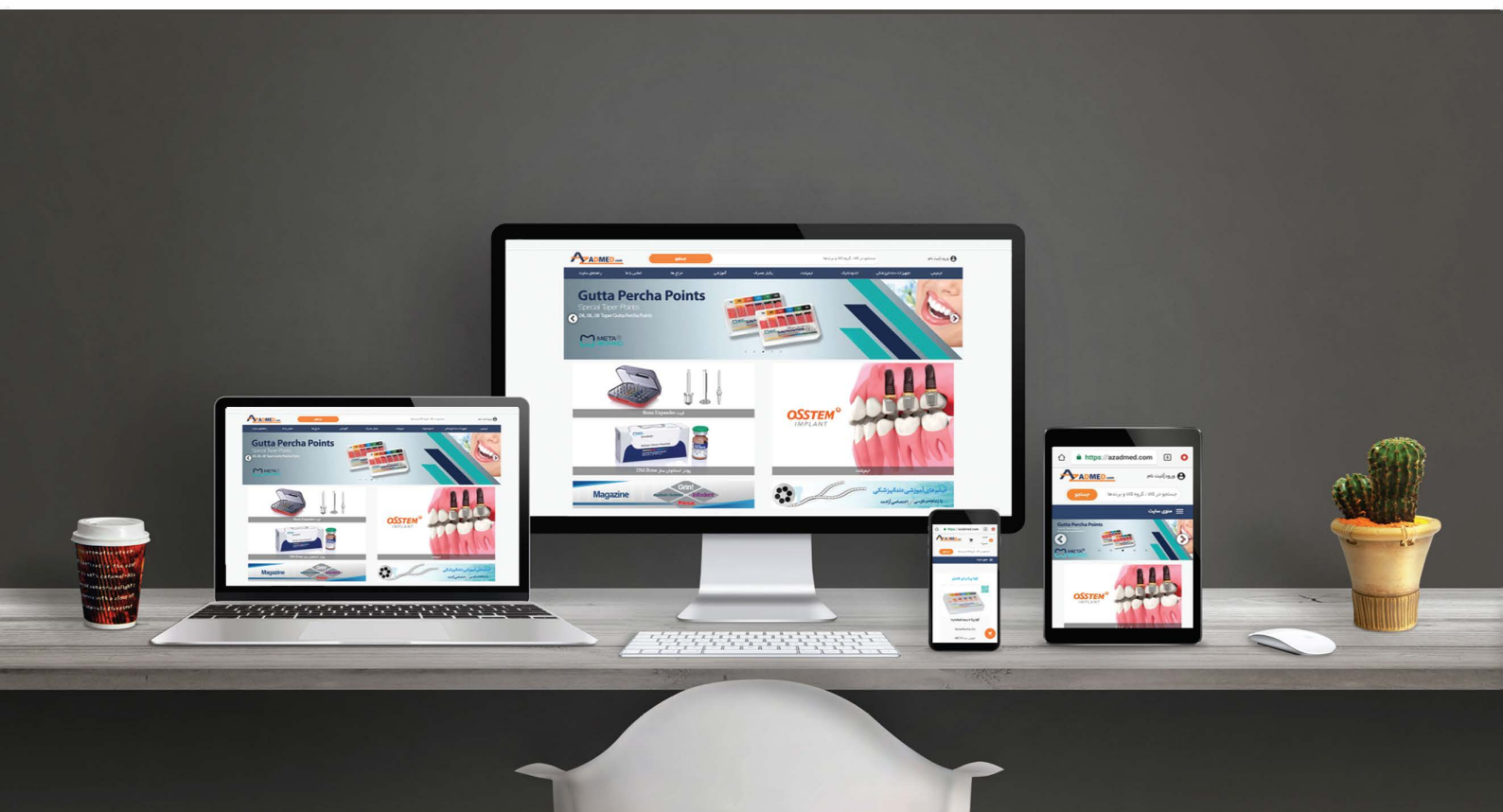




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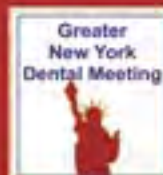
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n° 4/2010 November 2010 - January 2011

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We are committed to providing the highest quality and most reliable products to our clients.



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LOCATIONS

The company's headquarters are in Bozzano near Lucca.

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In 2010 Asa Dental established a branch in Jericho, New York, in order to better serve its growing client based in North America.

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TEL: 46 8 7352133

info@memdental.com - www.memdental.com

ASIA - MEM Dental Technology Co., Ltd.

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CIORJ - Congresso Internacional de Odontologia do Rio de Janeiro, the biggest scientific meeting of dentistry in Brazil



From 20 to 23 July 2011, the Brazilian Dental Association (Associação Brasileira de Odontologia), section of Rio de Janeiro, will promote the 20th International Dental Congress of Rio de Janeiro (CIORJ - Congresso Internacional de Odontologia do Rio de Janeiro) hosted at the Riocentro Convention Center.

It will be a great meeting of leaders gathering the various services for dental professionals and an excellent display for their products.

General Information

Date: 20 to 23 July 2011 (Biannual Meeting)

Opening hours: Scientific Activities: 09h to 18h

Commercial Exhibition: 12h to 20h

Location: Riocentro - Pavilion 3:05 - Av Salvador Allende, 6555 - Barra da Tijuca - Rio de Janeiro - RJ - 22780-160

Estimated total: 47,000 participants (Attendees, Exhibitors and Visitors)

Event profile: The biggest scientific meeting of dentistry in Brazil. The CIORJ event is now recognized as the Congress that can aggregate into a single event the most complete and diverse scientific grid in the field of dentistry. It is considered an event of great importance for professionals in various stages of his career. Of the academic expert, all are presented with activities that meet their expectations. For companies in the industry, CIORJ event is the key event to allow them to find more qualified public and professionals who are "opinion leaders" in this segment.

Simultaneous Events: XII World Congress of Military Dentistry
Endo IV Focus on the Brazilian Association of Endodontics of Rio de Janeiro
IV Regional Congress of the ABO-RJ

Activities planned: 800 hours of scientific activities including courses, conferences, symposia, workshops, displays panels, etc.

Trade Exhibition Area: 22,700 m²

Expected Exhibitors: 310 companies

Realization: Brazilian Dental Association Section Rio de Janeiro
Rua Barão de Sertorius, 75 - Long River - 20261-050 - Rio de Janeiro - RJ
Phone (21) 2504-0002
E-mail: ciorj@ciorj.org.br
Home-page: www.ciorj.org.br

Final data from the last edition (2009)

Congressmen and visitors:	22,152
Dental Surgeons:	15,282
Academics:	5,675
Others:	1,195

For more information you can call (21) 2502-6237, (21) 2504-0002 ext. 212 (Carla Rocha), or write to: departamentocongresso@aborj.org.br // congresso@aborj.org.br.



ERRATA CORRIGE:

In the article "Entering the Brazilian dental market", published in Infodent issue no. 3/2010, Odontobrasil was wrongly reported as the second biggest dental trade show in Brazil, instead of CIORJ in Rio de Janeiro.



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Mexico: next venue of the FDI Annual World Dental Congress

- The conference will take place from September 14th to 17th, 2011 in Mexico City
- More than 40 thousand Oral Health professionals worldwide are expected to attend
- The exhibition would bring together more than 200 international exhibitors

Mexico City is the next venue of the FDI Annual World Dental Congress, during which participants will enjoy more than 100 scientific conferences including some of the most prestigious international speakers and a trade exhibition with over 200 industry and trade dental exhibitors.

The event, under the theme "New Horizons in Oral Health Care", will take place from September 14th to 17th 2011 in Centro Banamex and 40,000 Oral Health professionals worldwide are expected to attend.

Neil Kirkman, Associate Director of Congresses and Events of FDI, an organization that brings together more than one million dentists through 200 affiliated partners in 200 countries around the world, stated that "all lights are green to ensure this FDI Annual World Congress will be a truly rewarding and memorable experience for both registrants and exhibitors".

The Chairman of the Mexican Dental Association (ADM), Jaime Edelson, said that through their support of this event, the most important for the Dental Profession in the world "ADM endorses its mission of promoting excellence in Dentistry, both in Mexico, through its 120 Colleges of Dental Surgeons and more than 5,000 professionals affiliated in the country, as in the world".

Victor Guerrero, Chairman of the Local Organizing Committee of the 2011 FDI Congress, noted "this is a great opportunity for dentists in Mexico and the region, because it brings together the most renowned speakers, promoting the gathering of the international dental profession representatives and the branch of the most relevant subjects worldwide in benefit of Oral Health".

Ayub Safar, Chairman of the Mexican Association of Dental Industry and Commerce Dental (AMIC Dental), emphasized "this will be the largest international dental exhibition held in the country, as we are bringing together the most consolidated and innovative companies in a single place".



Some of the lectures that will be given at the congress include: "Looking to new paradigms of caries management and risk assessment", with John Featherstone (USA); "Utilizing technology to enhance "success" in periodontics", with Samuel B. Low (USA); "Implant prosthodontics: Immediate loading protocols", with Carlo Ercoli (USA); "Minimal invasive dental technology", with August Bruguera (Spain); "The secret of the smile: is all about dental stem cells", with Thimios Mitsiadis (Switzerland); "Innovations in non surgical periodontal therapy", with Eduardo Saba-Chujfi (Brazil); "Interdisciplinary dynamics in treatment planning", Ricardo Mitrani (Mexico); "Problem patients no problem", Greg Psaltis (USA); "Making decisions about providing crown and bridgework", with Richard Ibbetson (UK); "Predictable Successful Endodontics: How to feel, fill and thrill accessory canals", with Donald C Yu (Canada); along with representatives of Guatemala, China, Nicaragua, Argentina, Germany and Japan, among others.

The Local Organizing Committee members are: Victor Guerrero, Chair; Jaime Edelson, Co Chair; Ernesto Acuña, Public Relations Director; Rolando Velasco, Scientific Committee Director; Leopoldo Becerra, Social Events Director; Alfonso Gonzalez, Treasurer; Armando Hernández, International Relations Director, and Cindy Flores, Communications Director.

About the Mexican Dental Association

The Mexican Dental Association is a non-governmental federation of colleges of dental surgeons which brings together 120 dental colleges, and more than 5,000 dentists in Mexico, contributing to the monitoring of professional practice and representing the dental union, promoting ethical and human behaviour as well as social life, contributing through its Board of Certification to the professional quality of the dental surgeon, through the autonomy of the definition of criteria, dissemination, evaluation and management. More information: www.adm.org.mx.

About FDI World Dental Federation

The World Dental Federation is a non-governmental organization based in Geneva, Switzerland with approximately 200 member associations, altogether representing more than one million dentists worldwide. Its vision is to lead the world to optimal oral health, acting as an international federation of dental associations and specialist groups, focused as a global voice for oral health and delivering excellence in oral health policy and promotion, continuing professional education, and access to care. More information: www.fdiworldental.org.

ADM Contact:

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Cindy Flores

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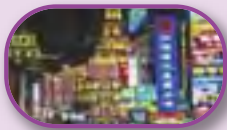
FDI Contact:

Electronic mail: congress@fdiworldental.org

Tel.: + 41 22 560 81 50



November '10



•• 02-05/11/2010 Shanghai – China

Dentech China 2010 - 14th China International Exhibition & Symposium on Dental Equipment, Technology & Products

Organizers: Shanghai ShowStar Exhibition Service Co., Ltd.

Contact: Mr. Grant Chen or Ms. Sandra Shen- E-mail: mail@showstar.net

Tel: +86-21-6294 6966, 6294 6967, 6294 6968

Fax: +86 21 6280 0908

Website: www.showstar.net // www.dentech.com.cn

Venue: Shanghai Everbright Convention & Exhibition Center

Infodent booth: W19

•• 03-07/11/2010 Mexico City – Mexico **AMIC 2010 54th International Expodental -Mexico City Dental Association International Congress**

Organizers: AMIC Dental A.C.

