Dentists face OFT investigation

There have been many heated debates regarding the costs of dental treatment in England, especially after Channel 4’s Dispatches ‘The Truth about your Dentist’ was broadcast. However, the battle for dentists is not quite over yet.

Amid widespread agreement that the NHS is simply not working, the consumer watchdog Office of Fair Trading has announced that it will launch a market study, to examine whether the private and NHS dentistry markets are working well for patients. The study, which will look into the information provided in the £7.2 billion dental market, will include investigating the choice of treatments that are offered and the way complaints are handled.

Although the OFT has stated that it recognises the high standards of oral care in the UK, however it remains determined to examine several concerns raised by consumer bodies such as Which? who say that patients are confused over dental treatments and prices.

A report issued by the OFT said: The study will focus on how dentistry services are sold, whether patients are given appropriate information to help them choose between dental practices, the types of treatments on offer and different payment methods in the context of both NHS and private dentistry. It will also look at how easy it is to change dentists, and whether the current system for customer redress works.

The study will also examine whether there are any unnecessary barriers to new practices entering either private or NHS funded markets, and consider the issue of professional restrictions on direct access to specialists or providers of auxiliary services, such as hygienists.

Whilst the OFT completes the study, the Department of Health will aim to try and rewrite the current contracts of NHS dentists, which sees NHS dentists get paid an average of £90,000 a year.

Currently, under the pilot schemes which are being carried out across England, dentists will no longer be paid a set figure; the new scheme aims to pay dentists in accordance with not only how many people are registered at their practices, but also on the quality of care they provide.

Sonya Branch, the OFT’s Senior Director for Services, Infrastructure and Public Markets, was quoted in The Telegraph saying: “Patients appear to be confused about the prices they are being charged and concerns have been raised that they may not be getting sufficient information or adequate choice over the dental treatments they receive.

“We also note that the costs of private dental treatment in England are among the highest in Europe.

“Given the current strains on people’s finances, we think it is a good time to examine whether competition is working effectively to drive up the quality of private and NHS dental services and deliver better value for money for consumers.”

www.dental-tribune.co.uk

YOUR PATIENTS WOULD MENTION THIS...
Editorial comment

Well, showcase is almost upon us and we at Dental Tribune are getting ready to pack our bags and make our way to Birmingham’s NEC, for three days of discovery and not seeing natural daylight!

If you are making the pilgrimage to dentistry’s largest exhibition make sure you come by Stand W08 and say hello, leave your comments about Dental Tribune and find out more about the educational products and services provided by our sister company Smile-on.

And if you want to hear about the latest development from both the Smile-on and Dental Tribune team, including one very exciting development that the DT team have been working on, come to W08 on Thursday 19 October at 12pm and enjoy a glass of something bubbly as we reveal all!!

Finally, those of a gadgety nature make sure you scan the QR code on page 18 and follow Dental tribune on Twitter.

Visit us on stand F02

Whiter teeth in 1 minute.

A seriously fast worker.

* Whiter teeth in 1 minute
* Removes more than 90% of stains
* Low abrasion
* Strengthens tooth enamel
* Advanced cleaning
* New 75ml pack format

Laboratory tests conducted at the University of Bristol Dental School proved that our advanced cleaning toothpaste formula removes stains in just 1 minute. Perfect for patients looking for a low-abrasion solution to teeth whitening.

Any questions? Ask our whitening, sensitivity and stain removal experts:

www.beverlyhillsformula.com
Tel: 020 8563 8887
email: sales@beverlyhillsformula.com

GCD calls for wider response

In April this year the General Dental Council (GDC) asked registrants to respond to its Standards Review by answering a questionnaire on the issue.

There has been a good response so far, but the GDC is keen to hear from as wide a range of registrants as possible.

The GDC registers the entire dental team – dentists, dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians – and currently has more than 95,000 dental professionals on its registers.

‘Standards for dental professionals’ is the regulator’s key ethical guide for registrants and any changes will have a direct impact on their day-to-day working lives, so it’s important that as many as possible have their say.

The questionnaire, which is open until the end of December, is just one part of a number of activities that will feed into the review. The aim is to produce comprehensive new guidance for all members of the dental team by the end of 2012.

One issue in particular has sparked a lot of comment and it is worth noting that draft guidance on ethical advertising will be considered by the Standards Working Group as part of this review, rather than as a separate document. All the research that the GDC has gathered to date on the issue as well as all the comments that have been received will be considered as part of this wider review of the standards.

Further information about the Standards Review and the questionnaire can be found here: http://www.gdc-uk.org/GDCcalender/Consultations/Pages/Review-of-Standards.aspx
Could you use a £20m investment?

It is rare that one hears about an investment opportunity which offers a catalyst for growth rather than one which encourages dentists to opt out of the profession, but one such opportunity has just been announced. Dr Amarjit Gill has teamed up with a seasoned dental entrepreneur to create a group of dental practices in the North of England. The duo have ambitious expansion plans to create a network of practices in the North of England and see great potential to establish a new style of dental practice and help dentists do what they do best.

As Amarjit Gill commented: “We are going public with our search as we feel there must be a number of practices and groups who are looking for a strategy to grow, but so far have not found the right route. Selling to a major corporate is not necessarily right for everyone and the loss of identity and control is only attractive if the Principals are considering leaving the profession. By contrast we are initially looking for a group of practices with a turnover above £10 million who looking for a way to expand and to leverage an investment to build on their success.”

Interested practices can contact Amarjit by contacting him directly by email – gill@smilesahead.biz – to set up an exploratory meeting.

£600,000 funding for UCL

Dr Stefano Fedele and Professor Stephen Porter of the UCL Eastman Dental Institute have recently been awarded over £600,000 in prestigious research grants and PhD scholarships. The funding will support a number of clinical and translational research projects, which will be conducted at the UCL EDI.

Dr Fedele, Senior Clinical Lecturer, and Professor Porter, Institute Director, have received grants from the National Institute of Health Research – Research for Patient Benefit Scheme (NIHR-RPBR) and Arthritis Research UK, and been awarded a UCL Grand Challenge PhD Scholarship for work in relation to two research projects: LEONIDAS-1 and LEONIDAS-2. These multicentre studies will investigate the effectiveness of a novel medical device in lessening dry mouth symptoms caused by radiotherapy and Sjögren’s syndrome and have the potential to revolutionise the management of individuals affected by this debilitating disorder.

Dr Fedele and Professor Porter have also secured funding from the International Serious Adverse Event Consortium (ISAEQC) and a second UCL Grand Challenge PhD Scholarship to lead an international research project on the genetics of bisphosphonate-related osteonecrosis of the jaws: the GENVABO study. This is an international research project on the genetics of bisphosphonate-related osteonecrosis of the jaws: the GENVABO study. This is a genome-wide association study (GWAs) that will help to discover potential gene variants associated with the risk of developing jaw osteonecrosis. The results will enable clinicians to identify individuals genetically predisposed to this debilitating and incurable drug-induced adverse side effect.

CQC launches fees consultation

The consultation sets out proposals to extend the fees scheme to providers of out-of-hours services, who will register for the first time with CQC from April 2012, and adjust parts of the existing scheme.

The consultation also sets out CQC’s strategic approach to fees for future years, which will involve more detailed consultation over the next year for phased implementation from 2013/14 onwards.

The three main proposals for the April 2012 fees scheme are to:
• extend the scheme to providers of primary care out-of-hours services entering the registration system from 1 April 2012
• reduce the fees in the middle bandings for providers of dental and independent ambulance services
• reduce the fee in the lowest level banding for providers of adult social care services without accommodation

Care Quality Commission

The consultation sets out CQC’s work in registration providers and monitoring their compliance with government standards of safety and quality.

The consultation sets out CQC’s strategic approach to fees for future years, which will involve more detailed consultation over the next year for phased implementation from 2013/14 onwards.

The three main proposals for the April 2012 fees scheme are to:
• extend the scheme to providers of primary care out-of-hours services entering the registration system from 1 April 2012
• reduce the fees in the middle bandings for providers of dental and independent ambulance services
• reduce the fee in the lowest level banding for providers of adult social care services without accommodation

Cynthia Bower, CQC’s chief executive, said: “At this stage we are only proposing some minor changes to the fees scheme. These will be the first steps in a longer term strategy for a scheme that we will develop in close cooperation with providers.”

Are you looking for a strategy to grow, but haven’t found the right route?

Are you looking for a strategy to grow, but haven’t found the right route?
NHS cancer waiting times show improvement

Statistics published this month show that cancer waiting times have improved over the past year, despite a general growing pressure on waiting times in the health service and an increase of more than 100,000 more people in England being seen by a cancer specialist.

Official statistics from the Department of Health published in September 2011 show a steady improvement in waiting times for cancer patient referrals and treatment. The report, called ‘Waiting Times for Suspected and Diagnosed Cancer Patients in England 2010-2011’, also shows the NHS hit targets for cancer referrals seen at two weeks, and treatment targets at 51 days and 62 days.

Between April 2010 and March 2011 more than one million patients were seen by cancer specialists following an urgent referral by a GP—an increase of more than 100,000. A total of 95.5 per cent were seen within 14 days of referral, compared to 94.9 per cent in the previous year. Around 45,000 patients were not seen within 14 days of referral.

The performance is encouraging news for mouth cancer patients where early diagnosis and treatment improve survival rates from 50 per cent to 90 per cent. Referrals within 14 days for suspected head and neck cancers improved to 96.5 per cent in 2010-2011, from 95.7 per cent in the previous year.

The good performance for cancer referral and treatment is in contrast to other parts of the NHS. The number of hospital patients in England waiting over the 18-week guarantee has jumped by a third in the past month. Of the 500,000 people seen in July 2011, more than 28,000 had waited beyond the target—a 54 per cent rise from the same month last year. Those who waited over six months rose by 55 per cent to more than 9,000. Overall the NHS in England is continuing to hit its targets of seeing 90 per cent of patients in 18 weeks.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: “The NHS is doing a very good job once cancer patients are in the system. The challenge in relation to mouth cancer is to ensure that everyone recognises the warning signs before it is too late. They include ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth. “Our message to everyone is ‘If in doubt, get checked out’.”

Win a free flight to NYC with Dental Tribune!

In 2011, Dental Tribune International will launch the Global Dental Tribune Awards to celebrate excellence in dentistry. This is a fantastic opportunity for dental professionals to show just how remarkable they are and compete against others in their own areas on friendly terms to win free economy flights to New York City to join us at the Award Ceremony, which will be held at the Greater New York Dental Meeting on November 28, 2011 in the special events hall.

All Dental Tribune readers worldwide are cordially invited to submit their applications online WITHOUT REGISTRATION FEE by October 21, 2011.

Simply choose your categories and submit one PDF (500-1000 words) and one-six images in jpeg format. Explain why your practice or the individual/team deserves to win. You can nominate yourself, a team or an individual. The final deadline for all entries is October 21, 2011.

