- Bespoke tax planning services, using

approved tax planning vehicles to reduce the risk of tax exposure

- Advice on selling or acquiring a practice so as to minimise tax liabilities
- Acting for your practice in the event of an HMRC Tax Enquiry.

We also offer a phone advice service giving nominated individuals in your practice the opportunity to call our tax team for free ad-hoc advice that lets you clear up all those small details before they turn into major issues.

Industry seminars

We regularly speak at seminars and provide contributions to *Scottish Dental magazine* on key tax issues affecting dentists. We also present and exhibit at the Scottish Dental Show. ■



Back row (l-r) Jim Anderson, Iain Stirling, Richard Green, Phil Donegan (front (l-r) Sandra McCafferty, Tricia Halliday, Julie Pope



Our tax team would be happy to assist you and can be contacted on 0141 272 0000 or by emailing Tricia Halliday at ph@maco.co.uk

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Assessing your practice and maximising your potential

As one tax year ends and another begins, there is no better time to consider where you are and what you want to achieve. The recent Budget threw up a few surprises, such as the extension of the Annual Investment Allowance (AIA) to £500,000, flexible pension benefits and a revamp of the ISA rules.

The increase in the AIA for qualifying expenditure between 1 April 2014 (6 April 2014 for the unincorporated) and 31 December 2015 does provide a huge cash flow incentive to invest in business infrastructure and expansion of your dental practice.

The changes to savings and investments provide excellent opportunities to be more

in control and we await details regarding new products and proposals in these areas.

The Budget also confirmed the Employment Allowance in 2014/15 tax year gives £2,000 NI savings to dental practices where NHS services comprise 50 per cent or less of the practice work.

On the negative side, the annual pension cap has been reduced to £40,000 and a review should be undertaken to assess if this figure has already been breached or is likely to be in the current tax year.

Anyone with pension funds above £1.25m should also consider whether individual protection would benefit them and take action before 2017.

Away from the tax arena, there are areas that should be considered and regularly revisited such as:

- Practice expansion, including new principal or associates, new premises and financing options
- Succession planning; including exit strategies, practice valuation and tax minimisation
- Practice efficiency review; including business structure and record keeping and reporting.

There are numerous ways we can help you and your practice to achieve your goals, maximise your income and take advantage of tax breaks and allowances. ■



For more information, contact David Morrison or Louise Grant on 01382 312100 or email them at david.morrison@eqaccountants.co.uk or louise.grant@eqaccountants.co.uk

eQ healthcare



Prevention is better than cure

At EQ Healthcare we believe it is better to invest early in expert support to help improve your financial wellbeing and minimise the tax burden rather than rue the consequences of little or no advice.

If you need a helping hand buying or selling your business enterprise, confirming a tax efficient structure, or assisting you with your day to day financial records, then our dedicated team can provide a listening ear and practical solutions to your healthcare business challenges.



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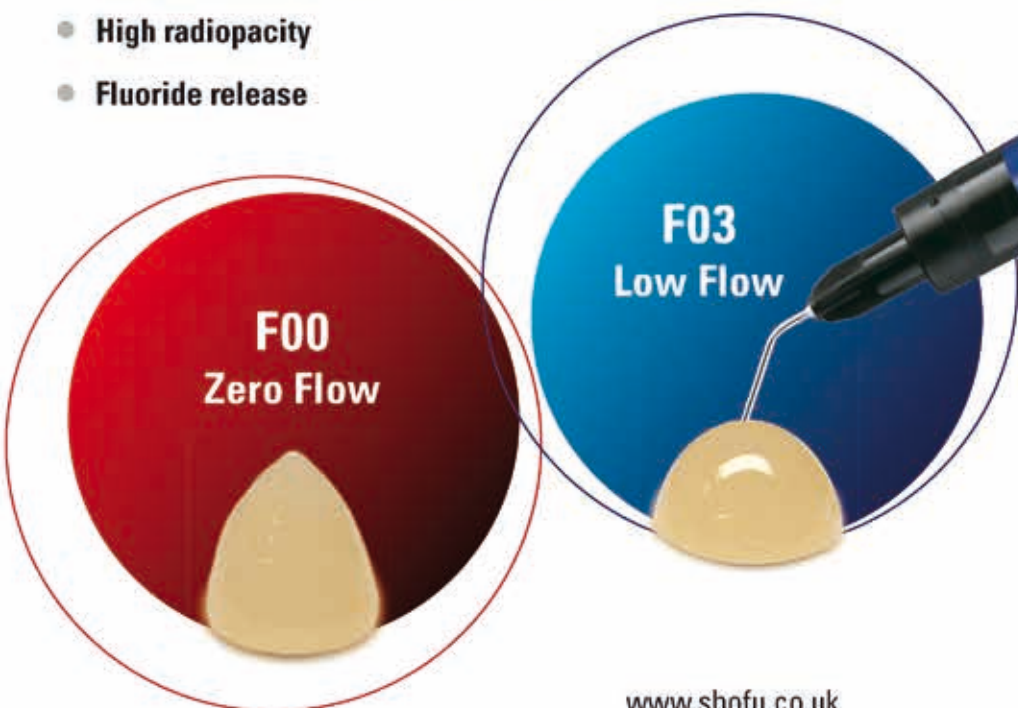
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Demanding more

