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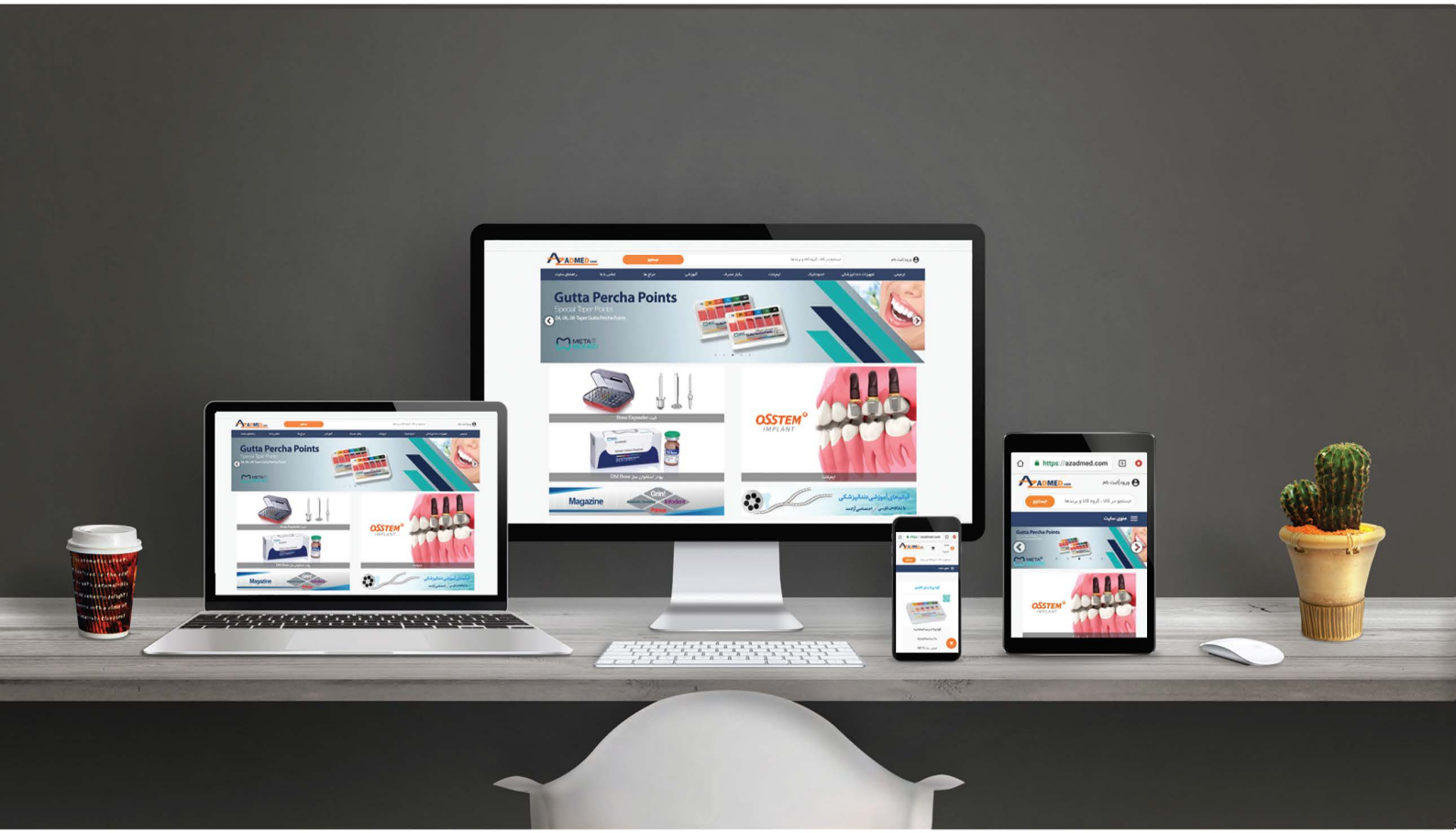

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CONTACT DETAILS

Managing editor: David Cameron
david@connectcommunications.co.uk
Editor: Bruce Oxley
Tel: 0141 560 3050
bruce@sdmag.co.uk
Advertising sales manager: Ann Craib
Tel: 0141 560 3021
ann@connectcommunications.co.uk
Design: Renny Hutchison, Scott Anderson
Sub-editor: Nigel Donaldson
Subscriptions: Alasdair Brown
Tel: 0141 561 0300
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Dr C Tait BDS Hons, MSc, MFDS RCS(Ed), MRD RCS(Eng)
Specialist in Endodontics, GDC No. 62862

Dr D Thomson BDS, FDS RCS(Ed), FDS RCPSG, DDRRCR
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Specialist in Periodontics and Prosthodontics, GDC No. 104397

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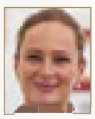

Dr F Veldhuizen BDS, MFDS RCS(Ed), MClinDent, MRD RCS(Ed)
Specialist in Prosthodontics, GDC No. 72100

Dr R Philpott, BDS, MFDS, MClinDent, MRD RCS(Ed)
Specialist in Endodontics, GDC NO. 82646

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Editorial

WITH BRUCE OXLEY, EDITOR →
Get in touch with Bruce at
bruce@sdmag.co.uk

COUNTING DOWN THE DAYS

The 2017 Scottish Dental Show is nearly upon us

There are only a matter of a few short weeks until the sixth Scottish Dental Show kicks off at Braehead Arena and, although I say the same thing every year, it really has come around fast this time.

It doesn't seem all that long ago since we were counting down the days until the first Show at Hampden Park in May 2012. A lot has changed in the intervening years – we have grown in size and in delegate numbers and I think it is safe to say the event is now a firm fixture in the Scottish dental calendar.

In many ways we have come a long way from Hampden Park, even though the physical distance is not that great. We now have the biggest dental trade show and conference in Scotland, in terms of stands, number of speakers and delegate numbers. Nearly 2,000 came through the doors of Braehead Arena last year and we are hoping for another great turnout this time round.

But, let's face it, we couldn't do it without the support of the dental profession and the dental industry in Scotland and the UK. This is your Scottish Dental Show and I hope you will be joining us in May to top up your CPD, network and put in some orders at the trade show.

We have another great line-up of speakers from our keynote Dr Christopher Orr who will be presenting two lectures on Friday morning, to returning favourites such as Ashley Latter, Arshad Ali, Mike Gow, Prof StJohn Crean and Prof Brian Millar. We also have a few new faces such as Eimear O'Connell, Heather Muir, Ben Atkins and Lynne Cotter.

We have tried to tick all the relevant CPD boxes, including all the CORE topics from medical emergencies to child protection. There is also a great line-up of workshops both in the hall with a special Dentsply Sirona workshop space and up in the atrium where there will be everything from implants and extractions to ethical sales.

On the Friday night we also host the Scottish Dental Awards and this year we have radio presenter and comedian Des Clarke taking on the hosting duties. The venue is again the five-star Hilton Glasgow and we hope to see many of you for what is a great celebration of Scottish dentistry.

I've spoken before in this column about dental awards and about our recognition that they are not everyone's cup of tea. However, the awards dinner is open to anyone in the profession and industry, whether you are shortlisted or not. You are more than welcome to come along and join the party!

Let's face it, we couldn't do it without the support of the dental profession and the dental industry

If you see me out and about at the Show or at the Awards, please grab me and say hello. I'm always interested to hear what people make of the events we put on and, believe me, we take each and every bit of feedback on board.

So, if you haven't registered online for free yet, what are you waiting for? Get logged on to www.sdshow.co.uk and I'll see you at Braehead!

WE COULDN'T HAVE DONE IT WITHOUT...

1

KAROLIN HIJAZI (ON RESEARCH IN ABERDEEN)

Tuscan-born dental researcher Karolin Hijazi graduated from the University of Siena in 2004 and completed her PhD at Kings College London in 2008.

2

ARVIND SHARMA (ON ENDODONTICS)

Dr Arvind Sharma qualified from the University of Dundee in 1996 and completed his masters in endodontology from UCLan.

3

MARY DOWNIE (ON DENTISTRY AND PSYCHOLOGY)

Glasgow Dental School graduate Mary Downie obtained a postgraduate diploma in counselling and psychotherapy from Stirling in 2013.

4

SUSIE ANDERSON-SHARKEY (ON SEO)

Susie Anderson-Sharkey is the practice manager of Dental fx in Bearsden. She has previously worked as a dental nurse and an oral health educator.

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HAVING HIS SAY →
Arthur Dent is a practising NHS dentist in Scotland
arthurdent@sdmag.co.uk

ARE THEY REALLY LISTENING?

Another year, another consultation document, but will the regulator listen to the profession and really shift the balance towards a fairer system?

I would like to praise the GDC for producing such a document, and for inviting the profession to respond to it. *Shifting the Balance – a better, fairer system of dental regulation* is now available. Bill Moyes states in the introduction "the system often fails to deliver the outcomes that patients want or expect; leads to investigations that take too long and are too stressful; is regarded as overbearing and oppressive by many registrants; and has become expensive".

I have long felt that the increase in the GDC fees was never the issue – it was what they were spent on, overburdening an already stressed profession who have seen a significant drop in fees while our comrades elsewhere in the medical professions have merely seen no uplift. Charges such as "dishonesty" are routinely added to the crime sheet – and no redress is possible when this has been upheld. Poor record-keeping or poor dentistry can be addressed by further training – dishonesty apparently cannot.

The consultation document is 64 pages, many with ACTIONS! for the GDC, such as the regulator to develop, as part of its engagement strategy, an annual "state of the nation" report on dentistry. It is not clear why they feel it is important to spend resources on such a thing – surely this is far better coming from each nation's CDO?

The GDC has only invited responses from the profession on three of these actions (although I suppose there is nothing to prevent one responding to anything and everything in the document).

1. ACTION: GDC to work in partnership with relevant bodies to develop methods of linking the standards to performance management and appraisal.

I have no idea what this means. In the paragraph prior to this, it mentions,

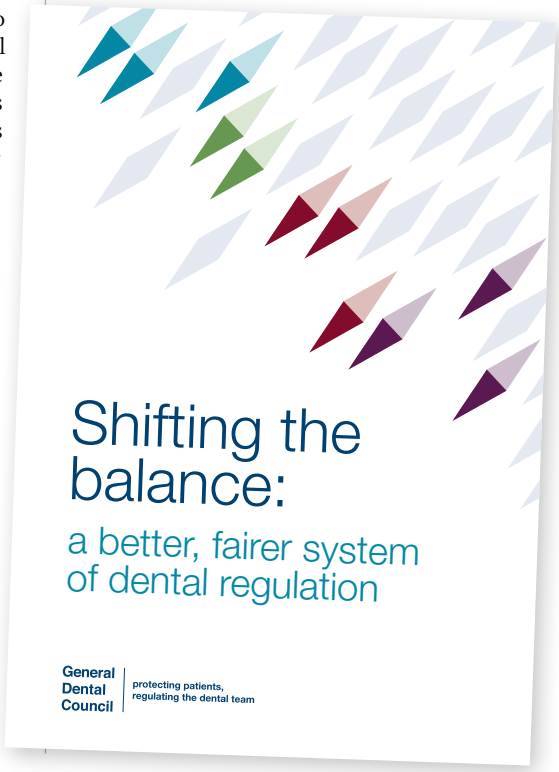
Out of 64 pages, they are asking our opinion on only three things. That is not called listening to the profession

elliptically: "We have therefore contributed to the development of training on good customer service (including complaints handling) which is being offered by a major indemnity provider in partnership with NHS England. The training is open to non-members, is free and is open to all members of the dental team." Nowhere does the GDC tell registrants what this training is, or how one can access it. This is not being fair, open, or transparent. They do not say who the "relevant bodies" are that they are working with.