Applications will be judged by a jury of renowned opinion leaders from all parts of the world:

• Dr John R. Hatliakis, General Dental Journal (BDJ).
• Dr Denis Forest, Directeur des Journées dentaires internationales du Québec, Canada
• Dr So-Ran Kwon, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr Sergio Cacciacane, Director Escuela Superior de Impantología, Argentina
• Dr Adolfo Rodríguez, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea
• Dr Sergio Cacciacane, Director Escuela Superior de Impantología, Argentina
• Dr Adolfo Rodríguez, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea
• Dr Sushil Koitala, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea
• Dr Sergio Cacciacane, Director Escuela Superior de Impantología, Argentina
• Dr Adolfo Rodríguez, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea
• Dr Sushil Koitala, President of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal
• Dr So-Ran Kwon, President of the Korean Bleaching Society, Korea

Submit your application online now at http://www.dental-tribune.com/awards/apply

Good luck!
Cancer divide means hard times ahead for small charities

A new survey looking into public support for cancer charities has uncovered a worrying disparity in the proportion of donations throughout the sector.

The study revealed that high profile charities for cancers such as breast cancer were more likely to be donated to (46 per cent), whereas people were less likely to donate to lung cancer charities (16 per cent).

Of the other cancers, the findings showed that only one in 53 (three per cent) would be more likely to donate to skin cancer, one in 25 (four per cent) to testicular and brain cancers while one in 20 (five per cent) preferred to support prostate and bowel cancers.

Cancer of the liver received votes from only three people in the survey, making it the least chosen of the cancers on the list while mouth cancer obtained just eight votes.

The results also revealed that cervical cancer featured highly on the list, with almost half of respondents (45 per cent), favouring it in their top three. Overall, the figures suggest that female cancers are more widely supported than male-associat ed cancers.

However, the survey worryingly showed that one in four people were less likely to support charities which are seen as preventable.

The British Dental Health Foundation, organisers of awareness campaign Mouth Cancer Action Month throughout November said the research was concerning and are encouraging more people to support their cause.

Chief Executive of the Foundation, Dr Nigel Carter, said: “Unfortunately, the recession and a squeeze on household incomes have meant that some charities have financially suffered as a result. Now, more than ever, instead of donating to a number of charities, some people might choose to prioritise just one, and as the results of this study have shown, mouth cancer is rarely thought upon.

“Regular donations are a vital part of our fundraising efforts. Mouth cancer is now diagnosed in 6,000 people in the UK every year, and without early detection half will die. It is important that we continue to raise awareness to the early warning signs of the disease, as well as the risk factors – to be able to do this, we are asking for your continued support and increasing donations.”

FEWER THAN ONE IN THREE PEOPLE HAVE MENTIONED BLEEDING GUMS TO THEIR DENTIST OR HYGIENIST¹.

With patients most likely to mention pain on a dental visit¹ the early stages of gum disease may be ignored. The Corsodyl Campaign for Healthy Gums is designed to raise awareness of the risks of gum disease and the initial signs to look out for. For your free Gum Care Guidance Pack including a range of materials for you and your patients visit: WWW.GSN-DENTALPROFESSIONALS.CO.UK


Product Information: Corsodyl Mint Mouthwash. Presentation: A colourless solution containing 0.2% w/v chlorhexidine di gluconate. Indications: Plaque inhibition; gingival maintenance of oral hygiene; post-periodontal surgery or treatment; aphthous ulceration; oral candida. Dosage & Administration: Adults and children 12 years and over: Rinse with 10ml for 1 minute twice daily or presurgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Do not use in children under 12 unless on advice of healthcare professional. Contra-indications: Hypersensitivity to chlorhexidine or any of the excipients. Precautions: Avoid contact with eyes and nose; do not swallow. Avoid use from conventional dentifrices or g. m. mouth wash between applications. In cases of intolerance, swelling or irritation of the mouth cease use of product. Pregnancy & Lactation: No special precautions. Side effects: Superficial discolouration of tongue, teeth and toothcoloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation; parotid swelling; irritative skin reactions; extremely rare, generalised allergic reactions, hypersensitivity and angioedema. Overdose: Due to the alcohol content (%) ingestion of large amounts by children requires medical attention. Legal Category: GSL. Product Licence Number and RSP (excl. VAT): P. 0079/5912 300ml 64.17, 600ml 68.17. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Date of preparation: February 2011.

Corsodyl is a registered trade mark of the GlaxoSmithKline group of companies

Practice refurb gives patient boost

Holmforth Dental Surgery has seen a huge boost in custom in the last few months after Katrina Hayes-Sinclair decided to expand and refurbish the business using a six figure loan from Lloyds TSB Commercial.

Holmforth Dental Surgery, located on Huddersfield Road, was purchased by qualified dentist of 18 years Katrina at the beginning of this year when she bought out her previous partner.

Since the implementation of the expansion strategy, Holmforth Dental Surgery has gone from strength to strength. Having surpassed the set NHS target at the end of March, the practice has diversified its services to offer cosmetic dentistry.

The launch of the new specialist dental implant service has resulted in a huge boost in patient numbers for the surgery, with last month seeing numbers rise to the practice’s largest patient base to date.

Katrina said: “The increase in demand the business has received since launching our cosmetic dental care has been outstanding. Taking on several hundred more patients over the last few months has been a direct result of our most recent service, and the feedback from both regular and new patients has been consistently positive.

“Dental implants are fast becoming the preferred alternative to dentures, and the recent boost in custom is testament to their popularity. This specialist service combined with the surgery refurbishment has given us a competitive edge over other practices in the area.

“The decision to purchase the whole practice was a daunting one, as after working with a partner for ten years I was used to sharing business decisions. However the experience I gained within that time put me in great stead to branch out alone and by working closely with Lloyds TSB Commercial I had constant access to consistent support and guidance.”

Toothfairy’s dream house?

Artist Gina Czarnecki is planning on using milk teeth in her latest artwork.

To date, her career focuses on the relationship between humans and advances such as genetic research, disease and even evolution.

Throughout her projects, Gina has worked with biotechnologists, computer programmers, dancers and sound artists; however, this time Gina is working with stem cell researcher professor Sara Rankin to create Palaces – a glass-like castle decorated with around 12,000 milk teeth.

In one report, Gina said: “Milk teeth have massive cultural significance and they are the only things that fall off your body as a sign of progress, not decay.

“Different cultures have different traditions about where these teeth go, and what they are used for. Losing your tooth at seven is a symbol of transition.

“But stem cells can also be extracted from milk teeth and may in the future be used to repair damaged organs.”

Her artwork raises questions on life’s developments in society, and being one of three sculptures where ‘cast-offs’ from human donors, such as teeth, bones and fat, have been used, Palaces will be undoubtedly be just as questioning.

The finished artwork is expected to look like a beautiful underwater coral castle. It will be exhibited at art and science venues across the UK starting at the Bluecoat, Liverpool, in December 2011, followed by the Science Museum, London, in 2012 and The Herbert, Coventry in 2013.

GDC to meet registrants in the north east of England

Following the success of four registrant events held across the UK at the beginning of this year, the General Dental Council is holding another one in Newcastle in November.

Dental professionals from in and around the city are being asked to come along to the Hilton Newcastle, Gateshead Hotel at 6pm on the 8 November 2011 to find out about how the GDC’s work affects them.

They will also have the chance to take an active role in workshops either on the review of GDC Standards or the review of the GDC’s Continuing Professional Development scheme.

The event is free and participants will be awarded two hours of verifiable CPD.

Director of Policy and Communications at the GDC Mike Browne says such events are a valuable source of feedback:

“This will be a great opportunity for registrants and GDC staff to speak directly to each other, and really find out what people are concerned about.

“We are carrying out some important pieces of work at the moment on Standards and CPD and it will be good to hear exactly what dental professionals think.”

Any dental professionals interested in attending can book online at www.gdc-uk.org.

It should be noted that places are limited, so early booking is advised.
Don’t ask how I am...
Elaine Halley admits she’s an MSc bore

I am officially becoming an MSc bore. I consistently find myself telling anyone who makes the mistake of asking me the all searching question of ‘how are you?’ all about the quandary of deciding upon my research question for the dissertation. I have practically given lectures on the subject – in the most inappropriate places such as my nephew’s two year old birthday party or a dinner party with non-dental friends the checkout assistant in Tesco’s got away lightly.

I liken it to when I was training for the marathon and other runners I know have felt the same. Because you are completely immersed in it and there is an adrenaline rush caused by the stress and Paul Brocklehurst’s infamous words ‘your degree is at risk’ ringing in our ears, at any given opportunity the ability to let off steam and include others in your world is tantalising. The only problem is that nobody else really cares – their eyes glaze over and you can see them plotting their escape! I was a running bore, now I am an MSc bore. Of course, I do recognise that I am the common denominator in both these scenarios. Hmmm.

And so – the month of September, as I have alluded to, sees the start of our dissertation and the introduction of our full-time research tutor, Jane. A few of my colleagues have done the sensible thing and written up their four posterior cases which are due early October. Most of us have not and still turn to the added pressure of four case reports, plus the complex case which are due over and above the dissertation.

The dissertation material is taught/followed using Manchester University’s all new platform Blackboard 9 – which most of us couldn’t access in time to start the learning process, and then there have been a few glitches such as an uneditable pdf for a Master Pro-forma which we were supposed to edit and hand-in to a deadline. This has caused a massive increase in stress due to time wasted trying to figure out ‘is it just me’ in the technical department. There are discussion threads for peer-to-peer support but these are so complicated to follow (again, may just be me) that I have resorted to old-fashioned email. There are frequent deadlines designed to keep us working to a sensible time-scale as this project is too big to manage all at the last minute. In theory, with the constant feedback, we are guided through the structure and thought process so that we can’t go off on a tangent and put our degree at risk. OK – we get it – this dissertation is the make or break of the whole course.

We have had the speediest feedback ever on our Aims and Objectives which is a welcome change, so it does feel like Manchester University and our tutor Jane are ready to help us with this phase. Our dissertation is to design a research project around a clinical question. So far we have had to develop our question and define our aims and objectives. Next is a literature search which we have to write up in 2,500 words to hand-in in a few weeks. This will involve revising all the technical terms such as Boolean operators and MESH terms. I am still battling with the seemingly never ending confounders that come with my choice of question – a confounder being a variable which could be influencing the result but has nothing to do with the intervention of study and so lead to erroneous conclusions. I think, anyway – if you have a spare 20 minutes I could really begin to bore you on the subject....
Supporting the restoration of Japan’s health services

DTT’s Daniel Zimmerman interviews Ella Gudwin, Vice-President of AmeriCares

With relief efforts in Japan slowly coming to an end, news concerning the disaster has become scarce. However, Dental Tribune Asia Pacific found that a large number of relief organisations are still operating in the area to help restore much-needed infrastructure such as dental clinics. DTT Group Editor Daniel Zimmerman had the opportunity to speak with Ella Gudwin, Vice-President of Emergency Response at AmeriCares, Stamford, USA, about the dental needs of the population in the aftermath of the disaster and why organisations like hers are necessary for a successful reconstruction process.

Ms Gudwin, you are coordinating the relief efforts of your organisation in the aftermath of the earthquake/tsunami disaster in Japan. What is the current situation in the affected areas?

Gudwin: The last time I went to the Miyagi Prefecture was in June and what we encountered there was mixed feelings by the people towards the government and its relief efforts in general. The overall mood was temporarily heightened by the celebration of Obon, a Buddhist festival to celebrate the parting of the deceased, but with the country now entering the reconstruction phase, some of the frustration and feeling of discontent is beginning to show.

