Music for nothing?

EU court rules dentists should not pay music royalties

In what has been called a move of “common sense” the European Court of Justice has ruled that dentists do not broadcast music for profit and should be exempt from music royalties.

The ruling came after a case was brought against a Turin dentist by an Italian agency that collects royalties. Reports on the case stated that the judges explained how patients do not go to surgeries to listen to music but “with the sole objective of receiving treatment”, and the number of people in atypical dental surgery is “not large, indeed it is insignificant.” A BDA spokesperson said “this ruling paves the way towards removing red tape that impedes unnecessarily on the running of a dental practice.”

Commenting on the impact on dental practices in the UK of the ruling of the European Court of Justice in Società Consortile Fonografici (SCF) v Marco Del Corso, the British Dental Association’s Chief Executive, Peter Ward, said: “The European Court of Justice (ECJ) decision that dentists are exempt from paying music royalties is significant. The BDA believes that this ruling paves the way towards removing red tape that impedes unnecessarily on the running of a dental practice.”

“We are seeking confirmation of this understanding that this decision applies equally to the United Kingdom and should take immediate effect. We also wish to clarify whether or not video performances are covered by the decision.”

“We have sought assurances from both the Performing Rights Society and the Phonographic Performance Ltd that it will refund dentists who have already paid this year’s licence.”

The change, if applied to UK dentists, will certainly make a big difference, as practice owner Neel Kothari, explained: “Finally a little bit of common sense from the European Court of Justice. Of course dentists don’t broadcast music for profit, nor do GP surgeries, hospitals, schools or the majority of professions and trades where listening to background music makes everyone’s working days just that little bit more pleasant. Furthermore, having background music is a great way to actually help the performers sell their live and recorded music by allowing more people to actually listen to it.

“I appreciate that the PRS are representing their members, but businesses up and down the UK are sick and tired of having every last penny squeezed from them at a time when the nation’s economy is in such dire straits (no pun intended). Unfortunately each little ‘fee’ like this one brings us one step closer to eventually having to pay for air. The late Luther Vandross sang that the ‘best things in life are free’ hopefully this ruling will be a small victory for common sense.”

Jonathan Morrish, Director of PR and Corporate Communications, PPL said: “We are aware of the decision and are currently considering the details of the judgement.”

And, when you buy from EschmannDirect, the first two years of ServicePlan cover that protects your EC5 warranty are included.
The University of Maryland’s School of Dentistry has teamed up with the University of Maryland R Adams Cowley Shock Trauma Center for training future dentists to respond efficiently and effectively to life-threatening medical emergencies in a dental setting.

To enhance the School of Dentistry’s current course work in prevention and management of medical emergencies, the School has added a partnership with the center known worldwide as simply ‘Shock Trauma.’

“It is a pioneer of trauma care and is dedicated to treating the critically sick and severely injured with ground-breaking research and innovative medical procedures with one goal in mind, to save lives,” said Thomas Grissom, MD, FCAM, associate professor of anesthesiology at the School of Medicine.

‘Sim Man,’ a computerised, life-size human simulation mannequin utilised by Shock Trauma will be part of the dental training, according to Gary Hack, DDS, director of clinical simulation at the School of Dentistry.

Sim Man, made by the Laerdal Medical Corp., electronically responds to treatments. The mannequin actually talks back to attending healthcare professionals, offers pulse and blood pressure responses, and has other features like those of a live patient in a dental chair, including becoming cyanotic, wheezing, or exhibiting pupillary responses.

“This new program will dramatically improve our students’ ability to respond to medical emergencies, and my hope is that we will be able to expand this program to include training on how to screen for diabetes,” said Hack.

While a student or resident attends to a simulated emergency such as a heart attack on Sim Man, faculty instructors can monitor and change the mannequin’s vital signs, which are displayed on standard monitors that are found in dental offices, via the computer. This control unit can access the depth and effectiveness of chest compressions being applied during CPR to the mannequin by the student, as well as pulse rate, blood pressure levels, and more.

“The exercise teaches residents to stay calm and act decisively during an emergency,” says Gary Kaplowitz, DDS, who is the AEGD associate director. Shock Trauma’s Sim Man is much more than a plastic mannequin. He weighs 160 pounds and simulates realistic and dynamic patient conditions.

The Sim Man exercise includes an immediate debriefing.

Kaplowitz said: “I think many dentists are not fully prepared for medical emergencies, though they are aware of the possibilities. These things do happen and you never know when. If a dental patient goes unconscious in the chair, you are it,” he told dental students, residents and faculty at the debriefing.

Have your say

To take part, visit the Department of Health website. http://www.healthcare.dh.gov.uk/children-say/

Please send your views and comments by 50 April 2012.

The Forum will report to the Government with independent advice that will inform the Children and Young People’s Health Outcomes Strategy.

The Strategy will ensure that the outcomes measured are those that matter most to children, young people, their families and the professionals responsible for their care.

Mouth Cancer Foundation website gets new look

To celebrate 10 years as the UK’s leading mouth cancer charity, the Mouth Cancer Foundation has launched its brand new look website at www.mouthcancerfoundation.org.

Speaking on the new look, Founder of the charity, Dr Vinod Joshi, said: “The success of the Mouth Cancer Foundation is down to the interactive functionality of its website which members find really useful. There is a great sense of community online. The new website is fresh, informative and bursting with information to help patients and carers.”

In recent months the charity has experienced a record number of hits to its website. The online members’ forum is also a hugely popular site for the charity. As well as visitors going to the site for information, they regularly request leaflets and merchandise on all aspects of head and neck cancers. The signs, symptoms and how to care for those with head and neck cancer are the hottest topics.
March 22 saw the 19th World Water Day – a UN-organised event focusing attention on the importance of freshwater and advocating for the sustainable management of freshwater resources.

Focusing mainly on the use of water in the production of food, the campaign is aiming to raise awareness of how our food choices and food production methods use so much water.

What has this got to do with dentistry? I hear you ask, and on the face of it not a lot; but a dental practice uses a tremendous amount of water every day. According to the US-based Eco Dental Association a standard dental vacuum system uses 500-500 gallons of water a day – theoretically 88 gallons of water a year in North America alone!

Talking food production the first statistic you find on the World Water Day website is that a human being needs to drink two-four litres of water every day. However, one study undertaken in a dental setting to change dietary behaviour, identified five studies, two of which were concerned with diet advice given concerning general health, one of which was about fruit and vegetable consumption.

The researchers reported that in both these studies there was a change to healthier behaviour following the advice. The authors also identified three studies which attempted to change sugar consumption habits in order to reduce dental decay.

However, in two out of these three studies there were also other types of advice given so it was therefore impossible to say whether changes in diet came about because of the diet advice given or because they were subtly influenced by the other messages.

The authors concluded that the evidence for dietary advice aiming to change sugar consumption is poor. Further studies in this area should be considered.

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**Interventions to change diet**

A study published on *The Cochrane Library* by the Cochrane Oral Health Group, has reviewed whether efforts by dentists and other dental staff members can be successful in changing patients’ diets.

The researchers of the study, *One-to-one dietary interventions undertaken in a dental setting to change dietary behaviour*, identified five studies, two of which were concerned with diet advice given concerning general health, one of which was about fruit and vegetable consumption.

The researchers reported that in both these studies there was a change to healthier behaviour following the advice.

The authors also identified three studies which attempted to change sugar consumption habits in order to reduce dental decay. However, in two out of these three studies there were also other types of advice given so it was therefore impossible to say whether changes in diet came about because of the diet advice given or because they were subtly influenced by the other messages.

The authors concluded that the evidence for dietary advice aiming to change sugar consumption is poor. Further studies in this area should be considered.
New figures from Cancer Research UK have revealed that the number of oral cancer cases diagnosted each year in the UK has risen above 8,000 for the first time.

A decade ago there were more than 4,400 cases of oral cancer. Now the latest figures show this has risen to more than 6,200, around two thirds of cases are in men.

Oral cancer rates in the UK have risen by around a quarter in the last 10 years from around six to eight cases per 100,000 people.

Experts believe that infections with high-risk strains of the human papillomavirus (HPV) may be a key reason for the jump in cases of oral cancer.

HPV infections are common with up to eight out of 10 people in the UK infected at some point in their lives.

Infections are usually on the fingers, hands, mouth and genitals. Many strains of the virus cause infections that are harmless and get better on their own. Most people will never know they had the virus.

But a few strains of HPV are known as high-risk. If these strains persist they can lead to cell changes which could develop into cancer. One of these high-risk strains is HPV-16.

