Universal health care scheme launched in Indonesia

Implementation overshadowed by inequalities in country’s health care system

JAKARTA, Indonesia: Aiming to improve access to health care services for millions of people, the government in Indonesia rolled out the first stage of its universal health care coverage scheme in January. The new insurance, called Jasmina Kesehatan Nasional, replaces all previous national and local health care programmes and is intended to provide initial coverage for people who were members of the previous public health insurance for the poor or who have a monthly income of less than 257,000 rupiah (US$24).

With the first phase implemented this year, slightly over 120 million or approximately half of the country’s population will be automatically covered by the new scheme. Coverage for all 240 million Indonesians is anticipated by 2019.

In addition to higher health care spending this year, the government has announced plans to increase the number of health care workers and make improvements to the country’s deficient health infrastructure, such as the construction of 150 new state-run hospitals.

According to World Bank estimates, the scheme will cost Indonesia up to US$16 billion each year once fully implemented. The country currently only spends an estimated US$800 million in this sector, which has raised concerns among health care professionals about the government’s ability to pay out premiums to those health care workers enrolled in the new programme.

“Hospitals are afraid they will lose money by not being reimbursed like in the past, while health workers are afraid they will make mistakes. As a result, quality of treatment has been compromised,” a neurosurgeon recently announced in Indonesia’s Ministry of Health office.

A total of 19,462 dental practices were registered by the Dental Board of Australia in 2012, more than a third of dentists working in the field in particular. To-day, more than a third of dentists working in the country are female, according to a recently published employment report by the Australian Institute of Health and Welfare in Canberra.

The number of dentists in Australia has increased, as well as the number of women working in the field in particular. Today, more than a third of dentists registered in the country are female, according to a recently published employment report by the Australian Institute of Health and Welfare in Canberra.

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German professor replaces Samaranayake as dean of HK dental school

Prof. Thomas Flemmig to assume top position in July

Since 1990. Speaking to Dental Tribune Asia Pacific in January, he stated that he was unwilling to comment on his appointment for the moment.

HKU officials thanked Samaranayake, who headed the dental faculty from 2004, and welcomed Flemmig, re-marking that he is a "highly accomplished scholar of interna-tional standing and a renowned periodontist."

"He possesses rich experi-ence in working with govern-ment agencies and professional organisations. With this com-bination of academic achieve-ments, management experience and commu-nication skills, we have high hopes that the faculty will continue to excel in research, edu-cation and dental care under his leadership," HKU Vice-Chancellor and President Prof. Lap-Chiu Tsui commented.

Flemmig is the faculty's seventh dean since its in-nauguration in 1982. He is also the first German to as-sume the prestigious position, which has been held by den-tal professionals from Great Britain and Sri Lanka, among others. According to the university, his contract with the Fac-ulty of Dentistry will be limited to a period of five years.

Hong Kong's only institution for higher dental education, the school currently provides six-year undergraduate training in dental specialties such as oral and maxillofacial surgery and paediatric dentistry. According to university figures, 110 stu-dents were enrolled in the Fac-ulty at the end of 2015, which has an intake of 50 students per year.
North Korea opens new dental centre

PYONGYANG, DPRK/TOKYO, Japan: Amid political tensions on the Korean Peninsula, the government of Democratic People’s Republic of Korea (DPRK) has recently opened a new advanced dental clinic in the eastern part of the capital Pyongyang.

Located in the Taedonggang district, the Ryugyong Dental Hospital was constructed in record time and has the capacity to treat 500 people a day, according to official reports.

In a video released by the DPRK news channel in Tokyo in Japan, a clinic employee stated that the infrastructure of the centre is comparable to Western standards and offers a dental laboratory and paediatric dentistry department. It also seems to be equipped with dental equipment from leading dental manufacturers from Europe, which includes digital imaging systems, apex locators and caries detection technology.

Similar to other matters regarding the country, little is known about the size and quality of North Korea’s oral health care system. Estimates about the country’s dental workforce are only available from the WHO, which estimates that the country employs slightly more than 8,000 dentists, or charity organisations such as Samaritan’s Purse in the US, which supports the isolated country with a number of dental care-related projects. Speaking to Dental Tribune Asia Pacific in 2012, its board member Dr Melvin Cheatham said that there is reason to believe that dental care, which is provided solely by the North Korean government, is lacking in labour and proper training. He admitted, however, there have been initiatives under the new regime to improve dental services in the recent past, particularly in urban areas like Pyongyang.

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Emerging workers in Central and Eastern Indonesia have limited access to health care services. (DTP/Photo Gnomeandi)
In a few week's time, dental professionals from the Asia Pacific region will once again have the opportunity to get a sneak peak of the latest innovations in dental products and technology, when the next International Dental Exhibition and Meeting (IDEM) opens its doors in Singapore. Held in a completely refurbished Suntec Center, the show promises to be bigger and better than ever before. The dental exhibition, for example, has been enlarged and is now being held in two separate halls. Subsequently, there will be a wider range of products on display including advanced biomaterials and integrated digital solutions. Educational offers are plenty without Middle East partner CAPP to present the Dental Technicians Forum at IDEM for the first time. Live presentations will be also available from the Dental Tribune Study Club, which is holding its live

The implementation of a universal health care scheme in January is widely considered a significant step forward for improving the quality and access to medicines and dental care services. At the moment, they are primarily concentrated in the western part of the country. Owing to this disparity, citizens who live in remote areas of central and eastern parts of Indonesia have very limited access to a dentist.

Universal health care coverage is expected to increase dental care utilisation at public facilities, particularly primary care facilities, by the poor. Concerns of the Ministry of Health concerning the poor state of Indonesia’s health care facilities have encouraged the government to focus on better access to care. At the same time, the Ministry of Health aims to improve the quality of dental services in the country remains considerably high. Previous government policies have not improved the oral health of Indonesians significantly. Universal health care coverage may reduce the economic barriers to accessing dental care, which will improve the country’s overall oral health status.

These efforts however will not diminish the uneven distribution of dental care services. At the moment, they are primarily concentrated in the western part of the country. Owing to this disparity, citizens who live in remote areas of central and eastern parts of Indonesia have very limited access to a dentist.

Universal health care coverage is expected to increase dental care utilisation at public facilities, particularly primary care facilities, by the poor. Concerns of the Ministry of Health concerning the poor state of Indonesia’s health care facilities have encouraged the government to focus on better access to care. At the same time, the Ministry of Health aims to improve the quality of dental care, as it would not make sense to provide health care to everyone in the country if the quality remains poor.

The professionalism of dental health practitioners depends not only on their skills but also largely on the quality and availability of dental equipment. Currently, the majority of dental instruments and materials in Indonesia are imported. The absence of local production of and price control regulations on dental instruments and materials might cause high and unstable costs, which could place the long-term success of universal health care coverage at risk. Analysing and overcoming these challenges is necessary to achieve efficient and effective dental care in the future.