The good news is that people in the affected areas are finally being moved from shelters to temporary housing facilities, a process that could trigger new problems because people, especially the elderly, are not very fond of the idea of being separated from their former communities.

How was the health infrastructure affected by the disaster in the area you are working in?

Gudwin: Secondary and primary care services have definitely been affected most. I cannot tell you the exact number but what we found is that none of the six dental clinics that existed in Minami Sanriku (a coastal town in the Miyagi Prefecture) actually survived the disaster, which, of course, is a relatively small number compared with the 500 nursing homes that were also demolished by the tsunami in the same area. Currently, there are only two temporary dental facilities to serve a population of approximately 15,000 people.

What dental care-related projects are you currently running in Minami Sanriku?

Gudwin: Basically, we are financially supporting the restoration of health services such as mobile and home-based medical care for people who moved into temporary housing facilities. The dental clinic we are funding in Minami Sanriku is actually the first physical project we have taken on during this transitional phase.

This is a three-way partnership in which we are providing US$200,000 for the structure and clinic interior, such as dental chairs, and money from the Japanese government is being used to provide the majority of the equipment and supplies. We also selected the site for the clinic after having consulted with the Minami Sanriku City Council, which is in charge of the long-term reconstruction planning.

In terms of scale, we are running a smaller operation than most other organisations in the region but we are very targeted and help to get money down to the ground early. We do not know of any other organisation focusing on oral health services at the moment, so we are filling a unique gap there.

How important are oral health issues amongst the population?

AmeriCares gives supplies to Japan

The dental centre can treat 20 patients a day
The POWER is in your hands!
New improved B.A. Turbine Range with 20 watt torque is more powerful than ever. Feel it yourself with our 7 day happy or your money back guarantee.

**Buy any 4...**

**£519**

**NEW**

B.A. Ultimate Power+
- Standard (BA75S = 20W) and Mini (BA75S = 14W), with 5 connections available (Kavo, NSK, Bien Air, Sirona and WD5), anti-retraction valve, thermoretractable and auto-eruptible up to 130°C, made in Germany, 2-year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA75SL</td>
<td>Standard head with light</td>
</tr>
<tr>
<td>BA75LK</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA75LN</td>
<td>Standard head NSK fitting with light</td>
</tr>
<tr>
<td>BA75MN</td>
<td>Standard head WD5 fitting with light</td>
</tr>
<tr>
<td>BA75UL</td>
<td>Standard head Sirona fitting with light</td>
</tr>
<tr>
<td>BA75NL</td>
<td>Mini head with light</td>
</tr>
<tr>
<td>BA75ML</td>
<td>Mini head Kavo fitting with light</td>
</tr>
<tr>
<td>BA75LN</td>
<td>Mini head NSK fitting with light</td>
</tr>
<tr>
<td>BA75ML</td>
<td>Mini head WD5 fitting with light</td>
</tr>
<tr>
<td>BA75SL</td>
<td>Mini head Sirona fitting with light</td>
</tr>
</tbody>
</table>

**NEW**

**£259**

B.A. Optima Range
- Ceramic beryllium, fiber optic glass rod, available for models with light, standard head (BA63J) - 17W torque, anti-retraction valve, thermoretractable and auto-eruptible up to 130°C, made in Germany, 5 connectors available (Kavo, NSK and WD5), 1-year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA63JK</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA63KN</td>
<td>Standard head NSK fitting with light</td>
</tr>
<tr>
<td>BA63MN</td>
<td>Standard head WD5 fitting with light</td>
</tr>
<tr>
<td>BA63UL</td>
<td>Standard head Sirona fitting with light</td>
</tr>
<tr>
<td>BA63NL</td>
<td>Mini head with light</td>
</tr>
<tr>
<td>BA63ML</td>
<td>Mini head Kavo fitting with light</td>
</tr>
<tr>
<td>BA63LN</td>
<td>Mini head NSK fitting with light</td>
</tr>
<tr>
<td>BA63ML</td>
<td>Mini head WD5 fitting with light</td>
</tr>
<tr>
<td>BA63SL</td>
<td>Mini head Sirona fitting with light</td>
</tr>
</tbody>
</table>

**NEW**

**£189**

B.A. Optima 10 Curing Light
- Light and compact curing light with a curing output of 1200w/cm²
- 3 curing modes: Full power, Ramp, Pulse
- Digital display and Simple use
- 5 colors available: Red, Green, Blue, Black & Silver

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA6110</td>
<td>Black</td>
</tr>
<tr>
<td>BA6120</td>
<td>Blue</td>
</tr>
<tr>
<td>BA6130</td>
<td>Red</td>
</tr>
<tr>
<td>BA6140</td>
<td>Green</td>
</tr>
<tr>
<td>BA6150</td>
<td>Silver</td>
</tr>
</tbody>
</table>

**And get a FREE 16Gb iPad 2**

**Buy any 6...**

**£519**

**NEW**

B.A. Ultimate Range
- Available in 2 powerful head sizes Standard (BA650 = 20W) and Mini (BA650 = 14W), ceramic bearings, fiber optic glass rod, anti-retraction valve, 5 connections available (Kavo, NSK, Bien Air, Sirona and WD5), thermoretractable and auto-eruptible up to 130°C, made in Germany, 1-year guarantee.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA650L</td>
<td>Standard head with light</td>
</tr>
<tr>
<td>BA650K</td>
<td>Standard head Kavo fitting with light</td>
</tr>
<tr>
<td>BA650N</td>
<td>Standard head NSK fitting with light</td>
</tr>
<tr>
<td>BA650M</td>
<td>Standard head WD5 fitting with light</td>
</tr>
<tr>
<td>BA650S</td>
<td>Standard head Sirona fitting with light</td>
</tr>
</tbody>
</table>

For our latest offers or to place your order contact B.A. International or our exclusive dealers:

**B.A. International**
- English: 01604 777700
- Wales: 029 2044 2888
- N.Ireland: 028 9037 3702
- Scotland: 0141 952 9911

**Kent Express**
- 01634 878787

For our latest offers or to place your order contact B.A. International or our exclusive dealers:

- Henry Schein Minerva: England: 08700 10 20 43
- Wales: 029 2044 2888
- N.Ireland: 028 9037 3702
- Scotland: 0141 952 9911

---

**B.A. International**
- English: 01604 777700
- Wales: 029 2044 2888
- N.Ireland: 028 9037 3702
- Scotland: 0141 952 9911

**Kent Express**
- 01634 878787
affected population?

Gudwin: In the case of natural disasters, oral health often tends to be sidelined as a minor concern but over the time, there is usually a slow but significant deterioration of oral health. If you take the demographics of the population in the area we are serving into consideration, which consists of many elderly people with dentures, it has indeed become very important. In addition, there was a lack of running water for almost six months, which had a visible impact on dental hygiene as a whole because people stopped performing daily procedures such as toothbrushing.

How has coordination with the local authorities been?

Gudwin: Unfortunately, Japan did not adopt the cluster system established by the United Nations after the devastating tsunami in 2004, which was intended to bring together relief organisations all active in the same sector, such as health or food distribution. Though the country has a very good mechanism at macro-level, coordination at micro-level, eg in towns and villages, was rather ad hoc and not as well orchestrated as it could have been. The further we go now into the reconstruction phase, the more resource gaps are beginning to emerge.

In contrast with other organisations, which have tended to send money through intermediaries, we have decided to set up our operational office in Sendai, where we are close to the communities we are serving, and be part of the daily dialogue about what is happening and where the resource gaps really are.

The issue of radiation was highly debated over the course of the disaster owing to inconsistent information provided by authorities.

How does it affect your work?

Gudwin: Fortunately, our staff in Minami Sanriku is working outside the no-go zone. Our colleagues there however carry radiation dosimeters and iodide tablets as an emergency precaution. There are also weekly sample checks on water and food, such as milk, beef and vegetables.

How long do you expect your help to be required?

Gudwin: The clinic is intended to be operational for between two and five years. As soon as it is opened, we expect an upswing of visits probably helped by the fact that Japanese people have a culture of health-seeking behaviour and are accustomed to seeing a doctor more than ten times a year. The clinic is sufficiently prepared to treat a maximum of 20 patients per day, although, realistically, we expect them to take care of approximately 10 patients, depending on the staff available onsite.

Our hopes are that this project will help not only to ensure that people maintain good oral health, but also to keep them inside the community rather than them going elsewhere, including the remaining dentists.
You’ve got to have a dream
Alun Rees explains how you’ve got to dare to dream

In the first article in this series I started by sharing my thoughts on life balance and explained the use of the “Wheel of Life”. The second piece covered the exercise of writing your own obituary and discovering your core values.

So now you have this list of core values, you have a couple of sheets of paper with the obituary that you want for yourself - what next?

It’s time to make time to invest in yourself. All the route maps in the world won’t take you anywhere unless you have a clear idea of your destination. It’s time to ask yourself one question, “Where do I want my life to be in five years?”

I do this by taking myself away for a day or two where I am free of the distractions of technology and familiar people. No computer, no mobile phone, no family, no friends. What works for me is to get out into the fresh air and to walk so that I can allow my mind to freewheel. I am free to let my imagination run riot without the “yeah, buts”, doubts and limiters of my gremlin*

I take along a portable Dictaphone and record any and all ideas, thoughts and brainwaves I have as I walk - I refuse to record anything negative or self-limiting.

My choice is to stay away overnight in a pub or small hotel and to write down my thoughts. Imagine that you have just had the best, most successful and happiest five years of your life and you are sitting in that hotel room thoroughly enjoying the reflection. Allow yourself a smile as you recall the way you have dealt with potential setbacks.

Take up your pen and de-scribe what has happened. Include every element of your life - work, family & friends, spouse, money, personal development, physical environment, recreation and health. If you don’t do essays then write it as a series of bullet points - but do it.

In the words of Alan Alda: “Be bold. When you embark for strange places, don’t leave any of yourself safely on shore. Have the nerve to go into unexplored territory.”

What you will have is your dream in words - and if you can dream it you can become it. Keep this document safe and return to it regularly to remind yourself where it is you’re heading.

The next step is break it down into chunks - you know where you want to be in five years - what has to happen in the next twelve months for you to be well down the path? In just a year you will be returning to this place of retreat and rewriting the five year dream again, what will you have achieved? What adjustments to your course will you need to make?

You’ve got to have a dream
Alun Rees explains how you’ve got to dare to dream

*In the words of Alan Alda: “Be bold. When you embark for strange places, don’t leave any of yourself safely on shore. Have the nerve to go into unexplored territory”
have to make to reach your desti-
nation?

Next chunk of time is 90 days, three months is a great length to set short term goals that are realistic and attainable - it's how I work with those clients who have com-
mitted to the long term. Until they do that we're working reactively rather than proactively on their businesses and lives, and a lot of my work involves fire-fighting.

But as they say in West Cork: “You’ll never plough a field by turning it over in your mind” or, as Chris Barrow taught me: “The difference between doing it and not doing it is doing it”

So, how to prevent this dream from staying just that? All journeys start with a single step and the best way to ensure that you are held ac-
countable is by sharing your dream with those close to you. That can be your spouse or significant other, your business partners, your team and your coach. The strange thing is the more people you tell, the more concrete your plans become.