2. "We would welcome feedback on the benefits, risks and limitations of moving towards a model of CPD with an emphasis on increased professional ownership." Personal Development Plans. Again. Wonderful ideas, very limited by the availability of CPD. This magazine has covered issues with CPD on these pages before. Briefly – too repetitive (NES have the same speakers year after year) – too much is for commercial gain and not professional knowledge, too much is aimed at the private GDP (not so good for those of us who are more than 90 per cent committed), and too little is available for dentists who don't work in the central belt.

3. "We would welcome feedback on the principles and practicalities of developing a quality-based model of CPD and on the utility of quantitative requirements (e.g. hours)." The GDC are generously proposing a reduction in the total number of CPD hours over the five-year cycle, but increasing the number of verifiable hours. What would actually be the biggest help with CPD would everyone's five-year cycle being the same – at present it is impossible to ensure all practice staff are up to date.

So, out of 64 pages, they are only asking for our opinion on three things? That is not called listening to the profession.



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PLAY RESOURCE IS ROLLED OUT ACROSS SCOTLAND

Special Smiles project introduces the concept of play to break down barriers to treatment

A project aimed at reducing inequalities and improving access to oral care for children with additional support needs and anxiety has been rolled out nationwide.

NHS Education for Scotland (NES) has teamed up with Action for Sick Children Scotland (ASCS) to provide training for oral health staff in how to use play to help break down barriers. Throughout February and March, 120 extended duty dental nurses (EDDNs) and dental health support workers underwent training, delivered by ASCS, related specifically to the use of the Special Smiles Dental Playboxes. These will help to engage these children with the practical elements of Childsmile and the oral health message through play.

The playbox developed by ASCS includes a toy inflatable dental chair, props to mimic a dental surgery, dressing up attire and many other dental themed resources. It helps the child to become familiar with the dental setting and reduces anxiety. The training looks at understanding how children use play as communication and how this knowledge can help oral health workers communicate with children in their care.

NES dental director David Felix said: "It is important that all children, no matter their circumstances, have access to good oral health and care. Preventive treatment is particularly important for this group because interventive dental treatment is often very difficult or impossible to carry out in the usual way and can often lead to treatment having to be carried out under general anaesthesia with the associated delay, risk and costs.

"That is why we are pleased to join up with ASCS to offer this training, which will give more staff the tools and insight they need to help get the message across."

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BACD PRESIDENT TO HOST GLASGOW STUDY CLUB

The president of the British Academy of Cosmetic Dentistry (BACD), Andrew Chandrapal, will be coming to Glasgow at the end of April to host the latest regional study club.

Andrew will be joined by Glasgow clinician Attiq Rahman to present "Perfect Anteriors" on Saturday 29 April at the IET Glasgow Teacher Building in the city centre.

Buckinghamshire-based Andrew will speak about anterior direct restorations and Attiq, who is based at Visage in Glasgow, will talk about precision prep design. Leading dental technician Ian Smith will also be sharing shade taking tips for GDPs at the all-day seminar.

This is the first in the BACD Glasgow's new format study clubs, which will take place on Saturdays and run for the full day, featuring two or three speakers and offering seven hours of CPD.

MORE INFORMATION
For more information, visit bacd.com/meetings

Andrew Chandrapal

SEARCH CONTINUES TO FIND NEW MULL DENTIST

Position has been advertised since October with critics saying short-term contract to blame

NHS Highland has revealed that it is still searching for a full-time dentist on Mull to replace Chris Price who retired in February.

The position, which is only being offered on a fixed-term one-year contract, has been advertised since October last year to no avail. A public dental service dentist who has worked in Argyll and Bute for a number of years said that he felt it was the short-term contract that might be hindering the process. He said: "I don't know many dentists who would move there for one year unless they just wanted to try out the lifestyle. And, in that case, what happens if they enjoy it and the job is terminated after a year?"

A spokesman for the Argyll and Bute Health and Social Care Partnership, said that while recruitment is ongoing the remaining part-time dentist on Mull has agreed to increase their hours but will only be focusing on priority groups and emergencies.

He said: "We are still actively seeking to recruit a dentist for this post. Until we are able to recruit a replacement dentist those patients who are seeking appointments for day-to-day dental treatment may have to wait longer to be seen as we will have to focus on priority groups, children and those seeking emergency dental care. While we have only one dentist we can confirm that dental services for the local communities on Mull will be provided from the dental surgery in Tobermory."

IMPLANT AID ON PAGE 35

I believe many potential deserving recipients of this treatment are put off when the cost is mentioned

NICK MALDEN

NURSE STRUCK OFF AFTER PSA APPEAL

GDC committee's decision to impose conditions on registration is overturned after Court of Session quashes original sanction

A dental nurse who worked alongside disgraced Ayrshire dentist Alan Morrison has been removed from the GDC's register after an appeal by the Professional Standards Authority (PSA).

In February last year, conditions were imposed on Dawn Grant's registration after a Professional Conduct Committee (PCC) case that was held in parallel with the cases of Morrison and his practice manager Lorraine Kelly. The dentist and practice manager were both struck off as a result of a series of infection control breaches and Morrison for falsifying invoices for supplies and instruments that he didn't buy. Grant was placed under conditions for 12 months for re-using single-use items, inadequate infection control and dishonestly responding to the investigation by NHS Ayrshire and Arran.

However, in April last year the PSA lodged an appeal against the ruling and, on 1 December 2016 the Court of Session quashed the GDC's original decision and ordered that the case be remitted back to the PCC to reconsider the sanction.

In its reconsideration of the case, the GDC committee revealed that it had received no evidence that Grant had taken any steps towards addressing her past impairment or "demonstrated any insight into the serious findings against her".

It also reported that Grant had not engaged with the regulator with regards to compliance with the conditions imposed upon her a year ago. The PCC stated: "The committee has reached serious findings against Mrs Grant and is satisfied, for the reasons rehearsed in its previous determination, that her misconduct is so serious that it is necessary to direct that her name be erased from the Dental Care Professionals' Register. The committee is satisfied that Mrs Grant poses a risk to patients and that it would be inconsistent to allow her the opportunity to continue to practise during the intervening appeal period."

INSPIRE EVENT GOES NATIONAL

Glasgow event hopes to encourage students to look at academic careers

The first national INSPIRE conference took place at Glasgow Dental School recently with the aim of encouraging students to consider careers in clinical academia.

INSPIRE is a UK-wide initiative co-ordinated by the Academy of Medical Sciences that has been running since 2013. Last year, a group of Glasgow students held the first Scottish INSPIRE event at the school and its success prompted them to host the first national conference. The event saw more than 80 students from Aberdeen, Dundee and Glasgow hear presentations from academics and clinicians working at universities in Scotland. Dundee dental dean Professor Mark Hector amused with his tale of how serendipitous encounters and hard work have guided him in his career, Glasgow's Dr Aileen Bell highlighted her own unorthodox route into dentistry and academia, Dr Nicholas Beacher, a lecturer and clinician in special care, spoke of his career in academia to date, and his aspirations and plans for

the future, and Dr George Cherukara of Aberdeen spoke of his unexpected journey into academia and the rewards his career has brought him throughout the years.

Dean of Glasgow Dental School Professor Jeremy Bagg said: "This event exemplified the value of the INSPIRE programme. This student-led meeting brought together staff and students from Aberdeen, Dundee and Glasgow Dental Schools in a relaxed environment, which highlighted the significant opportunities for dental students who are interested in following an academic career path. The content and atmosphere of the meeting were superb and I really hope that this becomes an annual event in the calendar of our Scottish dental schools."

MDDUS BRINGS CLARITY TO PRICE OF LISTENING TO THE SOUND OF MUSIC

The Medical and Dental Defence Union of Scotland (MDDUS) has moved to clarify the situation around music being played in dental practices without the relevant licences.

Recent media reports had suggested that dental practices in the UK might be exempt from paying fees to collection agencies PRS for Music and PPL for playing music in waiting areas or consulting rooms. These reports cited a 2012 dispute in which the European Court of Justice ruled that dentist waiting rooms in Italy didn't have to be licensed to play music. However, it was determined that the case was not applicable in UK law.

MDDUS head of dental division Aubrey Craig said: "Any business that plays recorded music in public is legally required to have relevant licences – and dental practices are no different.

"Regardless of whether the radio, cd, mp3 or other form of music is played, the licences need to be paid to protect the copyright of those who create, produce and publish the music or performances."

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TRIBUTES TO FORMER DUNDEE DEAN

Friends, colleagues and students have come together to pay tribute to former Dundee Dental Dean Professor Robert (Bob) Yemm who died recently after a short illness.

Bob, who was also a past-president of the British Society of Prosthodontics (BSSPD), qualified from Bristol in 1961, the same year as his wife Glenys. He gained a degree in physiology in 1965, also in Bristol, and added a PhD in 1969. He moved to Dundee in 1976 as senior lecturer and consultant in dental prosthetics, joining the school with an established international reputation as a neurophysiologist. He was promoted to personal chair in 1984 and served as dean of the school from 1989 until 1993.

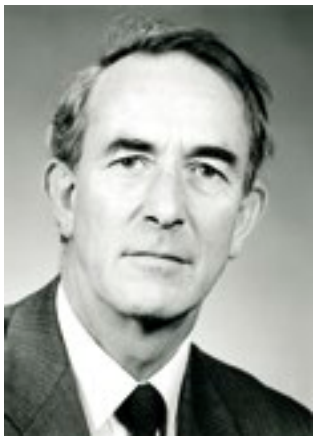
Clinically, he is probably best remembered for developing (along with the late Norman Duthie and Ken Sturrock) a technique of reliably producing replacement complete dentures. The replica record block technique revolutionised replacement dentures and is now widely used within primary and secondary care.

He was made president of the BSSPD in 1994-1995 and was named a Distinguished Scientist of the International Association of Dental Research in 1992. He retired from full-time practice in 1999 but continued to work in specialist practice in Glasgow and provide postgraduate teaching for a number of years.

Bob's former colleagues and close friends, John Drummond and John Gray – who have written obituary that can be read online at www.sdmag.co.uk – wrote: "He was loved by his patients and students for his kindness, care and great skill. His ability to reassure a nervous student was unsurpassed and many students felt that without his help and guidance they would never have qualified. Bob was also noted as the only member of staff of Dundee University who drove to work in a Bristol car!

"Occasionally, Bob would forget his pipe was still alight when wandering through the clinic to the amusement of everyone."

He is survived by his wife Glenys, son Richard and daughter Jane.



EU RULES ON AMALGAM PHASE-DOWN

The BDA has welcomed a decision by the European Parliament to introduce a gradual phase-down in dental amalgam, ending speculation that the material could be banned outright by 2022.

