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It's BDTA Dental Showcase time!

Dental Tribune details all you need to know about this year's event...

BDTA Dental Showcase is renowned as the UK's biggest and most important dental exhibition.

Organised by the British Dental Trade Association (BDTA), Dental Showcase is the longest established and best attended show in the dental calendar annually attracting thousands of dentists, practice managers, hygienists, therapists, dental nurses, lab owners, dental technicians and dental receptionists.

In 2012 more than 15,000 members of the profession and trade attended the exhibition. Attendance numbers are always independently audited by the BPA.

Manufacturers and suppliers invest considerable resources in developing innovations that are specially designed to meet your needs, save time, improve productivity, reduce long term costs and generally make your life easier. Dental Showcase provides the perfect opportunity for forward-looking members of the dental team to see what's new, gain technical and business information, make informed purchasing decisions and take advantage of special offers.

BDTA Dental Showcase 2013 will once again offer a diverse range of free, informative mini lecture sessions providing verifiable CPD and for those who prefer a more practical learning experience there will be a new and exciting line-up of Live Theatre demonstrations throughout the three days.

In 2012, more than 100 free business and clinical CPD sessions offered visitors more than 60 hours of verifiable CPD. In total, the dental team enjoyed 5,000 verifiable CPD sessions!

Reasons to visit

• Meet with the largest number of on-stand experts presenting the biggest selection of dental equipment, products, technologies and services in the UK.
• More than 350 trade stands to explore
• Discover what's new
• Gain first-hand experience of the latest products and innovations and access a range of industry experts
• Gain CPD by attending the complimentary Mini Lectures
• Take advantage of special offers
• Watch live theatre demonstrations presented by leading experts
• Network with colleagues and peers
• A springboard for new ideas and initiatives
• Make the most of this opportunity to see, try and buy - snap up exclusive Dental Showcase deals on offer at this year's exhibition, such as:
  • Healthcare Learning: Smile-on are offering a massive discount on their range of resources, including the very popular Core CPD portfolio of learning. Come to Stand H01 to find out all the latest deals and offers.
  • Don't miss Philips’ Showcase giveaways! Lucky delegates each day can try the Sonicare Airfloss at one of the brushing stations on Philips’ stand (P06) and can take it away with them for free.
  • Kemdent's range of exclusive special offers at this year's show: Amazing half price sale on 5L disinfectants, plus spend up to £175.00 on Kemdent products and get a PracticeSafe Hand Disinfectant Gel Dispenser FREE OF CHARGE! Don't forget to ask about the FREE gun and activator when you purchase 100 Diamond Rapid Set Capsules at the Offer Price: £167.25 incl VAT.
  • Visit NSK on stand G21 and get three cans of Pana Spray Plus free of charge with every handpiece order, saving £95.58 incl VAT.
• Qudent's special deal of 10% discount on orders placed at the show for all Support Design and D-Tec products. Visit stands J18 and J19 to find out more!

BDTA Dental Showcase takes place at the NEC in Birmingham October 17-19. See you there!
“I know that I do not know”

Dr Oliver Harman is now coming to the end of his two-year MSc in Restorative & Aesthetic Dentistry, with only a couple of weeks before the dissertation section of the course. Designed to advance practitioner’s skills in this area, the course is provided by renowned education provider Healthcare Learning: Smile-on in collaboration with the University of Manchester.

The second half of the MSc course has provided everything I have come to expect. The latest modules have taught me a lot about how much I still have to learn, and it has been an exciting and at times challenging journey.

Module four was an introduction to the research and evidence-base behind everything we do. This was completely new to me as such an area was not included in my initial training to become a dentist, and with this came my greatest challenge from the MSc course. While it was extremely interesting to delve into all the research associated with the practical work I do, it was a real eye-opener – for all the things I didn’t know! When I first qualified, I was told how things worked, shown how to do them and that’s what I did; so this was a whole new way of thinking. The test for this module was a particularly rude awakening, as I realised just how much there still was to learn. I am however pleased to report that I did pass the module after some hard work.

Having considered myself a fairly experienced clinician, I was surprised to find sections of this course quite so challenging. That said, I think it was invaluable to go back to basics and to be able to form my own opinions directly from the evidence-base available. I experienced a different style of teaching here as well – it was clear the course instructors were training us for bigger things. This module in particular encouraged a high level of thinking and reasoning, which has already had a huge influence over the way I practice dentistry.