How to keep yourself on target? I recommend the use of a journal, not just a diary. This can be in pa-
per form - some people invest in Moleskine as they tell me the ex-
pense involved reflects their com-
mitment to the project. Others will use a cheaper notebook. In the last twelve months I have taken to us-
ing an online journal www.penzu.
com which I recommend. It can be set up to remind you when to journal and it’s there whenever you want to access it, at the start or the end of the day or even between patients.

Whatever you use - use it. Ide-
ally used daily you can record what progress you have made dur-
ing the previous 24 hours. Treat it as such when new patients came as such when new patients came.

Next time: “Applying your dreams to the business of den-
tistry”

*If you want to know more about the gremlin email me.

About the author

Alun Rees trained at Newcastle Uni-
versity and started his career as an oral surgery resident before working as an associate in a range of different prac-
tices. With this solid foundation, Alun went on to launch two practices in the space of just 15 months, a challenge in the toughest economic conditions. After years of hard work Alun finally sold his award-winning business in 2005. Alun’s background and experi-
ence give him a strong understanding of what others go through to build a successful practice. He has seen many different approaches and learned his own lessons in the real world. Alun now runs Dental Business Partners to offer specific and specialised support for dentists, by dentists. He has served as a media representative for both the BDA and BDHF and is an authority consulted by the media and has fea-
tured on BBC2, Sky TV and numerous radio stations. Raised in South Wales, Alun has family roots in West Cork where he spends as much time as work allows. In spare moments Alun runs three London marathons and lists rugby, real ale and music as relaxation.

www.dentalbusinesspartners.co.uk
alun@dentalsuccesspartners.co.uk
For more information email Alun at

 meats@mac.com, or alternatively
 01293 550200 or 01293 530481

10 30 0

Bienc Air Dental

DENTAL SHOWCASE NEC BIRMINGHAM 20th - 22nd Oct STAND G03

OPTIMA MX2 INT

YOUR PRACTICE AT YOUR SERVICE

With the Optima MX2 INT system, just two contra-angles are all you need for restorative, prophylaxis and endodontic procedures. With its 40 preset memory positions, the Optima MX2 INT ensures perfect con-
trol of speed (from 100 to 200,000 rpm), torque and automatic reversal of the direction of rotation.

The MX2 LED is the most powerful, high-performance brushless micromotor on the market. It is compatible with Bien-Air Micro-Series handpieces and contra-angles, which are up to 30% more compact, and with most standard instruments on the market (all brands).

Optima MX2 INT. The best electric technology available for all dental units.
Scientific Exchange Seminar for Dentists, Hygienists and Therapists*

Venues
3 November 2011 – London
Novotel, St Pancras
10 November 2011 – Portsmouth
Marriott Hotel
17 November 2011 – Birmingham
National Motorcycle Museum
24 November 2011 – Exeter
Sandy Park Conference Centre
1 February 2012 – Leeds
Queen’s Hotel
9 February 2012 – Cardiff
Marriott Hotel
28 February 2012 – Bristol
Marriott Royal
12 March 2012 – Warrington
The Park Royal
19 March 2012 – Newcastle
Hilton Hotel
26 April 2012 – Edinburgh
Heriott Watt University

Lectures
Professor Iain Chapple
Floss or Die? Eat Well or Die Young? Work out or Burn Out?

Professor Philip Preshaw
Inflammation, Obesity and Periodontal Disease

Q&A chaired by Dr Stephen Hancocks

Registration
Please e-mail your information to the Event Organiser, Julia Fish julia@ab-communications.com
You will receive a confirmation by e-mail within five working days. If you don’t please call Julia on 07585 508550

Every participant receives a gift to the value of £150

Registration from 18:00
Evening concludes at 21:15

*Oral-B offer free CPD support to all. Other members of the dental team can gain three hours of free verifiable CPD by requesting a copy of ‘Dental Summary Review – Team Issue’. You can get these from your local representative. If you’re unsure who your representative is, please call 0870-2421850.
Family Protection is different things for different people. Some people think that just having a life insurance policy is sufficient cover, this may be the case, however in many cases this will not be sufficient to ensure the family is adequately protected in the event of accident, illness or death. This may be due to a combination of factors like an insurance policy may only have been sold with your mortgage by the bank, no real opportunity or access to sit down with an adviser to discuss your protection requirements or work commitments prevent you from speaking to an adviser. However, these should be overcome and an effort should be made to get the correct protection in place to protect you and your family. The last thing you or your family would want in the event of an illness/death is to say ‘I/We should have put this in place when I/We had the opportunity’ – hindsight is not a wonderful thing sometimes.

What have you got and what do you require?
A few protection policies to consider are described below to help you fill in any gaps.

Life insurance
Life Insurance pays out in the event of your death. This tends to be the most common type of policy and is normally sold with a mortgage, it is a decreasing term policy, ie it normally follows the ‘curve’ of the mortgage and decreases in line with the mortgage balance.

You can also get a level term policy which would be a fixed amount for the term of the policy, for example, £100,000 for 25 years, this can also be regarded as family protection, but also to cover other debts like HP agreements, personal loans, credit cards, etc. The premiums are normally fixed for the term of the cover. The policy can be arranged as a single or joint life policy. Life Insurance should be put in a Trust and most insurance providers supply a Trust form for this.

Critical illness cover
This can be bolted onto a life insurance policy or taken as a standalone policy, however it is normally part of a life insurance policy. A critical illness policy normally pays out on the diagnosis of a critical illness, like cancer, stroke, heart attack, loss of limbs, etc. Insurance providers disclose what critical illness they would cover or not, generally most cover between 30 to 40 critical illness. There is a new insurance provider which offers a unique policy which would cover part payments on critical illness claims and would cover up to 161 serious illnesses.

Critical Illness cover can be taken as a different amount to Life insurance, for example, you can have £500,000 life insurance and £200,000 critical illness cover. Like basic life insurance the policy can be taken out as single or joint life, the policy can also be put in Trust.

If you have an old existing critical illness policy it is best to get advice before replacing it, as some of the older policies may cover more critical illness definitions than newer ones.

Most Critical Illness policies also offer a set amount of cover for children for free.

Critical Illness should not be taken as an alternative to Income Protection and vice versa, they are separate policies and cover different situations. Critical Illness pays out a lump sum payment whereas Income protection would pay out a monthly income.

Income protection
Virtually every home in the UK has an ‘ATM’, every month it pays out a set amount to the householder to pay its bills, buys food, pays school fees, etc. What would happen if it broke?
would be the implications on the NHS Contract if one of the partners died?

Life insurance policy for inheritance tax

The level at which inheritance tax becomes payable might have lagged behind the rate at which your wealth has increased. Property values may have increased and this may put your estate past the current threshold of £525,000 currently (Single Person, no Inheritance Tax payable under £25,000). For Married/Civil Partners this would be doubled to £650,000. (£525,000 can passed on to the surviving spouse). By ‘Estate’ this means the legal term for the total value of everything you own. Any amount over £650,000 for example for Married Couples/Civil Partners or £525,000 for single people will be liable for a 40 per cent tax charge. For example if there is £100,000 over the estate limits previously mentioned this would incur a tax charge of £40,000. This £40,000 can be covered by a life insurance policy.

Making a will

The only way of ensuring that your money goes to the people you want it to when you die is to make a Will. Dying without a will is known as ‘dying intestate’ and could cause problems for people you care about.

A solicitor that specialises in wills is the best person to draught your will and make sure it is clear and satisfies legal requirements. Basic Mirror Wills are not expensive, but can save a lot of time, money and effort in the event of death.

It is important to review what you currently have in place and what you should have in place to protect your family, and do something about it.

After all...Can you put a price on some peace of mind?
Do new NHS UK pension scheme rules signify end of associate incorporations?

Penny Bowen details changes in NHSPS

I have written this article because I want you to think about this now, and take action if you need to. When you retire you will have the time to sit and think about the money you have lost, but then it will be too late to do anything about it.

Dentists have been allowed to run their businesses as limited companies since July 2006, and over the years a significant minority of dentists have taken advantage of the opportunity to incorporate, and so taken control over their personal tax liabilities.

The introduction on 6 April 2010 of a 60 per cent income tax band for incomes between £100,000 and approximately £112,950, rising to £114,950 on 6 April 2011, and a new top rate of income tax at 50 per cent for the 6 April 2011, and a new top rate tax band for incomes between 2010 of a 60 per cent income tax liabilities.

The second point is of particular concern to us as specialist dental accountants. All too often we meet associates with NHS activity whose accountants have recommended incorporation. When we point out to them that they will lose the benefits of the very generous NHS Pension Scheme, we are told their accountant says that there is no problem. But this is simply untrue. The truth is that the non-specialist accountant does not know that there is a problem, never mind how significant it is.

So, what is at stake? Well, the NHS Pension scheme (NHSPS) is a statutory occupational pension scheme. Providers’ (principals) and performers’ (associates) pensions are broadly based on their career pensionable pay rather than their final salary. NHSPS benefits are paid for by the contributions made by members and their employing authorities - the primary care trusts (PCTs) and local health boards (LHBs).

The NHSPS offers considerable benefits which it would be foolish to give up:

• An annual (index linked) pension and tax-free lump sum at retirement
• Life Assurance benefits including pensions and allowances for a member’s spouse/civil partner (or nominated partner) and dependent children in the event of the member’s death

From a tax point of view incorporation is attractive because it gives you an opportunity to base your tax on what you draw rather than on what you earn. Earnings are still taxed of course, but these are subject to corporation tax at substantially lower rates (20 per cent on profits of less than £500,000). Once the corporation tax is paid, any further tax will be based on what you draw – to take the extreme case if you don’t draw anything then you won’t pay any personal tax.

The methods of drawing money from a company for personal use are many and most practitioners use a combination of salary and bonus, benefits in kind, dividends, rent (although this would have an impact on a subsequent claim for entrepreneur’s relief), drawings from the director’s loan account and interest thereon.

Until 7 November 2011, you must draw all the NHS income from the business in the form of salary and/or dividends in order for this to count as pensionable earnings. Any NHS income that is not taken but left in the business cannot be pensioned now or in future years. Dividends are pensionable however they must only be in respect of NHS work, so technically the private element of a dividend must be stripped out leaving only pensionable NHS dividend income.

Incorporation remains increasingly attractive to associates working in purely private practices, but things are not so good for those with NHS income.

According to A Guide to the NHS Pension Scheme published in September 2011, because the NHSPS regulations do not recognise the sub-contracting relationship between the associate and the limited company,

‘A Performer [associate] who sets them self up as a limited company cannot be a member of the NHSPS with effect from the 7th of November 2011. This is subject to Parliamentary approval however (pensionable) Performers are advised to put arrangements in place by this date to ensure they can comply.’

It is reassuring to note that NHSPS membership will continue until 6 November 2011, however, you need to take action now to make sure you remain in the NHS Pension Scheme and so retain for yourself and your family, its generous benefits.

Hands-On Restorative Training

This comprehensive hands on and theory based modular course which is completed over 12 days, aims to enhance and develop the knowledge and skills of each clinician, above and beyond their current practicing techniques.