Richard Shaw, a Cancer Research UK expert in head and neck cancers, based at theLiverpool Cancer Research UK Centre, said: “We have seen a rapid increase in the number of HPV16-positive cases of oral cancer. We have also noticed that patients with HPV-related oral cancers tend to be younger, are less likely to be smokers and have better outcomes from treatment than those whose tumours show no evidence of HPV.

“This raises questions as to exactly how these cancers develop and whether they only affect a small proportion of people who are exposed.

“As HPV-related cancers appear to behave quite differently, the Liverpool Cancer Research UK Centre is also involved in Cancer Research UK-funded clinical trials to improve treatments.”

Traditionally, the main risk factors for oral cancer have been tobacco and alcohol. Oral cancers tend to take at least a decade to develop so looking at lifetimes 20 to 50 years ago can help understand the rise in cases.

Over the last 50 years, smoking rates in Britain have more than halved.

And while figures show that the amount of alcohol bought in the UK over the last 20 years has increased by seven per cent – this is unlikely to be enough to increase to explain the rise in the rates of oral cancers.

Experts say this suggests other risk factors may be playing a role – in particular HPV.

There were particularly sharp rises in the incidence rates of cancers at the base of the tongue (almost 90 per cent increase) and the tonsil (around 70 per cent increase) – two areas of the mouth where cancers are more commonly HPV-related.

Sara Hixon, director of information at Cancer Research UK, said: “It’s worrying to see such a big rise in oral cancer rates. But like many other cancers, if oral cancer is caught early, there is a better chance of successful treatment.

“So it’s really important for people to know the signs and symptoms of oral cancer – mainly mouth ulcers that just won’t heal, any lumps or thickening in the mouth, lips or throat, or red or white patches in the mouth that won’t go away.

“It’s not just doctors who have a vital role to play.

“Dentists have an important role to play in spotting oral cancer early and encouraging their patients to take care of their mouths.”

In response to news reports about the risk of tooth decay due to the inclusion of pure fruit juice in ‘five-a-day’ recommendations, the Infant & Toddler Forum (ITF) supports increased awareness about the sugar and acid content of juices, and the risk of enamel erosion and subsequent dental caries in young children.

Kathy Harley, dean of the dental faculty at the UK’s Royal College of Surgeons, has been reporting as saying that half of five year olds show signs of enamel erosion caused by fruit, particularly citrus fruits. She has called for schools to ban fruit juice and to offer milk and water instead.

Younger children are also at risk; the first teeth are just as prone to dental caries as permanent teeth. It is important to take special care of a child’s mouth in order to prevent tooth decay and avoid dental extractions and fillings.

Judy More, paediatric dietitian and member of the ITF, says: “Parents often think that tooth decay in children’s first teeth is not important as they will grow their adult set in any case. However, the first teeth are just as important as adult teeth, as early loss of the first teeth can lead to overcrowding when adult teeth appear.

“Fruit and vegetables are part of a nutritious, balanced diet but fruit is best given as pieces of fruit rather than as juice. Fruit juices are a source of vitamin C, helping with the absorption of iron from plant based foods; however, they are acidic, high-sugar drinks and can cause dental caries.

“The sugars in sweet foods and drinks are metabolised to acids by the bacteria in dental plaque. These acids, along with the acid already present in drinks like fruit juices, squashes and fizzy drinks, cause demineralisation or softening of the enamel.

“If fruit juice is given as a drink it should be well diluted, for example one part juice to about six to ten parts water, and should only be served in a glass, cup or beaker, rather than a bottle. Sucking slowly on sweet drinks in a bottle increases the risk of tooth decay.

Well diluted fruit juice, if given, should be with meals and snacks, and three-four oz or 100-120ml is about right as a single drink portion for one-three year olds. Water and milk are the only drinks that should be offered between meals and snacks.”

Cardiff-based charity, Tenovus, has called for an outright smoking ban in Wales.

According to a BBC report, the call was requested on the same day that smoking was banned within the grounds of most Welsh hospitals. The report stated that six of the seven health boards in Wales decided to prohibit smoking in their grounds, whilst the remaining health board, Hywel Dda in Mid and West Wales, is in the process of developing a ban.

Even though smoking shelters have been dismantled at hospitals where outright bans are being imposed, Richard Pugh, community development manager forTenovus, called for a much more radical approach - a total ban on smoking.

“We’ve tapped away at smoking here, smoking there - stop smoking in cars, in restaurants, in public places,” he said in the BBC report. “Soon or later we will get to the point where we stop smoking altogether.

“So it’s time to think about the bigger question - and let’s do it now.”

Although Welsh government said it did not have the power to introduce an outright ban, it was reported that the Welsh government’s actions to tackle the harm caused by smoking remained a priority.

A spokesman said the government’s ultimate vision was “of a smoke-free society for Wales, in which the harm from tobacco is completely eradicated.”

Recently both the Welsh government and Tenovus promoted their Fresh Start Wales awareness campaign outside City Hall in Cardiff. The campaign aims to encourage parents and carers not to smoke in cars carrying children. Stop Smoking Wales will also be available to provide information on its smoking cessation service.

Smoking has already been banned in hospital grounds.
Switch on to new ideas

Speakers:

Prof Nasser Barghi
Dr Richard Kahan
Prof Gianluca Gambarini
Dr Wyman Chan
Dr John Moore
Dr Ajay Kakar
Ms Jackie Coventry
Dr Mona Kakar
Basil Mizrahi
Mhari Coxon
Fraser McCord
FGDP(UK) elects new Dean

D e Trevor Ferguson, (pic
tured), was elected to be
the 8th Dean of the Fac
culty of General Dental Practice
(UK) on 2nd March 2012. Trevor
will take over from the current
Dean Russ Ladwa in June. The
Faculty Dean is elected to serve
for up to three years, providing
clinical leadership and promot-
ing the Faculty's strategy and
policies in the professional and
public arenas.

Trevor Ferguson is a Gener-
al Dental Practitioner who has
been practising in North Wales
for the past 25 years. He has
previous experience of voca-
tional training, tutoring on post-
graduate courses, University
teaching and maintains a con-
tinuing active commitment to
primary care dentistry. Dr Fer-
guson was a founder member
of the FGDP(UK) and has been
a member of the Faculty’s Board
since 1998.

Upon being elected Trevor
Ferguson said: “The achieve-
ments of the Faculty to date
have been remarkable, howev-
er we live and practise in very
challenging times. The future
success of the Faculty is depend-
ent on increasing membership,
strengthening our position as
the standard setting organisa-
tion for general dental practice,
as a provider of postgraduate
education and training, and also
ensuring a greater voice in the
future of patient care. The next
few years are crucial and re-
quire significant vision and en-
thusiasm to achieve these goals.
I am delighted to have been
elected to the position of Dean
and I look forward to working
towards these goals, and ar-
ticulating the Faculty’s position
within the Profession.”

Current Dean of the FGDP(UK)
Russ Ladwa congratulated Dr Ferguson on his
election saying: “Trevor Fergu-
sion has contributed hugely to
the FGDP(UK) to date. He has
all the right qualities to lead
the Faculty forward at a chal-
lenging and critical time for our
profession. I wish him well!”

Also elected on the 2nd March
were two Vice-Deans, with
Lawrence Mudford being
elected for a second successive
term and Naresh Sharma for the
first time.

In response to his re-election
Lawrence Mudford said: “I am
honoured and delighted to have
been re-elected as Vice Dean of
the FGDP(UK) in a year which
marks the Faculty’s 20th anni-
sversary. I look forward to work-
ing alongside the Dean, Faculty
Board and staff to develop and
enhance patient care into the
future.”

Naresh Sharma said of his
election as Vice Dean: “After 20
years at the FGDP I am delight-
ed to be elected as a Vice Dean.
It will give me great pleasure
to serve the Faculty and try to
shape a better future for our col-
leagues and our profession.”

Key to immune system disease could lie inside the cheek

Powerful new cells created
by Cardiff University sci-
entists from cheek lining
tissue could offer the answer
to disorders of the immune
system.

While the body's immune sys-
tem protects against many dis-
eses, it can also be harmful. Using
white blood cells (lymphocytes),
the system can attack insulin-
producing cells, causing diabetes,
or cause the body to reject trans-
planted organs.

A team from Cardiff’s School of
Dentistry led by Professor Phil
Stephens, with colleagues from
Stockholm's Karolinska Institute,
have found a new group of cells
with a powerful ability to suppress
the immune system's action. The
team took oral lining cells from
the insides of patients’ cheeks
and cloned them. Laboratory tests
showed that even small doses of
the cells could completely inhibit
the lymphocytes.

The breakthrough suggests
that the cheek cells have wide-
ranging potential for future ther-
apies for immune system-related
diseases. Existing immune sys-
tem research has focussed on
adult stem cells, particularly
those derived from bone marrow.
The cheek tissue cells are much
stronger in their action.