AMIC President: Dr. Ayub Safar Boueri

Contact Person: Maria de la Luz Ramirez

Tel. +52 55 5639 1073 // 0324

Fax. +52 55 5639 9069

E-mail: expodentalamic@prodigy.net.mx

Website: www.amicdental.com.mx

Exhibition Venue: Mexico City World Trade Center-WTC



•• 24-27/11/2010 Paris – France **Congres ADF 2010**

Organizers: ADF- Association Dentaire Française

Contact Person (Except Wednesdays): Ms. Isabelle Matern

Exhibition Committee Deputy Chairman: Christian Lemaure- E-mail: expo@adf.asso.fr

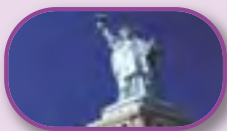
Tel: +33 1 5822 1722

Fax: +33 1 5822 1740

E-mail: adf@adf.asso.fr

Website: www.adf.asso.fr

Exhibition Venue: Palais del Congres de Paris



•• 28/11-01/12/2010 New York – USA **Greater New York Dental Meeting 2010, 86th Annual Session**

Organizer: Greater New York Dental Meeting

Referent: Dr. Robert R. Edwab (Executive Director)- E-mail: execdirector@gnydm.com

Exhibits Coordinator: Ms. Carla M. Borg- E-mail: info@gnydm.com

Tel: +1 212 398 6922

Fax: +1 212 398 6934

Website: www.gnydm.com

Exhibition Venue: Jacob K. Javits Convention Center

Infodent booth: 702

December '10

•• 30/11-03/12/2010 Kiev - Ukraine **MEDVIN DentalExpo – 2010, 51st International Special Exhibition**

Organizers: MEDVIN Exhibition Company

Exhibition Director: Edwin Zadorozhnyi- E-mail: mail@medvin.kiev.ua

Manager of Marketing and Foreign Affairs: Valeria Oleksiyenko- E-mail: valery@medvin.kiev.ua

Website: www.medvin.kiev.ua

Tel/Fax: +38 044 501 0344 // 0342 // 0366

Venue: KievExpoPlaza

January '11

•• 27-29/01/2011 Boston, Massachusetts - USA **36th YANKEE DENTAL CONGRESS 2011**

Organizers: Massachusetts Dental Society

Tel: +1 508 480 9797 // 877 515 9071

Fax: +1 508 480 0002 // 449 6159

Director of Sales: Shannon McCarthy

Tel: +1 508 449 6052- E-mail: smccarthy@massdental.org

Manager Exhibits & Operations: Stefanie Cunniffe, CMP

Tel: +1 508 449 6003- E-mail: scunniffe@massdental.org

Exhibits Coordinator: Rachel Marks

Tel: +1 508 449 6059- E-mail: rmarks@massdental.org

Exhibition questions: exhibits@massdental.org

Website: www.yankeedental.com

Exhibition Venue: Boston Convention & Exhibition Center

•• 29/01-01/02/2011 Sao Paulo – Brazil **Sao Paulo International Dental Meeting**

Organizers: APCD- Sao Paulo State Dental Association

Tel: +55 11 2223 2518 // 2525

Fax: +55 11 2221 3810 // 7204

E-mail: ciosp@apcd.org.br

Exhibit e-mail: decofe.comercial@apcdcentral.com.br

Website: www.ciosp.com.br

Exhibition Venue: Anhembi, Sao Paulo-SP

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Moscow 2011

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35
countries



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Focus on THAILAND

Basic Facts

Population:	67 million
Surface area:	513.115 km ²
Density:	120 inhabitants per km ²
Capital:	Bangkok
Government:	Constitutional Monarchy
Official language:	Thai
Main urban areas:	Bangkok, Chiang Mai, Nakhon Ratchasima
Currency:	Baht (THB)
GDP:	\$269.6 billion (2009 est.)
GDP per capita:	\$8,100 (2009 est.)
Member of:	APEC, ASEAN, ONU, WTO, ASEM

Thailand is the third largest country among the Southeast Asian nations, after Indonesia and Myanmar.

The country can be roughly divided into five main regions: North, Northeast, East, Central, and South, all characterized by different natural landscapes ranging from mountains and forests in the north, to central cultivated plains and a wonderful coastline in the south. Thai population amounts to nearly 67 million, with about 7 million living in Bangkok.

In 2009 Thai economy contracted by 2.3%. This result, more positive than expected, was due to the recovery of private consumption, exports, tourism and public expenditure. Private investments, however, remain lower than before the break of the crisis, but the encouraging signals are coming from the growth in private consumption and in the manufacturing sector (35.7% on 2008).







The recovery of the tourism sector is equally important, after the drop in the number of visitors registered in the second half of 2008 due to the political crisis that broke out during that Autumn. 14,16 million tourists visited Thailand in the course of 2009.

Thai government estimated that the national GDP will grow by 4% in 2010, instead of around 3% as previously forecasted. Government is therefore planning to increase public expenditure to support the economy and improve the country's infrastructures, bringing the total sum for 2010-11 to over 2,000 billion baht.

Two initiatives were adopted in 2009 to support consumption and manufacturing: the first introduced subsidies for low-income households in sectors such as electricity and transportation expenses, while the second destined 1,450 billion baht (about EUR 29 billion) to investment in infrastructures, education and healthcare for 3 years. By now, over 30 billion baht have been spent and 22,000 projects for a total of 200 billion baht have been approved.

While ASEAN is working to establish trade agreements with the countries belonging to the East Asia Summit (China, India, Korea, Japan, Australia and New Zealand), such a process is still far from conclusion with the EU. Trade negotiations are currently conducted only on a country-basis, and Thailand, together with Singapore and Vietnam, is one of the selected countries for this purpose.

Foreign investments are regulated by the Foreign Business Act (2000) under which investments in some sectors are subject to limitations such as a ceiling in the percentage of capital held by foreigners. Some of these limitations are removed as part of the incentives given to investments in sectors considered as particularly necessary or interesting for country development. Investment projects approved by the Board of Investment of Thailand (under the Ministry of Industry) in priority sectors such as alternative energy, high-tech, ecology products, infrastructures, tourism and agriculture, enjoy tax and custom duties exemptions and reductions, together with deduction of expenses including transportation, water and electricity.

Thailand was one of the founding members of ASEAN and contributed to the development of the ASEAN Free Trade Area (AFTA) which entered into force on 1 January 2010 for the six original members (Thailand, Singapore, Malaysia, Indonesia, Philippines, and Brunei) eliminating import duties on products manufactured in ASEAN countries; in the so-called CLMV countries (Cambodia, Laos, Myanmar and Vietnam), newer members, this measure will come into force in 2015.

As regards foreign trade, last year Thailand experienced a contraction in both exports and imports, by 14% and 25.4% respectively compared to 2008. In the last part of 2009, however, the level of exports partly compensated the drop registered in trade flows towards traditional partners such as USA, Japan and ASEAN. China is now the second main trade partner of Thailand. Imports fell even more than exports, losing 25.4% on 2008. Japan and China remain the main suppliers, followed by Malaysia, USA and other ASEAN countries. In Europe, Germany accounts for most of Thai imports.

The growth of the last decade, before 2009, brought living standards close to those of Western countries, but the crisis interrupted the upward trend in consumption, which began rising again only in the last few weeks of 2009. The solution of the current political crisis is however crucial to restore former levels of growth and to support the domestic demand.

Healthcare system

Public Health Facilities

Health facilities in Bangkok, 2008

5 medical school hospitals
26 general hospitals
14 specialized hospitals and institutions
68 health centres
77 health centre branches
1:223 beds-to-population ratio (2007)
1:867 physicians-to-population ratio (2007)

Health facilities in the rest of the territory, 2008

6 regional-level medical-school hospitals
25 regional-level hospitals
47 specialized hospitals
70 provincial-level general hospitals operated by MOPH
59 hospitals operated by the Ministry of Defense
1 Police Hospital
730 community hospitals at district level
214 municipal health centres
9,762 health centers at sub-district (tambon) level
66,223 rural primary health centres
3,108 urban primary health centres
(about) 1,000,000 health facilities at village level operated by health volunteers under supervision of sub-district health centers personnel
1:468 beds-to-population ratio (2007)
1:3,182 physicians-to-population ratio (2007)

Private Health Facilities

Health facilities in 2007 (whole territory)

1 private medical school (Bangkok)
344 private hospitals (102 in Bangkok and 242 in other provinces)
16,800 clinics
13,329 drugstores (1st and 2nd class)
2,096 traditional medicine drugstores

(Source: Bureau for Policy and Standards - Health Policy in Thailand 2009)

The Ministry of Public Health is the Thai authority responsible for the delivery of health services. Several other institutions and private enterprises operate health facilities and hospitals. Privately operated facilities have been spreading particularly in Bangkok and surrounding areas as well as in the main cities.

Healthcare is funded by both public and private resources, but public expenditure accounts for a higher proportion (over 60%) of the health budget. In 2007, total expenditure on health was 3.5% of GDP.

According to the report Health Policy in Thailand 2009, a "Universal Health Care Coverage Policy" is in place to provide universal health insurance to all Thai citizens. Before this program, 20% of the population had no insurance coverage at all. The benefit package includes inpatient and outpatient treatment at primary care facilities and referral to secondary and tertiary care facilities, excluding emergencies, dental care, promotion and prevention services and drug prescription.

As far as quality of healthcare delivered is concerned, there have been significant nationwide improvements in the standards of general and special care such as dental treatments, elective and plastic surgery. There is, however, a shortage in the number of physicians in primary care units, as they account for only 10% of the total.

According to the figures provided by the Ministry of Health, as of September 2007 there were 47 million people under Universal Coverage, 42 million registered under 825 contractors of primary care units under the MOPH (over 90%), 2 million (4.5%) registered with 74 contractors under other ministries and 2.4 million (5.2%) with 63 private facilities. Besides the Universal Coverage scheme, there are two other public health insurance schemes, the Social Security and Civil Servant Medical Benefits schemes. Private insurance providers are chosen from citizens with higher income who can afford to pay for it out-of-pocket.

Thai healthcare sector is, however, affected by the problems common to countries that experienced a rapid economic growth. Distribution of resources is uneven, and the rapid expansion of the private sector has created inequalities in access to quality health care services between the rural and urban areas as well as among the wealthier and poorer strata of the population.

On the other hand, a substantial uniformity is registered in the distribution of health centres, which are 9,762 nationwide, present in all subdistricts (tambons) across the country since the last decade. Their density rose in all regions, from an average ratio of 1:10,064 in 1979 to 1:5,106 in 2006. Although the highest concentration is the Central Region, regional disparities are reported to have decreased.

As regards hospital beds, latest figures available from the Ministry of Health show that the Northeastern region has the highest proportion of beds in community hospitals, while the proportion of private hospital beds is highest in the Central Region, with large shares also in the North and in some provinces of East and South.

Thai hospitals are mostly expanding in Bangkok and key economic provinces in which income levels are relatively high. The whole country has 344 hospitals with 35,806 beds. Of those hospitals, 143 have a bed capacity under 50, while 101 operate 51 to 100 beds, and 100 boast more than 100 beds.

Healthcare Industry and Medical Devices Market

As far as the medical sector is concerned, the Board of Investment platform "Thailand Investment Year 2008-2009" lists the following activities as eligible for promotion:

- Medical food
- Manufacture of medical supplies or medical equipment
- Manufacture of scientific equipment

The BOI has set some tax incentives for investors such as exemption from import duties on machinery throughout the period of promotion (regardless of zone) as well as exemption, for manufacturers of medical supplies, medical equipment and scientific equipment, from corporate income tax (for 8 years, regardless of zone and with an unspecified ratio of corporate income tax).

In addition to that, approved projects are granted a 50% reduction of corporate income tax for 5 years, double deduction of transportation, electricity and water supply costs for 10 years and a 3.25% deduction from net profit for facility installation and construction costs (plus normal capital depreciation).

Non-tax incentives for foreign investors include land ownership rights, permission to bring in foreign experts and technicians, and work permit and visa facilitation for expatriate employees.

In 2005, the pharmaceutical industry promotion was extended to finished products besides active ingredients, and in 2007, biotechnology was added to the list of targeted sector eligible for incentives. According to the Bureau for Policies and Standards, Thailand has progressed well in bringing its facilities and medical workforce in line with international quality standards, affirming itself as one of the most important destinations of worldwide health tourism. This inflow of foreign patients boosts renovation and upgrade of private facilities and investment in advanced medical technology. The proliferation of private hospitals has led to great competition in the sector, even among public hospitals that have also started to attract more patients.

Electro-medical equipment and cosmetic surgery are the main sectors of growth due to the advancements of hospital and health establishments and the spreading of medical tourism, with nearly 2 million visitors seeking affordable care in Thailand every year. Imports in these sectors have grown by 25% during 2008 and even if they decreased in 2009 consequently to the contraction in domestic demand and tourist inflow, the potential for growth is given by the signals of economic recovery already mentioned at the beginning of this article. Another important sector is the traditional herbal medicine, which also provides a source of export revenues not only for therapeutic remedies but also for beauty and cosmetic products.