Topics include:

• Functional occlusion and general practice
• Minimal intervention, adhesion, anterior/posterior direct and indirect composites.
• Smile design - fundamentals of aesthetics
• Advanced treatment planning, plastic peridontal surgery and implant dentistry

Individual module option also available

Contact for details

Fee £325 + vat per day

Starts January 2012

Confidence Restored

www.therestorativecourse.com

tel: 0845 604 6448
The World’s First Online MSc in Restorative & Aesthetic Dentistry

Master of Science in Restorative & Aesthetic Dentistry
“The Best of Everything”

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre-eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

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
This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.

Call Smile-on to find out more:
tel: 020 7400 8989 | email: info@smile-on.com
web: www.smile-on.com/msc

smile-on
Inspiring Better Care
Manchester 1824
The University of Manchester
A new wave of digital engagement

Rita Zamora details how to scan your way to new patients with marketing QR codes

What is a QR code?
A QR code most closely resembles a barcode. You know, like the barcode on the back of a book or many purchases you make at a store. The barcode is scanned by a barcode scanner and then reports inventory, gives price, etc. A QR code, when scanned by a consumer’s smartphone, can immediately lead you to a website, a text message, a new application can lead them to a website, a text message, a business information and a whole lot of other informative places... with just one scan.

The codes themselves can be easily and inexpensively created on a number of QR code builder websites and then tracked to keep track of the effectiveness of any particular QR code campaign. The low cost, ease of use, and analytics make it a useful tool for dental practices.

How can a dental practice use QR codes?
Dental practices can use QR codes for everything from marketing to making access to information more convenient for patients. Although generating and then creating on a number of QR code builder websites and then generated can be one of the simplest to use.

1. Don’t forget to test the code – While you may be proud of your visually stunning QR code, if it doesn’t function properly, the only thing it will result is the frustration of your patients or potential new patients.

2. Don’t make the code a multi-step process – When someone scans a QR code, they expect it to take them to the intended content immediately. Don’t bog your code down by making patients jump through hoops to get to where you want them.

3. Don’t direct your code to a website a mobile device can’t access – One of the points of incorporating QR codes into your marketing is so your efforts can be mobile. If someone scans your code only to find that your website can’t be accessed on mobile devices, your efforts weren’t very successful.

4. Don’t put QR codes in locations that don’t have a signal – Putting a code where a smartphone isn’t functioning is like putting a QR code on a deserted island. For example, in a subway or elevator where internet access isn’t available.

5. Don’t forget the incentive – For most to pull out their phone to scan, a pretty appealing offer has to be in place. Make sure what you’re offering is helpful, interactive, or enticing.

Implementing QR codes into your practice marketing strategy is an entirely new and cost effective way to encourage interaction with your patients and potential new patients. Positioned correctly, QR codes are sure to garner attention for your practice. Go ahead. Take advantage of this new wave of digital engagement!

Sources:
www.olswang.com/convergence2011/

18 Social Media

DT

10-17, 2011

DT

Implementing QR codes
When you are ready to generate Q Are codes for your practice, visit www.qrode.kaywa.com. Kaywa is a popular non-commercial site that is known to be one of the simplest to use. Also a Google search of “How to generate QR Codes” will provide you with an abundance of additional options.

Generating QR codes
When you are ready to generate QR codes for your practice, visit www.qrode.kaywa.com. Kaywa is a popular non-commercial site that is known to be one of the simplest to use. Also a Google search of “How to generate QR Codes” will provide you with an abundance of additional options.

QR Codes: what not to do
Although generating and then scanning your QR codes are relatively simple, as with anything there are mistakes that can be made. Mashable, a top technology news blog recently released an article by Matthias Gallich that lists the five biggest mistakes of any QR code marketing campaign and the list warns:

• Place a large QR code sign in your window. If you have a storefront practice this is sure to garner attention of passersby.

• Put an intriguing headline and special offer QR code in your adverts. As most people rarely separate from their smartphones, they can immediately scan the code in your advert to retrieve the special offer.

• Create a QR code campaign that will motivate new patients to schedule an appointment directly. Rather than directing visitors to the main page of your website, have them land on an easy to fill out mobile-friendly appointment page. The faster and easier you make it for people to schedule the better.

Are you seeing the appeal yet? QR codes make marketing more engaging, interesting and incredibly quick. With the continued rise in smartphone use, we are sure to see more of this particular type of marketing.

'Vental practices can use QR codes for everything from marketing to making access to information more convenient for patients'

About the author
Rita Zamora is an international social media marketing consultant and speaker. She and her partners co-manage dozens of dental practices’ social media programs. Her clients are located across the United States and internationally. She has been published in many professional publications. Rita is also Honorary Vice President to the British Dental Practice Managers Association. Learn more at www.DentalDigitalRelationships.com or email rita@zamora.com.
Leaving things to chance

Richard Lishman discusses the situations that could cost you dearly

B eing a dentist is not known as a particularly dangerous occupation, but there always exists the small possibility that a sudden catastrophe will strike a dental clinician, rendering them incapable of work on a temporary or permanent basis. A medical condition (such as cancer or musculoskeletal problems) or an accident (such as a car crash or a bad sports injury) can easily leave dentists unfit to practice. Income protection policies are insurance against such eventualities, and guarantee an agreed monthly income for the policyholder if they find themselves unable to earn a living.

Income protection is especially necessary for self-employed individuals such as dentists. If they are subject to a grave misfortune that leaves them incapable of practising dentistry, the outlook is bleak if they have not chosen to protect themselves with a suitable policy. NHS sickness leave payments for dentists who have been GDC-registered and carrying out dental work for the health service for two years last for just 22 weeks, and are calculated on an average of the claimant’s monthly pensionable earnings since they started work.

The situation is worse yet for individuals who have not invested in an insurance policy and experience an accident or illness that forces them out of work for a longer period. At present, the state offers Statutory Sick Pay of £78.50 per week for 28 weeks; beyond that, the same amount is paid in Incapacity Benefit until the 53rd week of inability to work, when the payment rises to £78.50 a week. Needless to say, these sums will not go far for any person trying to afford anything beyond the most basic of lifestyles.

Therefore, it is a wise decision for dental professionals to take out an income protection policy at any stage of their career. Many specialist insurers offer packages at a steep discount to Vocational Dental Practitioners, in recognition of the fact that their financial situation is much less secure than that of more established dentists. It is, however, important for VDPs to review the terms of their policy when they become fully qualified and join a practice as an associate. Their income is likely to rise rapidly at this point, and often coincides with the increase in financial commitments engendered by such things as buying a mortgage or starting a family. Accordingly, the terms of income protection policies designed for the needs of a trainee dentist may be too modest if they are hit by accident or injury as an associate a few years later.

A sound income protection policy is no less important once a dentist has been qualified for some years and has much heavier financial obligations, making it more necessary than ever to continue investing in income protection. The ambitious dentists who wish to own their own practice will almost certainly require a policy. This is because lenders, who provide the extra financing, needed by all but the wealthiest aspiring practitioners to start their own business, demand that an income protection policy is in place as a matter of course.

Like all forms of insurance, income protection packages are necessarily complex arrangements designed to cover a wide multitude of possibilities. The combinations of different terms that providers can offer individuals are effectively limitless; important details in policies can vary widely. As well as the amount paid out to the policyholder every month, these include deferred periods (the length of time that the policyholder must wait after becoming unable to work before starting to receive payments), Limited Benefit Terms (time restrictions placed on the payment of benefits – usually two, three or five years), and whether the agreed premiums are variable or guaranteed. It is also wise for those taking out longer-term policies to consider the option of having their cover increase in correlation with the rate of inflation or another pre-agreed amount.

Judging the correct policy for one’s own specific circumstances is not an easy matter. Carelessly choosing the cheapest or most generous income protection package may well cost dentists a substantial amount, whilst failing to protect them and their families to the required extent. Enlisting the guidance of an experienced Independent Financial Adviser means that there is little chance of voiding a policy through such errors as overlooking a significant clause in the “small print”, or unintentionally leaving out small but crucial details of one’s medical or occupational history.

Income protection policies provide peace of mind for most of their holders, and can save the unfortunate few who become unfit to work through accidents or sickness from an uncertain fate on meagre state benefits. Choosing the right policy is not a simple matter, however, thanks to the manifold differences between each of them. Dentists need to be particularly careful about which income protection package they choose; going to a specialist Independent Financial Adviser who understands the possible issues that could arise for dentists is a very sensible choice to make.

Are you a GDC registered dental nurse?

If so, Tempdent will be running the NEBDN Certificate in Dental Sedation Nursing from April 2012.

Do you work with a dentist that carries out dental sedation techniques?

Please phone Rachael on 020 8371 6700 or email us on info@tempdent.co.uk to book your place for further details

Tempdent also deliver the following courses:
- Certificate in Dental Radiography
- Certificate in Oral Health Education
- A variety of dental CPD Courses
- CPR & Appointed First Aider Certificates
- Dental Receptionist & Practice Management Qualifications
- Dental Nursing Qualifications
- ESOL Qualifications

About the author

Richard T Lishman of money4dentists, which are a specialist firm of Independent Financial Advisers who help dentists across the UK manage their money and achieve their financial and lifestyle goals.

For more information please call 0845 345 5060 or email info@money4dentists.com www.money4dentists.com
When veneers take the edge off a smile

Michael Sultan discusses ways to avoid preparation problems

We are all well aware of the ongoing controversies around dental bleaching and whitening, but at the time of writing, it would seem that the government is pushing for clarification from the European Parliament, which should make it easier for uniform regulation and control over who is permitted to carry out such procedures.

However, there is no denying that an increasing number of patients are undergoing elective procedures to improve their smiles and accordingly, dentists have updated their skills to meet the demand and now offer porcelain veneers and bleaching treatments. Sadly, there has been far from a happy ending to discoloured or irregular teeth; I have noticed a rise in the number of patients presenting with acute sensitivity and pain following these procedures.

Understandably, patients are often angered and upset that their once imperfect, but intact teeth are hurting and this reinforces the vital importance of informing a patient of any possible problems prior to treatment, and of course, taking steps to avoid problems during preparation.

Diagnosis and consent is the starting point and the patient should always be warned that they are undergoing an elective procedure; any procedure involving the preparation of a tooth can cause inflammation but if all goes well this will be temporary discomfort and should settle by itself. Radiographs and models should be taken to assess tooth position and preparation with regards to proximity to the pulp.

‘Diagnosis and consent is the starting point and the patient should always be warned that they are undergoing an elective procedure’
What’s Missing?

Three global titles from the Dental Tribune International portfolio are coming to the UK. Published quarterly, each of these glossy, clinically-focused titles aims to bring you the latest developments in the fields of implantology, endodontics and cosmetic dentistry in a clear, easy to read format.

What’s missing?

implants

Fill the gaps... implants, the international magazine of oral implantology, delivers the latest thinking in this fast-moving area of the dental profession. User-oriented case studies, scientific reports, meetings, news and reports, as well as summarised product information, make up an informative read.