The Minimata Convention, agreed in 2012, had recommended a phase-down and this latest move will formalise the EU's approach, including an assessment of the feasibility of phasing out amalgam entirely by 2030.

BDA chair Mick Armstrong said: "For 10 years, the prospect of an unworkable outright ban of dental amalgam has left health systems worldwide facing real uncertainty.

"A kneejerk ban would have caused chaos. The UK dental profession has shown its commitment to a phase down, and with a sensible policy we now have the freedom to deliver on it, based on our clinical judgment and while acting in our patients' best interests."

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ANXIETY ON PAGE 43

The impact of dental anxiety can have far-reaching consequences on a patient's health and wellbeing

MARY DOWNIE

REAPPOINTMENT A 'MISSED OPPORTUNITY'

Association criticises the decision to extend term of GDC chair

The decision to reappoint Bill Moyes as chair of the General Dental Council (GDC) has been described as a "missed opportunity" to restore trust in the regulator by the BDA.

Moyes' initial four-year appointment runs until the end of September this year and has now been extended until 30 September 2021. He has presided over the chaos of the 2015 Annual Retention Fee increase and subsequent judicial review process initiated by the BDA. His time in office has also seen damning Professional Standards Association reports following concerns raised by a whistleblower within the GDC.

BDA chair Mick Armstrong said: "The GDC chair's term in office has been defined by a total collapse in trust in professional regulation among this profession, and the question remains whether such a figure can ever deliver the change we need.

"While this reappointment represents a missed opportunity, our priority remains clear. Patients and practitioners deserve a regulator and a chair that really understands dentists and dentistry."


Mick Armstrong

"PATIENTS AND PRACTITIONERS DESERVE A REGULATOR AND A CHAIR THAT REALLY UNDERSTANDS DENTISTS AND DENTISTRY"

MICK ARMSTRONG

However, the GDC's chief executive Ian Brack welcomed the decision to reappoint Moyes. He said: "Under Bill's leadership, the council has not shied from taking difficult decisions and has been willing to think radically about the way the GDC works in pursuit of our ambition to become a high performing, effective regulator. That focus and determination is delivering results and has laid a solid foundation for further improvements.

"This reappointment provides consistency in strategic vision which will help the GDC to realise the ambitious plans recently set out in *Shifting the Balance* – using regulation to enable and support dental professionals to prevent harm, while putting public protection at the heart of what we do."

As well as GDC chair, Moyes is also currently chair of the Gambling Commission, chair of the Board of St Mary's Music School, Edinburgh, and member of the board of the Albertus Institute.

BDA LAUNCHES REGULATOR CONSULTATION

The BDA has launched its own consultation on the future of dental regulation at a time when the GDC is also consulting the profession on its own reform proposals.

BDA chair Mick Armstrong said: "The failures at our regulator now rank as the single biggest challenge facing the profession. With the government considering seismic changes to health regulation and the GDC busy trying to justify its own existence, we are determined to put our members in the driving seat.

"BDA members have told us to make reform our top priority. Dentists have had to contend with the most expensive and least effective health regulator in Britain, and we know our patients and this profession deserve better.

"Just recently, the GDC chose to reappoint a chair who has almost singlehandedly demolished professional confidence in regulation. We will not let this missed opportunity distract us. Change is coming, and with our members' help we can win the argument for a regulator that really understands dentists and dentistry."

MORE INFORMATION
To respond to the BDA's survey, visit www.surveymonkey.co.uk/r/F5PPVGC

BOOK NOW!

19.05

The Scottish Dental Awards Dinner will take place on Friday 19 May at the Glasgow Hilton Hotel*

*To book, visit sdawards.co.uk

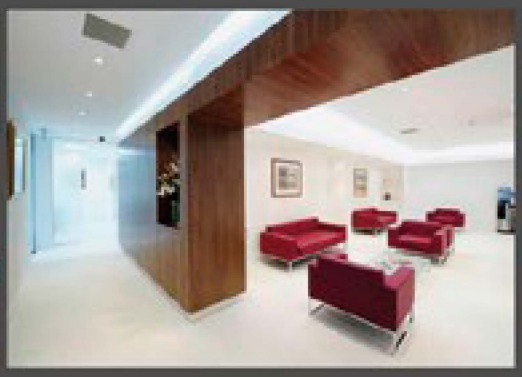
NEW CHAIR FOR SALDC

Alloa dentist Gordon Morson has taken over from Largs practitioner Arabella Yelland as the new chair of the Scottish Association of Local Dental Committees (SALDC).

On taking up his new role for the association, which was reformed in 2015, Gordon said: "As a committee we aim to further our profession, improve the dental health of our patients and the working conditions for dentists in Scotland. I would like to think we can do this in a considered and sensible fashion by using our voice to lobby for change and development in areas highlighted by the LDCs across Scotland.

"In order to have a strong and consistent voice we need to collect a broad range of views from dental professionals. This will be my aim over the next year or so.

"I feel honoured to have the opportunity to represent my fellow professionals and hope to advance the profession in my time in the chair of SALDC."



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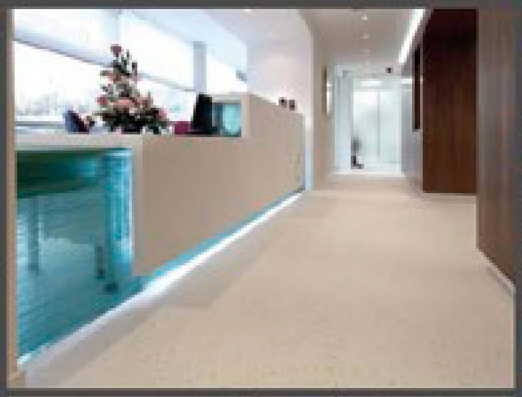

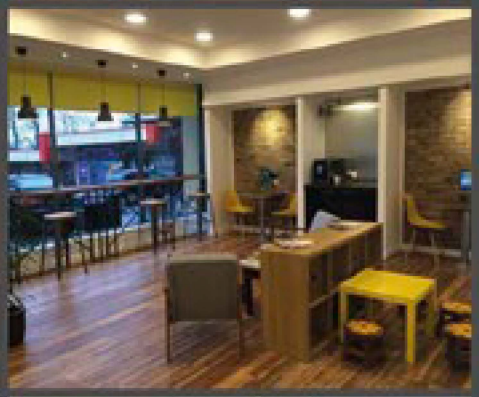

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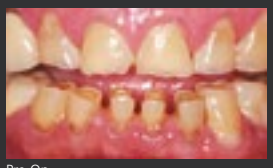

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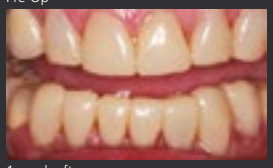

1 week after

1 year after

Clinical case provided by Dr Monik Vasant BChD MFGDP (UK) MSc

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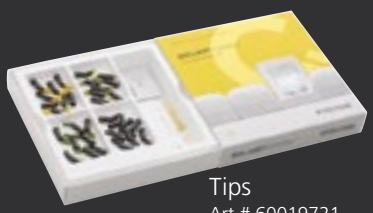

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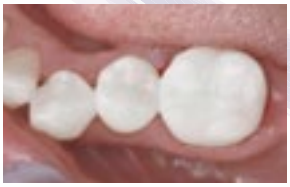

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DENTAID VISIT FOR HIGHLANDS DENTIST

Malcolm Hamilton spent a week in northern Greece treating refugees

A special care dentist from NHS Highland has recently returned from a week-long Dentaid mission providing much-needed dental care to the residents of refugee camps in northern Greece.

Major Malcolm Hamilton, who is based at the Golspie Special Care Dental Unit in Sutherland, joined a team of four dentists, a hygienist and a nurse to work at the Health Point Foundation (HPF)-run camps. The team was assisted by two HPS clinic coordinators and two translators.

Malcolm said: "We treated more than 30 patients a day as well as providing OHI to the children in the school rooms. We prioritised sending our nurse and hygienist to the children so the dentists doubled up assisting each other.

"We provided a variety of treatments, extractions and extirpations being the most common but we also placed fillings and recemented bridges as well scaled some acute perio cases.

"The experience was very rewarding, the patients were all very grateful for what we could provide although one or two declined our treatment options as they wanted to wait until they were somewhere permanent to have a more definitive treatment."

Malcolm explained that he has already started making plans to return next year. He said: "When I started fundraising towards this trip I was unsure exactly how much I would raise and set a low target on a crowd funding website. But to my surprise this was very quickly beaten and eventually folk had donated approximately twice what I had needed so I'll not need to fund raise for my next trip."

NEW CHIEF AT THE BDIA

The British Dental Industry Association's (BDIA) chief executive Tony Reed is due to step down from his role in April after more than 20 years of service.

Tony will be replaced in the position by the association's policy and public affairs director Edmund Profitt (below). He said: "I am honoured and delighted to be taking up this position. There are many challenges facing BDIA members over the next few years, as well as some great opportunities. I look forward to working with the BDIA Council and members to ensure that the sector is prepared and can prosper going forwards."

The rights to the BDIA's annual Dental Showcase exhibition, were sold in 2016 to George Warman Publications.

GLASGOW CELEBRATES 50 YEARS OF FELLOWSHIP

Events to mark the anniversary are to be held at the college in June this year

The Royal College of Physicians and Surgeons of Glasgow (RCPSG) is celebrating 50 years of dental fellowship this summer with a series of special events.

The celebrations will begin with the TC White Conference on Thursday 1 June, which will tackle the subject of 'Modern management of dental trauma'. Speakers at the event will include Dr William McLean, Professor Richard Welbury, Dr Robert Philpott and Dr James Darcey among others. There will then follow a celebratory dinner at the college to mark the anniversary with "food, fun and music".

The next day there will be two parallel symposia – 'Top Tips for Dental Care Professionals' and 'Top Tips for General Dental Practitioners'. The GDP event will see sessions on patient safety from Irene Black, 'Predictable endodontics in general dental practice' by Ross Henderson as well as gerodontology by Professor Angus Walls, ultrasonic debridement by Philip Ower and advice on being 'orthodontically aware' by Patricia Thompson. The final session of the day will see Kevin Lochhead discuss 'Predictable dentures in general dental practice'.

Iain Buchanan (pictured), director of Dental Education at the RCPSG, said: "We are celebrating 50 years of fellowship this summer and I hope many of our dental colleagues will be able to join us for one or more of our events.

"Previously, college activity was traditionally more closely aligned with hospital-based dentistry but the RCPSG is now aiming to engage with the whole dental team and this is reflected in our range of events over the two days – the TC White symposium, Top Tips for GDPs, Top Tips for DCPs and the dinner in the college on the evening of 1 June.

"It will be a great opportunity for an update in key areas of clinical practice and to catch up with colleagues."

RCSED LAUNCHES NEW GDP EXAM

The Royal College of Surgeons of Edinburgh has launched a new qualification aimed at bridging the gap between general dental care and specialist treatment.

The Membership in Advanced General Dental Care is expected to commence at the end of 2017/early 2018. Professor Bill Saunders, dean of the Faculty of Dental Surgery at the RCSEd, said:"Under the leadership of Professor Helen Craddock, our advisory board in primary dental care was tasked with producing a qualification for primary dental care that was fit for modern general dental practice.