Between 1991 and 2005 imported medical equipment has been growing by 14% annually. The "Thailand Health Profile 2005-2007" stated that high-tech equipment and devices keep on a rising trend especially in private urban health establishments, but the public sector accounts for a larger share of the market for extracorporeal shortwave lithotripters (ESWL) and ultrasound devices.

Thailand Board of Investment values the Thai drugs and medical market to over US\$ 1 billion with a heavy dependence from imports to satisfy the need for new and upgraded medical equipment, where public hospitals account for 60% of the demand and private hospitals for 40%. More Thai patients with higher purchasing power look for quality health services in well-equipped facilities.

Figures for sales in 2008 show that, for instance, oscilloscopes & spectrum analyzers grew by 32% on 2007, diagnostic and laboratory reagents increased by 20%, and apparatus based on the use of Xrays, alpha, beta or gamma radiation by 17%. The Board mentions among the medical device companies who invested in Thailand, players such as 3M, Bausch & Lomb, Baxter Healthcare, Boston Scientific, Carl Zeiss, Diethelm, GE Medical Systems, Guidant, Johnson & Johnson, Medtronic, Philips Electronics (Medical Systems), Roche Diagnostics, Siemens (Medical Solutions) Surgical Instruments and Tyco Healthcare.

The pharmaceutical market accounts for a good share of imports, about US\$ 1 billion in 2008 with exports limited to US\$ 164 million. Private hospitals and facilities account for most of the growth in the demand for imported drugs, some

of which were also included in the National List of Essential Medicines. The domestic pharmaceutical industry is however healthy, investing in research in biotechnology and treatment of tropical diseases.

Medical food sector also enjoys good prospects thanks to the quantity of available natural resources and government investments.

The market for dental equipment and supplies

Thailand's market for dental devices and materials is, once again, highly dependent on imports, that account for over 65% of the equipment.

Local production is quite limited to consumables, toothpaste, waxes, artificial teeth and low tech equipment, which are mainly exported to the neighboring countries.

The market size is not very big (estimated around \$100 million in 2006, according to the US Commercial Service) but before the crisis, growth ranged around annual 20%. The current growth potential is offered by the general better access gained by Thai citizens to health services thanks also to the Universal Coverage program. After the implementation of this scheme, as most of Thai citizens had limited access to dental services previously, public dental clinics registered a large increase in the number of patients, who only need to pay the equivalent of less than one dollar for basic treatments.

According to the US Commercial Service analysis, public hospitals are the main end users of dental equipment and supplies in Thailand. Major private hospitals have dental departments treating both local and foreign patients who generally pay on an out of pocket basis, as there is no private dental service insurance coverage. Some private dental clinics who are contracted by the Social Security Office provide services under this scheme's coverage. Private dental clinics depend for an important share of their revenues from international patients. As a consequence, many private hospitals increasingly identify themselves as specialized and international centers to attract more patients, especially health tourists and expatriate workers and their families. In 2006, a total of 1,184 private dental clinics was registered in Thailand. Private dental clinics are usually operated by more than one dentist with the owner making all the buying decisions.

Although the market is rather small, the level of penetration by international manufacturers is very high, with products mainly supplied from USA, Germany and Japan.

Dental equipment and supplies are considered as third class or General Medical Devices according to the Thai Food and Drug Administration. These devices and accessories can be imported if they are freely marketed and sold in the manufacturing country.

Accepted standards are USFDA, CE Mark, PAB (Japan), TGA (Australia) and SPAC (China)

Distribution of important medical devices

Device	Total	In Bangkok No. (%)	In Provinces No. (%)	Total by sector		Year
				Public (%)	Private (%)	
CT scanners	343	115 (33.5)	228 (66.5)	61 (17.8)	282 (82.2)	2006
Magnetic resonance imaging (MRI)	45	30 (64.5)	15 (35.5)	15 (33.3)	30 (66.7)	2005
Lithotripters	76	22 (29.3)	54 (70.7)	55 (72.4)	21 (27.6)	2005
Mammogram	152	80 (54.9)	72 (45.1)	46 (30.3)	106 (69.7)	2006
Ultrasound	1987	399 (16.4)	1588 (83.6)	1501 (75.5)	486 (24.5)	2005

Source: Thailand Health Profile 2005-2007

Prior approval, registration of the device and a Certificate of Free Sale (or Certificate to Foreign Government) are required to register the product before import. Used or refurbished dental devices cannot be imported. In addition, a quality management system certificate (GMP, ISO 13485) is also required in the case of dental fillings and crowns.

The registration process usually takes about one month and a product registration is valid for 2 years. As registration rights belong to the applicant, which is normally the agent or distributor, changing the Thai agent or distributor within the two year period of validity of its registration means that the newly appointed Thai representative must register the product again.

Moreover, the Thai FDA requires a local contact address for applicants to a device registration. This makes usually necessary to appoint a local representative if the company does not wish to set up its own office.

Useful contacts:

Thailand Board of Investment

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Thai Medical Device Technology Industry Association

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Fax: +662 379 4297
E-mail: thaimed@trueemail.co.th // info@thaimed.co.th
Website: http://en.thaimed.co.th

Food and Drug Administration - Ministry of Public Health

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Organizer of the annual Scientific Meeting and Dental Trade Exhibition

Sources:

ICE (Institute for Foreign Trade) – www.ice.it
Board of Investment – www.boi.go.th
Ministry of Public Health – www.moph.go.th
Bureau for Policy and Standards – <http://bps.ops.moph.go.th>
Food and Drug Administration - www.fda.moph.go.th
National Statistical



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Contact Rich Campos for more information

E-mail: rcampos@airtechniques.com

Tel. +1 516 433 7676



New Vacuum Mixers

MESTRA launches its new family of vacuum mixers. It is a whole renewal of its well known model IRIS, and from now on it will be made in two different versions: a manually operated mixer (IRIS 2), in which you just select the mixing time and the machine does the mixing; and the digitally operated model (IRIS 2 Evolution), in which you can select the mixing time and the rotation speed between 100 and 400 rpm. Besides, this model allows the user to design, store, and use his own programs.

The new IRIS family means an important qualitative improvement of the previous model as far as design, functionality and finish are concerned. Needless to say, the well known robustness and reliability of the MESTRA products are guaranteed as usual.

Both machines are factory supplied with all the necessary elements to fix them to the wall, and a 550 cc bowl. There is a wide range of bowls (250, 750, 1000 and 1250 cc, the latter also available in stainless steel) available as accessories for both models, together with a stand in case the machine could not be fixed to the wall.

Characteristics

	080516	080517
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Width:	155 mm	155 mm
Depth:	205 mm	205 mm
Weight:	4,5 kg	4,5 kg
Speed:	240 rpm	100-400 rpm
Time:	0 - 120 "	0 - 300 "
Voltage:	230 V, 50/60 Hz	230 V, 50/60 Hz
Power:	1000 W	1000 W



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A peculiar enamel-dentine cutting has been conceived for the upper incisors, thus increasing the translucent effect on the mesial and distal tooth areas. Although it makes the body of the dentine transparent, this technique creates a pleasant effect making the Acry Plus tooth naturally characterized and "life-like". A wide, completely renewed range of colours and shapes, obtained by using the latest CAD/CAM technology, grants an easy selection of the right tooth for the achievement of a perfect prosthesis, to cope with the most demanding market requirements.

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- 5 Upper Diatorics
- 5 Lower Diatorics

The Acry Plus shade guide is offered in two different colourings.

For more information contact:

Dental manufacturing Spa
Ruthinium Group
Via Ca' Mignola Nuova, 1699
45021 Badia Polesine (RO) - Italy
Tel: +39 0425 51628
Fax: +39 0425 590156
E-mail: info@ruthinium.it
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For more information visit www.dexcowin.com



Roen: Disposable Tips And Prophylaxis Angles

Today's dentistry is aiming more and more to prevent doctors and patients from cross infection risks. ROEN, a leading dental manufacturer, has developed two systems able to reduce significantly cross infection risk in the daily practice. DEFENDER TURBO, is conceived as a system for air-water syringes, that includes adaptors for various type of syringes and disposable intraoral tips.



The inner channels of the traditional non disposable air-water tips are contaminated by bacteria from each patient and therefore the dentist needs to sterilize the syringe after every visit. DEFENDER TURBO allows the dentist to change the disposable tip quickly avoiding the intraoral tip sterilization phase. Using the same concept ROEN has designed TWIN-GO, a system that includes a Prophylaxis Handpiece with 4/1 reduction and Disposable Prophylaxis Angles (DPAs) to be removed after each treatment.

DPAs, besides preventing cross infection risk, guarantee also the TWIN-GO handpiece long term function, since prophylaxis paste may penetrate only inside the disposable angle. Microabrasive prophylaxis paste therefore never gets in contact with the inner components of the handpiece, reducing the risk of gear wear and locking. DEFENDER TURBO and TWIN-GO are simple and easy to use for every dentist and hygienist.

ROEN - Italy

Tel: +39 0119682604 - Fax: +39 0119787087

www.roen.it - info@roen.it

The Garfield product line - dental products for the treatment of little patients

The treatment of children often poses a special challenge to dentists. JFM is now launching a worldwide, exclusive product line featuring Garfield pictures on surgical masks, bibs and dental cups.

The child-friendly products help dentists to distract their little patients from fear and to gain trust. After having introduced the products extraordinarily successfully onto the German market, JFM is now going to offer them to customers all over the world - distributors are welcome.

Moreover, JFM remains one of the leading suppliers of recall cards Europe-wide. We have now added new exclusive licence lines to the variety of Peanuts and Garfield cards that have already been sold successfully for years. This unique range of products enables JFM to meet all of its customers' demands and to remain a key player.

JFM supports its European partners not only by producing recall and appointment cards in each country's language, but also by completely personalizing the cards for the end-user, if desired.



For more information please visit our website at www.JFM-AG.com



SURGYSONIC MOTO AND T-BLACK: MOVING FORWARD

Esacrom, is leader in the design and production of electronic and medical devices and is continuously working on the evolution in the field of hard tissue surgery. The skilled experiences of Esacrom staff in terms of electronics and mechanics, together with the national and international expertise of our scientific board, have set the basis for the realisation of a new device, which represents a turning point in hard tissues surgery.



SURGYSONIC MOTO, is a combination between the technologies of "Piezo" and "micromotor". It confirms the brand Esacrom in the dental field and widens its application to the General Microsurgery: Neurosurgery, ETL, Maxillo-facial and Orthopedics. ESACROM regularly invests time and resources in the development of new products and new finishing.

To this purposes we would like to introduce the new line of **T-Black**.

A brand new finishing is applied on our standard tips resulting in a more effective cut and lower heating of the tissue. At the same time thanks to the higher hardening we can grant a less abrasion and wear out and the anti reflective surface grant a better visibility of the operating fields.

The whole range of our "tips" are made by our own production facility and represents the largest number of models present in the market.

Esacrom pays very much attention to details. In fact the new concept is the result of a long and continuous research of Esacrom, translated in its current design by Sardi Innovation - leader in the Innovation business. Surgysonic moto will be available in different colours to satisfy different aesthetic needs and the very compact configuration has been designed to allow an easy handling and need a minimum of space in the clinic.

Other innovative solutions are still in-progress and soon will become true, thanks to the skills and energy of Esacrom's team and the investments in research and development. Esacrom's evolution does not stop, but will continue for more and more to transform new ideas of today into the reality of tomorrow, finding new solutions again.

ESACROM SRL - Italy

www.esacrom.com - Esacrom@esacrom.com

Sensitivity – nip it in the bud

With dentine hypersensitivity affecting as many as 57% of the adult population, it's a common problem that can have a significant impact on people's lives. With the increase in bleaching procedures, the prevalence of periodontal disease and increasing incidence of acid erosion, sensitivity will continue to be a very common problem.

Sensitrol is a unique product containing potassium oxalate which has been clinically proven to stop sensitivity with just one application. The Sensitrol Bud applicator is very quick and easy to use and provides quick relief. Recent studies have proven that 90% of patients experienced pain reduction within 3 minutes of the application of Sensitrol. Sensitrol is well tolerated, doesn't cause staining and is ideal for treating all types of dentine sensitivity. Sensitrol is available in 2 concentrations; professional and home use.

Further product information
available from:
Molar Ltd - United Kingdom
Tel: + 44 1934 710022
www.molarltd.co.uk -
richardt@molarltd.co.uk



Tizian CAD/CAM – without limits!