You got the look...

cosmetic dentistry

You got the look... cosmetic dentistry - beauty & science presents the most significant international developments in the world of cosmetic and restorative dentistry. With an editorial mix of speciality articles, clinical studies, case reports, industry reports, reviews, news, and lifestyle articles, cosmetic dentistry leads the way.

Enjoy Endodontics?

roots

Down your canal... roots is the place to keep up with the latest developments in the endodontic arena. A combination of comment, studies, case reports, industry news, reviews, and news, those professionals with an interest in endodontics will find roots invaluable.

For more information or to subscribe please call Joe Aspis on 020 7400 8969 or email joe@dentaltribuneuk.com

£30 each for a yearly subscription or as a special offer take all three titles for just £50 per year
Ideally, if teeth are poorly aligned, then both orthodontic and endodontic options should be discussed. In fact, many leading cosmetic practices now have close relationships with orthodontists, which makes perfect sense as aligning teeth makes the veneers easier to place and gives a superior cosmetic result. However, should the patient decline orthodontics, elective endodontics may be essential so that the tooth can be further reduced and realigned without compromising aesthetics or leading to inadvertent pulpal problems.

Once a patient has agreed to veneers it is worth remembering what the worst things are that we can do to teeth:

- Take a perfect tooth, and then remove all the enamel with a high-speed bur. If the bur is blunt or there is not enough water, the tooth will heat up dramatically causing severe pulpal inflammation and possible pulp death. Always use brand new burs and plenty of water which will keep all the teeth moist and cool.
- If there are multiple preps being done at the same time, the first teeth can desiccate. Moist gauze can be placed over the preparations.
- Avoid over preparation of teeth. The best preps are in enamel and this ensures a better bond. Trial preps on a model, following the methods used by Dr Gurel, will ensure minimal but adequate preparation.
- Temporaries tend to be spot welded to ensure easy removal, but may also lead to bacterial leakage which can cause real sensitivity and pain, particularly if the tooth has already been traumatised by the preparation. The bacteria can penetrate the freshly opened dentinal tubules in the heavily prepared areas, especially if there is a good shoulder preparation at the neck of a tooth. Therefore, good, well-fitting, temporary veneers are essential, as is protecting the teeth before the impressions are taken. A fourth generation dentin bond like Optibond SL by Kerr, will help seal the tubules, cutting down on the potential for leakage.

Then comes the problem of actually fitting the veneers. Taking off temporaries and etching a tooth can exacerbate an already sensitive tooth and can be excruciating, but if the tooth has been well protected beforehand this should not be a problem.

It is inevitable that teeth will be sensitive to cold stimuli following a procedure and this should be closely monitored. Often the patient guides us and when teeth do not settle, a decision has to be made to denervate a tooth and general well-being; however, they and their dentist need to be absolutely clear that this is a very complex restoration that must be done with great care so that healthy teeth do not need to be root treated later.

There is no doubt that veneers can give a beautiful result and enhance a patient’s self-confidence and general well-being; however, they and their dentist need to be absolutely clear that this is a very complex restoration that must be done with great care so that healthy teeth do not need to be root treated later.

About the author

Dr Michael Sulman BDS MSc DFO FICD is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy’s hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at European CPD, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2006 he became clinical director of EndoCare a group of specialist practices.
After two years of intensive development, January 2011 saw the launch of specialist recruitment website Dental Gateway, a finely tuned resource dedicated to dental professionals.

From the onset of this venture there was an awareness that, in some sectors, traditional recruitment agents offer very little by way of added value. After ten years in practice, I know the inherent problems of dealing with dental agencies to find nurses, receptionists, hygienists, other dentists, practice managers and so on.

Dental Gateway approached me to see if I thought their automated online recruitment idea would work in the dentistry sector. Based on my experience, I thought very much that it would. In the past, if I needed to recruit a new nurse, I’d ring up an agency and they would send me four or five CVs, which I then had to filter through. It was up to me to contact the candidates, interview them and offer them the job (or not). However, I’d still have to pay the agency £1,500 to £2,000 for the privilege. It seemed obvious to me that dental recruitment could work online.

Early on, we realised that Dental Gateway had to offer advantages to both the employer and the candidate in order to succeed. A major benefit to dentists is the costs are minimised so it saves them a lot of money. With candidates, I’ve received feedback from candidates who are unhappy with agents because they were taking it upon themselves to decide whether or not to put the candidate forward for a vacancy — in effect, blocking job opportunities. We are trying to encourage employers and candidates to talk and are bringing them together rather than creating barriers. I thought it makes much more sense to allow employers to decide if candidates are suitable, not the agents, and the website works both ways: candidates can decide whether or not to apply for a role rather than the agent playing God with their careers.

The site itself is divided into permanent and temporary work. The permanent side, which was set up first, has reached the stage now where it very much runs itself. Employers are hiring candidates and applicants are finding jobs.

If a dentist is looking for a candidate to fill a permanent position, he can post a vacancy for free and candidates can upload their profile at no charge. Dentists can view as many profiles as they wish and they conduct a search by using their preferred criteria. Once a suitable candidate has been found, the employer can access their contact details by redeeming one pre-purchased credit.

Dental Gateway to the future of recruitment
Dr Tinkler recalls the inception of Dental Gateway and looks at just how far the website has come in just under a year

A lot of nurses are looking for temporary work and they often find that, when using employment agencies, the better-qualified nurses don’t necessarily get the better wages. They feel very undervalued because they receive the same wages as nurses with fewer skills. By taking control away from the agent and handing control back to the nurse we are empowering nurses to get the pay they feel they deserve.

Dental Gateway’s costs are less than with traditional agencies and take a smaller ‘cut’ or fee per hour, so costs are minimal on this system, allowing nurses to set their own charge rates. So a nurse with general basic experience could set her charge at one level, while a nurse with extra qualifications/experience could set hers at a much higher level.

A dentist recruiting for a nurse can view a list of those available at the location and date of his choosing, as well as the rates that each of them are charging. He can also view the profile of the nurse and see if candidates are suitable, not the agents, and the website works both ways: candidates can decide whether or not to apply for a role rather than the agent playing God with their careers.

The site itself is divided into permanent and temporary work. The permanent side, which was set up first, has reached the stage now where it very much runs itself. Employers are hiring candidates and applicants are finding jobs.

If a dentist is looking for a candidate to fill a permanent position, he can post a vacancy for free and candidates can upload their profile at no charge. Dentists can view as many profiles as they wish and they conduct a search by using their preferred criteria. Once a suitable candidate has been found, the employer can access their contact details by redeeming one pre-purchased credit. It’s a fantastically cost-effective process. In this day and age of austerity, I find that the costs of running a practice seem to be going up and up, and any developments involve additional expense. Dental Gateway is one of the few innovations that actually saves you money.

A lot of nurses are looking for temporary work and they often find that, when using employment agencies, the better-qualified nurses don’t necessarily get the better wages. They feel very undervalued because they receive the same wages as nurses with fewer skills. By taking control away from the agent and handing control back to the nurse we are empowering nurses to get the pay they feel they deserve.

Dental Gateway’s costs are less than with traditional agencies and take a smaller ‘cut’ or fee per hour, so costs are minimal on this system, allowing nurses to set their own charge rates. So a nurse with general basic experience could set her charge at one level, while a nurse with extra qualifications/experience could set hers at a much higher level.

A dentist recruiting for a nurse can view a list of those available at the location and date of his choosing, as well as the rates that each of them are charging. He can also view the profile of the nurse and see if candidates are suitable, not the agents, and the website works both ways: candidates can decide whether or not to apply for a role rather than the agent playing God with their careers.

The site itself is divided into permanent and temporary work. The permanent side, which was set up first, has reached the stage now where it very much runs itself. Employers are hiring candidates and applicants are finding jobs.

If a dentist is looking for a candidate to fill a permanent position, he can post a vacancy for free and candidates can upload their profile at no charge. Dentists can view as many profiles as they wish and they conduct a search by using their preferred criteria. Once a suitable candidate has been found, the employer can access their contact details by redeeming one pre-purchased credit. It’s a fantastically cost-effective process. In this day and age of austerity, I find that the costs of running a practice seem to be going up and up, and any developments involve additional expense. Dental Gateway is one of the few innovations that actually saves you money.

A lot of nurses are looking for temporary work and they often find that, when using employment agencies, the better-qualified nurses don’t necessarily get the better wages. They feel very undervalued because they receive the same wages as nurses with fewer skills. By taking control away from the agent and handing control back to the nurse we are empowering nurses to get the pay they feel they deserve.

Dental Gateway’s costs are less than with traditional agencies and take a smaller ‘cut’ or fee per hour, so costs are minimal on this system, allowing nurses to set their own charge rates. So a nurse with general basic experience could set her charge at one level, while a nurse with extra qualifications/experience could set hers at a much higher level.

A dentist recruiting for a nurse can view a list of those available at the location and date of his choosing, as well as the rates that each of them are charging. He can also view the profile of the nurse and see if candidates are suitable, not the agents, and the website works both ways: candidates can decide whether or not to apply for a role rather than the agent playing God with their careers.

The site itself is divided into permanent and temporary work. The permanent side, which was set up first, has reached the stage now where it very much runs itself. Employers are hiring candidates and applicants are finding jobs.

If a dentist is looking for a candidate to fill a permanent position, he can post a vacancy for free and candidates can upload their profile at no charge. Dentists can view as many profiles as they wish and they conduct a search by using their preferred criteria. Once a suitable candidate has been found, the employer can access their contact details by redeeming one pre-purchased credit. It’s a fantastically cost-effective process. In this day and age of austerity, I find that the costs of running a practice seem to be going up and up, and any developments involve additional expense. Dental Gateway is one of the few innovations that actually saves you money.

A lot of nurses are looking for temporary work and they often find that, when using employment agencies, the better-qualified nurses don’t necessarily get the better wages. They feel very undervalued because they receive the same wages as nurses with fewer skills. By taking control away from the agent and handing control back to the nurse we are empowering nurses to get the pay they feel they deserve.

Dental Gateway’s costs are less than with traditional agencies and take a smaller ‘cut’ or fee per hour, so costs are minimal on this system, allowing nurses to set their own charge rates. So a nurse with general basic experience could set her charge at one level, while a nurse with extra qualifications/experience could set hers at a much higher level.

A dentist recruiting for a nurse can view a list of those available at the location and date of his choosing, as well as the rates that each of them are charging. He can also view the profile of the nurse and see if candidates are suitable, not the agents, and the website works both ways: candidates can decide whether or not to apply for a role rather than the agent playing God with their careers.
Six reasons why a mobile website is right for you

Simply put, a mobile website is a massively stripped down version of your desktop site designed to make browsing sites on mobile devices an easier and more positive experience. The general look and feel will remain the same, but because network speeds, bandwidth and screen size differ greatly from desktop to mobile websites, there are significant differences in the way in which both sites are designed. Thanks to the progressive complexity of smartphones, mobile websites are the best way to reach an increasingly tech-savvy audience on the move, and the benefits are huge:

1 - Next level technology. Mobile phones boast inbuilt functionality that will make it easier for users to perform certain tasks, removing the need for manual steps. Users can find a location by simply clicking on an address, automatically call a number when ‘tapped’ or ‘clicked’ and easily identify their current location in order to seek out the nearest supermarket, cash machine or dentist!