Dentists deserve and should demand more from their dental business says Stark Main & Co Dental's Ian Main

At Stark Main & Co Dental we focus entirely on the Scottish dental market and have helped many dental practitioners drive their practice forward to achieve their goals. With this experience we have identified a wide range of performances and analysed the underlying reasons for outperforming the sector benchmarks.

By learning from this analysis we have improved the practice performances, in some cases exponentially. We are passionate about sharing our expert analysis and advisory services with Scottish dental Practitioners and are looking forward to presenting some of our findings at the forthcoming Scottish

Dental Show on Saturday 10 May where I will present a dynamic discussion on the subject.

We look forward to seeing you at the show and to hearing more about your own goals. Please do join us for the presentation or meet our team on stand D15 in the exhibition hall.

As reigning Independent Scottish Accountant of the Year we are proud of the difference we can make together and our approach is radically different to what you may expect. With guaranteed proactivity and an average tax savings of £25k per annum for our dental clients last year we are confident we can help you to demand more from your Dental Business. We look forward to helping you... ■



Scottish Dental Show speaker 11.30-12.30 Saturday 10 May Visit us at stand D15

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Product news

Protein detection kit

Alkapharm's Protein Testing Kit has been scientifically developed to instantly determine and monitor the effectiveness of the day-to-day cleaning/disinfection procedures within dental practices.

Protein present upon any hard surface may indicate the presence of potentially harmful bacteria. In the case of equipment or clinical surface previously considered as clean, the presence of protein will indicate action is required and also ensure only detergent/disinfectant products that will achieve high levels of decontamination are used within



the practice. Each kit, costing just £39.95 (MRSP) allows for 20 tests to be carried out, each taking minutes to identify protein levels as low as 20ppm on any surface, including:

- Surgical/medical/dental instruments
- Washer disinfectors, ultrasonic cleaners, autoclaves
- Hard surface areas, medical furniture and equipment etc.

For further information, contact your usual dental supplier or call Alkapharm on 01785 714 919. Comprehensive product information is available at www.alkapharm.co.uk

Getting connected

Takara Belmont value the person behind the purchase, which is why the company has updated its website so that it can connect and talk directly with dentists – an invaluable resource for both existing and potential users.

The site contains information on products, specifications, build-in and combination options, but it also allows users to provide the company with feedback. Takara believes that, in order to meet its customers' expectations, it must understand their practice needs. The site also contains a practice

gallery of recent installations. Seeing how others have used Takara Belmont equipment to realise their dreams can provide inspiration for your own plans. The website also contains details on the latest offers, such as a free LED light or NSK handpiece.

Visit www.belmontdental.co.uk for more information.



Showtime for W&H

W&H are pleased to be attending the Scottish Dental Show – stand C7 – where they will be available to discuss the full range of handpieces, including the new Synea Vision range with their scratch-resistant coating.

Synea Vision offer the ultimate high-end quality and technology, manufactured to premium Synea standards. On display will be the Assistina 3X3, the most thorough handpiece cleaning system currently available.

Visit the W&H on stand C7 for information on the full range of decontamination products available, including the Lisa Fast,

with a highly effective fast cycle which allows you to sterilise unwrapped handpieces as well as solid instruments in just 14 minutes. The full range of surgical products will be available for discussion including the first dismantlable high-speed surgical LED+ contra-angle handpiece with a 45° head and 1:2.7 ratio and the Piezomed ultrasonic bone surgery unit.

For further information, please contact W&H (UK) Ltd on 01727 874990 or marketing.uk@wh.com



Book a place on DENTSPLY Endodontic Roadshow 2014

DENTSPLY is delighted to release dates for its national Endodontic Roadshow 2014. The hands-on workshops will give a thorough understanding of modern techniques and instruments, including the ProTaper Next.

DENTSPLY's next generation endodontic system, ProTaper Next, gives clinicians familiar with the world-leading ProTaper® Universal, all the benefits of increased flexibility and refined performance to achieve more predictable treatments. The

workshops will be presented by leading endodontic clinicians, including Dr Julian Webber.

To book, visit dentsplyevents.co.uk/roadshow2014 or contact DENTSPLY UK on 01932 853422. Facebook: DENTSPLY UK Twitter: @DENTSPLY_UK #ENDO2014



Whitening 'on the go'

The Opalescence tooth whitening system has long been considered the 'gold standard' in its field. Now your patients can get all the benefits of Opalescence in a simple, fast and convenient 'on-the-go' pack.