Highly aesthetic

By the time we reached module five, I was somewhat relieved to return to the wet-fingered
dentistry I am reasonably comfortable with. In this section we looked at how to perform back fillings correctly and how to achieve highly aesthetic results.

Module 6 then covered more advanced techniques and involved a lot of implant work. This I found exceptionally useful as it forced me to go beyond the basic understanding I already had and it gave me a really good grounding in implantology, as well as covering complex restorative areas too. For the first time, I think I can now honestly say that I actually understand restorative procedures, or to associate dentists with fewer responsibilities. I also take my hat off to the clinicians on my course juggling a busy family life as well, particularly those with young children!

Finding the balance
A good support system is vital when undertaking this type of course – designed to test you and develop your skills, the workload can understandably put you under pressure. I am fortunate enough to have a very understanding wife, who has stepped in to help with the daily goings-on of my practice, and I can’t thank her enough for her support. It’s all about finding the balance between your work, day-to-day procedures and learning and your current commitments.

As the old saying goes, ‘you don’t know what you don’t know’. To quote Socrates in Plato’s dialogues, the course has ensured that now ‘I know that I do not know’. As I come to the end of the formal training of the MSc and look towards my dissertation, I can say without a doubt that it has changed the way I practice for good. It has been an excellent course and I have thoroughly enjoyed the journey.

The World’s First Online
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Master of Science in Restorative & Aesthetic Dentistry

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Convenience
The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

Ownership
The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

Community
Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

Opportunity
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Going Private
Roger Matthews reveals how making the transition to private practice does not have to be an ‘all or nothing’ decision for dental practices and looks at some of the private options which allow you to retain your NHS contract

In the current economic climate, the idea of ‘going private’ will leave many principals feeling a little nervous to say the least. After all, the NHS at least provides a relative, or perceived, level of security, so why would you want to put an entirely new funding option in place for your patients?

What are my options?
Because a full transition to private practice is such a daunting prospect, it’s really important to look closely at the problems you currently face in your practice and what options are available to you. The good news is that, in this day and age, the transition to private practice is not an ‘all or nothing’ choice and there are plenty of options available. The overwhelming majority of Denplan practices, for example, offer a mixed service of both NHS and private care and we’re able to guide them through the process one step at a time.

And, with so much change on the horizon once again with the NHS, it makes good business sense to look at the available options and the ways in which you can secure your practice’s success long into the future. What is it specifically that you want to achieve or change as a result of offering private care; which provider will offer you the best support; and do their values and aspirations mirror your own? Once you have the answers to these questions you can see whether a full or partial transfer is the best option for you or whether a slower transition to offering private care is the way to go.

You can, for example, undertake a principal only transition whereby the NHS contractual obligations are delivered by associates within the practice, and the principal focuses on private patients. As a result, the principal gains freedom from UDA targets and can benefit from the additional time spent with patients. The practice also benefits from increased revenue while retaining its NHS contract and offering patients a greater degree of choice.

Can a payment plan help?
Offering a dental payment plan to patients wishing to benefit from private care can increase the practice’s stable, regular income, while providing a way for patients to budget for their dental care. It’s not uncommon to assume that patients will be unwilling or unable to afford such a service, but Denplan’s own research, undertaken by YouGov, has indicated that 15 per cent of regular attenders without a payment or cash plan, and over 23 per cent of Private Fee Per Item patients would consider buying a payment plan to help them budget for their dental care and treatment. Those who would consider buying a dental payment plan also said they would be willing to pay around £14.90 per month for it [Denplan / YouGov survey, January 2013 – total sample size was 4116 adults surveyed online. Figures have been weighted and are representative of all UK adults].

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Why now?
The current target-driven approach favoured by the NHS is believed by many to be at odds with the patient-focused approach that is at the foundation of professional training. This was cited by many as one of the main reasons for practices moving away from the NHS when the last new NHS contract was introduced in 2006. However, the Department of Health seems to have learned from these experiences and the piloting of new approaches to fund NHS dental care is well under way, although the confirmed details of such a new contract remain unknown.