2 - Quicker, easier info. A mobile website will contain approximately 20% of the content of your desktop website. Serve your patients with only the information they need, in a simplified format. They will predominantly be looking for any (or all) of the following 4 things – treatments available, opening hours, contact details and location.

3 - A positive mobile experience. Already, between 15% and 20% of all searches originate on a mobile device and this number is set to rise exponentially in the next year. Now that your patients are searching for your website on their mobiles, you must consider what kind of mobile experience you are offering them. If people cannot browse your website with ease, they will surf away and are unlikely to return.

4 - More traffic to your site. Upcoming 4G networks will mean faster and more reliable mobile internet connections covering greater areas. Wireless broadband is also increasingly being installed in locations not previously served by the internet, such as the London Underground.

5 - Highly targeted PPC campaigns. Most mobile searches are concentrated in the morning before work and then again in the evening when people are not in front of a PC. Setting Google Adwords campaigns to show between certain times of the day will ensure that you are visible at peak times only – so as not to waste your valuable Pay Per Click (PPC) budget. Furthermore, Google have recently announced that a mobile optimised landing page has a positive effect on Quality Score which results in lower costs per click and better ad positions.

6 - Greater Return on Investment (ROI). Mobile is also a far more time-sensitive channel. Google research has shown that the average time between initial customer research and purchase is a month on the desktop but just an hour on mobile. The chances are, if patients are looking for your site on their mobile, they will want to call or visit you fairly urgently!

Need advice on how to best capture the mobile market? Speak to one of the Dental Design team on 01202 238 473 or visit www.dental-design.co.uk – your marketing success is our priority.

About the author
Amy Rose-Jones is the Marketing Manager at Dental Design Ltd, the leading website design and marketing agency for the dental profession. With more than 9 years experience in a marketing capacity, Amy has helped hundreds of practices throughout the UK to build and develop a lasting web presence through a blend of creative and marketing skills. Like us on Facebook: www.facebook.com/dentaldesign Follow me on Twitter: www.twitter.com/dentaldesign Find me on LinkedIn: www.linkedin.com/in/amyrosejones
exactly what he’s getting, including the level of experience, rather than just being sent the first nurse that comes along to an agency.

Dentists are encouraged to leave feedback on the site relating to the nurses they have worked with. Any positive feedback is registered and nurses are listed in terms of their percentage feedback: the higher the percentage rating, the higher up the list they are. The nurses with the better feedback, based on criteria such as skills, punctuality and presentation, feel they can charge more for their time. The site is self-regulating, as it encourages nurses to maintain high standards to receive an appropriate pay rate, and the dentist knows what to expect of the candidate.

Dental Gateway had a ‘soft’ launch last October at the BDTA to get a feel for the market and determine the desirability of the product. We took a stall at the ExCel in London and were really pleased with the positive initial feedback from delegates. Over those few days we received about 500 emails. That spurred us on and the site officially launched in January 2011.

Within six months of going live, there were 2,000 candidates registered on the site, from all areas of dentistry, and this number is increasing every day!

As an employer myself, I find the website so convenient. Normally, if my nurse rang me on a Sunday to say that she was ill and couldn’t come in to work the next day, the first opportunity I would have to do anything about it would be Monday morning. I would spend time trying to find a replacement, only to discover that a temp might not be available until lunchtime, or the afternoon.

With Dental Gateway, I can immediately search the availability of nurses in my area using my mobile phone. I can then ring them directly and find out who can be there at 8.30am next day; and it’s done.

These days, almost everyone has an iPhone or equivalent, or access to a computer, so now is the perfect time for a service like this. It is moving away from the old ‘bricks and mortar’ agencies and bringing recruitment into the 21st century.

Candidates and employers seem to appreciate the niche factor of Dental Gateway: it’s not a generic website and it’s not classified ads or job board. It is less like a recruitment site and works more like professional network - and best of all there are no agents getting in the way.

The only downside is that to many people it sounds too good to be true! But the catch is: there is no catch. Dental Gateway has gone through considerable development and investment to produce a service tailored to dental professionals. It is something that dentists, nurses, hygienists, dental receptionists and practice managers can revisit again and again as they update their practice personnel or develop their careers.

London based dentist, Dr Graham Tinkler, has been involved in the project as an advisor from the very beginning. His knowledge and experience of dentistry has been instrumental in shaping the website to meet the needs of candidates and employers. For more information please visit www.dentalgateway.co.uk or call us on 0845 094 4031.

The new Honigum Pro.
Impressions made your way.

Stays where you need it – Flowable when you want it.

Honigum Pro is the new VPS impression material with patented crystal structure: for the best usage comfort and for a consistently perfect result. More information at www.dmg-dental.com. Please visit us on stand M06 at the Dental Showcase!
Selling to a Dental Conglomerate – The Devil is in the Detail!

Each stakeholder in dentistry has their own opinion on the dental corporates – whether they are successful or doomed for failure? But sure enough the corporates are growing in number as Sainsburys and Tescos up the ante. Similarly, House of Fraser are rumoured to follow suit, which will leave the Independent Principal competing with some even bigger corporates. There are also two other players shortly to enter who I’m involved with but not allowed to mention!

Some dentists view the corporates as the devil and I’m not in this camp (nor do I hold any commercial interest in being so), but there is increasingly a number of practitioners considering either selling or working for one. However, the trick is to work out what you want from them before even opening any discussion with them. If you look to sell or be recruited by any of them you will deal with some well-trained individuals in their field, so the first thing is to be clear in your mind what you want out of the deal. Nearly all of the individuals I deal with for acquisitions to dental corporates have considerable clout to negotiate the deal terms so that they will work for the vendor if they are negotiated properly;

So let’s start with the decisions that should be made before entering any negotiations;

1. Price - Get a realistic idea of the value of your business from a recognised valuer or accountant with an independent view. If you were selling your house – would you only get one valuation? Lots of the valuers (including ours) offer free ‘no-strings’ valuations now.

2. Basis - Remember that corporates value on profit not turnover, read my article on EBITDA and consider before you even open negotiations because it is easy to get too far down the road and then consider the outcomes post-sale.

3. Deal Terms – When will you get your money? On Day 1 – Over 5 Years. Work out how this would work if you were selling to another dentist. Would they insist you stuck around for 5-10 Years to get the full consideration?

4. Tenure – Is it worthwhile retaining the Freehold? Does the buyer really want the Freehold. There are buyers out there who look just to buy buildings tied into 15-20 Years Leases.

5. The Team – What will happen to them? How is your purchase price calculated? Will your associates be bought onto the terms at the last minute then the negotiations roll on. Remember, that if you have had two independent valuations from trusted sources then the chances are that their valuations should hold firm. Do not let a purchaser talk down the price of a practice. Put simply – if they don’t like the practice they won’t buy it all.

Remember there are always other options. Yes the ADP-IDH Merger has in essence removed one competitor from the market, but there are ample small groups and purchasers out looking for the same stock as them. There is also more than one corporate buying private practices. Competition is everything! Do not feel guilty for shopping around. Some people fear that if they shop around they will lose the initial offer they had. This may be true in House Sales but not true when you are selling to a conglomerate. Unless their funding pot dries up (which it would have done anyway during the DE process if it was going to), your offer of £500,000 will still be there in three weeks time! Always remember for NHS practice sales, 9 times out of 10 you are in the driving seat!

For Private Practices, make sure the deals light. In number of cases the sell to a corporate you will most likely have to stay on, so take some time to understand how their practices are run. Will they guarantee the marketing spend? Will they invest in the latest technologies? And what lab / implants/orthodontic appliances can you use? How is any deferred consideration linked to the practices/your individual performance and how transferable is this especially with any changes they may be intending?

OK, so you’ve agreed your offer and you’re happy with the price and the terms. Now for the associate contract. In all likelihood the contract you gave your associates is probably based on the BDA Model but how does this new agreement work and how much freedom does it give you? What happens if you really don’t like it, what sort of notice period can you give them, or perhaps equally important can they give you?

Take a Deposit – “I’m a corporate, I don’t pay deposits” – Why not? I can tell you that I’ve sold practices to corporates and they can and will pay a deposit. This means that if they change their mind or decide to change the terms at the last minute then there is at least some recom pense and it means that your legal fees up to that point will be covered.

The Changeover – Different groups do things different ways but normally there is a short period between exchange and completion where your associates and staff will be informed of the sale and introduced to a member of your chosen purchaser’s management team. Normally at this point they would be given their new associate agreements for post-sale and given an opportunity to ask any questions of likely legal fees up to that point will be covered.

Take a Holiday – I could use a cliché here; take one you deserve one! However, this isn’t my main sentiment. Initially, there will be a psychological barrier to overcome for both the selling principal and the staff if you are remaining in the practice beyond the exchange. You will normally feel the need to sort out any problems and they will come to you with them. I always advise any principal to take a fortnight out of the practice in the initial weeks post-sale to allow the staff to adjust to the new management regime and chain of command which means upon return it is easier to bed into their skin. If an associate as 50% of the battle will be fought, the other 50% is up to you and it’s this 50% you have to consider before you even open the negotiations!
The Code Buying Group has been developed in partnership with Dental Directory in order to offer a range of benefits to all CODE members helping them to save money and include:
- Free products
- Free and subsidised CPD
- Cash back on purchases made during any six month period
- Exclusive Support and Training
- Additional support and training from Code Buying Group manufacturers

CODE offers Care Quality Commission compliance advice and practice management guidance to members of the CODE Buying Group. Latest addition to an association dedicated to helping dental practitioners meet the new national regulations.

CODE’s team of representatives will be on hand at the BDTA Dental Showcase to discuss how they can help you raise the standard of their work to new heights at the 2011 BDTA Dental Showcase at Birmingham’s NEC Centre on 20th-22nd October.

Dura Dental
Dura Dental’s huge range of products and digital technology is definitely a ‘must-see’ at this year’s exhibition. The better you can see, the better you can perform. Dura Dental specialize in products that are designed and manufactured in seamless, high grade upholstery to aid the highest hygiene standards.

GlasstecKlina Consumer Healthcare UK (GSK) are attending to launch a new product range around patient compliance and smoother workflow Make a real difference to your practice paperwork and enjoy the benefits of a superior digital solution, including CQC compliance and smoother workflow. Make a real difference to your practice paperwork and enjoy the benefits of a superior digital solution, including CQC compliance and smoother workflow. Make a real difference to your practice paperwork and enjoy the benefits of a superior digital solution, including CQC compliance and smoother workflow. Make a real difference to your practice paperwork and enjoy the benefits of a superior digital solution, including CQC compliance and smoother workflow.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

As well asries our loyal customers to come and relax in our hospitality suite where we will be offering complimentary refreshments and snacks. It’s a great opportunity to take a moment to sit down and catch up with colleagues. Come see what The Dental Directory can offer you! We’ll be on Stands B02, B03 and C02. We very much look forward to seeing you there.

The Velopex Team welcomes you to Stand F07 BDTA Dental Showcase 2011 and see it all in action.

Come and visit us at stand F07 BDTA Dental Showcase 2011 and see it all in action. If you are unable to join us please FreeCall 0500 321111 or visit Evident’s website: www.evident.co.uk

As you walk through the exhibition of supply and demand systems and dismantlement range and will have representatives on hand to answer any of your questions.