Tizian CAD/CAM is an economical and user-friendly system of the latest generation. All components are perfectly designed to complement one another. The open data interface of the scanner and the milling unit allow for incredible possibilities.

The optical scanner Tizian Scan generates the data after a short scanning time and transfers it to Tizian Creative RT. The software is based on an industrial kernel, which offers you a range of exclusive design possibilities.

The automatic identification of the outline with possibility to manipulate morphologic connectors and garlands, and working with reduced anatomic crowns are just a few of the system's unique features. The innovative Tizian Cut transforms the high quality CAD data into precise zirconium or acrylic frameworks.

For more information visit www.schuetz-dental.com



Plan implantation and implant prosthetics right on your computer with Schütz Dental's "IMPLA 3D":

Previous virtual implantation facilitates the real surgery!
- new, economic, easy to handle, independent production -

Computer-planned implantation helps you achieve more precision in surgery and realization of prosthetics, creating more joy in your work and even saving time. Schütz Dental's new implant navigation system "IMPLA 3D" offers virtual planning the easy way. The software contains a manufacturer-independent implant database and supports more than 60 digital radiography formats. Radiographic and drill templates as well as the temporary restoration are produced at a lab of your choice. IMPLA 3D is an economic and easy-to-handle system.



"IMPLA 3D" consists of components for dentists as well as for dental technicians. The most important steps in the combination: After impression taking, casting and analysis of the plaster die the technician produces a mucosa-born radiographic splint.

For more information visit www.schuetz-dental.com

Super Endo Alpha A² Heat Source

B&L Biotech has introduced the Alpha A² Heat Source, a multitask, precision obturation instrument for warm Gutta Percha techniques. This well designed, ergonomic handpiece easily facilitates the Schilder warm vertical and Buchanan "continuous wave" techniques, among others, with 4 precise temperature settings. Powered by a state of the art, re-chargeable lithium ion battery, the Alpha will last for days on a single charge and has a series of green LED's to monitor battery power remaining.

Of course, the cordless handpiece eliminates the cumbersome cord common to all other endodontic equipment, reducing operator clutter and enhancing its portability. Twelve different tips are available, including a wide range of pluggers in different diameters and tapers, heat carrier tips, and a unique tip for thermal testing tooth vitality. Made from highly durable materials, the Alpha A² will stand up to the demands of the busiest endodontic practice.

For more information please contact:
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e-mail: bdshefsky@bnlbio.com
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DEFINITIVE®LED electric micromotor

Without brushes and without bulb, DEFINITIVE®LED is the new 3-phase induction electric motor which does not absolutely require any maintenance. Designed for dental professionals who require excellent performances, micromotor features extremely high power, compactness, higher reliability, higher efficiency, long-life illumination and reduced noise.

Once coupled to the new DEFINITIVE®LED electric motor, any E-type dental handpiece with fibre-optics can immediately get advantage of the new LED source which allows 25000-LUX daylight quality illumination of the operating area and produces a superior and perfectly uniform light pattern. The innovative LED technology integrated in the motor produces a level of brightness never seen before !

The emitted white light also helps reducing colour distortion with respect to halogen light.

The micromotor must be used together with the special BMC40 electronic control module which has been designed to be easily installed in any dental unit with very simple wirings.



The electronic board also provides the current supply for the LED device. Furthermore, with the aid of the CONV24 converter and PPO T pneumatic potentiometer, the micromotor can be installed and used on any pneumatic unit.

For further information, please contact:
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E-mail: info@teknedental.com
Website: www.teknedental.com

Dentronica KIDS: a new frontier for the teeth care on child patients

According to the most recent theories, psychologists assert that the mind of children is curious, imaginative, always attentive to find any kind of play inside messages coming from different contexts.

Even the dentist's surgery may lose its intrinsic odontophobic features, which the child perceives, when the dental instruments have particular aspects: this is the case of "Kids" dental unit built following the imaginary characters that are always present throughout his childhood. A dentist using the Kids dental unit shows that he knows those techniques of psychological approach, which are better than any anaesthetic or strong sedatives. The child sitting on that unit has the impression that he sits on a merry-go-round and realizes he faces someone he may trust. They establish then an empathetic relationship: the child sees the dentist as a friend, indeed he can't be afraid of a friend!

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Simple and compact the PantOs ART Plus allows for 7 diagnostic programs: Adult standard – with constant vertical magnification on standard dental profile - Child panoramic, Left-side dentition, Right-side dentition, Anterior dentition, TMJ in normal occlusion and fully open, Frontal view of maxillary sinuses. Furthermore, the system has 3 laser beams for patient positioning and motorized horizontal displacement.

The quite high acquisition speed of the sensor, up to 300 frames/s, allows for the reconstruction of a panoramic layer into a volume 30 mm thick all around the dental arch. The patented automatic or manual focusing system for selection of best fitting panoramic layer allows for optimum adaptation of the panoramic layer to the ideal for individual patient (extraction of specific layer out of the panoramic volume).

Pantos ART Plus uses the ORIS WIN DG Suite software with the following features:

Patient file management with distributed image data base in DICOM and other file formats, true 16 bit pixel resolution and filtering for digital manipulation, calibration for vertical length measurement and simulation of implant placement, creation of DICOM CD with image reader, bridging module for connection to practice management software, optional module for full integration into DICOM environment, optional module to access CT DICOM files for pre implant checks with (a) 3D reconstruction, (b) set-up of panoramic layer and cross sections, (c) display of panoramic layer, (d) display of cross sections.

For more information visit www.blux.it

"Bravo" new milling-machine for the best precision

The design staff at Mariotti is proud to present the new milling-machines line "Bravo".

This represents a real evolution in precision and lightness at the same time. Thanks to the cooperation with the milling expert dental technicians, Bravo allows optimum working conditions for the best milling technique with the greatest precision system. Another very useful device is also the new internal light to work well without any shade.

Vertical and micrometric with 360° freedom of movement, the milling-machine arm can be used for: milling, vertical movement, parallelometer, attachment placing. The set includes: 1000/30000 rpm micromotor with internal light, power supply with rpm and reverse display, 90° tilting and electro-magnetic holding model-table. Approximate size: cm 25x25x40.



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www.mariotti-italy.com
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Suni digital x-ray sensors



Since its creation in 1995, Suni Medical Imaging has been a leader in digital radiography, pioneering the development of digital sensor technology for dental clinical applications.

Today, at its ISO-certified facility in San Jose, CA, Suni manufactures two lines of digital x-ray sensors: SuniRay and Dr. Suni Plus plus a broad line of OEM sensor products and components that Suni distributes to over 90 countries worldwide.

In addition, the company distributes SuniCam II, a lightweight, ergonomic intraoral camera.

Suni's culture is built on three basic principles technological innovation, continuous improvement and exceptional customer service! Headquartered in Silicon Valley, the company's team of design engineers is credited with a number of firsts, including the world's thinnest intraoral sensor and the best overall value for price in the sensor marketplace.

For more information visit www.suni.com

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For several years, JFM has been one of the leading manufacturers of exclusive and innovative recall cards and high-quality medical gloves. The company is now launching a new product line: surgical masks, bibs and dental cups with Garfield pictures helpful for dentists during the treatment of children. Distributors around the world who are interested in selling these products can get further information at our website www.JFM-AG.com.

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The market for aesthetic dentistry: global trends

The market for dental devices as a whole, according to several reports released in the last few months, is forecast to grow by over US\$ 12,9 billion by 2016. Aesthetic and cosmetic dentistry will play a leading role, driven by the increasing demand both in traditional and emerging markets and the availability of technologically advanced treatments offered to patients who are more aware and sensitive to the importance of taking good care of their smiles, on account of both health-related and social reasons.

On general terms, the trend among patients is to keep natural teeth for as long as possible through improved diagnostics and minimally invasive treatment methods, and to look for natural-looking dental restorations.

Tooth whitening, veneers, porcelain-covered or full-ceramic crowns or bridges, tooth-colored composite-fillings, implants, bonding, teeth-straightening solutions, gum surgery are only a few of the most popular cosmetic dental treatments that are set for growth in the next five years. Implantology and prosthetics are particularly benefiting from the spreading of computer-aided design and computer-aided manufacturing (CAD/CAM) systems, and digital-based dental processes.

According to industry analysis made by major companies such as Nobel Biocare or Ivoclar Vivadent, all-ceramic individualized products based on CAD/CAM currently enjoy the fastest growth in aesthetic dentistry. Nobel Biocare highlights the rising number of minimally invasive surgeries received by patients of all ages and individuals dental crowns and laminates as the faster increasing product segments. Heraeus Kulzer reports that nanotechnology is giving an essential contribution to the improvement of materials used dental aesthetic treatments allowing the creation of durable, natural-looking composites. Prosthetics alone generated 17% of Dentsply sales revenues last year.



Sirona emphasizes the growth potential of CAD/CAM systems, which accounted for 35% of company revenues in 2009. According to the annual company report, ceramic restorations based on CAD/CAM systems represent a growing portion of the out-of-mouth restoration market and the number of dental practitioners and dental laboratories using CAD/CAM technology has increased. Two examples brought forward are US and Germany where, as of end of 2009, the market penetration for in-office CAD/CAM systems had grown to approximately 10% and 12% respectively.

An outlook to the geographic distribution of the market shows that Western Europe and USA are the longer-established and largest markets for aesthetic dentistry, with ageing population, rooted links between oral and medical health and growing attention paid to prevention. Japan, even if smaller, also has a consistent market for high-end aesthetic solutions. Russia, India and China all have large growing middle classes and private dental clinics are spreading considerably, adding to the expectation of double-digit growth in these countries in the next few years.

The Asia-Pacific market is registering the faster increase in middle-income classes, estimated to reach 3 billion people by 2020, with demand for professional aesthetic and preventive dental services following this expansion.

Latin America and Eastern Europe, on the other hand, are emerging as protagonists of the dental implant markets in particular, as many patients opt for getting cosmetic and implantology treatments in countries of these regions attracted by the lower prices available. This, however, puts forward an important issue in dental cosmetic tourism, as reported by the British online dental journal "Dentistry", dentists abroad performing procedures at very low prices are not always compliant with the safety regulations and standards required in the home country. In order to avoid that the search for the perfect smile brings instead to teeth damage and extra care and costs to repair the mischief, patients looking for aesthetic dental treatments abroad need to carefully screen and select the dentist or clinic they are going to choose, investigating their credentials and safety guidelines and practices.

Useful contact:

International Federation of Esthetic Dentistry (IFED)

(Mrs. Laura Kelly, Secretary)
3420 Fostoria Way
Suite G202
San Ramon CA 94583
Tel: +1 925 901 0262
Fax: +1 925 901 0108
E-mail: laura@ikdentalstudio.com
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Sources:

Nobel Biocare: <http://corporate.nobelbiocare.com>
Ivoclar Vivadent: www.ivoclarvivadent.com
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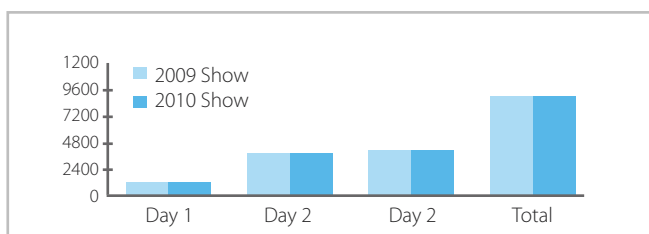
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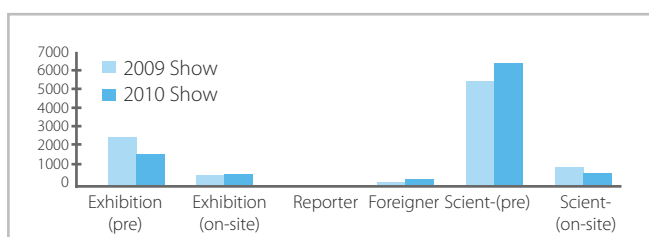
1. Total enrollment by year

	2009 Show	2010 Show	Year on Year
DAY 1	1,254	1,022	-18.5%
DAY 2	3,771	3,882	2.9%
DAY 3	4,071	4,103	0.8%
Total	9,096	9,007	-0.1%



2. Total enrollment by detail

	Classification	2009	2010	Year on Year
Exhibition	pre-registration	2,299	1,459	-36.5%
	on-site registration	542	545	0.6%
	Reporter	28	33	26.9%
	Foreigner	128	233	82.0%
Scientific Congress	pre-registration	5,177	6,055	17.0%
	on-site registration	922	682	-26.0%
	Total	9,096	9,007	-0.1%



3. Classification of Exhibitors' Origin

No.	Nation	The Number of Exhibitors	No.	Nation	The Number of Exhibitors
1	CHINA	5	9	PAKISTAN	1
2	FINLAND	1	10	PHILIPPINES	1
3	FRANCE	2	11	SINGAPORE	2
4	GERMANY	7	12	SWITZERLAND	2
5	HONG KONG	1	13	TAIWAN	1
6	ITALY	2	14	UAE	2
7	JAPAN	8	15	USA	9
8	KOREA	194			

TOTAL : 15 Nations / 238 Companies / 753 Booths

4. Various Conferences and Scientific Congress

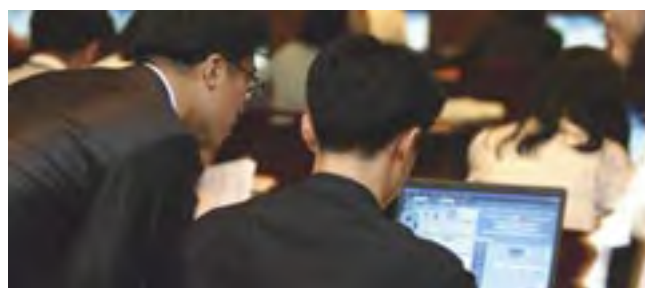
Scientific Congress was entitled 'To the World, To the Future'. It is made up of 50 lectures and will be held in the conference rooms, auditorium and Hall E at the Seoul Convention and Exhibition Center (COEX).