"The end product is an innovative examination that will allow GDPs to exhibit high-quality clinical skills and judgement. We are particularly delighted that, although this examination is open to all GDPs, a close relationship has been established with the University of Leeds and the examination will be linked to a Masters programme in that institution."

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Introducing Dr Arvind Sharma

We are delighted to welcome Dr. Arvind Sharma to the team at Philip Friel Advanced Dentistry.
Dr Sharma's practice is limited to endodontics and he welcomes referrals for this treatment.

Dr. Sharma qualified in 1996 from the University of Dundee and has completed a Master's degree in Endodontology at the University of Central Lancashire, passing with Merit. He has gained membership through examination of the Royal College of Surgeons of England in 2012, and Glasgow in 2016. Arvind is committed to post-graduate education and is an active member of the British Endodontic Society, The Royal Odonto-Chirurgical Society of Scotland, is a postgraduate tutor for NHS Scotland and is a Certified Dentsply Maillefer Trainer.

Dr Sharma is now accepting referrals for all aspects of endodontics including:

Retreatments

Removal of fractured posts

Removal of fractured instruments

Perforation repair

Referrals can be made securely via our dedicated referrals section on www.philipfriel.com.
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Nigel Jones lectures at London Royal College of Surgeons and runs a practice dedicated to dental implants in Abergavenny.

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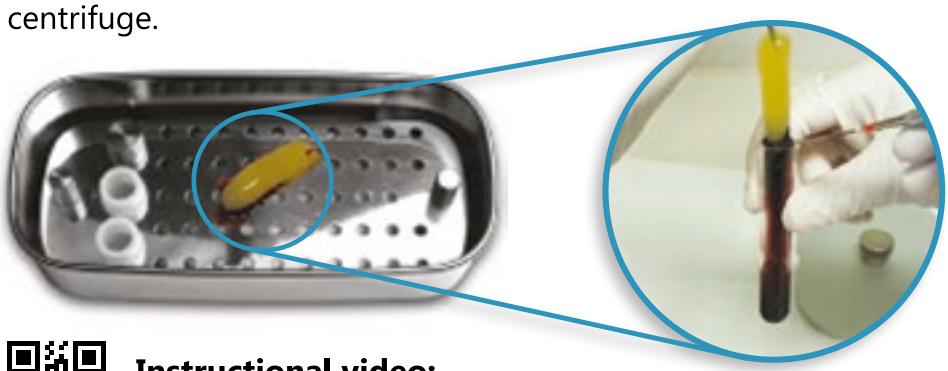

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In depth

ESSENTIAL EDITORIAL CONTENT FOR DENTAL PROFESSIONALS

A CLOSER LOOK

BUILDING THE RESEARCH REPUTATION AT ABERDEEN DENTAL SCHOOL

See page 30

SCOTTISH DENTAL SHOW 2017

IT'S NEARLY SHOWTIME!

THE SCOTTISH DENTAL SHOW RETURNS TO BRAEHEAD ARENA ON 19 AND 20 MAY, PROVIDING UP TO NINE HOURS OF VERIFIABLE CPD

This year's Scottish Dental Show will be sixth year in total and the fourth time the event has been held at Braehead Arena in Glasgow after two years at Hampden Park in 2012 and 2013. Nearly 2,000 people attended the 2016 Show and the 2017 event is gearing up to be even bigger and better than before.

With a trade show featuring more than 140 exhibition stands and more than 50 speaker and workshop sessions offering up to nine hours of verifiable CPD, there is something of interest for the whole dental team.

Dr Christopher Orr, the event's keynote speaker, will open the show on Friday 19 May with two one-hour lectures, the first entitled: 'Beyond smile design: planning the whole mouth for function and aesthetics'. His second talk is called: 'Inlays, onlays and endocrowns – is it time to say goodbye to traditional posterior crown preparations?'

All the CORE CPD topics will also be covered with Professor Graham Ogden giving an oral cancer update on risk factors and early detection, Lynne Cotter providing an update on infection control and decontamination, Christine Park talking about safeguarding and child protection and Andrew Gulson from Public Health England presenting on radiation protection.

Aubrey Craig from MDDUS will be returning to the Show to present 'The 'C' word – for GDC registrants!' and Helen Kaney from Dental Protection, will be exploring ethics and the GDC in her lecture the following day. We also have two medical emergencies lectures, with StJohn Crean talking on the Friday and Lezley Ann Walker and Liz Webster presenting on the Saturday.

There will also be a great range of other topics from endodontics to orthodontics, crown and bridge through to minimally invasive cosmetic dentistry.

Attendance at each session is recorded via badge scanners and your CPD certificate will be sent out to the email address used to register. It is the delegates responsibility to ensure they are scanned out of every session attended in order that CPD hours are recorded accurately.

CPD certificates will be available within a few days of the close of the show by clicking on the link in the registration confirmation email. They will also be sent out to the email address used to register within a fortnight following the show.

Haven't registered yet? Simply visit www.sdshow.co.uk/register and you will also be automatically entered into a prize draw to win one of two Amazon Echo smart speakers!

OFFICIAL SHOW APP

The official smartphone app for the Scottish Dental Show 2017 is also available to download from the App Store and Google Play. As well as a full list of speakers, lectures, workshops and exhibitors the app also offers exclusive deals and offers for delegates.

The My Offers section will not only provide delegates with great deals on the days of the show, they will benefit from offers in the weeks leading up to the event, providing great value for both show exhibitors and attendees.

MORE INFO

Download the app from the App Store for your iOS device, or to download from Google Play for your Android device. Simply search for 'Scottish Dental'.


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FRIDAY 19 MAY – LECTURES

	SPEAKERS	TALK TITLE	STREAM	ROOM
9:00 – 10:00	Dr Christopher Orr	Beyond smile design: planning the whole mouth for function and aesthetics	Dentist | Team	1
	Brian Millar	Wear is the problem	Dentist	2
9:30 – 10:30	 Ashley Latter	Seven simple strategies to increase your turnover by 20 per cent	Business	3
	John Wibberley	Aesthetics and dental technology	Dentist |Technician	4
	COFFEE BREAK			
10:45 – 11:45	 Dr Christopher Orr	Inlays, onlays and endocrowns – is it time to say goodbye to traditional posterior crown preparations?	Dentist | Team	1
	Aubrey Craig (MDDUS)	The 'C' word - for GDC registrants! CORE CPD	Dentist | Team	2
	Gavin Curr and Mary Blyth (Martin Aitken & Co)	Good financial management and cloud accounting for dentists	Business	3
	Derren Neve (Valplast)	An introduction to Valplast flexible partial dentures	Dentist | Team |Technician	4
	COFFEE BREAK			
12:15 – 13:15	Arshad Ali	Top tips for crown and bridge work	Dentist | Technician	1
	Eimear O'Connell	Go Digital – Getting started with CEREC. A GDP's journey	Dentist | Team	2
	Adam Morgan	The 5 essential ingredients to create, grow and sustain a power practice	Business	3
	Irene Black	Scottish Patient Safety Programme	Team | Dentist	4
	LUNCH			
14:00 – 15:00	Rob Turnbull (Skyridge Financial Planning)	Wealth management and retirement planning strategies	Business	3
	 Mike Gow	Jediodontics	Dentist	4
14:15 – 15:15	Andrew Gulson	Radiation Protection in Dentistry – An Update CORE CPD	Team | Dentist	1
	Lorna Macpherson	Putting a Smile back into Scotland!	Team | Dentist	2
	COFFEE BREAK			
15:30 – 16:30	Martyn Bradshaw (PFM Dental) Michael Royden (Thorntons)	Selling a practice	Business	3
	Paul Mallett	Let's Go Monomer Free: Poly (methyl methacrylate) Free Appliances	Technician	4
15:45 – 16:45	Prof StJohn Crean	Risk assessment for medical challenges in dental patients CORE CPD	Dentist | Team	1
	Robbie Lawson	Orthodontics	Dentist	2
	CLOSE			

SATURDAY 20 MAY – LECTURES

	SPEAKERS	TALK TITLE	STREAM	ROOM
9:00 – 10:00	Lynne Cotter	Infection Control and Decontamination Update (CORE CPD)	Team	1
	 Graham Ogden	Oral cancer: update on risk factors and early detection (CORE CPD)	Dentist | Team	2
9:30 – 10:30	Ashley Latter	Seven simple strategies to increase your turnover by 20 per cent	Business	3
	Jeremy Cooper	Minimally invasive cosmetic dentistry	Dentist	4
	COFFEE BREAK			
10:45 – 11:45	Christine Park	Safeguarding and child protection for the dental team (CORE CPD)	Team | Dentist	1
	 Helen Kaney (Dental Protection)	Ethics and the GDC (CORE CPD)	Dentist | Team	2
	Martyn Bradshaw (PFM Dental) Michael Royden (Thorntons), Roy Hogg (Campbell Dallas)	Buying a practice	Business	3
	Andrew Carton	Osteonecrosis and bisphosphonates	Dentist	4
	COFFEE BREAK			
12:15 – 13:15	Ben Atkins	Integrating rotary endodontics into a practice group – without costing the earth!	Dentist	1
	Attiq Rahman	Precision prep techniques for anterior teeth	Dentist	2
	Adam Morgan	The 5 essential ingredients to create, grow and sustain a power practice	Business	3
	Jolene Pinder (Optident)	Guided Biofilm and Implant/Perio Maintenance	Team	4
	LUNCH			
14:00 – 15:00	Various	Question Time hosted by the ASDP	Business	3
	Heather Muir	Dentistry and facial aesthetics	Dentist | Team	4
14:15 – 15:15	Lezley Ann Walker and Liz Webster	Medical emergencies for the dental team (CORE CPD)	Dentist | Team	1
	Eimear O'Connell	Go Digital – Getting started with CEREC. A GDPs journey	Dentist	2
	CLOSE			

KEY:

DENTIST	RECOMMENDED SPECIFICALLY FOR DENTISTS
TEAM	OF INTEREST TO THE WHOLE DENTAL TEAM, SPECIFICALLY DCPS
BUSINESS	OF INTEREST TO PRINCIPALS AND PRACTICE MANAGEMENT STAFF
TECHNICIAN	OF SPECIFIC INTEREST TO TECHNICIANS

These streams are only recommendations – all members of the dental team are welcome at any of the sessions listed on these pages.

WORKSHOPS

Places on the workshops must be booked in advance as spaces are limited to 10-20 delegates per session. All workshops are free unless otherwise stated. Details of how to book and information on each session is available online at www.sdshow.co.uk/workshops

The workshop area is in the arena atrium, which is accessed via the stairs between stands A6/A20 and D06/D20. The Dentsply Sirona Workshop Area is situated between stands D11/15 and D08/18.