In the presence of microbes, whether the cells from induced bleeding can function in an adult tooth is to be seen. It may be possible in partially vital pulp with no apical periodontitis. For such cases, an approach using stem cells has shown potential. Expecting revascularisation in an infected case simply by making “tiny cuts into the root canal system until the tissue starts to bleed” however is still a clinical fantasy because there is no pulp in the case of an established infection inside the tooth.
**Procedure could replace root canal treatment**

**NEW BACTERIA-FIGHTING AGENT PATENTED**

**LIVERPOOL, UK:** Researchers at the University of Liverpool are currently testing a new procedure to treat infected pulp. Revascularisation can be performed in just two visits and could spare patients from undergoing the long and much disliked root canal treatment.

As reported by MailOnline, the first step of the new procedure entails drilling into the tooth and applying an antibiotic paste to disinfect the root canal. A second visit to the dentist follows approximately two weeks later. Using a tool, the dentist makes tiny cuts into the root canal system until the tissue starts to bleed, which triggers a blood clot.

The clot encourages the growth of new blood vessels. This boosts oxygen and nutrient supply and helps the pulp repair itself. The mechanism is not clearly understood, reported the website; however, one suggestion is that a blood clot contains a high concentration of growth factors, compounds that help repair damaged tissue.

Studies have already found the technique to be successful. The scientists at the University of Liverpool are testing revascularisation on 15 patients. The outcomes will be compared with a control group of 15 patients undergoing conventional root canal treatment.

Commenting on the new treatment in MailOnline, Dr Hugh Devlin, Professor of Restorative Dentistry at the University of Manchester’s School of Dentistry, said: “It’s an excellent technique and is getting a lot of interest in the academic journals. Traditional treatment eliminates bacteria, but prevents growth of a new blood supply to the root.”

**SEATTLE, USA:** Researchers at the University of Washington’s School of Dentistry have received a patent for a new way of using titanium-based materials to control bacterial infections. They believe that the substances could be used in a patient’s mouth after dental procedures to reduce the risk of infection or in mouthwashes and toothpastes to limit bacterial growth prophylactically.

Over several years, the researchers have studied titanates and peroxo-titanates, inorganic compounds that can inhibit bacterial growth when bound to metal ions. They found these substances to be effective against endodontic, periodontic and cariogenic bacteria, indicating that these substances could be incorporated into gels or solutions that can be applied by dentists after treatments such as root canals or dental fillings.

Dr. Whasoon Oh Chung, research associate professor at the school, explained that metals have been known to have antibacterial properties, but when used in concentrations high enough to be effective, they also carry the risk of toxic side effects. Using the new agent, however, therapeutic benefits can be achieved with less risk of toxicity.

Currently, the researchers are conducting human trials. They expect to finish them in spring. If proven effective, the new agent could even be used in narrowly targeted treatments for internal organs, as well as in dental or medical materials and devices, Chung said.

**Correction**

In Dental Tribune Asia Pacific No.12, Vol. 11, the article titled “Report about sterilisation incident” on page 1 misstated the year in which the incident at the University of Hong Kong Health Service’s Dental Unit took place. In fact, patients were treated with improperly sterilised instruments between 30 October and 2 November 2012.
Good oral health is not a luxury but a necessity of life

Barbara Adriaanse
DTN Netherlands

“The neglect of global oral health” is the thought-provoking title of the thesis of Habib Benzian. Has dentistry remained so inadequate and poorly developed worldwide despite all the medical advances? Benzian believes so, as does Bella Monse, both of whom concurrently conducted doctoral research on initiatives to improve oral health in the Philippines and developing countries. After reading their theses, Dental Tribune Netherlands interviewed the authors on the eve of their doctoral defences at two Dutch universities.

The interest of both PhD candidates in oral health in developing countries goes back a long way. Monse (born in 1959, Innsbruck, Austria) worked as a volunteer in the Philippines in the early 1990s. “I had found there was humbling; much worse than I could have ever imagined,” Monse recalled.

Children with completely destroyed dentition and with resulting dental infections are commonly seen in developing countries. This shocking experience remained a profound memory, with the result that, ten years ago, she decided to devote oral health a burden of disease”, as he was the only dentist for 90,000 people. “I could have worked day and night, but gradually I realised that I was powerless to make a real impact and that only by working at a different level, with a different approach, would I be able to improve oral health.” For this reason, Monse held various health policy positions after completing her postgraduate studies in dental public health, including a position as Development and Public Health Manager at the FDI World Dental Federation in Geneva.

How did these two international researchers come to do their PhD’s at Dutch universities? “The deciding factor was Professor Emeritus Wim van Palenstein Helderman from the Netherlands, who gave a presentation on the Basic Package of Oral Care at the FDI congress in 2000. “By chance I sat next to Bella in the audience,” Benzian recalled. “We had a similar vision and that is how it all began.” After years of working closely together, Monse and Benzian eventually undertook PhD’s at Radboud University Nijmegen and the University of Amsterdam, respectively.

Quality of life

The title of Benzian’s thesis might appear to be rather negative. Have dental care and oral health not improved significantly worldwide? “Not for everyone,” Benzian emphasised. “In Western high-income countries, major improvements have been achieved, although there is more that can be done, but for the rest of the world, oral health care remains largely inadequate. In addition, chronic and infectious diseases, other than those affecting the mouth, often rank high on the priority list of many governments. In fact, oral health often does not even feature on those lists.”

Benzian has repeatedly been told by ministers of health that oral health care “is simply not affordable.” At first glance, this belief might be understandable, since a Western-based form of dental care is expensive. Oral diseases are not life-threatening, and the burden of other severe diseases, such as diabetes and HIV/AIDS, is high. Yet, it is a misconception to consider oral health a negligible issue, Monse believes.

“Is the association between caries and a low BMI simply due to a common cause, such as a low socio-economic status? Monse acknowledged that the relationships are complex. There is indeed a link between low socio-economic status and a low BMI. However, in her thesis, Monse showed a causal link between severe untreated caries and a low BMI. Children with a very low BMI and severe dental decay that had been left untreated quickly caught up in their growth after treatment with tooth extraction.

“Without toothache, children sleep better and sleep stimulates growth. But healthy food and clean water are also important for development. This demonstrates that childhood diseases, including oral diseases, should be addressed in an integrated approach. Teeth that are free of pain and good oral health are not luxuries but necessities of life,” she said.

Self-care

Even if governments in developing countries wanted to recognise the importance of good oral health, there is hardly any funding available. According to Benzian, “Many countries without a tradition of public or private oral health care look at health systems in high-income countries as models, although it is neither attainable nor realistic for them.”

What can policymakers in poorer countries with a stretched budget do? “The key lies not in oral health care itself. For those who do not have access to academic self-care is of great importance. In the areas of prevention and education, much can be achieved with relatively little means,” said Benzian. Examples include large-scale school health programmes, such as the Fit for School programme that Monse initiated in the Philippines. This programme includes some simple preventive activities that take place in schools under the supervision of teachers, such as daily handwashing with soap and daily toothbrushing with fluoride toothpaste.

Legislation too can lead to improvements in personal oral health. “The government must create an environment in which the public is encouraged and supported to stay healthy,” stated Benzian. Thus, self-care products should be as affordable as possible and harmless products that pose risks to health, such as tobacco, sugar and alcohol, should be subject to tight government regulation. Furthermore, especially in the developing world, it is important to monitor the quality of fluoride toothpaste. “In a country like the Netherlands, you do not need to be concerned about this, but in many low- or middle-income countries, for example, many of the toothpastes available contain only little or no fluoride. Therefore, they are in-
effective against caries," Benzian explained.