5. 194 Korean companies and 44 Foreign companies

Despite the effect of the world's economic crisis, SIDEX 2010 was held at COEX Exhibition Hall (17,649 m²) with the most advanced dental equipment and took on a more international aspect since internationally renowned companies participated.

6. Expanding Conveniences

During SIDEX 2010, the Organizing Committee prepared a kids play zone, stock-room booth, lounge and meeting room etc. for the participants. In addition, the Organizing Committee installed a 'Free Interpretation Service Center' at each entrance of the exhibition hall for foreigners and installed a 'Service Center' in order to react quickly for any inconvenience in the exhibition hall.



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DISCUS DENTAL ACQUIRED BY PHILIPS

The global leader in professional tooth whitening and oral care products acquired by Philips, the makers of Sonicare, broadening its Oral Healthcare portfolio

Culver City, CA, Oct 11, 2010 - Today, Discus Holdings, Inc. announced that it has entered into a definitive merger agreement with Royal Philips Electronics (AEX: PHI, NYSE: PHG). Previously privately held, Discus is the global leader in professional tooth whitening products with brands such as Zoom®, BriteSmile®, and Nite-White®. In recent years the Company expanded into other areas including oral care, restoratives, endodontics, and soft-tissue lasers. The transaction is expected to close in the fourth quarter of 2010, pending regulatory approvals.

"We created Discus almost 20 years ago with the goal of making it easy to improve patient smiles," said Dr. William Dorfman, founder of Discus Dental. "Since then, millions of people around the world have had smile makeovers using our products and we've become a trusted source of clinical solutions for dentists in more than 100 countries and on virtually every continent. By joining the Philips organization, our products will benefit from unprecedented growth opportunities, making tooth whitening even more accessible to a broader audience."

Philips is a diversified health and well-being company, headquartered in the Netherlands and employing more than 116,000 people in more than 60 countries worldwide. With sales of EUR 23 billion in 2009, the company is a market leader in cardiac care, acute care and home healthcare, energy efficient lighting solutions and new lighting applications, as well as lifestyle products for personal well-being and pleasure, with strong leadership positions in flat TV, male shaving and grooming, portable entertainment and oral healthcare. In the oral care space, Philips Sonicare® is the number one recommended sonic toothbrush brand by dental professionals worldwide.

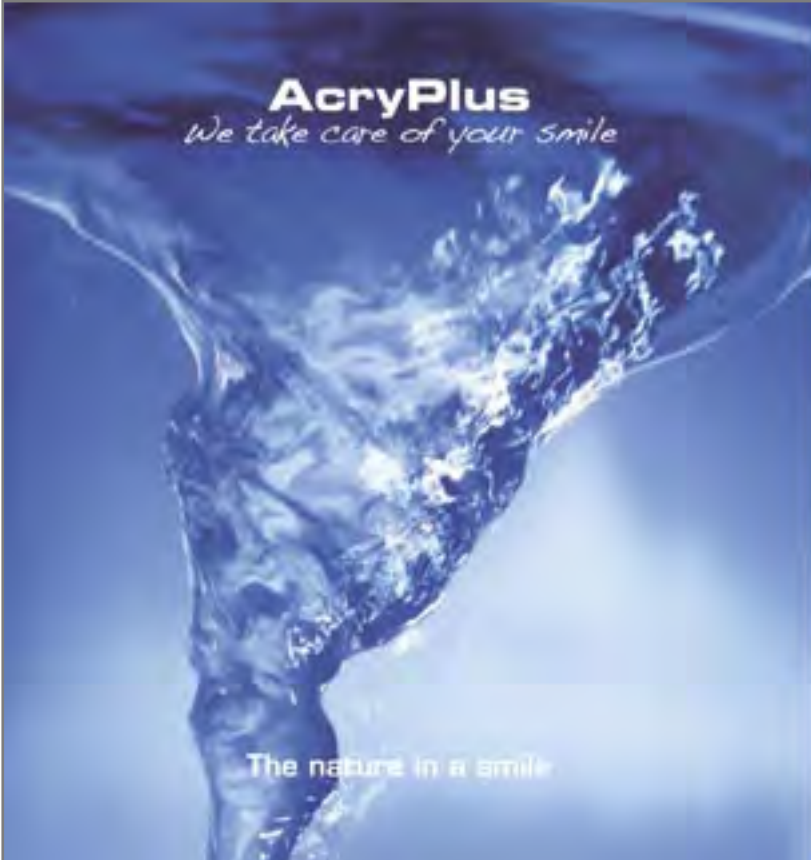
"Oral healthcare is an important part of our strategy to enhance consumer health and well-being, and an important growth driver of our portfolio. Discus' professional tooth whitening business provides a strong foundation for growth in the cosmetic dentist try space and will strengthen Philips' position as a leading oral healthcare brand amongst dental professionals and consumers," said Philips Consumer Lifestyle CEO Pieter Nota. "Moreover, Discus' oral care products complement our existing Sonicare portfolio, further building our relationship with dental professionals."

Following the close of the transaction, Discus will become part of the Philips Consumer Lifestyle sector's Health and Wellness business. Financial details of the agreement were not disclosed. Discus was advised in the transaction by Jefferies and Co. and was represented by Cooley LLP.

About Discus Dental, LLC: Discus Dental offers a broad array of progressive, quality dental products and equipment that spans aesthetics, whitening, oral hygiene, endodontics, impression materials, lasers and general operator devices. By selling direct, Discus empowers dental professionals worldwide with premium products and affordable practice solutions. The company is widely recognized as the leading marketing and branding company in dentistry. Discus products are available in over 100 countries. Discus is headquartered in Culver City, California. More information is available at www.discusdental.com.


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Innovation, integration and education at Showcase 2010

This year's BDTA Dental Showcase proved to be a successful and thoroughly enjoyable event even in the current challenging economic climate. More than 340 stands appeared at the event and there were many opportunities for visitors to obtain valuable CPD hours whilst at the event.

The UK's largest dental exhibition attracted over 13,000 members of the dental team to London's ExCeL centre and provided them with a wider selection of products, services and technologies than any other UK dental event.

As visitors entered the exhibition hall they were welcomed by the impressive sounds of barbershop quartet 'Rockaholix' who symbolised this year's theme – Working in Harmony. The Showcase pavilion was a further demonstration of the Showcase 2010 theme as the dental associations representing all members of the dental team appeared together on one stand, just inside the entrance.

Another highlight from Showcase included the Live Theatre, a new initiative, which provided visitors with a chance to watch industry leading dental professionals demonstrate the latest dental technologies and innovations. Hundreds of visitors were delighted to observe the experts' work with innovative products and techniques.

The Knowledge Hunt was a further new and very successful initiative, which saw almost 500 visitors searching for answers to questions as they walked around the hall and gaining one hour of verifiable CPD in the process.

The BDTA welcomed a group of MPs from the All Party Parliamentary Group for Dentistry on Thursday morning. The MPs toured the exhibition hall, led by BDTA President Edward Attenborough, to learn about the new initiatives and services available to improve patient comfort and satisfaction. The feature lectures and daily seminars covering the core subjects recommended by the GDC offered at this year's Showcase were extremely popular and well attended by knowledge hungry visitors.

Dental Lab Day at Showcase which took place at the event for the first time attracted well over 150 technicians/lab owners and trade representatives. Delegates appreciated the opportunity to listen to specialist lectures and speak to representatives from the industry. The initiative was a joint collaboration between the DLA, DTA and BDTA.

The BSDHT also held their AGAM and CPD event on the Saturday of Showcase and were delighted with the number of hygienists and therapists in attendance.

Tony Reed, Executive Director at the BDTA, comments "We constantly seek new ways to enhance the Showcase experience and this year was no exception. New initiatives such as the Dental Lab Day, the Live Theatre and the Knowledge Hunt were well received by visitors and added different dimensions to the exhibition, geared towards keeping the dental team up to date with the latest developments. We look forward to welcoming you to Showcase 2011."



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Bridge2Aid

Over 100,000 more Tanzanians now have access to emergency dentistry thanks to Bridge2Aid volunteers!

Bridge2Aid has now just completed another Dental Volunteer Programme (DVP) where teams of dental professionals treated approximately 700 patients and trained nine Clinical Officers in safe, emergency dentistry during their two-week visit to Tanzania.

The two teams made up of 21 dentists and dental nurses were based in remote areas of the Mwanza region of North West Tanzania where they operated out of basic clinics and administered emergency dental treatment to the local Tanzanians.

Katherine Opie-Smith who works at The Dental Practice in Dulwich Village, London and was the Clinical Lead for one of the teams said, 'It was a successful trip, with a very happy and unified team. We all had a great feeling of achievement having got another batch of Clinical Officers through training. There were one or two interesting cases, along with the usual batch of long-suffering patients who we were glad to help out of pain. One still marvels at the stoicism of the rural population.'

Each trained Clinical Officer can treat approximately 12,000 patients per year and since Bridge2Aid started running the Dental Volunteer Programme in 2004, over 1m Tanzanians have now had access to pain-relieving dentistry.

Katherine continued, 'When the nearest dentist is located hundreds of miles away in a major city, it is virtually impossible for people living in the rural villages to see them and indeed, afford to have treatment. In almost every single case, we are the first dental professional the patients have seen and some cannot remember their life before they had dental pain. We saw one little boy aged nine who said he'd been in pain all his life – but he really meant since he had teeth!'

Bridge2Aid operates DVP four times a year in January, February, September and November (though dates are subject to change). For more information, please contact Ruth Bowyer, Visits Administrator on ruth@bridge2aid.org.



Kilimanjaro

The Challenge Awaits You!

This time next year an intrepid team of Bridge2Aid trekkers will have returned from an epic trip climbing Africa's highest mountain – and you could be one of them!

There are few moments in life that will stay with you through your years, but reaching the top of Kilimanjaro is one of them. The mountain is immense. Located in Tanzania, it is 49 miles long by 24 miles wide and soars above the Rift Valley to a staggering 19,335 feet. Conquering it is a challenge that draws trekkers from across the globe.

Tanzania is also the base for Bridge2Aid, the UK dental and community development charity that operates the 'Dental Volunteer Programme' which takes volunteer dentists, hygienists and nurses to Tanzania four times a year to train local health workers in emergency dentistry.

Since 2004, Bridge2Aid has been able to help tens of thousands of people thanks to the generosity of its supporters, many of them members of the UK dental profession. By fundraising for Bridge2Aid's vital work, your climb will make a lasting difference in the lives of hundreds of thousands more people in Tanzania.

Bridge2Aid's Chief Executive Mark Topley said:

"It has been a privilege to hear the stories told by the climbers from our Climb Kili events over the past 3 years. It is such an amazing place and the sense of achievement experienced by the climbers is mirrored by the stories of what we have been able to achieve through the funds raised by Climb Kili. Over the past 4 years we have been able to expand our training of Clinical Officers in Emergency Dentistry from just 15 trainees in 2006 to almost 50 in 2010. We just could not have done that, and in turn treated so many thousands of people, without the funds raised by our climbers."