Ashley Latter, The Selling Coach

Friday:
- 2.15pm – *Ethical Sales workshop*

Saturday:
- 12.15pm – *Ethical Sales workshop*

Coltene workshops with Professor Brian Millar

Friday:
- 10.45am – *Faster fillings without fuss*
- 12.15 – *Faster fillings without fuss*

Dentsply Sirona workshops

Friday:
- 9.30am – *Mel Prebble, Preventive and Periodontal Programmes in Practice*
- 10.45am – *Dr Michael Davidson, Straight-forward impressions for fixed prosthodontics*
- 12.15pm – *Dr Steve Martin, Access All Areas – Endodontic cavity design and glide path*
- 1.15pm – *Dr Steve Martin, Shape, Clean and Obturate – root canal workflow*
- 2.15pm – *Dr Steve Martin, Restore – Direct restorations and indirect buildups*
- 3.30pm – *Dr Eimear O'Connell, Go Digital – CEREC discovery workshop*

Saturday:
- 9.30am – *Amy Jackson, Better, Safer, Faster Prevention – the role of ultrasonics and fluorides*
- 10.45am – *Dr Bob Philpott, Access all Areas – Endodontic cavity design and glide path*
- 12.15pm – *Dr Bob Philpott, Shape, Clean and Obturate – Root canal workflow*
- 1.15pm – *Dr Bob Philpott, Restore – Direct restorations and indirect buildups*
- 2.15pm – *Amy Jackson, Better, Safer, Faster Prevention – the role of ultrasonics and fluorides*

Jillian Eastmond, National examining Board for Dental Nurses

Friday:
- 3.45pm – *Teamwork – are you making the dream work?*

Philip Friel Advanced Dentistry workshops

Friday and Saturday, various times.
- *Atraumatic extraction, socket preservation and implant placement*

Scottish Centre for Excellence in Dentistry workshops

Friday:
- 9.00am – *Louise Warden, Dental hygienist and therapists role in supporting patients with dental implants*
- 10.45am – *Implants part one*
- 12.15pm – *Implants part two*
- 2.15pm – *Fiona Anderson, Introduction to implants and restorative procedures for dental nurses*

Saturday:
- 9.00am – *Louise Warden, Dental hygienist and therapists role in supporting patients with dental*
- 10.45am – *Fiona Anderson, Introduction to implants and restorative procedures for dental nurses*
- 12.15pm – *Implants part one*
- 2.15pm – *Implants part two*

MORE INFO
For more information and to book onto any of these workshops, visit www.sdshow.co.uk/workshops

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TAKING THE LEAD ON RESEARCH

KAROLIN HIJAZI IS BLAZING A TRAIL AT ABERDEEN DENTAL SCHOOL AS THE SCHOOL'S NEWLY APPOINTED RESEARCH COMMITTEE CHAIR

BRUCE OXLEY MARK K JACKSON

It is sometimes easy to forget just how young Aberdeen Dental School actually is. Despite being part of the fifth oldest university in the UK – Aberdeen was founded in 1495 – the dental school was only established in 2008.

Despite its relative youth, the school has been through quite a lot in the last nine years. From being heralded as the answer to the north east's chronic shortage of dentists to a current situation where the talk is now of too many dentists and, in some corners, too many dental schools. And, that's not even mentioning the much-publicised GDC inspections and subsequent reports.

The school is a now a much different place than it was two years ago, let alone nine. It has a new dean in Professor Richard Ibbetson who has worked very hard to turn the school around and build its reputation and standing in Scotland and the wider world. One of the keys to that strategy has been the formation of a research committee, which is chaired by Italian-born dental researcher Karolin Hijazi.

DEVELOPING AN INTEREST

Born in Tuscany, Karolin completed her undergraduate studies at the University of Siena where she developed an interest in molecular biology relating to oral health. She said: "During my studies, I realised that dentistry wasn't just about drilling teeth. I was fascinated by some work on microbiology and immunology that one of my professors was leading on.

"The work was aimed at producing molecules that can be used as vaccines in live bacteria to be administered orally and can, in essence, live in people's mouths and produce the vaccine continuously. This was designed to be a safe and long-lasting delivery strategy."

Karolin explained that they were working on a range of molecules, from a protein of *Helicobacter pylori*, which is associated with peptic ulcers, and all the way to proteins of HIV. This work was where she developed a specific interest in HIV and, after graduating in 2004 and following a brief spell in general practice, she moved to Kings College London (KCL) to embark on a PhD. During her time in London, she diversified her experience of the development of preventive strategies for HIV. She said: "At the time there was an urgent need for preventive measures in some developing countries as access to anti-retroviral therapy was literally non-existent. Now there is some but it is far from being enough to contain the epidemic in sub-Saharan Africa."

After completing her PhD in 2008, she took a short maternity break before returning to KCL to work as a post-doctoral research associate. During her time in London she trained in oral medicine and, when a job opportunity came up in Aberdeen in 2011 that would allow her to continue her clinical work and develop her experience in teaching, she jumped at the chance. The position also provided the opportunity to develop her research portfolio and become an independent researcher in her own right.

In addition to continuing her work on microbicides against HIV, she now leads a variety of research projects aimed at understanding how host-pathogen interactions and the mucosal environment can be targeted to develop novel strategies to control microbial diseases.

She joined Aberdeen as a clinical lecturer and has since been promoted to senior clinical lecturer and last year was named chairperson of the research committee. Since taking on this role she has developed a strategy for research focusing on four key themes: pedagogic innovation in dentistry, microbial diseases, population oral health, and head and neck cancer.

The mission statement of the new three-year research strategy (2017-2020) is: "To build a world-leading centre in oral health research, training, outreach and knowledge exchange to address global issues in oral health." Karolin explained that, as well as identifying members of staff who now lead on the specific themes mentioned in the strategy, her role is to assist and guide colleagues to help achieve targets and ensure that the aims of the strategy are ultimately met.

She said: "Research work can be challenging and you have to be patient. It can take a long time to produce a meaningful output – an output which is mostly defined by the university as a REF-returnable publication or a grant award.

"Most of researchers' time is dedicated to securing grant funding – this is the primary expectation of a researcher together with generating publications that can contribute to the REF (Research Excellence Framework) process – this determines quite a big chunk of the research excellence grant that the university receives from the Scottish Funding Council."

FUNDING PRESSURES

As with any research environment, money is a major pressure. Karolin said: "The

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pressures of securing funding and getting work published in good journals are significant, also bearing in mind that the majority of us have quite diverse roles – we contribute to the NHS service, we teach – so it is quite a lot and it can be challenging to keep on top of it."

And these challenges are not helped by the ongoing uncertainty around Brexit. Karolin explained that most of her funding comes from the EU and, despite promises from institutions that access to research funding will not be compromised, the future is uncertain.

She said: "Anecdotal evidence from colleagues suggests that there has already been a reputational damage with European institutions being less keen to approach UK institutions to initiate collaborative projects.

"This just adds to an already very difficult financial climate where Research Councils UK funding has become tighter. It is difficult and competitive enough as it is."

And Karolin argues that Brexit could also have an effect on the student population itself. She said: "It could cause considerable damage in terms of the diversity of postgraduate and even undergraduate student populations that we have. It could be a significant loss.

"A large proportion of our postgraduate students are EU students who benefit from affordable tuition fees. When you look at it, a European student currently pays £3,500 a year for PhD studentships, compared with £15,000 a year for international students. So, all European students would become international students and I think they will be less keen to come here despite the very good research environment that we offer."

A SCHOOL ON THE UP

Despite these pressures, Karolin and her colleagues remain incredibly motivated and optimistic about the future of research at Aberdeen. She said: "I want to further expand this team and build a centre of excellence for oral health research. I want to see it become a hub for internationalisation in dental research and to attract more international students."

And, even taking into account the challenges that the school has faced, and come through, in recent years, Karolin is confident that they are more than capable of continuing to produce significant work.

She said: "I think we are on the up and it is a very good time for us now, both in terms of internal and external collaborations. We are receiving strong support from the School of Medicine, Medical Sciences and Nutrition, headed by Professor Steve Heys. The dental school is now seen as a great opportunity for multi-disciplinary research and for people to diversify their research portfolios and go beyond their traditional niche. Wonderful opportunities have emerged from the people wanting to collaborate with us.

"In terms of grant funding, we are currently sitting on grant income of more than half a million, which for the size of team here is really good. We have published more than 10 papers in respected journals in 2016 and another 10 abstracts at conferences.

"So, in terms of the output, we are performing very well. It's just a case of keeping up that momentum now."

DENTAL RESEARCH AT ABERDEEN: A SNAPSHOT

THEME 1 – HEAD AND NECK CANCER

Areas of focus:
- The epidemiology of oral cancer
- Head and neck cancer immunology
- Digital pathology for the classification and grading of oral lesions.

Theme lead – Dr Rasha Abu Eid.

THEME 2 – MICROBIAL DISEASES

Areas of focus:
- Oral Candidosis
- HIV-1
- Dental caries
- Periodontal disease
- Oral mucosal inflammatory disease
- Antimicrobial resistance.

Theme lead – Dr Karolin Hijazi.

THEME 3 – POPULATION ORAL HEALTH

Areas of focus:
- Oral health in the elderly – Dr Ekta Gupta.
- Periodontal disease and systemic health – Dr George Cherukara.

THEME 4 – PEDAGOGIC INNOVATION IN DENTISTRY

Areas of focus:
- Use of e-learning tools for enhancing effectiveness in clinical skills teaching – Dr Rosa Moreno-Lopez.
- Effect of stress on student performance in dental programmes – Professor Jaya Jayasinghe.
- Behavioural sciences in clinical skills – Dr George Cherukara.
- Development of innovative admission strategies predictive of educational attainment – Professor Richard Ibbetson.

For more information on these projects and all the research at Aberdeen, visit www.abdn.ac.uk/dental/research

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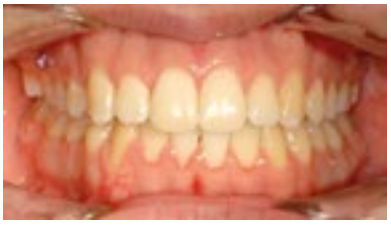

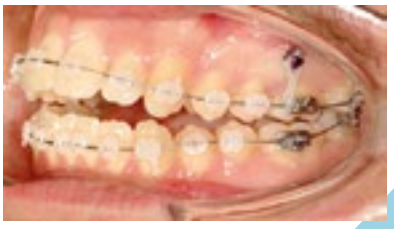

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DENTAL IMPLANT AID AIMS TO TRANSFORM LIVES

A NEW CHARITY HAS BEEN ESTABLISHED IN SCOTLAND TO FACILITATE A TREATMENT FOR INDIVIDUALS SUFFERING WITH THE EFFECTS OF AN ATROPHIC EDENTULOUS LOWER JAW

STEWART MCROBERT

Dental Implant Aid was set up in 2016 by Nick Malden. He is a dentist of long-standing, qualifying in 1977, who has worked in London, Papua New Guinea, and, for many years, Edinburgh Dental Institute (EDI). In 2008, he was appointed as a consultant in Oral Surgery at the EDI.

He said: "I've specialised in oral surgery and first became interested in dental implants in 1986 when a friend in America introduced the idea to me. I became convinced of its merits, especially for older people who have lost all their teeth. For various reasons, principally cost, the procedure has not been able to be supported fully within the NHS, so in 2015 when a change in my circumstances allowed me to go part time, I decided to start Dental Implant Aid."