New Opalescence Go is perfectly designed for patients with busy lifestyles and is a great way to start a whitening treatment, for whitening touch-ups or for use when travelling.

New Opalescence Go tooth whitening gel is available in six per cent hydrogen peroxide and comes in a pleasant tasting mint flavour. The kit contains 10 upper and 10 lower pre-filled trays that use

unique heat-activated polymers that form in the mouth, so there is no need to take impressions. Opalescence Go is a unique professional treatment for your patients' whitening options.

To claim your FREE sample (terms and conditions apply) simply email everything@henryschein.co.uk Twitter: @HenryScheinUK Facebook: HenryScheinUK



See the light with A-dec

Experience the A-dec 500.three dental chair and Red Dot award-winning A-dec LED light on stand D3 at the Scottish Dental Show.

When it comes to optimising operator access and patient comfort, the A-dec 500.three makes no compromises. A slim-profile headrest and ultra-thin backrest provide more leg room, for a more comfortable position.

Our A-dec LED light features multiple intensity levels at a consistent 5,000K, helping you to diagnose clearly with a neutral white light for true-to-life tones.

The light's cure-safe mode emits a brilliant yellow light at 25,000 lux, enabling you to work without curing photo-initiated resins.

Our A-dec Territory Manager, Charlie Cope, will be there for the duration of the show, offering advice on treatment room design and ergonomic solutions.

Visit us on stand D3 at the Scottish Dental Show or call 0800 233 285 for more details.



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The only control system offering the pre-programmed clinical sequences of the main implant brands is now available with a dedicated application for touchscreen tablets.

Discover the perfect working balance between your iPad* and exceptional electronics for controlling the MX-I LED micromotor. The most powerful motor on the market, with LED lighting guaranteeing a very long service life, is now also equipped with ceramic ball bearings that are lubricated for life.

The 20:1 L Micro-Series contra-angle and the new iChiropro system redefine ergonomics and ease of use.

* Now compatible with iPad 4 and iPad Air from Mid-March



Scotland's added Sparkle

Sparkle Dental Labs have recently extended their scope of service to include dentists in Scotland who are looking for high-quality British workmanship at very competitive prices.

Dentists in Scotland will also receive personal attention from dedicated Sparkle representatives based in the area, to ensure that communications with the lab in Leeds are as smooth and stress-free as possible for practitioners.

And with the dependable delivery of Sparkle Dental Labs' courier partner FedEx, practitioners in Scotland can enjoy the same fast turn around times as the rest of

their clients all over the UK. For a wide range of high-quality products from a reliable lab partner, you can turn proudly to the British craftsmanship of Sparkle Dental Labs.

For any additional information, please call 0800 138 6255, email customerservice@sparkledentallabs.com or visit www.sparkledentallabs.com



Golden standard care

Top quality imaging has become one of the most important tools for effective diagnostics and treatment planning. Carestream Dental provides a variety of cutting-edge imaging equipment to make sure you provide the golden standard patient service.

Utilising state-of-the-art technology in a compact and easy-to-use system, the CS 8100 redefines panoramic imaging.

Fully integrated into your existing software, the system will streamline your processes and enhance workflow. Exclusive 2D

technology even enables you to generate thin slice images along the jaw for a new level of detail. The CS 8100 is also easily adjustable for perfect positioning, encouraging patient comfort at all times, whether they are sitting, standing or in wheelchair.

For more information, contact 0800 169 9692 or visit www.carestreamdental.co.uk



Best-in-class training

New for 2014, Denplan has launched its Denplan Academy – a training programme designed completely around the needs of its members' and their business goals.

Through Denplan Academy, Denplan's team of qualified trainers can work with Denplan members and their whole practice team on the areas of their business that they wish to strengthen. They can then create a bespoke plan that specifically meets those needs, whether it's improving clinical skills, promoting services, customer service or ways of using websites or social media to attract and retain patients.

Jo Banks, Denplan training

manager, said: "Denplan Academy perfectly ties together the training events that Denplan are so well known for. It allows us to provide a strategic plan of action to give practice teams the tools they need to succeed and grow, or some key target areas for ideas for improvement."

For more information about Denplan Academy, please visit www.denplan.co.uk or call 0800 169 9962.



Expert's implant of choice

Prosthodontics specialist Paul Tipton knows all about restoring dental implants but which system would he choose for his own mouth? He faced this question when he recently fractured off his upper left lateral incisor crown.

"I saw no ferrule," says Paul. "No RCT, crown lengthening with bone removal and post crown; it was to be root removal, immediate implant, definitive abutment and relined the original crown over the top – followed by occlusal adjustment.