Simon Roland, a dentist from London climbed Kili in 2007 and is now a trustee of Bridge2Aid:

"Climbing Kili was a tough but wonderful experience. We met some great people and had a fantastic time together as we all battled to make it to the top of the mountain over 5 arduous but very rewarding days. The end result was a great sense of achievement whilst at the same time raising money for a very worthy cause. I heartily recommend everyone to take part in 2011!"



To take part in 'Climb Kili' participants need to raise at least £2,950 – sounds a big amount, and it is but very achievable and B2A will provide lots of support to help you not only reach the target but exceed it. As well as a fundraising pack and advice on the phone there are also training weekends between now and the challenge when participants will receive fundraising advice and swap ideas with other climbers, many of whom will have raised amounts like this before.

Since the Comic Relief team climbed the mountain in 2009, Climb Kili has become a very popular challenge, so contact Bridge2Aid soon to secure your place before they run out!

To find out more, contact Naomi at the Bridge2Aid UK office on 01243 780102, email fundraising@bridge2aid.org or visit the website – www.bridge2aid.org.



Editor's Notes:

Bridge2Aid (B2A) is a dental and community development charity working in the Mwanza region of North West Tanzania. We started full scale operations in 2004 and work closely with the Tanzanian Government to deliver aspects of their dental strategy. We operate a not-for-profit dental clinic in the city of Mwanza (Hope Dental Centre), and have a community development programme for the disabled community based at Bukumbi Care Centre.

Our focus is sustainability – empowering local people to improve their own lives over the long-term. We have Trustees and administration in the UK and we are a UK registered charity no. 1092481. Bridge2Aid is a registered Non- Governmental Organisation (NGO) in Tanzania with additional Tanzania-based Advisors.

The four key aspects of Bridge2Aid's vision are:

- To provide primary dental care and oral health education to communities in Tanzania
- To equip and further train local health personnel to provide emergency dentistry to rural communities
- To care for and empower the poor and marginalised in Tanzanian society
- To provide opportunities for UK dental professionals and others to use their skills to serve Tanzania, as locums or participants on the Dental Volunteer Programme (DVP).

Further information/pictures/comment available from:

Lucy Jenkins, B2A Communications Co-ordinator
07989 285715, lucy@bridge2aid.org
Or contact Mark Topley, B2A CEO +44 (0) 845 004 7559, mark@bridge2aid.org

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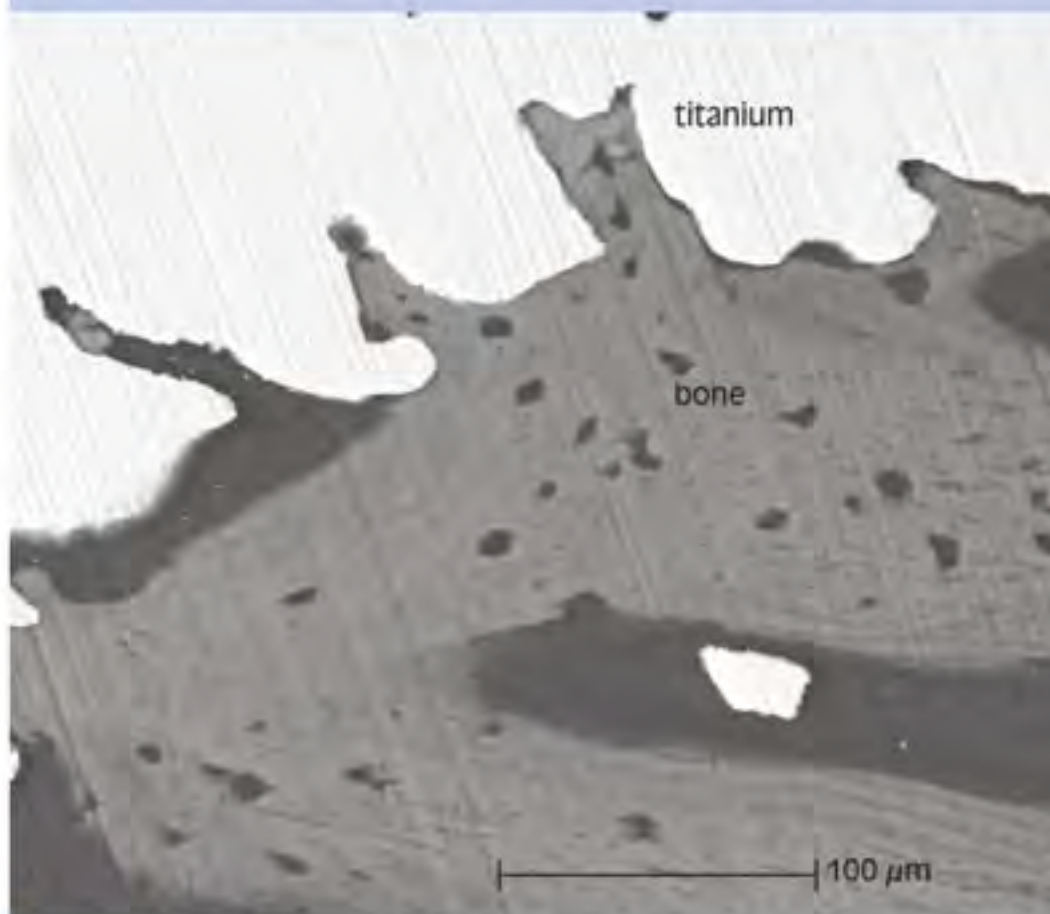
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Changes within the new EU directive (2007/47/EC) on CE marking of Medical Devices

Substantial changes have been introduced on active implantable medical devices as well as on all other medical devices by the new EU directive 2007/47/EC, into force from October 11th 2007. According to the new directive, all Member States "shall apply [the transposition measures] from March 21st 2010". The consolidated Directive has become mandatory as of March 21st 2010, without any period of transition. Thus, in absence of any transitional provisions, medical devices placed on the market or put into service after March 21st, 2010 must meet the requirements of the revised directive. The introduction of these standards at national level emphasizes the need for companies operating within the Community to acquire adequate information to avoid mistakes on the interpretation of the regulations. The novelties introduced by the directive will have implications for manufacturers, Notified Bodies and national authorities.

Although the previous Medical Devices Directive 93/42/EEC has not been radically changed, a series of clarifications and innovations have been added to improve the interpretation of procedures for the evaluation of products across Europe. The changes concern, among others, the essential requirements which medical devices must satisfy in order to be legally placed on the market, the procedures to evaluate the conformity of the devices as well as their classification. Following are some of the changes which may have an impact on manufacturers and/or final users.

Changes introduced by the 2007/47/EC

- **INTENDED USER:** The duty to specify the intended user makes it compulsory for manufacturers of tailored medical devices to prepare clear and detailed instructions for their devices considering the end users skills and knowledge. This requirement is particularly important for devices intended for non-professional use.

- **CLINICAL EVALUATION:** The new directive emphasizes the need to provide clinical evidence for all devices. All devices are now in need of such data, including devices for Class I. This is undoubtedly the most important innovation of the entire Directive. Additionally, this imposes more stringent requirements for what constitutes "clinical trial" and calls for a stronger attention from the authorities. Annex X on clinical evaluations has been changed. Consequently, manufacturers must now analyze and review the clinical part during the planning stage to identify any problem that needs further investigation. Such control will be inserted in the document risk analysis at the design stage but also after the commercialization of the product in order to keep updated to the state of art all the technical data of the medical device. In fact, for a better demonstration on the compliance of the medical device, manufacturers are obliged to implement a procedure to review the production of the device even after its commercialization, with the duty to report to the authorities any accidents or withdrawal from the market. Clinical data may come from the following sources, to mention a few: a) clinical investigations carried out for the specific device

b) clinical trials or other studies published in scientific literature relating to similar devices, where the equivalence of products must also be demonstrated c) Reports published on other clinical experiences related to the device or similar devices, where the equivalence of devices must be demonstrated.

- **STAND ALONE SOFTWARE:** Directive 2007/47/EC specifies that the software itself, when specifically intended by the manufacturer to be used for one or more of the medical purposes set out in the definition of a medical device must be considered a medical device. So the software must be validated according to the state of art, taking into account the principles of life cycle development, risk management, validation and verification. Harmonized standard EN IEC 62304:2006 "Medical device software - the processes of software life cycle" may be used to comply with new regulations. Moreover, software considered a medical device must be classified according to the classification rules set out in 93/42. Note that the stand-alone software is considered an active medical device (Annex IX, rule 1.4). For example, software packages that run on PC or Smartphone, which allow you to make diagnosis (telemedicine application) or involved in treatment plan (e.g. the simulation of surgical implants) are now considered active medical diagnosis or treatment. Therefore, as a stand-alone software it must be CE marked to indicate its compliance with the provisions of the Directive to enable them to move freely in the Community and be operated according to their destination.

- **ERGONOMIC DESIGN:** To ensure patient safety, ergonomic design is now considered an essential requirement of the medical device. The ergonomics of medical products is becoming the focal point of the development process. The harmonized standards EN 60601-1-6 and EN 62366:2008 can be used to demonstrate compliance with this requirement.

- **SINGLE USE:** Particular care must be taken to ensure that the reprocessing of medical devices does not endanger the health and safety of patients. Thus, for single-use devices, manufacturers must now provide all the information on known characteristics and technical factors that could pose a risk if the device were to be reused.

- **CONFORMITY ASSESSMENT:** Manufacturers of sterile medical devices and measurement can now enjoy greater flexibility in selecting the route to demonstrate compliance of their device. In fact, it has been introduced, specifically for them, the possibility of adopting a complete system of quality assurance in accordance with Annex II of Dir 93/42. This will be very useful for those manufacturers who are already certified under this Annex or for those that may also want to be included into this certification scheme accessories to their medical device that until recently needed to follow a different approach.

- **E-LABELLING:** The labelling of medical devices in the EU poses a challenge for producers that should provide instructions for use (IFU) in different languages. Currently, most IFU are provided in paper format, which can be very long. The term "e-label" refers to the possibility of using innovative means to provide IFU electronically. The new Directive 2007/47/EC gives to the manufacturer the possibility to provide information related to the medical device by other means. It could potentially allow to provide IFU in a CD or other electronic means, eliminating the various versions of paper now required.

- **DECLARATIONS OF CONFORMITY:** Manufacturers of medical devices are required to declare compliance with the directive of their product in a Declaration of Conformity. Declarations of conformity issued from March 21, 2010 are automatically referred to the revised Directive. From such date, manufacturers must be able to demonstrate compliance with all requirements of the revised Directive which apply to their product. If manufacturers have placed on the market or put into service products to meet the new requirements before March 21, 2010, they must have already declared that their Declaration of Con-

formity refers to Directive 93/42/EEC as amended by Directive 2007/47/EC. Otherwise, as in the case of declarations of conformity issued before October 10, 2007 (publication date of the amendment 2007/47), the statement should have been reprinted. When a notified body is involved in conformity assessment (e.g. peripheral class II or higher) it has to follow a similar procedure. A Practical Guide to EU-wide standards for the issuance of the new Declaration of Conformity can be found in the following document from the Commission on Implementation of Directive 2007/47/EC amending Directives 90/385/EEC, 93/42/EEC and 98/8/EC of June 5, 2009.

The need to implement Directive 2007/47/EEC at national level within the European Community has enabled the EU Member States to introduce, with some limitations, further elements necessary to adapt the EU legislation to the specific national contexts, thus introducing different regulations in each country. It is therefore important that all companies intending to commercialize their products in the EU become aware of all the elements introduced in each single country within the community.

For further information and legal consultancy on CE certification:

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Implementation of new EU Directive (2007/47/EC) in the Italian Legislation

The need to transpose Directive 2007/47/EEC (mandatory as of March 21st 2010) at national level within the European Community has enabled EU Member States to introduce, with some limitations, further elements to the specific national contexts. The introduction of such regulations underlines the necessity for medical companies operating within the Community to acquire adequate information to avoid incurring risks.

This article will focus on the implementation of such directive in Italy, through the Legislative Decree 25 January 2010, no. 37, published in the Official Gazette no. 60 dated 13 March 2010. Given the rapid technical changes occurred in the design, production, use and safety of medical devices, this Decree is intended to make Italian legislation on medical devices more coherent.

As well as transposing the technical aspects of the new Directive, the Italian legislation has undergone adjustments on "supervision of accidents", "clinical trials", "publicity" and "penalty system".

In particular, rules governing the supervision of accidents present significant innovations: all withdrawals of medical devices from the market imposed by the Ministry of Health are under the responsibility and at the expenses of the manufacturer if the manufacturer has wrongly applied the technical regulations of the EU Directives or even if he has applied them correctly but they are not specific and complete for his type of production.