Dr Lindsay Davies said: “At
this stage, these are only laborato-
ry results. We have yet to recreate
the effect outside the laboratory
and any treatments will be many
years away. However, these cells
are extremely powerful and offer
promise for combating a number
of diseases. They are also easy to
collect – bone marrow stem cells
require an invasive biopsy, where-
as we just harvest a small biopsy
from inside the mouth.”

The findings have just been
published online in Stem Cells
and Development. The team has
now been funded by the Medical
Research Council to investigate
the cloned cells further.
Study recognises value of YouTube for dentists

YouTube

Using YouTube as a means of dental education is an area that has been described as being “highly underdeveloped.”

DTE: Researchers investigating YouTube have suggested that the potential of the online video-sharing platform and similar social media sites as means of dental education is highly underdeveloped. In a study, they found that it could hold important implications for dental professionals, as well as dental education staff.

Owing to an increasing integration of multimedia sources into professional and academic education, Dr Michael Knösel, an orthodontic specialist, and his team from the University of Göttingen, assessed the value of videos on YouTube related to dentistry. Using different search parameters, they discovered that there is wide variety of material available online with high educational value.

Two assessors with an academic background evaluated 60 videos in the general category “All” and 60 videos in the “Education” category. The results were first sorted “by relevance” and later by “most viewed”.

According to the researchers, the information value of videos in the general category was perceived as generally poor, whereas the most viewed videos in the educational category had the highest educational value. Videos in this category were concerned with oral surgery and implantology (17), preventive dentistry (15), general dentistry and orthodontics (9). Five videos were considered to be entertaining rather than educating.

Videos in the educational category were mostly uploaded by practitioners but also by academic institutions and dental companies. The majority of videos in the general category, which were aimed at entertainment generally, were mostly posted by patients and laypersons, but there was also a significant percentage of videos with a commercial purpose and posted by dental manufacturers.

The researchers recommended that more academic institutions acknowledge YouTube as an effective supplementary medium for education. Currently, there are only a few dental schools that run their own YouTube channels.

YouTube and similar social media websites offer new educational possibilities for dentistry, but are currently both underdeveloped and underestimated regarding their potential value. Dentists should also recognise the importance of such websites in relation to the formation of public opinion about their profession, the researchers stated. “We would therefore like to encourage educators to make greater use of this medium, to work to improve the quality of videos, and to demand that contents are updated on a regular basis.”

The study, published in the December 2011 issue of the Journal of Dental Education (J Dent Educ., 2011;75(12):1558-68), was conducted between six and 8 October 2010. The researchers used four search items on YouTube (“dentist”, “dentists”, “dentist’s”, and “dentistry”).

Robotic surgery proves successful

Over the past few decades, doctors have noted a surprising trend in cancer of the tonsils and base of the tongue. Though oral cancer previously largely appeared predominantly in elderly patients with a history of tobacco and alcohol use, it’s increasing in younger patients: 50- to 50-year-old non-smokers with the human papillomavirus (HPV).

Fortunately, the newer form of cancer tends to be less aggressive, and the latest approach to treating the tumours can avoid the debilitating consequences of open neck surgery or extensive radiation. Robotic surgery conducted through patients’ mouths provides excellent results in removing squamous cell carcinoma at the back of the throat, especially in patients with HPV, a Mayo Clinic study published in the March issue of Mayo Clinic Proceedings found.

“We were surprised that the cancer cure rates were even better than the traditional treatments that we have been doing, but that is probably almost as much of a matter that these cancers are HPV-mediated for the most part and they respond much better to treatment,” says author Eric Moore, MD, a head and neck surgeon at Mayo Clinic in Rochester. “Importantly, the treatment preserved patients’ ability to swallow and their speech performance was excellent.”

Dr Moore and his team followed 66 patients with oropharyngeal cancer who underwent transoral robotic surgery with the da Vinci robotic surgical system. Every few months, the patients had imaging studies, scans and exams to determine if cancer was recurring. After two years, researchers found that patients’ survival rate was greater than 92 per cent, as good as rates for some other surgical and nonsurgical treatments for oropharyngeal cancer.

Because traditional surgery techniques to remove throat tumours can be traumatic, requiring cutting and reconstructing the jawbone, neck and tongue, researchers were also interested in patients’ healing after robotic surgery.

“We found that with transoral robotic surgery 96 per cent of patients could swallow a normal diet within three weeks of treatment,” Dr Moore says. Less than four per cent required a gastrostomy tube, which enables food to bypass the throat.

The study provides preliminary data showing the robotic surgery is a viable treatment option, Dr Moore says. Continuing research involving multiple medical centres will investigate transoral robotic surgery in a larger population of patients with oropharyngeal cancer.

SmartSeal donate £5k to support Bridge2Aid

Bridge2Aid (B2A), the dental and community development charity working in the Mwanza region of North West Tanzania, has gratefully received a major donation from SmartSeal of its innovative endodontic root filling material.

The donation, worth in excess of £5,000, includes the SmartSeal endodontic filling material, PropointPTS – taper points that match the Pro-taper file system already in use by B2A at its Hope Dental Centre – and Smartpaste, which expands in the root canal to seal any lateral canals.

Dental staff have been using the SmartSeal full system at Hope Dental Centre in Mwanza and with patients at the five mines they visit regularly since November 2011.

Dr Abed Mafwele, a dentist from Tanzania working at Hope Dental Centre, comments: “SmartSeal is a very good material. I am happy to use this for endodontics and have, already had good results.”

Dr Paul Brind, principal dental surgeon, Hope Dental Centre, agrees: “SmartSeal is a reliable, easy to use material which is proving to be really useful here in Tanzania. During our mine visits it enables us to provide good quality endodontics using a very small and portable kit.”

Hope Dental Centre is a not-for-profit dental clinic in Mwanza run by B2A. It employs three dentists and a dental therapist to provide primary dental care and oral health education to the people of the area. The funds generated by the clinic go towards the development work B2A is doing in Tanzania.

B2A is very grateful for donations from companies such as SmartSeal because they enable us to provide quality treatment and fund projects for the training of clinical officers across Tanzania, enabling them to equip and empower local health personnel in the region.

For more information on Bridge2Aid please visit www.bridge2aid.org.
**TV star opens The Smile Centre**

**New team to transform and revitalise CODE AFA**

**Keeping up to speed**

**TV star opens The Smile Centre**

**Actress and comedienne Crissy Rock has opened a state-of-the-art denture clinic in the Midlands.**

Crissy, who was one of the stars of the last series of ITV’s I’m a Celebrity Get Me Out of Here, launched The Smile Centre in Lichfield.

She was joined by Lichfield MP Michael Fabricant and more than 80 specially invited guests for the event at the new clinic in Upper St John Street.

The Smile Centre Lichfield is headed up by clinical dental technician Matt Burnell, who has joined The Smile Centre as a director.

Burnell and The Smile Centre team will provide patients with dentures, dental implants and a full range of cosmetic dentistry.

“Your smile is the first thing that people notice and the confidence great teeth can give you cannot be underestimated.”

For more information, please visit www.thesmilecentres.co.uk

**A new look Association for Facial Aesthetics (CODE AFA) - is given a facelift, appealing to new people to join.**

**Facial aesthetics practitioners are being offered a great new opportunity as CODE The Association for Facial Aesthetics (CODE AFA) - is given a facelift, appointing a new Chief Executive and Board.**

Paul Mendlesohn, Chief Executive of the wider CODE organisation, will be working with Martin. Together they will develop AFA’s strategies and build closer links with other key industry associations to create a louder voice for facial aesthetics and associated industries.

The AFA website - www.the-face.co.uk - will be constantly improved and modules will be kept regularly updated as valuable sources of reference information and practical advice. The AFA Board will also put new sharing at the heart of its plans, explains Martin: “There is always a lot happening that affects our members and their facial aesthetics practice’s so I not only want to keep members informed, I also want to increasingly represent their views within the industry and give the AFA a louder voice.”

Other changes include the introduction of a new consultancy service for medical clinics seeking QCG registration, based on the existing CODE Assurance clinical governance system for dental practices.

In the coming months, the AFA Board will be looking to grow the Association’s membership and encourage current members to get in touch with their ideas and views on the future direction of CODE-AFA.

BSI will now co-host the most comprehensive medical device training library in the world thanks to a collaborative partnership with the World Medical Device Organisation (WMDO).

This new agreement with WMDO means that BSI will have the capability to provide medical device professionals with unlimited access to a suite of online medical device training courses to complement BSI’s existing instructor led training portfolio.