An atrophic edentulous lower jaw can present itself in a number of ways. Common symptoms may include pain during eating, inability to control the lower denture during chewing, laughing, speaking, sneezing or yawning.

In severe cases individuals may avoid eating with others, even close family. Ultimately, they may become reluctant to wear a lower denture at any time.

According to Nick, these disabilities can have a profound negative impact on the quality of life of individuals, who are usually in their later years. They may often come to the conclusion that their condition is just another consequence of getting old and has to be accepted.

However, treatments are available. Nick added: "An optimally constructed full upper and lower denture may well help, even in severe cases. However, the placement of two anterior mandibular implants to help stabilise the lower denture is generally accepted as a cost-efficient method of helping to alleviate this condition.

"It's a rewarding treatment when you see the benefits that it brings. People feel confident and happy to eat in public again and, sometimes, in front of their family for the first time."

As mentioned above, the cost is one of the main prohibitive factors in making treatment available widely. Although treatment has been provided in small numbers in secondary NHS care and university teaching units over the years, it is mostly delivered by the private sector. Initial costs can be between £3,000 to £5,000 (using the existing denture where possible) and expenditure associated with lifelong maintenance must also be factored in.

Accordingly, Dental Implant Aid has two main objectives: 1) to establish the true need; 2) to facilitate treatment of those affected, for minimum or zero financial cost to them. "As a result, fundraising will be a major function of the charity," said Nick.

He is asking dentists in Scotland to help. "I believe many potential deserving recipients of this treatment make enquiries of their dentist but are put off when the cost is mentioned. I'm asking that worthy cases are allowed to progress as far as an examination and, if appropriate, a referral made to the charity. I am asking therefore for chair side time pro gratis. While offers of financial help from members of the profession would not be turned away, it's not our aim to seek financial support from colleagues, after all they have businesses to run.

"I have discussed this with colleagues who have been interested and encouraging. Clearly, the charity wants to help those who truly can't afford the treatment and I appreciate that a difficult judgement may need to be made in such a selection.

"I would ask this question though, does your practice already have such a patient on the books? Perhaps a recall of that difficult lower denture case may be justified."

If Dental Implant Aid receives the right help there is the potential to transform the lives of many individuals.

ASSESSING THE NEED

In Scotland, the number of over 75-year-olds is approximately 700,000 with circa 360,000 being edentulous. Even assuming only 1 per cent of these individuals is suffering with various effects of a resorbed lower ridge then this would represent a considerable disease burden in society. The Lothians and Borders area has a population of approximately one million people, which is 20 per cent of the Scottish total. Therefore, estimates suggest that more than 500 people in this part of the world could benefit from treatment now.

MORE INFO

For further information and contact details, please visit www.dentalimplantaid.com

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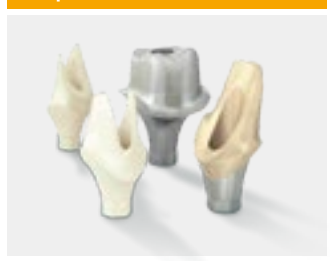

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*subject to change and availability

Speakers

Mel Prebble

Mel is a well recognised Dental Hygienist and Therapist, who has worked in the dental industry for more than 20 years since graduating from The London Hospital in 1995. She is a regular contributor to dental journals, a national speaker at dental conferences and sits on the judging panel for the Dentistry Awards and the Dental Hygiene & Therapy Awards.

Dr Michael Davidson

Michael's background includes 16 years of clinical experience in general practice, as both an associate and practice owner. As part of Dentsply Sirona's Clinical Affairs team, Michael's role is to work with the dental profession, involving clinicians in the company's ongoing commitment to Clinical Education and Innovation.

Dr Steve Martin

Stephen has undertaken a variety of postgraduate education, including the Membership of the Joint Dental Faculties qualification and a Postgraduate Diploma in Primary Dental Care at the University of Edinburgh. Since then he has concentrated on Endodontics. He has completed a Masters Degree in Endodontology at the University of Central Lancashire.

Dr Eimear O'Connell

Dr O'Connell has run her own private dental practice in Edinburgh for over 20 years. She has received her MFGDP and FFGDP from the Royal College of Surgeons London and her Diploma of Implant Dentistry from the Royal College of Surgeons in Edinburgh. She is currently the committee member for Scotland on the Association of Dental Implantology board.

Amy Jackson

Amy graduated from the Royal College of Surgeons in 2007, since then she has completed further training in sedation and advanced facial aesthetics. A member of SAAD, BSDHT and founder of Glasgow DH&T Study Club, Amy has travelled to Morocco with Dental Mavericks to help children in daily dental pain.

Dr Bob Philpott

Bob completed a three-year specialist training pathway in Endodontology at the Eastman Dental Hospital, London in 2006. He completed this with distinction and gained a Membership in Restorative Dentistry (MRD) from the Royal College of Surgeons of Edinburgh in 2009. Since then, he has divided his time in private practice and teaching roles in the UK, Ireland, Australia and New Zealand.

Friday 19th May

Time:	Workshop title:	Speaker:
09:30 – 10:30	Preventive and Periodontal Programmes in Practice	Mel Prebble
10:45 – 11:45	Straight-forward Impressions for Fixed Prosthodontics	Dr Michael Davidson
12:15 – 13:00	Access all Areas – Endodontic cavity design and glide path	Dr Steve Martin
13:15 – 14:00	Shape, Clean and Obturate - Root canal workflow	Dr Steve Martin
14:15 – 15:15	Restore - Direct restorations and indirect build-ups	Dr Steve Martin
15:30 – 16:15	Go Digital – CEREC discovery workshop	Dr Eimear O'Connell

Saturday 20th May

Time:	Workshop title:	Speaker:
09:30 – 10:30	Better Safer Faster Prevention - the role of ultrasonics and fluorides	Amy Jackson
10:45 – 11:45	Access all Areas – Endodontic cavity design and glide path	Dr Bob Philpott
12:15 – 13:00	Shape, Clean and Obturate - Root canal workflow	Dr Bob Philpott
13:15 – 14:00	Restore - Direct restorations and indirect build-ups	Dr Bob Philpott
14:15 – 15:15	Better Safer Faster Prevention - the role of ultrasonics and fluorides	Amy Jackson

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Clinical

ENDODONTIC RETREATMENT

ENDODONTICS

Arvind Sharma presents the first in a two-part article looking at a non-surgical root canal retreatment of the mandibular left first premolar (LL4)

ARVIND SHARMA

A 49-year-old male patient attended for an emergency appointment due to experiencing pain and swelling from a lower left tooth/teeth. He was experiencing pain with biting and pressure. Patient had been experiencing pain from the lower left quadrant for the past few days and the tooth area had now become swollen. He reported no sleep loss or pain with temperatures reported. The quality of pain reported as a dull throbbing pain.

Patient was able to identify tooth LL4 as the source of pain. Analgesics (paracetamol and ibuprofen) had been taken.

Patient had RCT on tooth LL4 while on holiday in Las Vegas, Nevada, US, in 2003. Emergency treatment had been provided by a GDP and definitive RCT completed. A temporary restoration had been placed. On return to Scotland, a composite onlay had been provided as a definitive coronal restoration since the patient reported no pain and was reassured by the Las Vegas dentist that treatment had been completed. The radiograph copy provided by the patient showed a completed root canal treatment on tooth LL4 with all visible canals obturated. Tooth LL4 had been symptom-free until now.

Previous dental history

The patient is registered with NHS Scotland. He is a regular attender, attending six-monthly examinations and hygienist appointments. He is well-motivated about his dental health.

Previous medical history

No relevant *medical* history noted. No medication taken. Patient was a smoker (20 per day) up until March 2011.

Social history

Married. Telephone engineer. Non-smoker and moderate alcohol intake.

Examination

Extra-oral

Examination revealed some submandibular swelling on the left mandible. No other significant findings noted.

Table 1

BASIC PERIODONTAL EXAM RESULTS
2 1 4
4 3 3

Table 2

DENTITION
7 4321 1234567
7654321 1234567

Intra-oral (Fig 1a-c)

- Soft tissues – Some gingival swelling was palpable buccal to tooth LL4. Oral mucosa, tongue, sublingual tissue and soft/hard palate appeared within normal limits. LL4 was also tender to percussion and appeared to have a small degree of mobility. No lingual swelling was noted.

- Periodontal condition – A Basic Periodontal Examination was recorded as per Table 1.

- Occlusal examination – Angles class I anterior relationship; Class I molar relationship on the left and a Class I canine relationship on the right. Left and right lateral excursions were canine guided. Protrusive guidance was provided by palatal surfaces of the maxillary incisors.

- Dentition – The dentition present are recorded in Table 2.

The dentition was heavily restored posteriorly on the left and with 1 occlusal restoration present on the right. Upper anterior incisors had porcelain bonded crowns in situ.

- Specific examination of the problem site (LL4) – Tooth LL4 was restored with a composite onlay in situ. This was fitted in 2009 and had a good marginal seal and good occlusal relationship with the maxillary teeth. Intercuspal relationship was noted and

Table 3

SPECIAL INVESTIGATIONS		
SPECIAL TEST	**LL4**	**LR4**
Digital axial/horizontal pressure	Yes	No
TTP-axial/horizontal	Axial	No
Digital palpation-buccal/lingual	Buccal/lingual	No
Endo-Frost	No	Yes
EPT	No	Yes
Periodontal probing	Within normal limits	Within normal limits

the buccal cusp was involved in left lateral excursions. There were no isolated periodontal probing defects, no signs of coronal or root fracture and the tooth was TTP.

Special investigations

Special investigations were carried out in order to form a provisional and ultimately a definitive diagnosis and to enable the formulation of a definitive treatment plan. The tests performed with results are provided in Table 3 above. The contralateral tooth was used as a control.

Radiographic examination

A periapical radiograph (Fig 2) taken at the emergency appointment, revealed a marginally sound coronal restoration. A dentine pin appeared to be present in the distal of the tooth. Some horizontal bone loss was evident at the distal of the tooth. A radio-opaque material was present in the root canal which appeared sub-optimal (non-homogenous obturation) and possibly short of the radiographic apex.

The root appeared wide and a ledge/step was visible mid root with the obturating material. This seemed to suggest two root canals being present with only one obturated. A feint canal root canal space is evident in the distal root. A periapical radiolucency was apparent with some widening of the periodontal ligament space.

The other teeth visible in the radiograph appeared to be clinically sound.

Provisional diagnosis

- Periodontal abscess associated with LL4
- Dental cyst associated with LL4
- Failed primary root canal treatment (apical periodontitis).

Definitive diagnosis

Moderate, non-suppurative, localised, chronic apical periodontitis with a non-obturated root canal. A failed primary root canal treatment. This diagnosis was reached after careful consideration of the clinical signs and symptoms, the special test results and the radiographic information.