If the manufacturer fails to observe the obligation of withdrawal, it is considered a criminal offense. This subject is governed by Article 9 that replaced Article 10. The different types of accidents to be reported by health professionals (paragraphs 2 and 3) and manufacturer (paragraph 7) are included in the 1st paragraph of this article, while the methods of communication are currently defined in the Ministerial Decree 15.11.2005.

Lastly, the manufacturer must provide a method for assessing the experience acquired on his devices during commercialization (post-marketing follow-up, Annex II, paragraph 5 and Annex X, paragraph 1.1 c).

In fact, the surveillance and supervision of accidents, operated by competent authorities of the Member States, are subsequent to the phase of commercialization and they occur either through random controls or reports from the parties.

Such method of subsequent controls on the entrance of devices into the market has led to the drafting of a policy that provides more specific requirements to

keep records of the devices. For instance, attention was driven towards the inclusion of a deadline that represents a specific time limit required for keeping the documents, thus providing a base for the application of the penalty when rules are broken.

Furthermore, to ensure effective, proportionate and dissuasive force to sanctions, the cases for the use of special penal sanctions have been limited to two: non-disclosure of serious accidents and failure to comply with mandatory provisions of the competent authorities. The formula "unless the act constitutes a crime", was maintained to permit the application of any additional penalties and sanctions in cases of criminal offenses affecting constitutionally guaranteed interests such as health (e.g. Articles. 441, 582, 589, 590 of the Italian Penal Code).

In order to allow competent Italian authorities to run efficient and fast actions of monitoring and supervision to protect public health, two directions have been followed:

- updating of the rules on special measures for health monitoring and safeguard clause (Article 8-8-a and b, L. Decree N.507/92 - Articles. 7:13-ter of L. Decree no. 46/97);
- the provision of pecuniary sanctions for the subject responsible of improper or absent CE marking, alongside administrative measures restricting market entry as well as imposing the withdrawal of the product for evaluation (Article 9 L. Decree no. 507/92 - art. 17, Leg. n.46/97).

Over 90 sheets were drawn for the evaluation of both gravity and extent of the breach of regulations. Many factors were considered in preparing these sheets such as the territorial extension and potential duration of the infringement, the level of adverse effects, the potential illegal economic benefits obtained by the subject responsible, whether the guilt originated from intention or negligence, individual or collective punishable behavior.

Different categories of subjects potentially involved in the infringement were considered: from the manufacturer to the individual health professional (taking into account the degree of consciousness of the act, its consequences and the potential economic benefit that such persons might have drawn from the unlawful conduct).

Hence, five levels of indicators were identified for the violations contained in the text which, to ensure effective deterrence, have been associated to five levels of minimum amount of the penalty, setting the highest amount at six times the first.



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The central subject in the regulation of medical devices, as it has been outlined for years at EU level, is the manufacturer/authorized representative. Most of the obligations concern this category: manufacturers have to notify the Ministry of Health address and description of devices and they must provide all data necessary to identify these devices, along with label and instructions for use.

If the manufacturer is located outside the European Union, he must explicitly designate a single subject, natural or legal person established within the Union, who acts on behalf of and can be addressed to instead of the manufacturer. Manufacturers are also subject to sanctions ranging from EUR 500 to 128,400.

Among the merely economic implementations, it is also included the payment, to be carried out by 30 April of every year, of a 5% contribution for self-assessment for promotional activities directed towards health care workers. (The obligation to pay is governed by 1st c. 409, Lett. d) of Act No. 266/05, as amended by Article. 1, c. 825, Lett. b), Law No. 296/06).

The contribution is borne by all "companies that produce or market medical devices in Italy, including in-vitro diagnostic medical devices and custom made devices".

The rule applies to the promotion of a product by "doctors, health professionals, including executives of health institutions and pharmacists", if the product meets the definition of "medical device" and is labeled and marketed under the EU sector directives.

"The total expenditure borne in the previous year" is the basis of assessment for contribution. It includes specific "cost items" as by Technical Annex to the Ministerial Decree 23/04/2004 - relating to the pharmaceutical field, but to which this law explicitly refers to - excluding "net costs for the staff".

Failure to pay leads to a penalty of EUR 7,500 to 45,000, besides the sum already due, increased by 5% for each month of delay.

The most relevant administrative penalties are those affecting subjects who place into the market or service medical devices without CE marking or attestation of conformity (both the manufacturer's declaration and any certificate issued by the Notified Body).

In such case, the penalty ranges from EUR 21,400 to EUR 128,400 for any subject placing in the market, selling or servicing non-compliant medical devices, as well as for the manufacturers of custom made devices that are non-compliant or without the declaration required in the relevant technical Annex.

These sanctions are aimed at protecting and ensuring the so-called "public confidence" in the regularity of CE marking. Just as serious are sanctions for the manufacturers/authorized representatives that mark a device inappropriately, as in the case of products falling outside the definition of the Decree, or unduly, because the product does not meet all essential requirements.

Medical devices not bearing CE marking are always subject to administrative seizure.

Source:

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CEDE



On the 25th of September ended the twentieth Central Dental Exhibition CEDE. It was the third edition at the Poznań International Fair venue.

CEDE exhibition is the biggest and most important event in the dental industry in Poland. This year the exhibition was visited by over 13 thousand professionals connected with the dental industry. It represents a 3% increase compared to 2009. At an area of 18 thousand sqm, 300 exhibitors presented their offer. Not only all of our market leading manufacturers and distributors took part to the exhibition, but also companies from Germany, Italy, France, Spain, Switzerland, Slovakia, Czech Republic, Lichtenstein, Latvia, Estonia, USA, China.

Traditionally, the exhibition was accompanied by the Congress of Dental Teams. Nine Congress sessions attended by 1,380 doctors, hygienists and dental assistants.

Congress session topics:

- Occlusion - Diagnostics And Treatment
- Modern Implantology
- New Technology And Scientific Achievements In Practical Dentistry
- Fostering A Better Relationship With A Patient
- Conservative Dentistry
- Session For Hygienists And Dental Assistants
- First Aid In Emergency Cases In The Dental Surgery
- Tooth Cracks And Fractures - Diagnostics And Treatment
- Advances In Clinical Periodontology

Scientific director of the Congress of Dental Teams is professor Stanisław Suliborski of Medical University in Łódź.

Simultaneously, in pavilion 7 conference rooms were held lectures, courses and workshops organized by the exhibitors.

Dental Tribune Study Club successfully carried out lectures during all days of the exhibition.



On the 23rd of September gathered the Committee of GRAND PRIX 2009 composed of:

Dr. Bartłomiej W. Loster – President of Polish Dental Association – Chairman
 Prof. Barbara Adamowicz – Klepalska – Medical University in Gdańsk
 Mrs. Bożena Florczyk - Chairman of the Polish Society of Dental Technicians
 Prof. Honorata Shaw - Medical University in Poznań
 Dr. Andrzej Baszkowski - Greater Poland Medical Chamber
 Dr. Mariusz Pryliński - Medical University in Poznań
 Prof. Stanisław Suliborski - Medical University in Łódź

The Committee in a secret ballot has granted the following awards:

- in the category "Dental Equipment":
to **Amadar Sp. z o.o.** for CEREC – system for creating all-ceramic restorations in dental office.
- in the category "Technical Equipment":
to **ROKO Sp. z o.o.** for MULTIPRESS injection system
- in the category "Materials":
to **SEPTODONT POLSKA Sp. z o.o.** for BIODENTINE™
- in the category "Auxiliary Materials, Preparations and Prophylaxis Devices":
to **ELAMED Publishing House** for set of films "Modern dental technician"



Grand Prix 2010 statuettes were awarded at the CEDE Banquet.

CEDE 2011 – September, 22-24, 2011

* data audited by CENTREX





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The International Dental Show (IDS), which will open its doors from 22nd to 26th March 2011, will offer exhibitors and visitors a very special service. Lufthansa is the official airline of IDS 2011, and it will be offering exclusive special deals to visitors from more than 250 cities in 100 countries. In addition to the discount flight tickets from Lufthansa, visitors travelling by train to the International Dental Show can take advantage of the discount train tickets on offer from Deutsche Bahn (German Railways).

International flights to Cologne, Düsseldorf and Frankfurt can now be booked online for the period between 15th March and 2nd April 2011 at the Lufthansa booking platform (<http://www.lufthansa.com/Event-Buchung>) by entering the access code "DEVSN". The site automatically displays the discounts and improved terms and conditions for First, Business and Economy Class tickets, as well as any especially low prices that might be available. (Important information: You must allow popup windows for this website because the window for the booking platform will not open otherwise.)

Close to the exhibition centre is Cologne-Bonn Airport, a main hub for several low-cost carriers that offer flights within Germany and other European countries at very affordable prices. All of the destinations that can be reached from Cologne Airport are listed at <http://www.airportcgn.de/main.php?id=17&lang=1>.

In cooperation with the German railway company Deutsche Bahn, Koelnmesse is offering trade fair participants special prices starting at €99 for rail tickets to the exhibition centre station Köln Messe/Deutz from anywhere in Germany. Tickets can be booked by calling the Deutsche Bahn ticket office (DB Dialog) on +49 (0)1805/311153 (callers should mention the key word "IDS"). Alternatively, tickets can be booked online at www.ids-cologne.de up to three months before travelling to Cologne.

Exhibitors and visitors can use buses and trams free of charge in and around Cologne. This is because visitors and exhibitors can use their admission tickets to travel free of charge on the local public transport network of the Rhine-Sieg Transport Authority (VRS). This also applies to the local railway which takes visitors from the airport to the exhibition centre in only 15 minutes.

The cooperation with these internationally renowned aviation and railway companies is a further service of Koelnmesse. In addition to purchasing discount flight and train tickets, exhibitors and visitors can also book attractive hotel rooms in Cologne and the surrounding area by going to the website at www.hotelzimmerbuchung.com. Individual travel packages (flight, hotel room, car hire) can be booked online at www.ids-cologne.de. Koelnmesse will also be happy to help you with visa applications.

IDS, which takes place in Cologne every two years, is organized by the Gesellschaft zur Förderung der Dental-Industrie mbH (Society for the Promotion of the Dental Industry), the commercial enterprise of the Association of German Dental Manufacturers (VDDI). The trade fair is staged by Koelnmesse GmbH, Cologne.



34. International Dental Show

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Oral Health and Dental Market in Portugal

Basic Facts:

Total area: 92 072 km²
Population: 10.6 million
Political system: Republic
Capital city: Lisbon
Year of EU entry: 1986
Currency: euro
GDP: €159,771 million (2009)
GDP per capita at current prices: €15,800 (2009)

Source: Eurostat

Portugal joined the European Union in 1986 and registered, since its accession, a rapid growth of GDP and a series of transformation in its economy. Nowadays, Portuguese economy is widely based on the services sector, which employs alone almost 60% of the working population. Technology had an important role in reshaping manufacturing activities, developing the automotive industry, ICT and electronics, plastics working, renewable energy and biotechnologies, bringing Portugal on the forefront for innovation-driven sectors.

Key Economic Indicators

(% change on previous year)	2009	2010
GDP at current prices	-2.7	0.7
Private consumption	-0.9	1
Public consumption	2.6	-0.9
Exports	-12	3.5
Imports	-10.7	1.5
External demand	-14.7	1.7
Public debt	76.6	85.4
Inflation rate	-0.8	0.8
Unemployment rate	9.5	9.8

Source: OECD, based on data from Ministry of Finance and Public Administration

The general economic downturn that affected global markets didn't spare Portugal, that experienced a GDP contraction by 2.7% following the drop in domestic demand, investment and exports.

The estimated GDP growth of 0.7% in 2010 and 1.4% in 2011 follows the modest signs of recovery of the second part of 2009, but according to OECD's "Economic Outlook 87" (May 2010), growth will be very moderate considering the weak internal demand, lower investments and the forecasted rise in the unemployment rate. A serious issue is the Portuguese budget deficit, only recently targeted by a series of measures aimed at strengthening financial stability. The European Commission report "Impact of the crisis in 2009 and policy response" underlines the importance of reducing the large external deficit to allow Portugal keep competitive on the European and international scene. External trade, of which Spain accounts for about a quarter, is crucial to the Portuguese economy in this period of basically stagnant private consumption and investment, especially in a framework of tighter access to credit.