In early November 2013, a typhoon swept across the Philippine mainland and claimed around 6,000 victims. Does Monse’s call for improving oral health come at an inappropriate time? The PhD candidate sees it differently. “The Fit for School programme is an integral part of the Philippine education sector, and activities and funding for the programme are sustainable long-term commitments that do not stop owing to an emergency situation. Furthermore, the programme aims at promoting good health in general. Especially in the disaster areas residents are reaping the fruits of that now.” Monse highlighted the role schools have played as emergency shelters, providing clean water and sanitation.

According to van Palenstein Helderman, Benzian’s/sand/Monse’s supervisor, providing for this type of basic need is a prerequisite for the success of education. “It makes no sense to educate children on healthy behaviour if the environment is not supportive.” However, two-thirds of schools globally have no access to clean water and have no proper sanitation.

Long-term solutions

Among Dutch dental care professionals, there are many examples of colleagues performing valuable work in developing countries. What can a dentist do to make a relevant contribution in these countries? Monse noted that initiatives do not necessarily need to be carried out in faraway places. “Each country has its own developing world. Look for the vulnerable and disadvantaged groups in your immediate environment. Since you are familiar with the system, you can achieve a lot.”

Anyone wanting to work abroad should do so in a responsible way, van Palenstein Helderman describes the wrong way: “In the past, some dentists have set up their entire practice in a developing country and started to provide the type of care with which they were familiar during a short-term campaign. That way you create dependencies among the local communities and devalue the existing health care system because once you’re gone, no one can continue the work you’ve started.” Instead, he refers to Dutch dental professionals to an organisation like Dental Health International Nederland (DHIN), which assists local organisations in developing countries in oral health projects. DHIN offers the starting point for Dutch oral care professionals to find their activities as a volunteer.

Benzian believes that volunteers should not provide standard dental care. “The developing world is not a playground for undergraduate dental students or an area to try out treatments or act without due care. You have the responsibility to help each patient the best way possible, otherwise you cause damage.” In addition, he warned against well-intended enthusiastic actions without first carrying out the necessary introspection, planning and co-ordination with local stakeholders. “Thoughts like ‘the situation is so bad, I provide nonstop treatment’ are understandable. But that way you don’t improve the system. You have to realise that you are just a visitor and therefore you need to support long-term solutions, such as training and education of local health care providers. That way you contribute to sustainable local capacity.”

If you are a dentist and you have the opportunity to speak to policymakers, seize the chance with both hands. Most important of all is not to follow the blame approach but to identify the problems in a diplomatic manner and contribute to possible solutions. That way you subtly plant a seed in somebody’s mind. Furthermore, a positive ‘trigger’ can play an important role. I know of cases where decision-makers suddenly invested significantly in oral health care because, for example, their daughter was relieved of her chronic toothache by a dentist. If you experience something yourself and can relate to an issue on a personal level, the urgency of the problem becomes more concrete,” Benzian advised.

However, he emphasised that the political priority of oral health in most countries remains low and every effort should be made to change this situation. “It starts with each and every one of us, talk and seek collaboration with your medical colleagues, work with a paradigm shift to raise awareness of oral health wherever possible.”

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“Take CAD/CAM to the next level”

Planmeca’s vice-president on the company’s strategic investment in E4D Technologies

Finnish dental technology manufacturer Planmeca has recently made a significant equity investment in the US-based high-tech medical device company E4D Technologies. In this interview, vice-president at the Planmeca Group and acting CEO for E4D Technologies Tuomas Lokki sheds light on this new venture.

Mr Lokki, why did Planmeca choose to invest in E4D Technologies?

We believe in the tremendous possibilities and future growth of CAD/CAM dentistry. As dentistry will be completely digital in the future, we believe it is vital to invest in the development of new and efficient practices. E4D is a long-term leader in advancing modern CAD/CAM dentistry, so we knew that joining forces with this high-tech medical device company would be a valuable addition to our own leading expertise in 3-D imaging and software solutions.

How will this improve the daily workflow at clinics?

One great advantage is the integration of X-ray imaging and CAD/CAM into a single software platform, Planmeca Romexis. For the first time, customers will have the option of one software interface for both X-ray imaging and CAD/CAM work. All patient data is also saved in the same database and it can be shared immediately and easily through the clinic’s network or with the Planmeca Romexis Cloud service. Furthermore, the restorations designed in the CAD module can easily be combined with the patient’s X-ray images for implant planning purposes, for example. For the patients, this means convenient same-day dentistry.

Can you also tell us about the brand new intra-oral scanner that you launched recently?

Our new Planmeca PlanScan intra-oral scanner is an ultra-fast, powder-free and open solution for 3-D digital impressions. Its advanced blue laser technology accurately captures hard and soft tissue of various transparencies, dental restorations, models and impressions. It is the world’s first dental unit-integrated intra-oral scanner and can be used through a laptop as a standalone version. Together with our Planmeca Romexis software, the system supports an ideal digital treatment workflow.

How will both Planmeca and E4D benefit from this investment?

On the one hand, this investment strengthens Planmeca’s position in the fast-growing CAD/CAM business and Planmeca benefits from E4D’s cutting-edge solutions and long-term CAD/CAM expertise. On the other hand, Planmeca’s extensive distribution network enables E4D Technologies to grow globally and our leading dental imaging solutions will be a valuable addition to the E4D/CAD/CAM platform.

Has this venture created any new needs for your company?

Definitely, as we need to provide extensive CAD/CAM training for our distribution and customer network over 120 countries. Therefore, we have recently invested in new training, warehouse and production facilities alongside our Helsinki headquarters. These new 10,000 sqm facilities will help us address the growing need for training and education in this new field of dentistry.

Are we thrilled to be able to take CAD/CAM to the next level. The solutions will change the concept of same-day dentistry completely and facilitate the workflow of dental professionals worldwide.

Thank you very much for the interview.

Sirona recognised as top employer in China

“...our leading dental imaging solutions will be a valuable addition to the E4D CAD/CAM platform.”

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Sirona recognised as top employer in China

Sirona has been recognised as Top Employer China 2014. Based on a multistage analysis and audit process, the award is presented annually to outstanding employers around the world by the Top Employers Institute. Excellent working conditions, talent promotion and continuous development of personnel are the main criteria.

Sirona China was among 40 employers in the country that were honoured with the award. “Employers are the heart of our company,” Michael Elling, Vice-President of Corporate Human Resources at Sirona Group, said. “The Top Employer award for Sirona China is a recognition of our local and global employer development. The award is part of our global growth strategy, reinforces our attractiveness as an employer and encourages employees to be active for Sirona at home and abroad.”

In 2006, Sirona began establishing its base in China with just 50 employees. Today, more than 150 employees work for the company at that office—a success story also in terms of staff development. Sirona China is number one in treatment chairs for dentists. Its digital dentistry and CAD/CAM products have gained significant importance over the past two years.

Roland DG Australia expands into dental business

The facility was officially opened at the company’s 25th anniversary event in November. In addition to a vast range of equipment set up for live demonstrations and product development, the facility has an adjacent training room equipped for interactive training sessions and seminars. An array of application samples are also on display, the company stated.