"And, after 28 years in



implantology, there was only one implant for me. I chose Nobel Biocare for its longevity, ease of use, success rate, and innovation."

For information, contact Nobel Biocare on 0208 756 3300 or visit www.nobelbiocare.com To register for the Nobel Biocare Online Store go to store.nobelbiocare.co.uk

Perfectly set Diamond

Diamond Rapid Set Capsules are proving popular with Dentists everywhere because they are very fast, convenient and easy to use. May is the ideal time to try Diamond Rapid Set Capsules, manufactured by Kemdent. Buy 60 capsules for only £70.24 + VAT.

The pliable, packable consistency of Diamond makes it extremely easy to carve; it won't stick to metal instruments, and the restoration will set quickly to a rock hard state. No light curing is required as the restoration is chemically cured and rapid snap set into position. Completely waterproof once the chemical snap set is complete, it

will not expand and create patient sensitivity. Diamond Rapid Set Capsules are packed in individual, easy-to-access foils and are suitable for Class 1 and II restorations, together with build-up fillings and linings, core build-up and retrograde root fillings. They are available in three matching tooth colour shades.

For information on Kemdent's full range of Diamond products, call Helen on 01793 770090 or visit our website, www.kemdent.co.uk



Belmont takes centre stage

Takara Belmont is inviting visitors to the BDA conference to pop by their stand for an update on what's new. Face-to-face contact is invaluable as it allows them to gain a greater understanding of an individual's practice needs. They promise no hard sell – just friendly, honest advice.

Visitors may also be interested in the latest offers available. For example, any complete treatment centre purchased during the show will automatically be eligible for a free upgrade to their new 900 Series LED light.

If you're looking at the top end of the market, delegates might be tempted by the free NSK scaler, supplied with every tbCompass treatment centre purchased through an approved dealer.

If you can't get to Manchester, take a look at new website www.belmontdental.co.uk which includes a practice gallery with case studies. Seeing how others have used Takara Belmont equipment to realise their dreams may inspire your own plans.



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We would like to take this opportunity to mark our on going commitment to GDP's throughout Scotland. We now have our regional engineers trained & certified to carry out Pressure Vessel inspections on compressors and where required, can issue written scheme's of examination. This of course is complementary to our existing range of service packages covering most major manufacturers

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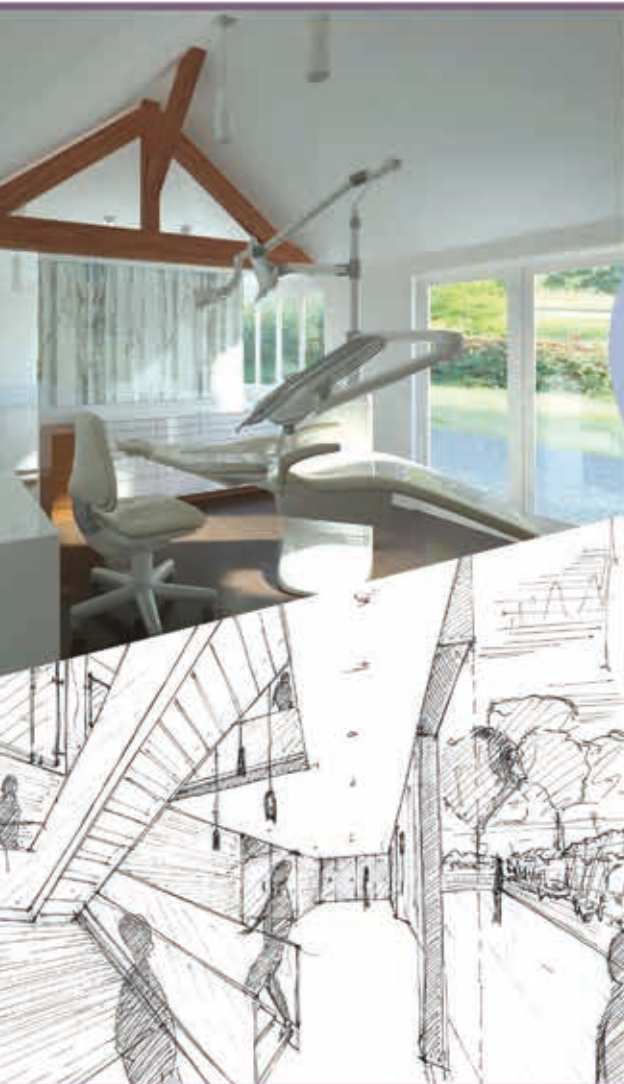


Come visit us at stand D9 & D11 on the 9th and 10th May at Braehead Arena, Glasgow

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Dolby Medical are delighted to welcome Gillian Wylie as our new Key Account Manager.

Contact Gillian on: 07551 203893



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