The medical sector has recently highlighted the need for a greater focus on professional training at a time when budget and time are at a premium. WMDO’s extensive catalogue of over 150 device-specific online training courses will therefore enable BSI to provide new eLearning techniques to bring medical device staff ‘up to speed’ with regulations and best practice processes through new online learning options. These online training solutions will be of particular interest to start-up companies in the medical devices sector who will welcome greater flexibility and cost-effectiveness of self-paced learning. The first of the online courses to be offered by BSI will be around in-vitro diagnostics.

“Partnering with WMDO will allow BSI to broaden its online training capabilities, through offering a portfolio of e-learning medical device courses. These courses are aimed at professionals interested in increasing their knowledge of the medical device regulations from product conception to post market surveillance,” said Gary Slack, Global Director Med Tech at BSI.

Danielle Giroud, Founder and CEO of WMDO said, “We are honoured to join with BSI to complement their educational program curriculum.” Giroud added, “WMDO is focused on the creation and delivery of innovative and effective e-learning solutions and provides medical device professionals with online access to high-quality learning resources that are timely, relevant and engaging.”

For further information on BSI’s new e-learning courses, please visit medicaldevices-bsigroup.com

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**CARESTREAM DENTAL CARES**

All dental practices are busy places, with processes and workflows designed to make accurate diagnoses and deliver the highest treatment standards. Our dental software and imaging systems are carefully designed to fit seamlessly into these smooth running schedules, and to work faultlessly whenever they are called into action.

We used to be known as Kodak Dental Systems, now we’re Carestream Dental - the global leader in dental imaging.
Make regulation proportionate

In the second part of this four-part series, Neel Kothari talks to Susie Sanderson about dental regulation.

NK: The last year saw a huge rise in legislation. What does the immediate future hold with regards to legislation? Are there any signs that things will get better or is it now here to stay?

SS: There’s a whole raft of stuff, isn’t there, that we have to demonstrate compliance to. I suppose you’re probably talking about the things which have been on most people’s minds over the last two or three years, and that’s HTM 01-05 and the CQC regulation. CQC and HTM 01-05 should be proportionate, evidence based, relevant, cost effective; they should actually be demonstrating in their application that they’re improving patient safety or preventing harm.

I actually think the changes in the antibiotic prescription for bacterial endocarditis is that sort of sensible approach. Let’s weigh up the risks, the bacteriologists said, and quite rightly a decision has been made based on the risk and benefit to the patient.

That’s a great example of some really good, proportionate thinking, but the fight it took to get that through was just enormous. So that’s been our thrust through all this – challenging CQC at every point to say: why are you concerned about this, what is it going to do to improve patient safety? I don’t think that any dentist at all would be concerned about doing something which genuinely will improve patient safety – a demonstrated risk of harm which could commonly happens.

NK: So effectively, dealing with those at the bottom, rather than hammering those people who are trying.

SS: It’s the bottom two per cent, isn’t it and the disproportionate amount of resources we all spend being tarred with the same brush. . Regulation is built on correcting the small amount of failures, which in turn creates detriment for those who are already getting it right. Risk mitigation arises because of out of the ordinary events like Dr Shipman, the Bristol Babies and the Alder Hey body part scandal. You get one high profile episode which then rolls out and you get a disproportionate regulatory load on top of that.

The BDA is for and about dentists, all the time, and I will protect and support and look after all our members to the end, but actually everybody needs to take what really needs to be done seriously as well.

In my next article, Susie Sanderson answers questions on dental nurses.

Interview

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Sawston, Cambridge as a principal dentist at High Street Dental Practice. He has completed a one-year postgraduate certificate in implantology and is currently undertaking the Diploma in Implantology at UCL’s Eastman Dental Institute.

SS: The last year saw a huge rise in legislation. What does the immediate future hold with regards to legislation? Are there any signs that things will get better or is it now here to stay?

NK: To stay? Will get better or is it now here? There are any signs that things based, relevant, cost effective; be proportionate, evidence CQC and HTM 01-05 should be HTM 01-05 and the CQC regulation. Three years, and that’s HTM minds over the last two or three years, have been on most people’s to demonstrate compliance to. I suppose you’re probably to demonstrate in their application that they’re improving patient safety or preventing harm. CQC and HTM 01-05 should actually be demonstrating in their application that they’re improving patient safety or preventing harm.

There is so much immediate benefit analysis is an important exercise to conduct. There is so much immediate communication through various media now when something goes wrong there’s immediately a public outcry and a demand that something is done about it.

Failures in patient safety in health services get a lot of publicity. Dentistry is a low hanging fruit – it’s a very easy area to access to implement regulation. Everybody knows where we are and we’re in small units. Now the fight that we’ve been making and the noise that we’ve been making and the influence that we’ve been trying to sway over the last few years is that even in dentistry, where we are so easily identifiable, regulation must be proportionate. There is no point in spending hours and hours and thousands of pounds on something which is very, very low risk. Common things commonly happen – now let’s target the common things first, let’s get it proportionate, let’s deal with the things that are likely to happen and be realistic about the things which aren’t likely to happen.

Outcry

At the moment the approach appears to be that in dentistry nobody should be harmed at any time in any way, no matter what it costs to do that. And the cost of things which aren’t likely to happen.

Outcry

At the moment the approach appears to be that in dentistry nobody should be harmed at any time in any way, no matter what it costs to do that. And the cost of things which aren’t likely to happen.

Conundrum

I’ll tell you one of our conundrums. HTM 01-05 does have some evidence based areas and there is well publicised challenge in some areas – such as bagging instruments: riculous, silly things which take a member of staff hours in the day to do. We all intuitively think, what on earth is the point of that? Well the Department of Health is obliged to know that we’re right in our intuition, so they’re doing the research. It would help our efforts if we could confirm that all dental professionals are following guidance as far as they are able to though. We know that the majority are but there are occasionally reports of poor practice which let us all down.

Cap

Cap
What’s your KOLBETM?

Alun Rees discusses ways to assess your team so you can get the best results

One of the biggest challenges to any clinician and business owner is the blending of individuals to make a team. In reality:

- Does your team fail to keep their motivation?
- Do you recruit people then find they aren’t quite what you thought?
- Are you beset with problems retaining staff?
- Do you have difficulties integrating the individuals into a team?
- Is your hygienist outside the wire?
- Do your associates fail to embrace your vision for the future?

If so, there could be a solution,

The KOLBE WisdomTM identifies the striving instincts that drive natural behaviours focuses on the strengths of your team

The KOLBE A Index is a 56-question survey completed on-line that reveals the individual mix of striving instincts; it measures energies in four “Action Modes”:

- Fact finder – gathering and sharing of information. It deals with detail and complexity and provides the perspective of experience
- Fact finder – gathering and sharing of information. It deals with detail and complexity and provides the perspective of experience
- Implementation – handling physical space and the ability to operate manually. It measures durability and a sense of the tangible
- Quick start – dealing with uncertainty, originality and risk taking. It provides intuition and a sense of vision

We “initiate”, “respond” or “prevent” in each of these action modes. Initiation or persistence implies strong-willed action. Prevention or resistance is the unwillingness to act in an action mode due to low levels of energy in that particular mode.
Kolbe is different from other assessment tools that measure the cognitive, or intellectual, which controls thought, and the affective, or emotional, which controls feelings, as these can give inconsistent results. An individual’s Kolbe result doesn’t change significantly through their life.

Skills can be taught; personalities change but instincts as measured by Kolbe are hardwired into each and every individual.

Hence the question: What’s your KOLBE?

Some background - Kathy Kolbe is a well-known and highly honoured author and theorist who has been working in the field of human behaviour for nearly 40 years. From her scientific studies of learning differences she devised The Kolbe Wisdom™, which has been used by such businesses as Kodak, IBM and Xerox and many others around the world. It is now available to be used with smaller teams.

The Kolbe Wisdom™ is based on the concept that creative instincts are the source of the mental energy that drives people to take specific actions. This mental drive is separate and distinct from passive feelings and thoughts. Creative instincts are manifested in an innate pattern (modus operandi, or MO) that determines each person’s best efforts.

These conative or instinctive traits are what make us get things done. As Kathy Kolbe has written, “The conative instincts are the source of the flow of energy. Others can nurture this natural ability but block it by attempting to alter it.”

Conation doesn’t define what you can or can’t do, rather what you will and won’t do.

A person’s MO is quantifiable and observable yet functions at the unconscious level. MOs vary across the general population with no gender, age or racial bias.

An individual’s MO governs actions, reactions and interactions. The MO also determines a person’s use of time and his or her natural form of communication. Exercising control over this mental resource gives people the freedom to be their authentic selves.

Any interference with the use of this energy reduces a person’s effectiveness and the joy of accomplishment. Stress inevitably results from the prolonged disruption of the flow of energy. Others can nurture this natural ability but block it by attempting to alter it.