Roland DG Corporation, which has its headquarters in Japan, is a global manufacturer of inkjet devices, milling and engraving devices, 3-D scanners, and a number of other products. The company entered the health care market only recently by introducing milling machines designed for creating dental prostheses. 
A-dec celebrates 50th anniversary

DTI

NEWBERG, Ore., USA: Dental manufacturer A-dec is celebrating its 50th anniversary this year. Founded in 1964 by Ken Austin and the late Joan Austin in Newberg, Ore., in the USA, the company is one of the best-known manufacturers of dental chairs, delivery systems, and dental lights worldwide today.

In addition to its 50-acre US headquarters, which employs more than 3,000 people, A-dec currently maintains operations in Australia, China and the UK, cooperating with an extensive network of dealers in more than 100 countries worldwide.

Over the last few decades, the company has developed a number of innovations used in dental practices worldwide. In 1964, for example, the first vacuum ejector, patented by A-dec, replaced belt-drive devices in treatment rooms.

The company also introduced the first compact delivery system, revolutionizing treatment of patients by making it more efficient and ergonomic.

A-dec products recently won “New Dentist Forum” awards in the categories Best Patient Chairs, Best Operatory Delivery Systems, Best Dental Cabinetry, Best Operatory Lights, Best Stools and Best Waterline Systems for the tenth consecutive year.

“A-dec began with a simple idea,” said co-founder Ken Austin. “Our approach then and today is to create a better solution that’s simple and easy to use.”

Dental portfolio united

DTI

WASHINGTON, D.C., USA: SINGAPORE: As one of the largest dental product conglomerates worldwide, KaVo Kerr Group now unites more than 15 global leading brands for dental products and services. Formed as the global dental segment of Danaher Corporation, an umbrella corporation based in Washington D.C. in the US, the aim of the group is to strategically combine leading dental consumable, equipment and specialty brands, such as KaVo, Kerr, SybronEndo and Gendex, and operating companies under one global platform.

All operating companies within KaVo Kerr Group share the values of trust, experience, choices, quality and smart innovation, according to President of KaVo Kerr Group Henk van Duijnhoven. While part of this larger group, they will however continue to market themselves under their current brands and go-to-market strategies with firm commitments to their customers and local markets, he said.

“The formation of KaVo Kerr Group enables us to better serve dental professionals and health-care providers who purchase a broad range of products and brands. The combined group also helps to accelerate our innovation, clinical workflow products and solutions, as well as the rate of new product introductions by better leveraging our expertise, network of dealers in more than 100 countries and specialty brands, such as KaVo, Kerr, SybronEndo and Gendex, and operating companies under one global platform.”

Van Duijnhoven commented.

KaVo Kerr Group’s products and services primarily serve the general practitioner, dental specialist, hygienist, institutional and specialty brands. They are currently available in virtually every dental market in the world, including Asia Pacific, Europe, North and Latin America, as well as the Middle East.
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Price pressure and competition are on the rise in the dental industry. In order to maintain their competitiveness, manufacturers of dental products and services will have to rethink their current approaches and structures in sales and marketing, for instance.

Influenced by significant changes in the market, business expectations for the dental industry in Europe, for example, are changing. As leading dental manufacturers there anticipate single-digit revenue and profit growth for the next two years. Under these conditions, rising customer demand and highly innovative treatments that will in turn drive growth from the supply side, are considered to be two main factors for growth.

Demand-driven industry growth has resulted primarily from stronger customer interest in cosmetic treatments and dental implants owing to higher patient awareness and the availability of treatments that are more affordable. The increasing number of qualified and specialised dentists who perform these types of treatments has further driven this growth. Moreover, manufacturers are experiencing higher demand for services and integrated solutions. The reason for this is the shifting service spectrum and higher demand for process optimisation in dental practices and laboratories. The increasing number of manufacturers are therefore seeking to differentiate themselves by extending their existing portfolio and offering integrated solutions to meet the changing demands of their customers.

According to leading dental manufacturers, product and service innovation is critical in meeting the challenges of competitive forces. Increasing competition and constant price pressure

Despite solid market growth, businesses are expecting slighter competition saddled with constant price pressure over the next three years. In particular, many regard the competitive pressure from wholesalers that develop and market their own brands and to some extent, practise as a crucial factor in the competitive dynamics in the dental industry.

Wholesalers with their own brands have continuously improved their position in the European dental materials market. They now operate as key strategic partners for dental practices, offering sophisticated consulting services and training seminars, placing them in direct competition with manufacturers. While manufacturers are dependent on wholesale sales for a significant portion of their sales, they also want to distinguish themselves from their as far as possible. It comes down to creating a balance between efficient wholesaler management and the highest possible level of differentiation.

On the demand side, consolidation and integration of dental practices and laboratories (e.g. dentists joining laboratory chains or practice laboratories) pose new challenges for manufacturers. End-customers’ escalating cost pressure and market competition, but also their increasing levels of digital and national integration are undoubtedly responsible for these developments. In this context, manufacturers will have to deal with the growing negotiating power of providers and their increasing price sensitivity, making the battle over customers increasingly tougher.

Need for action

In order to compete successfully in a changing market environment, manufacturers of dental products have identified the need for action in four main areas (Table I).

<table>
<thead>
<tr>
<th>Challenge on the supply side</th>
<th>Challenge on the demand side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing wholesalers</td>
<td>Managing a competing customer base</td>
</tr>
<tr>
<td>Offering differentiating value</td>
<td>Offering changing customer needs in light of increasing digitalisation</td>
</tr>
</tbody>
</table>

Expanding portfolios and develop strategies

Manufacturers that sell primarily through wholesalers are currently being confronted with the question of how to optimise their management of wholesalers, for instance in selecting, steering, developing and incentivising, plus pricing and controlling cross-channel and cross-border activities.

Fig. 1: Challenges in marketing and sales facing the dental industry. — Fig. 2: The industry’s reactions and solutions.

Table I: Examples of important growth areas.

<table>
<thead>
<tr>
<th>Challenge area</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase penetration with chairside systems</td>
<td>CAD/CAM solutions</td>
</tr>
<tr>
<td>Increase use and integration of 10 scanners</td>
<td>IT integration</td>
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<tr>
<td>Solutions for incompatibility problems in applying various systems</td>
<td>Prosthetics and materials</td>
</tr>
<tr>
<td>Developing more robust synthetic materials</td>
<td>Applying more cost effective synthetic materials and other materials</td>
</tr>
<tr>
<td>Increasing market penetration with chairside systems</td>
<td>Low-cost providers are an ever increasing source of competitive pressure, especially those from non-European markets such as Asia. Their influence however will remain marginal for the time being owing to their inability to guarantee short turnaround order processing times and to their sometimes suboptimal product quality. As low-cost providers continuously improve their quality, manufacturers assume that the price level, especially for standard segments, will drop further.</td>
</tr>
<tr>
<td>Managing wholesalers</td>
<td>Ongoing market price pressure will also be influenced by increased customer price sensitivity. Manufacturers expect stronger price pressure in market segments in which wholesalers offer their own brands than in other segments.</td>
</tr>
<tr>
<td>Offering differentiating value</td>
<td>The market developments over the last few years. While they may have considerably lower market share compared with that of manufacturers of dental products, their growth rates are significantly higher than those of the rest of the industry.</td>
</tr>
<tr>
<td>Managing a competing customer base</td>
<td>and offer sophisticated consulting services and training seminars, placing them in direct competition with manufacturers. While manufacturers are dependent on wholesale sales, they still want to distinguish themselves from their customers.</td>
</tr>
<tr>
<td>Offering changing customer needs in light of increasing digitalisation</td>
<td>They specialise in the medical technology competence center. His work focuses on strategy and customer alignment, particularly on the development of new treatment concepts for dental practices, offering the patients as well as emerging treatment processes that are more efficient, offering customers added value (e.g. guaranteed product quality and reproducibility of results), differentiating from competition, reducing simple replaceability, as well as exploiting up-selling and cross-selling potential.</td>
</tr>
</tbody>
</table>