Since the special test results showed digital axial/horizontal pressure with axial TTP and tenderness to buccal-lingual pressure, inflammation of the periapical tissues or apical periodontitis, was diagnosed. A dental cyst was

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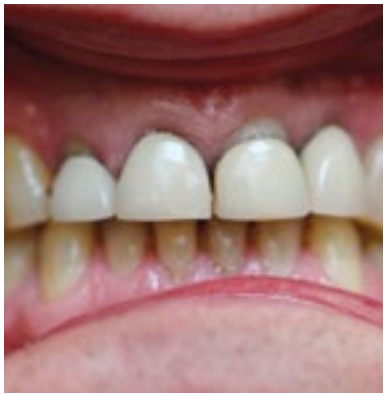

FIGURES 1A-C
Intra-oral clinical photographs

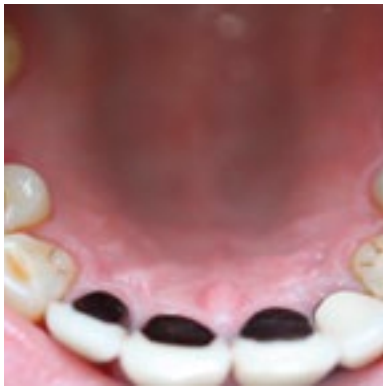

FIGURE 1B

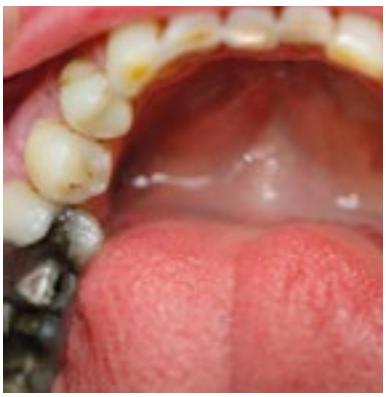

FIGURE 1C

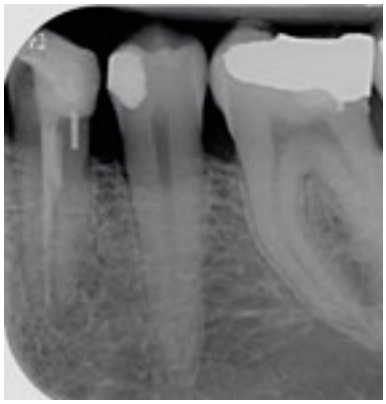

FIGURE 2
LL4 pre-op radiograph

FROM PREVIOUS PAGE>

A failed primary root canal treatment. This diagnosis was reached after careful consideration of the clinical signs and symptoms, the special test results and the radiographic information

considered and it was decided that if definitive treatment was unsuccessful then further tests would be performed to investigate possible cyst formation with associated treatment.

The patient was advised that the reason for treatment was due to bacteria being present in the un-instrumented root canal and quite possibly in the obturated canal also since the obturation appeared suboptimal. Bacterial cause of apical pathology has been shown by Kakehashi et al. 1965 and residual micro-organisms in the root canal system and cementum has been shown by Dalton et al. 1998 and Molander et al. 1999.

Strictly speaking, a definitive diagnosis is only truly possible with a histological analysis of the infected area (Nair et al. 1990 and 1999). However, the resources or facilities for this were not possible.

Treatment options

- Reduction of the infection and keep tooth LL4 under observation;
- Reduction of the infection and root canal retreatment of tooth LL4;
- Extraction of tooth LL4 with assessment for prosthetic replacement in 6 months.

Treatment plan

Since the patient was well motivated and wished for a predictable long-term solution he opted for reduction of the infection with root canal retreatment under private contract. He did not wish to keep the tooth under observation since there was a risk of his symptoms returning and he did not wish for extraction of tooth LL4, as this would have functional and aesthetic implications for him.

The treatment procedures with risks were discussed at length. The patient was advised that treatment success would be achieved by removing all of the previous obturation materials, locating the additional canal(s), chemically and mechanically disinfecting the canals and finally obturating the canals and providing a definitive coronal seal.

The patient was given the opportunity to ask questions and these were answered to the patient's satisfaction. The patient was given a good prognosis upon successful completion of treatment with a success rate approximated at 62-86 per cent based of evidence published by Sjogren et al 1990. The patient was advised that non-surgical root canal retreatment was indicated as a primary treatment option as indicated by Rahbaran et al 2001. Consent was taken and two subsequent appointments made.

Treatment schedule

a) Antibiotic prescription to reduce facial swelling
b) Oral hygiene advice and instruction plus interdental cleaning demonstration
c) Scale and polish
d) Restorability assessment and root canal re-treatment of tooth LL4 over two visits
e) Definitive composite restoration of access cavity
f) Review (one year).
Items b and c were performed by the practice dental hygienist.

The second part of this article will look at the treatment and case discussion.

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To review clinical history and endodontic diagnosis
- To recognise the importance of preoperative radiographs
- To illustrate to the clinician the complexity of root canal anatomy of mandibular first premolars
- To highlight the benefits of a microscope in endodontics
- To provide the clinician some of the advantages of heated obturation.

LEARNING OUTCOMES:

- Be aware of the incidence and location of additional canals in mandibular first premolars and be able to assess and diagnose mandibular first premolars which may have two root canals
- Be able to highlight the importance of microscopes in endodontic case management
- Know when to consider making an endodontic referral.

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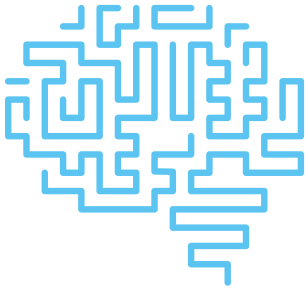


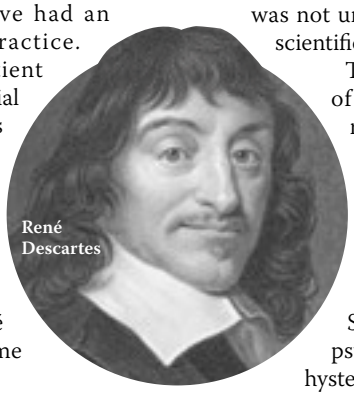
THE DENTAL PSYCHOLOGICAL INTERFACE

PSYCHOLOGY

This first article in a two-part series seeks to explore the influence psychological theory has had on the practice of dentistry by looking at the dentist/patient relationship and dental anxiety

MARY DOWNIE

There are four main domains where the workings of the mind have had an influence on our daily practice. These are: the dentist-patient relationship, dental anxiety, chronic oral facial pain and the stress of dental practice. In this article, I will address the first two domains and suggest ideas as to how both patients and the dental team would be better served by a more holistic body mind paradigm. In the next issue, I will discuss the final two influences. The duality of mind and body, first advocated in the 17th century by René Descartes, is finally beginning to find a home in Western medicine.


René Descartes

The influence of the mind on the development and progress of disease, both physical and psychological, is receiving the research attention that it merits. Descartes postulated that there was a real distinction between the immaterial mind and the material body. Although mind and body are ontologically distinct substances, they causally interact.

Psychology is defined in the Oxford dictionary as the scientific study of the human mind and its functions, especially those affecting behaviour. The etymology of the word is from modern Latin meaning the study of the soul. The history of psychology dates back to the Ancient Greeks who regarded it as a philosophy rather than a science. It was not until the late 1800s that it developed into a scientific subject.

The first psychology lab was at the University of Leipzig where Wilhelm Wundt studied reaction times. The father of American psychology was William James who wrote *The Principles of Psychology* and was interested in conscious human experience. The dichotomy of thought in psychology made its appearance in Austria around the same period, with the work of Sigmund Freud on the unconscious. His psychoanalytic theory arose from work with hysterical patients were he proposed the unquiet mind derived from unresolved childhood conflicts.

The work of the Russian psychologist Ivan Pavlov heralded in the age of behaviourism, his most famous experiment being Pavlov's dogs showing classical conditioning. This was soon followed by Skinner and operant conditioning looking at behaviour in terms of actions and consequences. Carl Rogers' theory gave birth to the third force in psychology known as humanistic psychology. It emerged as a paradigm to counteract the limitations of behaviourism and psychoanalysis.

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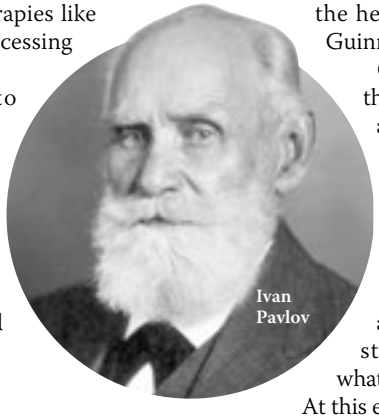
Psychologists such as Rogers and Maslow were interested in the meaning and purpose of human behaviours. They were fascinated as to what conditions fostered the growth of the human person to self-actualise within the constraints of their own environment. The term cognitive psychology was first used by Ulric Neisser in 1967 and is a branch of psychology which is goal orientated and problem focused. The three main therapies arising from this way of thinking are:

1. Albert Ellis's rational emotive behaviour therapy (REBT)
2. Aaron Beck's cognitive therapy (CT)
3. Donald Meichenbaum's cognitive behaviour therapy (CBT)

The main principles under lying these therapies were first voiced by William James at the beginning of the 20th century: "Thoughts become perception, perception becomes reality. Alter your thoughts, alter your reality."

Today, psychology is very much rooted in neuroscience and neurobiology. The advent of magnetic resonance imaging has provided a non-invasive way of examining the human brain. The amygdala, hippocampus, and medial prefrontal cortex have been shown to be involved in the stress response and in PTSD. Research in this domain is bringing understanding as to how therapies like eye movement desensitisation and reprocessing (EMDR) and brainspotting might work.

This brief introduction serves to demonstrate the plethora of knowledge that seeks to understand the human mind and human behaviour. The richness of psychological knowledge permeates into every area of society yet the primacy of this way of thinking is sometimes overlooked in the reductionist materialistic way that we teach our medical and dental students.


Ivan Pavlov

Dentist-patient relationship

The work of Mills et al (2015) attempts to classify the main indicators of a good patient experience. In the UK, the NHS Patient Experience Framework highlights the Picker Principles of Patient-Centred Care as the optimum way to provide care. This form of care embraces much more than the daughter test as it invites us to see the other through the lens of compassion.

Patient-centred patient care has evolved from the philosophy of the humanistic psychologist Carl Rogers. Rogers believed that the patient is the expert in their own lives and, if given the opportunity, will self-actualise within their own environment. He used the metaphor of a potato in a darkened room sending out shoots towards a crack of light. If a patient is treated with empathy, unconditional positive regard and congruence within the dental domain then the framework for a positive patient experience is put in place.

This is fine rhetoric but words have no value unless they can be put into action. The following narrative, although not based in the dental surgery, involved a patient who sadly was in the end stages of oral cancer. His name has been altered to protect his identity. Many years ago, I had recourse to visit this man – let's call him Bob – in hospital, he was dying from the ravaging effects of oral cancer. He was being fed through a peg tube and his breathing eased by a tracheostomy. This gentleman had been a rough sleeper for most of his life and had enjoyed solace from a homeless centre where I worked. On visiting him in his hospital room I brought him shower gel and soap to which he promptly replied: "What the hell are you bringing me these for? I need Guinness and fags!"

On exiting the room I put this request to the nursing sister; she looked at the patient and then myself and said to bring him some Guinness and some fags. On my next visit, I watched Bob syringe the Guinness into his peg tube and smoke his cigarette through his tracheostomy.