Individual performance can be predicted with great accuracy by comparing instinctive realities, self-expectations and requirements. It will fluctuate based on the appropriateness of expectations and requirements.

When groups of people with the right mix of MOs function interactively, the combined mental energy produces synergy. Such a team can perform at a higher level than is possible for the same group functioning independently.

Team performance is accurately predicted by a set of algorithms that determine the appropriate balance and make up of MOs.

Leaders can optimise individual and group performance by:

- Giving people the freedom to be themselves
- Assigning jobs suited to individual strengths
- Building synergistic teams
- Reducing obstacles that cause debilitating stress
- Rewarding committed use of instinctive energy
- Allowing for the appropriate use of time
- Communicating in ways that trigger the effective use of the natural, universal and unbiased energy of creative instincts

Any team depends on:

- The conative fit each individual has with his or her individual role
- The members’ understanding of the differences between each other
- The management of the team in using the talent available

In addition to its use in building the right team, understanding of the concepts help in every facet of the practice of dentistry. When the knowledge is applied to clinical situations or ones of patient choice and treatment planning then resistance can be handled and the correct way of presentation used.

There are only three fully trained and accredited KOL- BE Consultants in the UK; I am the only one experienced in working with dentists and their teams. I have been using this tool for nearly four years and never tire of seeing the improvement in individual and collective results of using the system.

The individual’s response to reading their Kolbe assessment is usually a real “light bulb moment” as they grasp what their strengths are and then understand why they struggle with some tasks and roles. The team builder also gets clarity about why some individuals merge into some- thing greater than the sum of their parts and others end up getting in each other’s way and perform poorly.

You consider yourself a professional in the way you work clinically, isn’t it time you took your team building as seriously?

About the author

Alun Rees trained at Newcastle University and started his career as an army dentist, before working as a consultant in a range of different practices. 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 experience give him a strong under- standing of what it means 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 RHAA and is an authority consulted by the media and has featured on BBC1, Sky TV and various radio stations. Raised in South Wales, Alun has family roots in West Cork where he spends as much time as work allows. In other appointments he has run three London marathons and lots rugby, real ale and music as relaxation.

www.dentalbusinesspartners.co.uk
alun@dentalbusinesspartners.co.uk

For more information email Alun at alun@dentalbusinesspartners.co.uk or alternatively call 07778 148583 or 01242 511927.

If you would like to find out more about using these fantastic tools in your practice or if you would be interested in a presentation to your study group or society contact Alun at alunrees@mac.com or alternatively call 07778 148583.
Writing for the greater good

Michael Sultan calls for responsible reporting

As we are all too aware, there is almost not a week that goes by without some form of dentistry-related scare story hitting the headlines of the national press. For the most part, these stories seem to embody everything that’s bad in the world – they play upon the fears and concerns of the general public and work to support the stereotypes of greedy and sexually-depraved healthcare professionals. I can’t help but wonder then, if these stories really are in the best interests of the public, if they really do work for the national good.

Many will have seen the scare story that hit the headlines recently surrounding the US dentist accused of medical fraud. In the news story – reported by a number of sources – a former dentist in the USA pleaded guilty to using sections of paperclips instead of stainless steel posts in a patient’s root canals. While I can never for a moment condone such a case of clear malpractice I do worry that these sorts of stories are not constructive to the message of good practice that we are trying so hard to convey to our patients. Endodontics already has a very poor press, and to be compounded by a dentist claiming large sums for putting something so cheap and nasty in something obviously so delicate is quite alarming.

Interestingly, the use of pre-fabricated stainless steel posts has been quite common in dentistry over the years. Historically, some dentists (guilty as charged – but a long time ago) have even been known to use paper clips for post impressions, with posts being made of gold and various less “blingy” alloys lasting for years.

Colleagues will be aware that the success of any endodontic treatment is down to the effective cleaning of the canals, with practitioners ensuring the canal is then fully sealed to stop further infection. The most alarming aspect of the paperclip story from our perspective then is not so much that it was a paperclip per se, but more that the paperclip would have been non-sterile and would always result in a poor fit, allowing bacteria to grow and resulting in discomfort for patients, retreatment or even tooth loss. In the case of this particular story, it will almost certainly lead to jail for the practitioner.

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‘While I can never for a moment condone such a case of clear malpractice I do worry that these sorts of stories are not constructive to the message of good practice’
While we as dental professionals will be able to appreciate the nuances of the story – and of course the fact that cases like this are incredibly rare – members of the public will very likely view the story differently. Indeed, why bother visiting the dentist at all if this is how dentists behave?

My next example of dentistry in the media perhaps a little more subtle.

I remember quite specifically a case last year where a poor woman from Brighton died in the dentist’s chair – reportedly of an allergy to chlorhexidine mouthwash. Now I don’t for a moment want to downplay the newsworthiness of this story, or indeed the human tragedy that the story represents. What worries me more than anything in this case, is once again how the general public will perceive it.

As dentists we fight a constant battle against factors that put people off attending for regular check-ups and treatment. One of the main factors in this regard is that of dental phobia – essentially, fear of the dentist. How are we to successfully fight dental phobia and other such anxieties when the news only ever seems to paint dentistry in a negative light? How can we highlight the great advances in dentistry, reinforce messages of prevention and carry on screening for problems such as oral cancer?

So, what’s the solution? Obviously we cannot and indeed should not ask for the press to be stripped of their freedoms. Instead, as in politics we should demand the media show some sort of balance in stories that can potentially impact public health. For a start, I think there is a definite need for a more positive approach to public health stories in the general media. I’m not talking about “brain-washing” here – what I’m asking is that the press make more of a conscious effort to write stories that reflect some of the good we healthcare professionals do, instead of always doing us down. I also ask that they reflect stories accurately and fairly, with extra attention given to the explanation of important scientific facts.

In cases such as the paperclip trial, it would help if news reporting went a little further than just highlighting the alarmist elements to the case. In the story of the woman who died from an allergy, it would help if some balance were shown either in the reporting, or as a separate feature. This is the public health we’re dealing with after all – the wellbeing of the nation. Until the media starts to take note of some of the positives that can be found in healthcare, and starts taking a more responsible approach to healthcare reporting, I fear an awful lot of the good work we do will go to waste.

‘How are we to successfully fight dental phobia and other such anxieties when the news only ever seems to paint dentistry in a negative light?’

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**About the author**

**Dr Michael Sultan**

is a specialist in Endodontics and Clinical Director of EndoCare. Dr Michael Sultan 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 in Endodontics in 1995 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 Eastman CPO, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of EndoCare, a group of specialist practices. For further information please call EndoCare on 020 7224 0999 or visit www.endocare.co.uk
With the enormous success of the Dentistry Show 2012 now behind us, many delegates are looking back at what was a fantastic event. With an extensive selection of exhibitions, seminars, lectures and workshops, practitioners were provided with all the support and insight they could possibly need and the atmosphere was truly buzzing!

Among the many recognisable names speaking at this year’s event was Chief Dental Officer Barry Cockcroft, with his talk “The Changing Face of the Future of UK Dental Governance”. His lecture encompassed a broad range of topics ranging from the government’s relationship with dentistry through to oral health and the future of the NHS. In a well-received speech he outlined the coalition government’s three main commitments to dentistry in the UK of improving access, developing a new contract and improving oral health, (although as Barry explained, this commitment would be far more complex than merely “providing more services” or “investing money”). But did give delegates reason to be optimistic!

Noting that although there has been an increase in complaints regarding cosmetic dentistry, Barry made it clear that there are far more positives to be taken from UK dentistry. He explained that the NHS is certainly not a “dead horse” just yet, and that there is a lot to be said for the government’s strong commitment to the oral health of the nation.

During the 2012 Future Dentist conference, there was also an update delivered by the GDC, which was hosted by GDC Chairman Kevin O’Brien. The topics covered were the roles of the GDC, their strategy for looking ahead, the challenges that face the GDC as an organisation, and finally, the future of the GDC and the future of UK dental governance.

Among the many recognisable names speaking at this year’s Dentistry Show, the Aesthetic Dentist conference was an area that definitely delivered a great response! Dr Jason Smithson gave the conference an edge thanks to his presentation on exploring strategies for restoring structurally compromised posterior teeth. He used a number of videos and case studies, and took the opportunity to ‘cherry pick’ a selection of particularly interesting areas, discussing the Peripheral Rim Theory, (where he compared the surrounding enamel of a tooth to a tin can), and he even found time to talk about volumetric polymerization contraction of photo cured, and light cured composite resin!