Recognising what needs to be done and acting on it

Manufacturers have increasing demand from customers for up-selling and cross-selling potential.

End-customers’ escalating cost pressure and market competition, but also their increasing levels of digital and national integration are undoubtedly responsible for these developments. In this context, manufacturers will have to deal with the growing negotiating power of providers and their increasing price sensitivity, making the battle over customers increasingly tougher. They specialise in the medical technology competence center. His work focuses on strategy and customer alignment, particularly on the development of new treatment concepts for dental practices, offering the patients as well as emerging treatment processes that are more efficient, offering customers added value (e.g. guaranteed product quality and reproducibility of results), differentiating from competition, reducing simple replaceability, as well as exploiting up-selling and cross-selling potential. Manufacturers are increasingly initiating qualification measures in sales and marketing with the aim of improving value selling and value communication. In parallel, they are developing a new way of thinking, moving from a traditional product and customer-oriented approach to one that focuses on solutions for customers. Economic value drivers, for example total cost of ownership of integrated solutions versus the cost of individual products or demonstrating cost efficiencies and time savings in workflows, are gaining importance. In order to achieve this, manufacturers of dental products will be required to have a greater understanding of the customer’s needs and requirements, developing solutions with better support by means of case studies and simulation tools.

Fig. 1: Challenges in marketing and sales facing the dental industry. — Fig. 2: The industry’s reactions and solutions.
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Aesthetic dental restorations with lithium disilicate materials

Ultra-thin veneers in clinical practice

Aesthetic dental restorations with lithium disilicate materials

With the advent of new materials such as lithium disilicate, the fabrication of very thin veneers that require only minimal removal of natural tooth structure has become a clinical reality. The IPS e.max all-ceramic system from Ivoclar Vivadent, for example, covers all current all-ceramic indications and is suitable for use with the CAD/CAM and press techniques.

The IPS e.max Press product range comprises ingots in four levels of translucency (HT, LT, MO and HO) and Impulse ingots in three different values (Value 1, 2 and 3) and two opa shades (Opal 1 and 2). These materials are particularly useful for fabricating single-tooth restorations in cases of damaged or stained dental enamel, as described in detail in the following case report.

A 59-year-old female patient consulted our clinic to improve the appearance of her anterior teeth (Fig. 1). Apart from slight periodontal problems, which were confirmed by a radiographic examination, we diagnosed proximal caries in the first incisors, as well as Class III dental transplants and the mandibular ankylosis. Finally, the gingival margin was adjusted with the help of connective-tissue grafts, as well as Class III dental transplants and the mandibular ankylosis. The maxillomandibular relation was recorded by means of an arbitrary facebow. The gingival margin was adjusted with the help of connective-tissue grafts, and the mandibular arch was bleached. Finally, ultra-thin veneers (≤ 0.5 mm) made of IPS e.max Press Impulse Opal 2 were placed.

After the teeth had been thoroughly analysed, a wax-up was fabricated, which was subsequently used to design a mock-up. A 2 mm-thick perforated tray (Fig. 2) and two silicone matrices were produced to check the vertical dimension of occlusion during preparation (Fig. 4) and to fabricate the chairside temporary. A retraction cord was placed along the gingival margin to protect the gingiva during the preparation procedure.

A depth marker was used to ensure proper reduction of the vestibular tooth surface. This bur cut orientation grooves with a depth of 0.5 mm. The incisal edge was reduced with a diamond bur (0.6 mm), which was also used to remove the ridges between the grooves and completely level out the surface. The proximal and gingival areas were prepared with the same bur. The marginal and proximal areas were prepared and then polished. The entire preparation surface was completely smoothed with a polishing disc and a medium-grit polishing paste to eliminate all grooves and edges. The silicone matrix was then inserted to check the correct dimensions of the prepared teeth (Fig. 7). In a final step, the retraction cord was removed.

Using the double-cord retraction technique, the first retraction cord (size 000) was individually packed into the sulcus of each prepared tooth and a second continuous retraction cord (size 00) was placed on top. With this method, the gingiva was completely displaced from the prepared dental hard tissue or any blood and saliva, which could adversely affect the precision of the impression. The heavy/light dual-phase impression was taken with a customised tray coated with an adhesive to increase the adhesion of the impression material to the tray. The heavy/light dual-phase impression technique makes use of impression materials with different viscosities. Accordingly, a heavy-body material was syringed into the tray, while a light-body material was syringed around the prepared teeth (Fig. 8).

The precision of the impression was checked and temporary restorations were produced chairside by mixing and syringing two-component composite resin into the previously fabricated silicone matrix. Once the composite resin had been cured, the matrix was placed in the patient’s mouth. The provisional material was subsequently cured and the matrix was removed. Excess composite was removed with rotary instruments. The temporary restorations were characterised with staining and glazing materials.

In the laboratory, a cast was made from the disinfected impression using Glass IV plas ter. After the models had hardened, the preparation margins were defined (Fig. 9). The veneers were waxed up, removed from the die and then invested. They were subsequently reproduced with IPS e.max using the press technique, then divested (Fig. 10), finished and individually characterised (Fig. 11).

In the second clinical phase, the veneers were tried in and cemented in place. First, the temporary restorations were removed and the prepared teeth were cleaned. Each veneer was tried in individually to ensure correct fit. Next, the proximal fit was checked by positioning one veneer correctly and then placing the adjacent veneer. The position of the first veneer was examined very closely after the adjacent veneer had been placed to determine and correct any changes.

Dr Rafael Piñeiro Sande

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A rubber dam was placed with a retentive clasp for each preparation. The veneers were tried in with the Variolink Try-In paste, rinsed with a water jet and dried with oil-free air. For optimal cleaning results, Ivoclean (Ivoclar Vivadent) was applied for 20 seconds and then removed with a water jet.

The ceramic surface, which has to be kept free from contamination, was treated with 5 per cent hydrofluoric acid (IPS Ceramic Etching Gel, Ivoclar Vivadent) for 20 seconds. The restorations were cleaned with a water jet and immersed in an ultrasonic bath for 5 minutes. The veneers were then dried and conditioned with the silane coupling agent Monobond Plus (Ivoclar Vivadent) for 60 seconds. The excess was dispersed with a strong stream of air. The prepared teeth were then cleaned with brushes and fluoride-free prophylaxis pastes. The enamel was etched with the 37 per cent orthophosphoric acid Total Etch (Ivoclar Vivadent) for 30 seconds and then cleaned with water and a water jet, and carefully scrubbed in for at least 10 seconds. The excess was dispersed to a thin layer with a weak stream of air.