The Focus Tech exhibit will include Rapid® – a world specifically designed to make grasp preparation procedures easier and more comfortable for patients, and Ultra Safety Plus – a dental imaging system equipped with a needle-stick injury prevention device.

Takara Belmont (Stand D10) Takara Belmont’s portfolio of Treatment Centre’s promise to cater to any dentists requirements. The flexibility of their range will be demonstrated at this year’s Dental Showcase, highlighting the complete range of all treatment areas, and features, backed up by free extended warranties offering. Takara Belmont Treatment Centres are designed to please everyone. Left hand practices might opt for the Cleta I (factory installation option) or Voyage 8 which is suitable for ambulatory use. Surgeons tight on space will benefit from the small footprint of the Cleta I whilst those treating the elderly patient群体 can appreciate the easy access facilitated by its knee break door. Various options are also available which include, cabinets, carts or mobile cart options. For those looking to increase functionality, the interaction with customers. There are always a number of people wanting to try out the Aquaplast Smart system, the Velopex Odyssey Digital System which is suitable for ambulatory use supported by the Aquaplast Smart Set.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.

SINUS treatment centre – beautiful workflows provide you with the best available deals. Whatever your equipment enquiry, our experienced team will provide you with the best possible advice.
Porcelain One-hour Permanent veneers

GC UK launches two new products – GC VeroPorcelain Pressable Porcelain, and GC VeroPress LF

GC VeroPorcelain Pressable Porcelain offers the benefits of glass ionomer technology, with significantly greater fluoride release and unsurpassed protection.

GC VeroPress LF is the first glass ionomer provisional lug cement that provides versatility, modularity, durability and ease of use. GC FujiPress LF offers the benefits of glass ionomer technology, with significantly greater fluoride release and unsurpassed protection.

GC will be showcasing you the benefits of EXA/EXA II. EXA II represents the next generation impression material - Vinyl Polysilicon Ethoxide - predictable in an unlimited number of impressions. 

Sirona’s: ‘Precision, predictability and comfort’. Sirona Dental Systems’ Dental Design has announced the launch of the new CEREC Software version 4.0 at Dental Showcase. With this next generation software, Sirona’s CEREC significantly improves the quality of treatment for patients, as well as providing the clinician with the highest level of precision at every stage.

The unique patient adjustable adaptability and depth of focus coupled with clear clear outstanding aesthetic results. Sirona’s CEREC delivers the ultimate in all-ceramic restorations which is complemented by the high-speed finishing system.

The CEREC® System by Sirona is the world’s leading CAD/CAM system for single unit restorations and is based on the principle of taking a single digital impression of the tooth to be restored and using that digital impression to create a ceramic restoration. The restoration is then milled in a few minutes and placed the same appointment.

The upgrade includes a new user-friendly interface that provides faster and more intuitive operation as well as the ability to save and recall patient data. The new software also includes a range of additional features, such as the ability to display the final restoration on the patient’s actual tooth, which can help improve patient satisfaction and satisfaction. Additionally, the software is compatible with a wide range of dental laboratories, which can help improve efficiency and productivity.

Double extractions, impacted third molar surgery, TMJ, orthodontic planning, endodontic retreatments, and cosmetic enhancements are all areas that can benefit from this software upgrade.

The upgrade also includes a new feature that allows for the easy and intuitive transfer of data from the previous version to the new version, ensuring a seamless transition for dental practices.

The new software is available for download from Sirona’s website, and training sessions will be held to help dental professionals get up to speed with the new features. The software is also compatible with a wide range of dental imaging systems, making it a versatile and convenient choice for dental professionals.

For more information, please visit Sirona Dental Systems’ website or contact your local Sirona representative.

CEREC® is the world’s leading CAD/CAM system for single unit restorations and is based on the principle of taking a single digital impression of the tooth to be restored and using that digital impression to create a ceramic restoration. The restoration is then milled in a few minutes and placed the same appointment.

The upgrade includes a new user-friendly interface that provides faster and more intuitive operation as well as the ability to save and recall patient data. The new software also includes a range of additional features, such as the ability to display the final restoration on the patient’s actual tooth, which can help improve patient satisfaction and satisfaction. Additionally, the software is compatible with a wide range of dental laboratories, which can help improve efficiency and productivity.

The upgrade also includes a new feature that allows for the easy and intuitive transfer of data from the previous version to the new version, ensuring a seamless transition for dental practices.

The new software is available for download from Sirona’s website, and training sessions will be held to help dental professionals get up to speed with the new features. The software is also compatible with a wide range of dental imaging systems, making it a versatile and convenient choice for dental professionals.

For more information, please visit Sirona Dental Systems’ website or contact your local Sirona representative.
Simple and reliable unit with generous specification, made in USA.
- reliable, pneumatic unit based on DCI parts (USA)
- piezo scaler and fibre optic handpiece outlet included
- services hidden in the chair’s base
- wide range of optional equipment
- continental, international and cart systems available,
- modular build (spittoon, delivery system, light)
- with various mounting options (chair, wall, cabinet)
- only 8% VAT - buy directly from the manufacturer

Contact us for a free, on-site quotation, surgery plan and advice!

MIDI PRO - PROMOTIONAL UPGRADES

Upgrade to LED operating light with motion sensor - for only £399
- extra-bright 45,000 lux for surgical procedures
- three light intensity settings
- natural, day-light temperature 6,250º K
- three axis head movement
- fan-less, noise-less
- long-life LEDs (50,000 hours)

ELECTRIC MICROMOTOR
NSK NLX Plus LED (endo)
- auto-stop, auto-reverse,
- extra bright LED 32,000 lux,
- ultra-compact construction,
- brushless, only 5.0mm long,
- weight 72g,
- speed 100-40,000 rpm,
- powerful 3.4Ncm torque,
- complete set for integration

LCD CONTROL PANEL
NSK MULTI PAD
- for NSK NLX Plus:
  - select speed, rotation, gear,
  - light intensity, light on/off,
  - factory & user programs,
- for NSK Varios 170 LED:
  - power level;
  - endo / perio / normal mode

OPTIC PIEZO SCALER
NSK VARIOS 170 LED
- double LED illumination,
- thin, light handpiece,
- powerful oscillation,
- endo / perio / normal mode,
- wide selection of tips for all applications,
- self-diagnostics

NSK NLX Plus LED + Multipad + Varios 170 LED
£1,990 RRP £3,520

£7,990

SPECIAL OFFER - AUTUMN 2011

DENTAL TRENDS
United Kingdom Edition • October 10-17, 2011

Dental Tribune
UK Editorial Board

Dr Neel Kothari
BDS Principal and General Dental Practitioner

Dr Stephen Hudson
BDS, MFGDP, DRDP
General Dental Practitioner

Mr Amit Patel
BDS MSc M Clin Dent MFDS RCEd MRD RCS Eng
Specialist in Periodontics & Implant Dentist Associate Specialist Birmingham Dental Hospital

Professor Nick Grey
BDS, MDSc, PhD, DRDRCSEd, MRDRCSEd, FDSRCSEd, FHEA
Professor of Dental Education, National Teaching Fellow, Faculty Associate Dean for Teaching and Learning School of Dentistry, Manchester

Professor Andrew Eder
BDS, MSc, MF GDP, MRD, FDS, FHEA
Director of Education and CPD, UCL Eastman Dental Institute

Mr Raj Rayan
OBE
Associate Dean of Postgraduate Dentistry, London Deanery

Dr Trevor Bigg
BDS, MGDS RCS (Eng), FDS RCS (Ed), FFGDP (UK)
Practitioner in Private and Referral Practice

Baldeesh Chana
RDH, RDT, FETC, Dip DHE
President, BADT and Deputy Principal Hygiene and Therapy Tutor, Barts and The London School of Medicine and Dentistry

Dr Stuart Jacobs
BDS MSD (U Ind)
Full-time Private Practitioner

Shaun Howe
RDH
Dental Hygienist

Dr Richard Kahan
DS MSc (Lond) LDS RSC (ENG)
Endodontic Specialist

Mrs Helen Falcon
Postgraduate Dental Dean, Dental School, Oxford & Wessex Deaneries

Mike Volk
Sales & Marketing Director, Dental Directory

Pam Swain
MBA LC GFI IAM MC MI BADN® Chief Executive
This unbiased multi system clinical course in its 20th year is designed to teach practitioners how to incorporate implant treatment to their practices safely with the back up of three most documented implant systems according to the FGDP/GDC Training Guidelines. Astra, Nobel Biocare and ITI/Straumann, the market leaders in implantology for their unique indications, predictability, research and documentation, are taught step-by-step during the year course. Each participant will have the opportunity to place implants in their patients under supervision. The course has been granted approval by the FGDP (UK) for accreditation towards its Career Pathway.

Applications are invited for a hospital based “certificate” year course (one day a month) starting on 16th November 2011.

COURSE CONTENTS AND BENEFIT

- Keynote consultant/specialist speakers from UK and abroad
- Certification for three major implant systems and GBR techniques
- Prepare for Diploma examinations or further academic study (e.g. MScs)
- Benefit from extensive network of accredited UK Mentors
- Clinical practice support and advisory service
- Implant team with highly proven 20 years’ clinical research and teaching experience
- Become an ITI member (with complimentary 1st year’s subscription)
- Receive complimentary editions of four ITI Treatment Guides

FOR FURTHER INFORMATION: Professor T.C. Ucer, BDS, MSc, PhD, Oral Surgeon, Oaklands Hospital, 19 Lancaster Road, Manchester M6 8AQ.
Tel: 0161 237 1842  Fax: 0161 237 1844  Email: ucer@oral-implants.com
www.oral-implants.com
Product Information: Corsodyl Mint Mouthwash (clear, chlorhexidine digluconate 0.2%), Corsodyl Original Mouthwash (pink, chlorhexidine digluconate 0.2%) Corsodyl 0.2% Mouthwash (alcohol free) (clear, chlorhexidine digluconate 0.2%)

Indications: Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida.

Dosage & Administration: Adults and children 12 years and over: 10ml rinse for 1 minute twice daily or pre-surgery. Soak dentures for 15 minutes twice daily. Treatment length: gingivitis 1 month; ulcers, oral candida 48 hours after clinical resolution. Children under 12 on healthcare professional advice only.

Contraindications: Hypersensitivity to chlorhexidine or excipients.

Precautions: Keep out of eyes and ears, do not swallow, separate use from conventional dentifrices (e.g. rinse mouth between applications). In case of soreness, swelling or irritation of the mouth cease use of the product.

Side effects: Superficial discolouration of tongue, teeth and tooth-coloured restorations, usually reversible; transient taste disturbances and burning sensation of tongue on initial use; oral desquamation; parotid swelling; irritative skin reactions; extremely rare, generalised allergic reactions, hypersensitivity and anaphylaxis. Legal category: GSL. PL Numbers and RSP excl. VAT: Mint, Original PL 00079/0312 & 0313 300ml £4.17, 600ml £8.17 (mint only) Alcohol-free PL 00079/0608 300ml £4.26. Licence Holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. Date of preparation: February 2011.


CORSODYL is a registered trade mark of the GlaxoSmithKline group of companies.