Dr Richard Charon also spoke at the conference and encouraged the use of inhalation sedation in practice in an effort to put those anxious patients at ease to help achieve optimum treatment outcomes. He screened a number of videos and written testimonials from satisfied patients, as well as videos of patients undergoing treatment.

Dr Charon also described the differences between fear, anxiety and phobia, and explained that the patient’s problem needs to be identified before deciding the best way of managing their treatment. As he explained, Dr Charon assesses patients’ level of fear by simply talking to them, but he suggested others might wish to use the Modified Dental Anxiety Scale to give a final figure that indicates how scared the patient really is.

Among the most highly anticipated lectures hosted over the course of the event was that held by Dr Didier Dietschi. Talking to a packed conference room, Dr Dietschi addressed the subject of “Conservative restoration of aesthetics and function in patients with severe tooth wear”, and provided numerous case examples of how his unique conservative approach can provide positive cosmetic outcomes for patients with tooth wear.

One of the key features of Dr Dietschi’s approach is his respect for what he calls, “bio-aesthetics”. This involves paying particular attention to both biology and bio-mechanics. With his opinion that biology and bio-mechanics are both incredibly important and should be considered at the same level as aesthetics in the clinician’s mind, Dr Dietschi was keen to express that he always thinks twice before taking a bur to prepare teeth!

One of the six different conference streams was the Nursing Network, which brought together information covering core CPD subjects ranging from special care and implants right through to oral hygiene. Among the many respected speakers taking to the stage was Mabel Slater, who to a packed conference room...
presented her lecture “Patient care in practice, realising your potential”.

In essence, Mabel’s talk was all about the importance of getting to know yourself better so you can make the best use of your skills. She discussed how an important part of the self-reflection process is to take stock of your skills and work out where your strengths lay, and concluded by demonstrating that once you find your own “niche” in life, you will truly be able to maximise your potential.

Among the many workshops held at this year’s Dentistry Show, one of particular note was Dental Protection’s Annual Press Meeting. The first speaker at the meeting was senior dento-legal advisor Sue Boynton, who gave a brief but informative summary of affairs within the Care Quality Commission (CQC).

Dental Protection’s communications manager David Croser then gave a lecture on the Department of Health Consultation on the Management of HIV Infected Healthcare Workers, which closed on the 9th of March 2012. This legislation was considered by many to be discriminatory against those with HIV given advances in medical treatments.

Following this, senior dento-legal advisor Stephen Henderson provided delegates with a General Dental Council update. Upcoming changes included a reorganisation of the committee structure to include a Policy Advisory Committee, as well as reviewing its guidance documents and addressing concerns regarding its handling of Fitness To Practice cases.

With dental protection a hot topic of conversation, the launch of Smile-on’s On the Record, was a welcomed addition to the show. The programme, which is the latest collaboration between Smile-on and Dental Protection, is a CPD resource that educates the whole dental team on how to take clear and relevant records.

After a fantastic breakfast, attendees were welcomed by executive chairman of Smile-on Noam Tamir, who took the opportunity to thank the many partners that the company had worked with over the years and discussed the different opportunities for Smile-on’s customers from Core CPD to a part-time MSc in Restorative and Aesthetic Dentistry. During the presentation, communications officer for Dental Protection, David Croser, highlighted the importance of good record keeping, citing examples of where dental professionals had been made the centre of a complaint that had been incontestable because the records were incomplete. He warned that if current GDC plans about streamlining the Fitness to Practise procedures go ahead, it will see something like 1,500 patient records a year being requested by the GDC to decide the validity of a case – and wouldn’t you rather your records told the whole story?

Overall, the Dentistry Show was an interesting balance between a conference and an exhibition. With more than 300 leading suppliers, 50 world-class accredited conference sessions and The Live Theatre, (which was once again another spectacular programme of clinical procedures ranging from implant surgery, composites, six month smile system, and veneers), delegates really did have an action packed two days!

It would seem without a doubt that the Dentistry Show is an ideal model for those seeking CPD and the latest gadgets and we’re already looking forward to the 2013 event!

On the Record is available from Smile-on – visit www.healthcare-learning.com/learning/detail/view/productId/3 for more information.

‘The Dentistry Show was an interesting balance between a conference and an exhibition’
Why improving your practice is a mystery
Jacqui Goss considers unlikely things to hear in a dental practice

On my desk, as well as my computer, I have the OED, my G3 iPad 2 and a LaCie 1TB, silver USB 3.0 hard drive (jargonistic information).

I'm sitting at my computer wearing only fluffy slippers and...
I get blank looks. People generally know what paediatricians, cardiologists, gynaecologists and so on do but not the various dental ‘odontists’ (maybe because there are more hospital ‘soaps’ on television than ones about dentists – discuss).

I suggest FoH staff (and other team members in the practice) should habitually follow words such as periodontist with a shorthand definition – ‘a gum disease specialist’, for example. An orthodontist could be a ‘specialist in correcting misaligned teeth’ and an endodontist ‘specialises in root canal treatment’.

Describing the reason for a follow-up appointment has potential pitfalls too. “I see you need an appointment with the hygienist for a scale and polish”, is hardly a thrilling sounding prospect. “I see the dentist has recommended an appointment with Jacqui, our hygienist, so she can help you maintain healthy gums,” sounds much more acceptable.

When we discuss the use of language in my training sessions with dental staff, we often agree that there should be a staff meeting where ‘scary’ and jargon words and phrases are brainstormed and alternatives agreed. These preferred words and phrases are then used all the time in the practice – whether talking to patients or not. That way they become the common parlance, not an alternative language only used when patients are around. They should also be mirrored on your practice website and when posting on your social media.

I invariably refer to a book called The Jelly Effect by Andy Bounds when discussing communication. If you throw jelly at a wall it never sticks – just like poor communication. According to Bounds, too much information and not enough relevance is a problem that pervades almost all business communication. He advocates a lot more relevance and a lot less jelly. Put simply, patients want to know what a dental practice can do for them. They’re less interested in what a dentist who specialises in treating children is called, and are much more interested in how they can help their child.

Some dental practices (and many other places) play music in the belief that it aids privacy in terms of patients inadvertently overhearing conversations. Unfortunately, such background music has so many negative aspects (see www.pipedown.info for more information) it’s probably best avoided. You may, however, wish to investigate sound masking systems, which are becoming increasingly common in, for example, open plan offices, hospital environments and schools.

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“Too much information and not enough relevance is a problem that pervades almost all business communication”

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This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSC.
British Dental Bleaching Society Conference and AGM

Internationally acclaimed speakers, unrivalled knowledge sharing and networking at free charity dinner for BDBS members

On the eve of the London Olympic Games, don’t miss out on the Annual General Meeting of the British Dental Bleaching Society (BDBS), (At the Bleaching Society Update Conference 2012, Thursday 26th July 2012, Royal College of Surgeons).

Morning keynote speaker will include Professor Bruce Matis, Director of the Clinical Research Section at the Indiana University School of Dentistry.

Dr Matis will draw upon his decades of experience:

- Lectured and published extensively on whitening agents over the last 20 years
- Consultant to the American Dental Association
- Member of the International Organisation for Standardisation on Tooth Whitening
- Reviewed the clinical research into possible tooth damage caused by bleaching

An Olympic guest

Dr Matis has more than one personal Olympic connection. He was a member of the Torch Relay Team for the Atlanta Games in 1996 and, as a nine-year-old child in Finland; he was used as a translator for the USA’s women’s team during the 1952 Helsinki Games.

The afternoon keynote speakers are:

- Dr Linda Greenwall, Chair of the BDBS and founder of The Dental Wellness Trust
- Dr Mervyn Druian, Pioneer in the field of cosmetic dentistry
- Dr James Goolnik, Renowned cosmetic dentist and most influential person in the 2011 Dentistry Top 50 poll

Free charity dinner

The BDBS is hosting a charity dinner at the Royal College of Surgeons to support the work of the Dental Wellness Trust. The London-based, non-profit charity ensures the vulnerable and underprivileged in the UK and selected locations overseas have access to oral healthcare. Working with partnership organisations and volunteers, it facilitates innovative preventative-orientated educational programmes, dentist mentoring opportunities and pro bono treatment for those in desperate need.

Free to BDBS members (with a donation asked of attending partners), the dinner provides the ideal opportunity to network with colleagues and bask in the sumptuous settings of the Edward Lumley Hall.

With an outstanding line-up of speakers and attendance of highly accomplished professionals from across the globe, the BDBS AGM is expected once again to be a tremendous success.

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Dental nurse education

Jane Dalgarno looks at evolution and demands in the profession

Since the implementation of statutory registration with the GDC in August 2008, all dental nurses have a legal obligation to become qualified and registered, thus enabling them to carry out their duties as a dental nurse.