In the process, it is very important to avoid pooling. A shiny surface showed that the tooth had not completely been removed. The excess with a probe. The marginal gingivae were previously isolated with Liquid Strip gycerin gel (Ivoclar Vivadent), which prevents the formation of an oxygen-inhibited layer during polymerisation and enables the luting material to cure properly. Finally, the restorations were cured for 90 seconds from all sides.

The excess was removed with a scalpel. Fine-grit burs and silicone polishers were used at the palatal margin. The rubber dam was then removed and the occlusion inspected (Fig. 14). After the treatment, the patient received instructions on maintaining her restorations and she was scheduled for a recall examination one month later (Figs. 15 & 16).

Conclusion

The topic of aesthetics continues to grow in importance in dentistry and the development of innovative materials such as IPS e.max Press Impulse allows dental professionals to use new techniques for non-invasive preparation of teeth. In addition, such materials provide aesthetic benefits and eliminate the difference in quality between the press-on and the layering techniques.

Expert knowledge of the adhesive cementation of lithium disilicate restorations gives dentists the professional edge needed to address the challenges associated with this type of treatment. The treatment protocol is firmly established today. It is of utmost importance for dentists and dental technicians to perform their work with great precision. In order to jointly have a positive impact on the results, both parties must be familiar with the entire procedure. Teamwork and a meticulous approach during the individual treatment phases are required to achieve aesthetic outcomes.

Acknowledgement

I would like to thank Roberto Portas Moreu for the excellent dental laboratory work, and the patient for her confidence and patience during the treatment.

Editorial note: A list of references is available from the publisher.
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Current perspectives on oral surgery

How to improve consistency and implementation of contemporary treatment recommendations and options in general dental practice

oral surgery would consequently encompass maxillary sinus membrane lifts, onlay and inlay bone grafts, the placement of dental osseointegrated implants, exodontia (including surgical extraction of impacted teeth and tooth-like structures), as well as the incision and drainage of cellulitis, just to name a few. Despite these different fields of use, the limits of oral surgery are not yet well defined and may reach maxillofacial surgery, a term that implies a greater scope of surgical interest, such as temporomandibular joint surgery, orthognathic surgery, the treatment of head and neck trauma, as well as cancer surgery.

General dental practitioners are only required to undertake surgical treatment of teeth, tooth-like structures, and soft tissue surrounding teeth. In this regard, the UK General Dental Council defines “surgical dentistry” as “those surgical procedures within the mouth which would normally be accomplished for a cooperative patient under local anaesthesia, with or without sedation, in a tolerably short operating time.” In the past 50 years, oral surgery has progressed significantly in the diagnosis and treatment of dental and jaw pathology. Dentistry, particularly surgical dentistry, is rapidly changing and evolving, and dentists worldwide are attempting to adapt to the revolutionary changes and new opportunities resulting from the globalisation of dental and medical surgical specialties. New insights and discoveries related to oral surgery are indeed astonishing and many of them have already been applied in everyday practice, and addressed in textbooks and at international congresses.

The near future will probably witness Er:YAG laser bone ablation replacing surgical drill osteotomy technology in oral surgical practice. Indeed, scanning electron microscope observations have deter-

benign jaw tumours, and placement of dental implants.

While oral surgery continues to develop further with new technologies and visions, the assessment and diagnosis of patients will still form the cornerstone of any surgical specialty. Decision-making, a complex cognitive process that involves consideration of surgical patients’ complaints and preferences, the availability of evidence-based data, as well as practitioners’ case-specific clinical judgement, consequently remains an ongoing challenge for oral and dental general practitioners alike.

“CBCT is becoming the main imaging armamentarium of oral surgeons ...”

Dr Ziad Noujeim, Lebanon

The term “oral” pertains to Dentistry, particularly surgical dentistry, is rapidly changing and evolving, and dentists worldwide are attempting to adapt to the revolutionary changes and new opportunities resulting from the globalisation of dental and medical surgical specialties. New insights and discoveries related to oral surgery are indeed astonishing and many of them have already been applied in everyday practice, and addressed in textbooks and at international congresses.

The near future will probably witness Er:YAG laser bone ablation replacing surgical drill osteotomy technology in oral surgical practice. Indeed, scanning electron microscope observations have determined that Er:YAG laser treatment produces well-defined edges. Melting and carbonisation associated with carbon dioxide lasers occurred when treated on sites irradiated with Er:YAG lasers. In addition, FTIR spectroscopy revealed that the chemical composition of bone surfaces after ablation with an Er:YAG laser was almost the same as that after conventional drilling with a bur, proving that the use of Er:YAG laser ablation can be an alternative to traditional bur ablation in oral and periodontal oeconomous surgeries, particularly in mandibular ramus onlay block harvesting, apicectomies and benign jaw tumour surgery, or the irradiation of bisphosphonate-associated jaw osteonecrosis.

Dental pulp stem cells (DPSCs) can now be cryopreserved and stored for years, while still retaining their multipotency and bone-producing capacity. These highly specialised cells show very low mortality and are easy to collect from extracted wisdom teeth or skulls, for example. They also interact with bone biomaterials and substitutes, which makes them an ideal cell population for jaw reconstruction. In addition, stem cell subpopulation of DPSCs, are capable of differentiating into osteoblasts, and they are claimed to possess immune privilege and exert anti-inflammatory abilities like many other mesenchymal stem cells.

Introduced in the late 1990s, CBCT is becoming the main imaging armamentarium of oral surgeons, as it provides more comprehensive anatomical information and data that help to improve preoperative and peroperative clinical implementation of surgical procedures. Impacted teeth, cystectomies, removal of

Most popular: intralesional steroids, and weekly injections with these are common practice noting that local anaesthesia is a solitary jawbone lesions of Language has histiocytosis, a proliferative disease of the macrophage/dendritic cell lineage.

CCGGs, considered troublesome, are also currently medically managed by calci-tin, a polypeptide hormone produced in humans primarily by parafolic cells of the thyroid gland, C cells. Calcitonin is known to counteract parathyroid hormone, inhibit osteoclast activity and increase calcium influx in bones. In this regard,
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An interview with dentist Dr Taro Okamoto about the double teeth craze in Japan

In almost all Western countries, crooked teeth are considered unattractive. In Japan, however, fake double teeth called tsuke-yaeba have risen to popularity, particularly among teenage girls and young women, transforming their upper canines to make them look imperfect. Dental Tribune Japan recently had the opportunity to speak with Dr Taro Okamoto, head cosmetic dentist at the Pure Cure cosmetic dental clinic in Tokyo and manager of tsuke-yaeba pop group TBYB, about the procedure and why the trend might be here to stay.

DT Japan: Tsuke-yaeba have gained widespread popularity in your country. How do you explain the appeal of having imperfect teeth?