The next version of the NHS contract does, therefore, need to learn and build from its past experiences, but it does so against a predicted future of flat healthcare spending and further budgetary constraints. It will also be at least another year before the evaluation of the NHS pilot outcomes is sufficient to inform a new contract. And, with a general election in May 2015, it would seem that the coalition’s commitment to introduce a new contract before then may be a tall order.

That said, it’s interesting to note the intention of introducing a new NHS dental contract based on registration, capit-

About the author
Roger Matthews MA BDS (DENT(DU)UK)  FIPRS(Edin)  Chief Dental Officer, Denplan. Roger joined Denplan in 1995 having spent 20 years working in general dental practice and as a dento-legal advisor for the Medical Defence Union. He oversees dental advice to the company and its links with professional bodies, and is responsible for Denplan’s professional services.

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Look at all the options open to you to allow you time for your patients
The perfect answer to gagging

Dr Manuel Kalo presents a simple solution to help patients prone to gagging during the impression taking process

A 46 year old patient required the replacement of defective composite and amalgam restorations in teeth 14 and 15 with existing distal (14) and mesial (15) approximal caries (fig. 1).

The teeth were to be restored with ceramic restorations. A special challenge was the patient’s pronounced gagging reflex.

In order to take an accurate impression of any cavity prepared according to minimally-invasive principles, the impression material must exhibit specific properties.

The wash material should be applicable without bubbles, remain in situ on the preparation without slumping, have optimal flow characteristics under pressure, and provide precise detail reproduction. The tray material should support the properties of the wash material. The preferred tray material should be one with a true putty consistency and with optimal resistance when positioned, in order not to trigger the patient’s gagging reflex. Both materials should be suitable for the double-mixing technique with matching setting times.

For the double-mixing technique, DMG’s Honigum-MixStar Putty and Honigum-Light were used because these materials fulfilled all the above conditions. The materials were mixed in the MixStar-eMotion automatic mixing unit, which is programmable for working time and setting time in the mouth.

In order to guarantee stability of the impression material upon removal from the mouth, a non-perforated impression tray, coated with DMG Tray-

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Adhesive, was used.

Procedure
After removal of the defective restorations, excavation of the cavities, and preparation of the cavities (fig. 2), an impression was taken using the double-mixing technique.

For this purpose, the impression tray was first coated with Tray-Adhesive (fig. 3). While the assistant filled the impression tray with Honigum-Mixstar Putty (fig. 4), the dentist filled the cavities and covered the occlusal surfaces of the adjacent teeth with bubble-free Honigum-Light (fig. 5). During the wash material's 1:45 minute working time the impression tray was inserted in the patient's mouth using light pressure and left in situ for at least 3:15 minutes. The acoustic signals of the MixStar-eMotion's timer are very helpful for the clinician's time management. After the setting time had elapsed, the impression was removed from the patient's mouth, which, particularly in the area of the prepared teeth, must be done parallel to the axis of the teeth. The material's putty consistency, which remains in that state even after hardening, makes this process significantly easier. After drying the impression, the result was inspected and the impression stored at a maximum temperature of 25°C.

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- … and the esthetic restoration is done!

The precise reproduction of the preparations, by means of combining the two impression materials, was demonstrated impressively by the perfect fit of the final restorations (fig. 7).

‘In order to take an accurate impression of any cavity prepared according to minimally-invasive principles, the impression material must exhibit specific properties.’

The material properties of Honigum-Mixstar Putty and Honigum-Light provided optimal results. The impression was a bubble-free, finely detailed reproduction of the entire preparation, including any difficult to access areas and preparation lines.

Thanks to the rheologically active matrix of Honigum-Light, which delivers excellent stability yet very good flow characteristics, and putty-like characteristics of Honigum-Mixstar Putty, which provides patient-friendly resistance, there was no irritation of the sensitive areas in the patient's mouth due to overflowing or running impression material. Consequently no gagging occurred.

About the author

Dr. Manuel Kalo - Winterhuder Weg 76a 22085 Hamburg Tel. +49 40 2279652. The complete DMG range, including Honigum, is distributed in the UK and Ireland by DMG Dental Products (UK) Ltd. For further information contact your local dealer or DMG Dental Products (UK) Ltd on 0044 1656 789401, fax 0044 1656 360100, email info@dmg-dental.co.uk or visit www.dmg-dental.com

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