The recognition of the dental nurse as a registered professional has been one of the key drivers for the development of a primary qualification that is deemed fit for purpose and continues to meet the demands for lifelong learning. Upon registration with the GDC, a dental nurse should be able to apply an evidence-based approach to learning, practice and decision making and furthermore, be able to practise safely and effectively.

The purpose of education and training therefore, is to produce a dental nurse who has a full range of skills and knowledge required for independent practice and the challenges of professional life (GDC, 2011).

A public consultation was carried out by the GDC in December 2010 on the draft learning outcomes. It is envisaged that these will be incorporated into training programmes and assessments in the academic year 2012-2013 (GDC, 2010).

In response to this, the National Examining Board for Dental Nurses (NEBDN) and City & Guilds have reviewed their existing suite of primary qualifications to meet these learning outcomes. The National Vocation Qualification (NVQ) was developed in 1990 in conjunction with the sector skills council Skills for Health who are responsible for developing the National Occupational Standards (NOS). The NOS are currently being reviewed to ensure they remain fit for purpose and support the curriculum set by the GDC.

The NVQ offers a diploma on the Qualifications and Credits Framework (QCF). The QCF is an integral part of larger vocational reforms being introduced by the Government to help develop the economic performance of the UK through an improved qualification system.

Objective Structured Clinical Examinations (OSCEs) have been around for many years and were originally developed for use in medical exams (Holsgrove, 2011). OSCEs can test a wide range of clinical and professional skills under controlled conditions and are designed to allow candidates to demonstrate their professionalism, skills and competencies (Holsgrove, 2011).

Dental Nurses undertaking this route to qualification will be sitting the new style exam from May 2012. The National Certificate in its current format will be offered to individuals on a resit basis only up until November 2012.

Although a change to the examination structure by the NEBDN has been necessary, the financial implications of hosting an OSCE has seen some dental nurses choosing an alternative route to registration, where funding may be available.

As training providers we continue to be challenged during this time of transition and difficult financial climate, as we see dental nurse education evolve to meet the demands of its profession.

About the author

Jane Dalgarno started her career in Dental Nursing in 1986, passing the National Certificate in November 1991. Jane is currently working towards (City & Guilds) V3 award and the BSc in Primary Dental Care with Kent University. Jane works as a Dental Nurse Tutor for the Community Dental Services CIC, Bedfordshire and runs the National Certificate for Dental Nurses Course at the Dental Access Special Care Centre in Bedford. Jane is seconded council member for education for the British Association of Dental Nurses.
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Biju Krishnan provides an overview on short term orthodontics

Short term orthodontics or cosmetically focussed orthodontics can be defined as orthodontic treatment that focuses on the alignment of teeth in the aesthetic zone, has no detrimental effect on the occlusion and can be completed in less than nine months.

As this paper aims to demonstrate, cosmetically focussed orthodontics is a very powerful tool that does everything good cosmetic dentistry should - it’s conservative, it’s quick, it’s predictable, it’s lasting and it’s relatively inexpensive when compared to alternative restorative procedures. As dentists we need to be aware of what it is, advise our patients accordingly, and if possible offer it as an alternative to conventional restorative and cosmetic procedures.

We also need to understand that cosmetically focussed orthodontics is a philosophy of treatment that can be delivered in several ways. Once we understand the principles we can then decide on the modality best suited to deliver the result we are aiming for. This paper shows how treatment can be carried out using a fixed appliance but also be aware that removable spring appliances, as well as clear tray systems can also be used.

Case presentation
Patient CR came to see me for what I believe was a fourth opinion regarding her “very crossed teeth” and after a fairly convoluted history ended with the all too common, “and by the way I’m getting married in …”, which in this case was 10 months.

So far the options she had been given included:

- Conventional orthodontics with removal of two upper premolars and a treatment length of around 24 months with a fixed upper and lower appliance
- Treatment of the upper arch only with 10 veneers - which most likely would have meant ...

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Fig 1 - CR001
the devitalisation of at least two teeth.

After discussing again with her the possible options, which also included the ones she had already been given, we decided that we could attempt to gain as much of an improvement as possible with short term orthodontics possibly followed by more conservative restorative treatment if orthodontic treatment alone could not provide a satisfactory outcome.

We opted for a fixed appliance and CB was fitted with this in July 2010.

She attended monthly thereafter for a period of six months during which time minimal interproximal reduction was carried out and arch wires changed accordingly. At the end of this period we arrived at a position where the patient decided she was happy enough with the appearance and wished to conclude treatment. It was suggested that there was still room for further improvement if the appliance was left in place for around two more months; however this was not possible due to the impending wedding.

Once the appliance was removed we carried out a chairside tooth whitening procedure followed by composite bonding to even out some differential pigmentation.

In short term orthodontics space is gained in mainly two ways:

- Interproximal reduction
- The arch rounding out

(Upper arch expansion can also be used but brings with it additional complexities and considerations which for the purposes of this overview I will not be discussing.)

Interproximal reduction

Interproximal reduction, also known as interdental stripping, reproximation and tooth stenosis, is the careful removal of a defined amount of enamel from the proximal surface of a tooth.

The maximum space gained in this way in a complete denition between the mesial surface of the first premolar to the mesial surface of the adjacent first premolar, is around 4mm.

In the vast majority of crowded cases we treat, the amount of space that can be gained by IPR alone is more than adequate to give a considerable improvement in aesthetics.

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Fig 3 - CR003

Fig 4 - CR004

Fig 5 - CR005

The most obvious question that arises in practice is how space is created or gained. To understand this more fully we need to go back to our geometry lessons. Let’s think of our arch as an arc or part of a circumference of a circle. The relationship between the diameter and circumference of a circle can be defined as pi or 3.14. Hence if we have a circle that has a diameter of 1cm its circumference is 3.14cm. Or put more simply - the circumference of a circle is roughly three times that of its diameter. Hence for every one unit increase in diameter we get three times the increase in circumference.

Now going back to the case in question. When we look again at the upper arch we can see on diagram below, the black line shows simplistically how “flat” the anterior incisors are. The blue curve indicates the likely end position of the teeth where the archwire of the fixed appliance naturally wants to take them. It is this “rounding out”, in effect increasing the diameter of the arc or circle that gives us quite a significant amount of space circumferentially.

This principle is usually very dramatic in class 2 div 2 situations as the case below demonstrates.

On first glance this appears to be a very crowded case. However, after just one month of treatment and no IPR it becomes a very spaced case:

This can now be quite simply treated as the finished result below shows. This total time taken to treat this case was around four months.

Space calculation

There are three main ways to calculate how much space is required in the crowded denition.

1. Guessimate based on clinical examination, models and pictures

2. Measurement using Vernier Gauge

3. Ask the laboratory to assist

By far the most common way used is option one and with experience is very reliable. However the most accurate method is by measuring the mesial to distal width of each individual tooth from canine to canine, giving us the required space, and then to measure the length of span of the teeth in the final position – the available space. Subtraction of one from the other determines how much space is required using IPR. However it is possible that no IPR at all is required, the above class 2 div 2 case being a good example of this.

Discussion

Although the vast majority of cases that are treated this way tend to be of minor crowding, minor spacing or misalignments, the above case of patient CB does demonstrate that with the proper understanding we can also treat more dramatic situations that would otherwise necessitate significant destruction of healthy tooth tissue, or even require extractions.

In summary short term orthodontics has roles to play in the following situations:

- Rounding out arches
- Levelling and aligning the anterior teeth
- Correcting simple to moderate crowding
- Correcting simple to moderate spacing
- Rotations
- Aligning gingival margins and improving emergence profiles
- Up righting teeth that are flared or tipped
- Pre-restorative treatment alignment
- Avoiding elective endodontics

Looking at the above list gives us an idea of how valuable a tool short term orthodontics can be in the provision of cosmetic dentistry.

The occlusion

In each case we need to also understand that we do not intend to change the posterior occlusion permanently or at the very least detrimentally. Invariably changes in occlusion will occur during treatment as often the bite will be propped open on the anterior teeth leading to mainly Dahl type movements posteriorly. However, going back to our definition of short term orthodontics, the appliances are rarely worn for over six months and any movement posteriorly will either completely settle or not pose any long term problems, as reported by N J Poyser et al; The Dahl Concept: past, present and future.

The patients is happy with the appearance of the appearance.”

With further regard to the occlusion, it is also critical that when we come to retain the anterior teeth in their final position, we do not interfere with the posterior occlusion settling. We need to ensure that patients fully understand the role of long term fixed and removable retention and we need to provide retainers that hold the anterior teeth in place while allowing the posterior occlusion to readjust. Provision of conventional removable retainers such as an Essix retainer is not good enough and could potentially lead to further problems, and fixed retention alone can be insufficient.