Portugal applies EU norms on foreign trade, so trade within the EU is free from customs duties but an "intrastat declaration" is required to exporters introducing goods into Portugal. Goods from non-EU countries are subject to an ad valorem custom duty calculated on the CIF value, according to the Common Customs Tariff (CCT) of the EU.

Oral Health:

General healthcare statistics (2006)
 Health expenditure: €15,436 million
 % of this spent by government 70.6%
 Health expenditure as % of GDP: 9.63
 Health expenditure per inhabitant: € 1,458
 Number of hospital beds: 35,762

Source: Eurostat



Dental workforce (Year 2009):

Dentists, stomatologists & odontologists: 7,514
 Dentists (medicos dentistas) registered with the OMD: 6,595
 Dentists to population ratio (active workers): 1 : 1,611
 Dentists in active practice: 5,700
 Percentage female: 55%
 Qualified dentists practicing overseas: 892
 Stomatologists: 698
 Odontologists: 666
 Specialists (Year 2007)
 Orthodontists: 38
 Oral Surgeons: 4
 OMFS (Oral and maxillofacial surgeons): 90
 Hygienists: 500
 Technicians: 546
 Source: CED, OMD

Dental Practice (Year 2008):

General (private) practice: 6,974
 Public dental service: 43
 University (2004 data): 200
 Hospital: 90
 Armed Forces: 31
 General Practice as a proportion: 95%
 Source: CED

Extract from the OMD (Portuguese Dental Association) report "Official Data 2010":

- The number of OMD members has been increasing at an annual rate of 8.2% since 2002, and is expected to rise till 2015; the estimated projection for the number of dentists in 2015 indicates that there will be about 10,607 dentists in Portugal.
- Most of the dentists are women, and more than half of the dentists are under 40 years old, which means that dentists can be considered a young professional class.
- The dentistry school where most of the dentists graduated was ISCS Egas Moniz, followed by ISCS Norte and FMDUP, and the lower number of graduates came from the UCP.
- Center and Alentejo regions are those that present higher necessities of dentists. Lisbon, Porto, Ave, Dão-Lafões and Lower Mondego regions are those that present lower necessities of dentists.
- When compared to the national median, it was observed higher saturation of dentists in the municipalities of Porto, Coimbra, Lisbon and Viseu.
- When compared to the national median, it was observed lower saturation of dentists in the municipalities of Cinfães, Lagoa (São Miguel), Alcanena, Grândola, Miranda do Corvo and Ansião.
- Currently, there are 43 municipalities without any dentist clinical, which represents 14% of the Portuguese municipalities. In these municipalities, the mean of the resident population is 5,789.

Full report: <http://doc.ond.pt/docs/numeros/ond-numbers2010.pdf>

Healthcare provision in Portugal is delegated by the Minister of Health to the district level (cities and towns). Each District has an appointed President who is often a Public Health Doctor. A Regional Administration is responsible for large Hospitals and Health Centres where primary and secondary care is delivered, and Clinics which only have primary care facilities. A Public social security tax is paid by all working population (11% of earnings for employees, 23.75% for employers) and on general terms the National Health service provides free care to the population.



According to the "Manual of Dental Practice 2009" released by the Council of European Dentists, in Portugal the National Health Service runs the public oral health care system, which employs only a small number of stomatologists and dentists (*medicos dentistas*). Oral health promotion and prevention is under the responsibility of the General Directorate of Health through the employment of Local Medical Centres or *Centros de Saude* in actions targeting individuals, families and schools. However, oral healthcare is excluded from the Public Health System, as it is delivered under payment of a special fee, except for groups such as people aged 65 or more, unemployed persons, blood donors, pregnant women, firemen and low income households.



In 2005, the "National Programme for Oral Health Promotion" (PNPSO) was introduced, aimed at implementing oral illness prevention among children and teenagers from 3 to 16 years.

The first official assignment of a percentage of the public budget specifically to oral health dates back only to 2008, when the PNPSO was extended to pregnant women and elderly people with lower incomes, with benefits and contributions to access dental treatments by adherent private practitioners. €21 millions were destined to these programmes and has by now, according to figures provided by the General Directorate on Health, benefited about 50,000 children per year.

Before EU accession in 1986, oral healthcare in Portugal was provided by stomatologists, after 3 years of dental training post their medical degree. Stomatologists work in hospitals and in private practice. Dentists are a separate category named "*medicos dentistas*" and together with stomatologists, they can work in other countries of the EU in the framework of "acquired rights" legislation. This is instead not permitted to Odontologists, a category created to regularise dental practitioners who lacked adequate training. Until the late 1990s dentists trained in Brazil were allowed to practice in Portugal under a bi-lateral agreement, but since the new EU Directives came into force, they are treated as any other dentist from non-EU/EEA countries and must have their diplomas recognised through the public universities. Currently, of the 695 members of other nationalities, 68% are Brazilian.

Dental care is mainly provided in private practices, while only a few hospitals and health centres from the National Health Service are staffed with dentists.

Most of practices are located in Lisbon and Porto (1,698 and 1,496 working dentists respectively).

Private insurances covering dental expenses can offer reimbursement or convention: in a reimbursement scheme, the treatment is paid out-of-pocket by the patient who then gets reimbursed, while most commonly, the dentist earns a certain amount for each treatment defined by the insuring company, while the patient makes a copayment to the dentist according to what is agreed in the contract.

Dentists may contract one or more public, social or private funds.

If a dentist is contracted to a Private Sick Fund, the insuring company pays the fee without any participation from the patient except for care that is not covered, though some funds require some form of copayment. Even dentists who are not contracted accept patients from Sick Funds, but the patient pays out-of-pocket and gets partly reimbursed from the fund. Stomatologists also work within a similar system, but not Odontologists, as the types of treatment they are allowed to perform is limited.

In Portugal most of the dentists work in private practice, where patients pay full fees, and also work with patients included in sick fund schemes. Each sick fund sets fees and the list of eligible treatments independently from OMD or other authorities. Practices are mainly single-handed but mixed practices are not uncommon, including a dentist, a stomatologist or even an odontologist.

As regards publicly employed dentists, the number of dentists working in health centres or clinics is low, even though the national promotion and prevention programs need more salaried professionals to deliver dental care to the targeted groups.

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Sources:

AICEP Portugal Global - www.portugalglobal.pt

OECD: www.oecd.org

European Commission, Economic and Financial Affairs - <http://ec.europa.eu>

Confederation of the Portuguese Industry - www.cip.org.pt

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Alongside the exhibition, a scientific program of excellence is developed, to which entry and attendance are free of charge. Thousand of professionals in Latin America are trained and updated by national and international renowned lecturers.

In each new meeting of Expodent, the latest developments in the global dental industry are presented, thus enabling the introduction of new technologies and products into the Latin American Market.



C.A.C.I.D once more invited professionals of all over the world to visit the new exhibition and to attend, on a free of charge basis, the free 8th Dental Seminar on Scientific Issues. It also welcomed exhibitors to enter the Latin American market, which met once again in Buenos Aires in August 2010.

Expodent Buenos Aires, the regional exhibition of the dental industry and commerce, boast 20 years' experience throughout which it has steadily evolved. The growth of this sector industry in Latin America has accompanied Expodent's development and has placed it in a prevailing position among events of the same type held throughout the world.

The advantages that the exhibition offers to the exhibitor and the visitor are many:

- Confluence of professionals from Argentina, Uruguay, Chile, Bolivia, Peru, Paraguay and Brazil.
- Meeting with manufacturers, suppliers, distributors and importers.
- Excellent opportunity to position or launch new brands, products or services.
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- Press material and disclosure prior to the fair.
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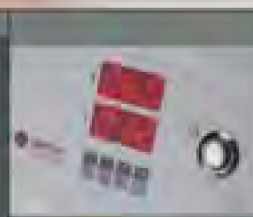
The scarce systems of this type in the market so far were very expensive, sensitive and difficult to handle. Aware of the difficulty in dispensing plaster accurately in the Dental Lab and the real need of an economical and reliable device to do it, the MESTRA technicians have developed a new concept of machine featuring innovative advantages:



Easily removable powder tanks: it simplifies powder-filling and replacing plaster cartridges of different types. With the Boomerang dispenser a few seconds will be enough to replace the tank, and, therefore, the product to be dispensed.



Smartank dispensing system: the built-in dispensing mechanism is integrated in the tank, so that in case of obstruction or wear, it can be repaired in a few minutes by the user himself. The mechanism consists of a spindle, an impeller and an actuator, all of them easily accessible.



Intuitive multifunction button: a keystroke is enough for the dose shown on the display to be dispensed. If the button is pressed repeatedly, the dose shown on the display will be multiplied by the number of keystrokes. If the button is kept pressed, the machine will dispense powder continuously as long as the button is pressed. Next the machine will dispense the proportional amount of water.



Electronic controls: a display shows continuously the amount of powder and water in grams and millilitres; the user can define up to four different programs: calibration routines; three operating modes: water only, powder only, and powder-water in proportion; etc.



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And perhaps the most astonishing feature of the Boomerang dispenser is its price, much lower than it could be expected in a machine of this quality level and features. We encourage you to contact your MESTRA dealer. You will be pleasantly surprised.



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IDEM 2011

Held over 3 days, 09 – 11 September, 2010 and spread over 2,500 square meters of gross space, IDEM India 2010 showcased products from 46 companies from India and abroad. The exhibition attracted 3,157 trade visitors from local dental professionals and dental traders.

IDEM India launched its 2nd edition with a traditional inauguration by Dr. Loh Koi Woh, President of Asian Pacific Orthodontic Society and Prof. Dr. Arun Nayyar, DMD, MS, USA on the 9th of September 2010 at Hall No 6, Bombay Exhibition Centre, Goregaon East, Mumbai.

In 2010, IDEM India took the initiative to form an Advisory Board, comprising of the Who's Who of the dental fraternity of India who are globally recognised and respected. The 2010 Scientific Program was extensively formatted with the support and guidelines of the Advisory Board and this decision improved the overall performance of the Scientific Program. IDEM India was also awarded 12 CDE points with the help of the Dental Council of India.

Successfully carrying forward its trademark, IDEM India 2010 delivered a customised scientific conference program, targeted at both budding and established professionals of the dental industry. Covering varied verticals of necessities of the dental profession in the current day scenario, IDEM has paved the path for conceptualised conferences that serve every need for knowledge for modern day dentistry.

In conjunction with the multi-faceted and renowned Advisory Board of the IDEM India 2010, the expertise of 56 dental professionals and speakers in various verticals of dentistry was made available to all delegates. Chaired by some of the most renowned names in Indian dentistry, the program received overwhelming response with over 600 delegates. Lectures ranged over various popular subjects like Endodontics, Imaging in Dentistry, Implants, Periodontology, Pedodontics, Aesthetic Dentistry, Prosthodontics, Laser, Surgical Dentistry and Orthodontics and were very well received.

Less explored topics like dental office and space design and management were very well received, therefore bringing to the forefront the need of dental space and professional management systems.



Globally recognised dental professionals like Dr Arun Nayyar and Dr Loh Kai Who shared their valuable inputs and experiences. Dr Nayyar conducted the popular live session on the role of technology in progressive dentistry while Dr Loh Kai Woh shared his vast knowledge on Practice Management and Materials for Rapid Orthodontics.

The live demo clinic called 'Changing Technologies' had been specially set up for the entire tenure of the event and was addressed by Prof. Arun Nayyar from USA. The session highlighted the role of evolving technology and mechanically progressive measures for the betterment of dental practices. The live demo was a great success and resulted in overflowing attendance.

Trade Presentations were held on equipments, materials products and technology from leading dental brands and manufacturers, who also introduced their latest innovations and products.



The newly introduced 'E POSTER' program received tremendous response and had more than 100 participants from 22 dental colleges throughout India. Dr Smita Kumar from Manipal College of Dental Sciences, Dr Khusboo Doshi from Udaipur's Darshan Dental College & Hospital and Dr Ajay Davalur from Sri Ramakrishna Dental College emerged as the 3 winners of the E Poster competition.

IDEM India

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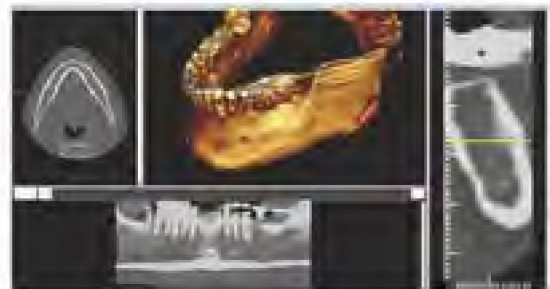
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