Dr Taro Okamoto: There is a long tradition of the love of imperfect beauty in Japan. People here admire the aesthetics of asymmetry, as well as perfection. Sen no Rikyū, a sixteenth-century master of the tea ceremony, for example, praised the beauty of chipped tea bowls, which he considered a humble and simple form of the original thing. The concept of fake double teeth is largely based on this notion.

Why is tsuke-yaeba of particular interest to women?

Dr Taro Okamoto: Actually, I read a survey in Japan recently which people from different countries were asked whether a girl idol with double teeth looked cute or dreadful. Most of the respondents considered it cute. With the concept of “Cool Japan”, Japanese fashion and values have spread all over the world. So far, I have treated customers from countries like Taiwan. Japanese fashion and values have enjoyed popularity since the 1970s. They are usually associated with being young, cute and coquettish, which are all features believed to give them a special charm and boost their popularity.

Women decide to wear double teeth for the same reasons they have piercings, or wear fake eyelashes or coloured contact lenses. As these items have become common fashion accessories, attention naturally moved on to teeth.

How do you balance this with your work as a dentist?

Dr Taro Okamoto: As these items have become common fashion accessories, attention naturally moved on to teeth. Women decide to wear double teeth for the same reasons they have piercings, or wear fake eyelashes or coloured contact lenses. As these items have become common fashion accessories, attention naturally moved on to teeth.

How do you respond to criticism that its widespread use has affected the straightness of natural teeth?

Dr Taro Okamoto: Tsuke-yaeba is a permanent procedure or can it be reversed?

We currently offer a permanent option, involving the direct build-up of composite resin or the use of laminate veneers. There is also a reversible option where the fake teeth can be worn like normal dentures through the application of an adhesive. I advise my customers to maintain proper oral hygiene to avoid the development of periodontal disease, as well as to consult with us in case of any pain or discomfort associated with tsuke-yaeba.

Is tsuke-yaeba a procedure that Japan独占

Dr Taro Okamoto: Trend from Japan are often not widely adopted overseas. Do you see tsuke-yaeba making it to Western dentistry soon?

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How do you respond to criticism that its widespread use has affected the straightness of natural teeth?

Dr Taro Okamoto: Grinding down healthy teeth and covering them with ceramics is a common misconception about aesthetic dentistry in Japan. By spreading the concept of tsuke-yaeba, I would like to start a revolution in this field, so that tsuke-yaeba will not be a fad only but become popular enough to be considered an everyday cosmetic item like fake eyelashes. The technique itself is very versatile, as I can use the same direct build-up method to straighten teeth.

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Date:
21–23 March, 2014
Organiser:
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ADX booms in challenging times
Record numbers expected for Australia’s largest dental exhibition in Sydney

Despite another decline in sales of dental materials and equipment in Australia last year, the organisers of the country’s largest dental exhibition have reported that they have sold out all available booth space for this year’s ADX14, one month before the event. They also said that they expect a record number of dental professionals to attend the show, which will be held at the Sydney Exhibition Centre 9-11 Glebe Island from 21 to 23 March 2014.

Exhibitors will be showcasing the latest dental products from Australia and overseas at ADX14, including new materials and solutions for an improved workflow in dental practices and laboratories. According to the Australian Dental Industry Association (ADIA), which stages the biennial event, many of these products will be available to dentists in Australia for the first time.

In focus will be Dental CAD/CAM and new digital practice solutions, which have become common in many dental practices. Visitors will be eligible for discounts offered by several manufacturers for on-site purchases.

In addition to the industry showcase, the event will feature an extensive continuing professional development programme, which is supported by dental associations and suppliers of dental equipment from Australia and abroad. These seminars are free to visitors and will cover a wide range of dental topics, including oral surgery, implant dentistry and practice management. Well-known oral health care professionals from universities in Australia and other countries will give presentations on issues in aesthetic and preventative dentistry, such as restorations with new ceramic materials, over the course of three days.

“There is no mistake about it: this is the event that provides dentists and allied oral health care professionals with the best opportunity to see more, buy more and learn more,” ADIA CEO Troy Williams commented.

According to him, the upcoming ADX14 is shaping up to be the largest edition ever in the short history of the event, which has seen increasing two-digit participation since it was first held in 2008. The latest show in Sydney attracted slightly more than 6,000 visitors, according to ADIA figures, which the association expects will be exceeded this year by a 17 per cent increase in attendees. In order to make it easier to join the event, discounted airfares, hotel rooms and car hire are on offer for interstate and international visitors, Williams said.

Dental equipment manufacturers and dealers in Australia currently face a challenging environment, as sales of dental products declined in the last financial year for the third consecutive year. The market value of consumables and laboratory products in particular suffered from the effects of the global financial crisis and cuts to public dental services made by the previous Australian government, a recently published report by ADIA states. Significant growth was only observed in the over-the-counter products segment, such as toothpaste and toothbrushes, which grew by almost 4 per cent in 2013. The total market for dental products, including over-the-counter products, was worth almost A$2 billion, according to the document.
“An industry in transition”

ADIA Chief Executive Officer Troy Williams on ADX14 and the state of the dental industry in Australia

The upcoming ADX14 in Sydney will offer dentists from Australia the opportunity to get head-to-head with the latest dental materials and technologies available on the market. Today international had the exclusive opportunity to speak with Troy Williams, Chief Executive Officer of the Australian Dental Industry Association (ADIA) about this year’s show and the state of the dental market in Down Under.

today international: Sales of dental materials and equipment in Australia yearly reports have declined in 2012. Has the situation changed in 2013 and what are the prospects for the industry this year and the years to come?

Troy Williams: Last year, ADIA released the latest edition of the Australian Dental Industry Intelligence Report, accepted by government and industry stakeholders as the nation’s most authoritative assessment of the market for dental products. Covering the 2012-13 financial year, the report found that the total market for dental products was AUD1,695 million (US$1,331 million) and that the market for products supplied to dental service providers was AUD1,585 (US$1,246 million), a figure that has fallen for the third consecutive year. The drop is partly attributable to the slowing effects of the global financial crisis but probably more importantly is influenced by large cost to public dental services by the previous Australian Government.

Although the sales of products over the previous three years have declined, there is considerable optimism about the coming year. The preliminary results that have come in thus far from the latest ADIA Australian Dental Industry Business Conditions Survey show that ADIA member businesses expect modest growth in sales over the coming quarter.

ADIA’s ability to provide accurate assessments of past and present market conditions is a result of a considerable investment by the association into research into the market for dental products. This information allows our members to grow, create jobs and operate sustainably in Australia’s dental industry.

How would you generally describe the state of the industry right now?

It is an industry in transition, emerging from three difficult years and looking to the future with confidence. The ADIA Dental Industry Business Conditions Survey reflects this, showing that the decline has been arrested and that businesses across the dental industry are generally positive about the year ahead.

There are some challenges which will need to be carefully managed. Given that around 95 per cent of dental products in Australia are imported, the industry is highly sensitive to currency fluctuations, so the fall of the Australian dollar from historical highs is likely to test the industry’s resilience.