This concept is quite different from conventional orthodontics where it is the intention to retain the whole arch in the occlusion that the orthodontist has determined. As such we have had to develop new concepts of retention to deal with the unique challenges posed by short term orthodontics, rather than borrow directly from conventional orthodontic retention protocols.

When is treatment complete? In conventional orthodontics the end point is achieved when we have positioned the teeth in, or as close as possible to, a class one occlusion. This is a very accurately clinically defined position. In short term orthodontics there is not a simple way to measure clinically when treatment is complete. The end of treatment is subjective and based on:

1. When the clinician feels that no more aesthetic improvement can be gained
2. The patients is happy with the appearance
3. Time — treatment should not progress beyond six - nine months or we are in the realms of conventional orthodontics and need to be appropriately trained

Due to this subjective nature, it is very important to define, before treatment commences, what the expectations are of the patient and what we can deliver as clinicians within an acceptable time-frame. It is important to have this discussion with patients using study models and photographs, noting in particular what the main concerns are of the patient and highlighting any areas where there may be compromises in achieving the desired outcome.

For example in the below spaced case, there is a missing lower incisor. As such we will most likely be left with residual spacing distal to the canines or even between the incisors. This should still deal with the patient’s main concern of significant anterior spacing but we have to let her know of this potential negative scenario and offer the option of conventional orthodontics or make her aware that further treatment may be required if she feels that residual spacing is still not acceptable.

Similarly with this rather crowded lower arch, we have to accept that we will not be able to move the premolars into an ideal position, giving a fuller smile, without changing the occlusion significantly. Again discussion with the patient regarding a compromised outcome needs to take place.

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prior to treatment commencing, stressing our focus on the anterior teeth only.

However quite often in cases such as these, it is important to remember that what we see as potential aesthetic compromises are something patients are not concerned about as their main focus tends to be on the anterior six teeth. In this case the patient was indeed more than satisfied with the outcome when the arch was rounded out giving the anterior six teeth a more ideal symmetry and proportion.

As is common with many of our short term orthodontic cases, further, simple cosmetic treatments will serve to enhance the above appearance.

Post orthodontic cosmetic treatment

Unlike the situation with children, in the majority of adult patients, we find that immediately following a course of short-term orthodontic treatment there will invariably be some degree of differential tooth wear or unesthetic “black-triangle” formation which may necessitate further cosmetic treatments. This is usually very simply dealt with by composite bonding with or without prior tooth whitening, but the patient must be warned of the potential for further cosmetic work at the outset.

In the case of patient CR it is very noticeable that the incisal edges are uneven and there is a “black triangle” between the central incisors. With “black triangles” it is not uncommon for papillary growth in this region to continue for some period so it may be advisable to wait and see how much regrowth takes place prior to further cosmetic work.

Conclusion

Although I feel it is still somewhat in its pioneering stages, there is no escaping the fact that short term orthodontics is here to stay. We have to be able to offer this option to our patients as part of informed consent when undertaking any cosmetic procedure that would otherwise lead to significant tooth surface loss to achieve the desired cosmetic result.

There needs to be continued education and discussion to demystify some of the myths and scaremongering regarding occlusion and short term orthodontics, and we need to be able to have an educated discussion with our patients regarding this as an option for treatment. We also still need to treat conventional orthodontics with respect and work within very defined parameters in delivering this very cosmetically focussed treatment option.

However, echoing my earlier sentiments, this type of cosmetic treatment encompasses everything that good cosmetic treatment should do, and with the right training, we should all be capable of providing this treatment in one form or another to our patients.

References


‘This type of cosmetic treatment encompasses everything that good cosmetic treatment should do’

About the author

Dr Krishnan qualified from Dundee University in 1993 and following several years in general practice completed a clinical attachment in Oral Surgery in 1999. In 2002, he set up Drake Dental Care and then Lubiju in 2008 to focus on bringing to Scotland and developing advanced restorative, surgical and cosmetic procedures. Lubiju has received much praise since its launch and was recently Highly Commended as Best Specialist Practice in Scotland and voted Best Private Practice in East Scotland. Dr Krishnan was also recognised as one of Scotland’s outstanding dentists in the most recent Dentistry Awards. Dr Krishnan lectures nationally and internationally primarily on short-term adult orthodontics, in which he has pioneered new concepts using the C-FAST Adult Brace System which he personally developed.

For additional information please contact Dr Krishnan by email on biju@cfast-results.com or visit cfast-results.com.

Fig 8 - CR008

Fig 9 - CR009

Fig 10 - CR010

Fig 11 - CR011

Fig 12 - CR012

Fig 13 - CR013

Fig 14 - CR014
**NTI-tss: reviewing the evidence**

The NTI-tss appliance has gained in popularity over recent years thanks to its high clinical success rates in the treatment of migraines and other conditions associated with the Trigeminal Nerve System. Indeed in 1998 NTI-tss was officially approved by the FDA (Food & Drugs Agency USA), and is considered by many to be the most effective non-drug FDA-approved method of migraine prevention available.

Despite its growing recognition however, some quarters have questioned the effectiveness and indeed the safety of the device. In response to these concerns, in 2008 Stapelmann and Türp conducted a systematic review into all the available data on the NTI-tss appliance! Their extensive review encompassed nine separate electronic databases; the NTI-tss manufacturer’s website (and all its references); relevant textbooks on topics including TMDs, occlusion and Bruxism; and the FDA’s MAUDE database.

Given the research available, the review concluded that evidence from randomised controlled trials supports the use of the NTI-tss appliance for the management of TMDs and bruxism. Furthermore, the review supports the judicious use of the NTI-tss oral appliance for patients with acute, painful temporomandibular joints who may require treatment that can be implemented quickly, and in instances where a reduction in EMG activity of the closing muscles during tooth clenching or grinding is desired. To avoid complications however, the authors recommend that use be limited to patients compliant with follow-up appointments.

Aside from its findings relating to the effectiveness of NTI-tss, the Stapelmann and Türp review is extremely useful in helping to dispel a number of the safety ‘myths’ that have come to light.

One of the most common concerns surrounding NTI-tss relates to supra-eruption of posterior teeth. Critics argue that due to the product’s nature in treating cases of bruxism, there is a possibility that the induced hypofunction (i.e. no occlusal contact at all) will lead to the supra-eruption of teeth. Research by Kinoshita et al however, found that in rats, it took at least eight full
days of hypofunction before very minimal eruption occurred⁴. Given that NTI-tss appliances are only worn during the night, and normal function continues during the day, then this would suggest there is no chance of supra-eruption occurring through use of NTI-tss – and the lack of reported cases on the FDA database would support this theory.

A further common concern surrounding the NTI-tss appliance is the likelihood of patients swallowing or even aspirating the device in their sleep. In a technical analysis of the NTI-tss however Dr Wes Shankland found that tongue force required to dislodge the device is far greater than the mean maximum tongue-tip pressure of the human being – and this is not even to consider the direction of the forces required to dislodge the device⁵. Given these considerations, and the fact that the forces generated by a bruxism sufferer would actually aid in retention of the appliance, Dr Shankland concludes that “it seems totally inconceivable, within reasonable certainty, that an NTI-tss [sic] appliance could be dislodged by a patient while sleeping.”⁶

If any further proof of the suitability and safety of the NTI-tss appliance were needed, readers should consult the FDA website (www.fda.gov). It should be noted that thus far, for over 1.5 million NTIs in use, there has not been a single reported case of swallowing, aspiration, disk perforation, or any other major concern linked with the NTI-tss appliance. This is particularly significant factor when taken in light of other medical/dental treatments and devices that can’t boast such overwhelmingly positive results.

In any branch of the healthcare profession, clinicians should strive to base their decisions on the very latest evidence-based research relevant to their field of study. Evidence-based research is, after all, the benchmark by which the best healthcare outcomes can be achieved. In dentistry, evidence-based research is particularly important as it allows clinicians to form their own, independent assessments of treatments and their suitability for patients.

In light of some of the mixed messages in the media concerning NTI-tss, the Stapelmann and Türp review is most timely. The authors considered only the best available evidence to establish their conclusions and that the NTI-tss device may be successfully used for the management of Bruxism and TMDs.⁷ The review also suggests that the NTI-tss splint may benefit patients with symptoms of TMD and possibly those with migraines/headaches. As with any treatment, one of the most important considerations of any practitioner should be patient compliance. For the best, most successful outcomes, clinicians should ensure patients’ willingness to comply with instructions and return as recommended for follow-up care. With these findings firmly in mind, there is every reason for clinicians to embrace the NTI-tss splint as an effective treatment for Bruxism, migraine, and TMDs.

• A list of references are available from the Editor.

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