At ADIA, our focus has been on driving underpinning demand for dental services as a means of supporting our members. Our work with government and professional stakeholders is showing results, and we welcome the new Australian Government’s commitment to retention of new programmes to provide public funding of limited dental services to children. If the Australian Government’s programme is a success, it will add around 7 per cent to the nation’s total expenditure on dental services, with obvious secondary benefits for the ADIA member businesses that supply quality dental products.

One of the most discussed issues in recent years was product regulation, previously overseen by the Therapeutic Goods Administration in Canberra. With a new organisation taking over its responsibilities, what changes do you expect for the industry and will they be of benefit or disadvantage for provision of dental equipment?

At the end of January, ADIA held yet another meeting with the new Minister for Health, the Honourable Peter Dutton MP. As a result of this engagement, (believe me, the Minister shares ADIA’s commitment to a regulatory framework for dental products that is based on a risk management approach designed to ensure public health and safety, while at the same time freeing industry from any unnecessary regulatory burden.

Over the coming twelve months, a major priority for ADIA is to support the transition to the new Australian Therapeutic Product Agency (TGA), the proposed successor to ANZTPA, as it offers considerable scope for dental product suppliers to grow their business.

ADIA is also actively engaged in negotiations to support the Trans Pacific Partnership (TPP) free trade agreement, viewing this as a viable pathway for realising the vision of a free trade area of the Asia-Pacific region. For manufacturers and suppliers of dental products, the TPP negotiations are exciting as it includes five of Australia’s top ten trading partners including the United States of America, Japan, Singapore, New Zealand, and Malaysia. Australia’s participation in the TPP negotiations will further strengthen the dental industry’s relationship with these key trading partners. That the new Australian Government has committed to continuing the TPP negotiations is welcomed by ADIA.

What dental products are currently in high demand in Australia and is ADIA going to reflect these trends?

The ADX Sydney dental exhibition enjoys a long-standing reputation as Australia’s premier dental event given that it serves as a springboard to launch many new products into the Australian/New Zealand market.

The interest in the dental laboratory pavilion, a first for this series of exhibitions, allows dentists to review the work from the leading laboratories that manufacture their products in Australia. This pavilion will also show products to have an existing presence in Australia, so naturally that’s where most exhibitors come from. That said, businesses from New Zealand to the Netherlands are represented, as those from Peru to Poland.

Owing to the reconstruction of the Sydney Exhibition Centre until 2016, ADX will be held in another venue this year. Will this have any impact on visitors or exhibitors?

ADX Sydney will be held at the new Sydney Exhibition Centre @ Glebe Island, the new home for Sydney’s major trade show, with plans to launch a new dental exhibition. The Darling Harbour entertainments precinct. Getting to the new venue is easy with the Sydney Light Rail service that stops directly adjacent to the venue.

Visitors from outside of Sydney can also take advantage of their visit to ADX Sydney and use it as an opportunity to see the harbour city and take part in activities such as climbing the harbour bridge, seeing a show at the opera house or going to the many beautiful beaches Sydney is famous for.

Will there be also opportunities for professional development and what will be the main topics discussed there?

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Attention in the latest digital imaging products are seeing specialists from around the nation book their flights and accommodation to attend ADX14 in Sydney. Australia’s premier dental event.

You reported high interest in booth space last year. Can we expect more exhibitors to attend ADX this year and, if so, where do they mainly come from?

The answer to that question takes only two words—sold out. Australia’s largest dental exhibition attracts more exhibitors than any other event in the region, however this event is shaping up to be something special with all of the nearly five hundred booths sold out.

Local requirements generally require businesses supplying dental products to have an existing presence

“Given that around 95 per cent of dental products in Australia are imported the industry is highly sensitive to currency fluctuations...”

“What has been surprising is the strong interest in restorative products.”

ADX14 Sydney 2014 Show Preview

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Useful information

Congress venue
Sydney Convention & Exhibition Centre
Darling Dr, Darling Harbour
NSW 2000
AUSTRALIA

On-site registration
Registration for ADX14 is free. Visitors can register online in advance through the ADX website.

Official languages of the congress
• English

Continuing education
The Continuing Development Programme at ADX14 has been assessed by the programme sponsor and deemed to be clinically/scientifically based in accordance with Guidelines On Continuing Professional Development published by the Dental Board of Australia. Delegates who have registered for the programme can earn 60 minutes worth of CDP hours for each session they attend during the meeting.

Press and media
Free copies of the today international congress newspaper will be available daily during the congress, and will provide visitors with the latest news from the congress, information about new products and what to do in Sydney. Additional coverage will also be available on ADX's news website, www.dentaltribune.com. You can also access the news feed directly by scanning the QR code below.

Passports and visas
All travellers other than Australian and New Zealand citizens need to present a valid travel document, visa as well as a completed and signed incoming Passenger Card, including health and character declaration, to officers in immigration clearance. Anyone who arrives with a valid travel document, visa or authority to enter Australia, may be refused entry to Australia or delayed until their identity and claims to enter Australia have been confirmed.

An online form for requesting an invitation letter is available on the ADX website. For more details and immigration requirements, you may also visit the Australian Government Department of Immigration and Border’s website at www.immi.gov.au.

Weather and climate
In late March, temperatures can still exceed 25 °C during the day in Sydney. The chance of rain is highest at that time of year, and the air can be very humid. Light and breathable clothing is highly recommended. Air conditioning is common in most public places.

Banking and currency
The legal tender is the Australian Dollar (AUD), which has an exchange rate to the US dollar of about AUD1.11 (as at 10 February 2014). Most shops in Sydney accept all major credit cards. Banks are open from 09.30 a.m. to 4.00 p.m. on weekdays.

Foreigners are entitled to a tax refund for certain purchased items through the Tourist Refund Scheme, which can be collected at the custom offices at the airport.

ADX Sydney — See more, buy more and learn more
Australia’s premier event for all with an interest in dentistry is ADX Sydney. Over three days, it offers all dentists and allied and healthcare professionals the opportunity to visit a world-class dental exhibition, and also take part in a dental skills program full of practical solutions and vital insights into the latest innovative products and patient care options.

ADX14 Sydney Key Features —
• World-class exhibitions featuring suppliers of quality dental products.
• Anticipated attendance of around 7,500 professionals from the dental community.
• Representatives from government, universities and other stakeholders within the Australian healthcare sector.

International visitors have access to tailored support services to help you apply for a visa and finalise your travel arrangements. Visit the ADX14 Sydney website to check out exclusive Benefits on airfares and accommodations.

Use your attendance at ADX14 Sydney as a chance to visit the Sydney Opera House, climb the Harbour Bridge and visit the world-famous Bondi Beach. Why not take a quick trip to a national park to see kangaroos, koalas – all less than two hours away.

The ADX14 Sydney dental exhibition is organised by the Australian Dental Industry Association (ADIA), the nation’s peak body for suppliers of quality dental products.

ADX14 Sydney — See more, buy more, learn more.
www.adx.org.au

Airport transfer
A taxi ride to Sydney’s city centre is approximately AUD$45 – $55. While it may be the easiest way to get around, there are plenty of other transport choices, like the Airport Link, which takes travelers to the city centre in only 13 minutes. It departs from the Domestic Terminal train station located directly between T2 and T3 Terminals and is accessible from within the terminals from the Arrivals level. A one-way ticket currently is AUD$16.40 (price can be subject to change).