That nurse had treated Bob as a human being, she had given him dignity and respect. This man had lived on the streets where alcohol and cigarettes, for whatever reason, had been his only consolation. At this end stage of his life the nurse had looked on him with empathy and unconditional positive regard and bestowed upon him the dignity of being permitted to die with the tools that had enabled him to live. She, within the limits of her environment, had not allowed rigid protocols to undermine the humanity of the other.

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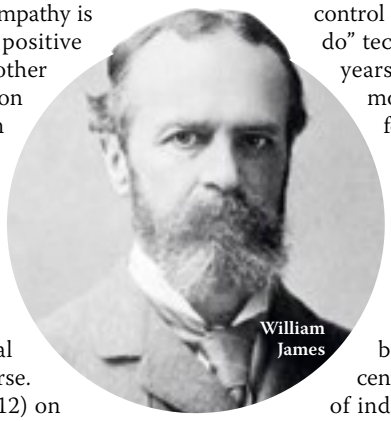
Empathy and unconditional positive regard in the dental surgery invites us to treat others as we would like to be treated ourselves. It does not judge or stereotype our patients but treats each individual as unique. In this uniqueness, the encounters with our patients hold the potential of enriching both our lives and the life of the other. In my experience, kindness is the medium through which empathy is conveyed to the patient. Unconditional positive regard is the prising of the other for no other reason than they are our fellow travellers on this earthly sojourn. To hold the other in a positive light is to convey to them that they matter, they are not simply another extraction or a bridge to be fitted. They too have a place in society and their wellbeing is of prime importance to us.

The research of Sherman at the University of Washington Dental school shows that there is a decrease in clinical empathy over the four-year training course. This mirrors the work done by Chen (2012) on medical undergraduates. Research demonstrates that students who have a high level of empathy are more competent at history taking, have a higher physician and patient satisfaction, decreased malpractice litigation and are significantly better at motivating patients.

The importance of empathy in health care was emphasised in the *Francis Report* after the systemic failings at the Mid Staffordshire Foundation Trust. The GDC in their *Preparing for Practice* document highlight the importance of communication and professionalism in the training of undergraduates. Much research is needed in defining clinical empathy and discovering how best it may be taught.


William James

Dental anxiety

The 2009 Adult Dental Health Survey, commissioned by the NHS Information Centre, revealed that 36 per cent of adults had moderate dental anxiety and 12 per cent were classified as being dentally phobic managing their anxiety by avoidance of all things dental. The impact of dental anxiety can have far-reaching consequences on a patients health and wellbeing, both psychologically and physically. Yet the literature reveals that there are no specific guidelines on the diagnosis or treatment of dental anxiety.

The work of Professor Tim Newton of King's College London Dental Institute, Health Psychology Service and Art De Jongh of the Netherlands go along way to address this. Both authors offer a framework in which to classify dental anxiety and suggest different treatment modalities dependent of the level of anxiety. They propose that mild dental anxiety can and should be treated in the dental surgery by the dental team.

Empathy and unconditional positive regard in the dental surgery invites us to treat others as we would like to be treated ourselves

Research reveals that good interpersonal skills and empathy can of themselves decrease dental fear. Good communication enables the establishment of trust and a framework in which to carry out treatment. Precise information regarding the exact nature of treatment is essential to allay fears as is the establishing of a sense of control by adopting a stop signal. The "tell, show, do" technique has been about for more than 50 years and can be used for the simplest to the most complex treatment. There is also a place for the consideration of premedication and the use of nitrous oxide. The use of coping strategies such as distraction through visual or auditory stimuli and relaxation techniques all have part to play in mild dental anxiety management.

Hypnosis was first used in 1841 by the English physician James Braid and has been used in dentistry for well over half a century. It is a non-pharmacological method of inducing a trance-like state. In this state of altered consciousness, the patient is able to focus all of their attention on an image, thought or feeling and in so doing take their attention away from their feelings of anxiety. This method can also be very helpful in treating an overactive gag reflex, which is often found in dentally anxious patients. In order to aid the dental team in their treatment of patients with mild to moderate anxiety the website www.dentalfearcentral.org is an excellent resource for both staff and patients.

Patients who present with a moderate to severe level of dental anxiety should, in many cases, be referred to a secondary centre for the treatment of their dental anxiety.

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VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To explore how psychology can inform the practice of dentistry
- Look at how psychological theory can enhance the dentist patient relationship.
- To inform on the psychological treatments for dental anxiety

LEARNING OUTCOMES:

- A brief history of psychology.
- The role of empathy and unconditional positive regard in patient care.
- The role of CBT in dental anxiety management.

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This secondary centre could be managed by a psychologist or a dentist with psychotherapy training (generic training or CBT training). The reason for this referral would be to assess the level of dental anxiety and also determine if there are any co-morbid psychological conditions.

In research done at Kings by Kani et al (2012), 37 per cent of the patients who had dental phobia were also shown to have high levels of generalised anxiety, 12 per cent had clinically significant depression and 12 per cent were shown to have suicide ideation. A referral centre that would enable assessment of dentally anxious patients would compliment a sedation service and offer patients definitive tailored treatment to address their dental anxiety.

A study done by Woolley in 2009 showed that individuals who are referred for sedation are highly anxious and fear a range of different dental stimuli. Yet previous research demonstrated that referring dentists to a sedation clinic did not consider psychological management for their patients. Sedation has, and always will have, a part to play in the management of dental anxiety but the only way to address the underlying issues is to complement the service with psychological interventions.


Tim Newton

The study conducted by Kani et al (2012) showed that, of the 130 dentally phobic patients referred to the King's College London Dental Institute, 79 per cent went on to have dental treatment without sedation. These patients were treated by CBT. This therapy has proven efficacy for the management of anxiety and depression. CBT is a synthesis of behaviour therapy and cognitive therapy which uses behaviour modification techniques and cognitive restructuring. It is a short-term therapy involving five to 10 sessions, usually of one hour duration. It is a collaborative enterprise and usually involves the patient doing homework.

Unlike many other psychotherapy treatments, it is a here and now therapy as what started a problem in the past is not often what keeps it going at the present time. The behaviour modification techniques involve such things as breathing exercises and in certain cases systematic desensitisation. The cognitive therapy involves identifying and challenging negative thoughts through the use of socratic questioning and the testing of hypothesis. The success of CBT is such that, in 2009, the Department of Health (England) recommended this therapy in conjunction with sedation services as a model of excellence in the management of dental fear.

The comprehensive assessment of patients allows different psychological interventions to be considered in the treatment of patients. The work of Art De Jongh has shown that were patients have a specific memory of dental trauma, EMDR may offer complete resolution of their dental phobia. EMDR stands for eye movement desensitisation and reprocessing and has been used extensively in people suffering from post traumatic stress disorder. The traumatic nature of memory formation in these individuals means that the memory of the trauma is unprocessed and the person is plagued by intrusive thoughts and flashbacks. By a process of bilateral stimulation either visual or auditory, the memory is accessed and desensitised of its affective content and negative cognitions. The memory is then accessed again and reprocessed with much less affect and a positive cognition. I have found this to be very successful in two or three visits where a phobia follows on from a specific dental trauma even when that trauma occurred many years previously.

Dental hypnosis has been revisited in the treatment of patients with moderate to severe dental anxiety. A study by Halsband et al (2015) has demonstrated that even brief dental hypnosis sessions can have an influence on the fear processing structures of the brain. Twelve dental phobic patients and 12 healthy control patients were tested by a 3T MRI whole body scanner observing brain activity changes after brief hypnosis. In the dental phobic group, dental fear was represented in the brain by increased activity in the left amygdala and bilaterally in the anterior cingulate cortex (ACC), insula and hippocampus (R<L).

Amazingly, during hypnosis the scan revealed significantly reduced activity in these areas. In the healthy group of patients, no amygdala activity was observed. This study demonstrates objectively what hypnotherapists have been subjectively experiencing with their dentally phobic patients. In these times of great uncertainty, the wisdom of past ages is reemerging to show us a way forward without our heavy reliance on drugs.

The currency on which most psychological treatments thrive is time, unfortunately this is in short supply in busy NHS practices. In order to give dentally anxious patients the treatment that offers possible resolution of their condition, this paper proposes that psychological services must work in collaboration with dentistry.

This article has attempted to demonstrate that psychology can and does have an influence on the way we treat and manage our patients. The next article seeks to show how the treatment of chronic oral facial pain and the stress encountered in dental practice can be positively influenced by looking outward from the biomedical model. The wisdom of great scholars has been revisited as we seek to offer both our patients and the dental team a more balanced and productive way of practising.

ABOUT THE AUTHOR
Mary graduated from Glasgow University in 1980 and from the Open University in 2001. She obtained a postgraduate diploma in counselling and psychotherapy from Stirling University in 2013. She has enjoyed a plethora of experiences in dentistry both in the UK and abroad. She especially enjoyed her post in Glasgow University teaching oral surgery. Mary is now in full-time psychotherapy practice but would like to combine psychotherapy and dentistry if the right post became available.

FORMA CASE STUDY

The second part of this facial aesthetics case study looks at an eight-week course of treatments

FACIAL AESTHETICS

MEGAN BROWN

During the natural ageing process, the production of our own collagen is reduced and the elasticity of our skin degrades. There is an increasing popularity within our population today of people seeking non-invasive alternatives to skin tightening procedures to help combat the first signs of aging.

As mentioned in our previous article (SDM Nov/Dec 2016), Forma (InMode Inc, Richmond Hill, ON, Canada, North America) is a FDA-approved bipolar, non-invasive radio frequency (RF) device that generates controlled dermal heating.

Forma is based on ACE (Acquired Control Extend) technology which is comprised of the following steps:

- Acquire – Forma has a temperature sensor built into the handpiece which reads skin surface temperature 1,000 times per second, allowing clinicians to acquire skin temperature in real time.
- Control – Software algorithm allows unprecedented safety of RF delivery. The 'cut off temperature' feature reduces RF energy automatically when the handpiece senses that the required skin temperature has been reached.
- Extend – Clinical evidence suggests prolonged exposure to temperature above 40° C is advantageous for optimal clinical outcomes. Only InMode's ACE technology allows you to utilise therapeutic temperatures safely and efficiently [1]

Non-invasive skin tightening represents a rapidly emerging area in cosmetics, as patients increasingly seek to avoid facelifts and other invasive procedures. Non-ablative heating of the dermis and subcutaneous tissue offers the potential for skin tightening and rhytid reduction with minimal pain, downtime, and low risk of scars or other adverse events [2].

Forma is a non-invasive treatment that can be used to target fine lines, wrinkles and loose/lax skin. This treatment will stimulate new collagen formation within the skin which in turn will improve elasticity and give skin a firmer, rejuvenated appearance.

This RF device offers several advantages over currently available technologies, which likely explains this high level of clinical efficacy. The Forma device utilises real-time temperature-monitoring mechanisms, assessed by measuring tissue impedance, temperature, and epidermal contact throughout the treatment. This allows the device to continuously monitor the targeted tissue, and adjust the delivery of the RF energy to create a uniform heating exposure. The device is also able to maintain this constant uniform heating exposure for prolonged periods over relatively large treatment areas, such as an entire unilateral cheek. This uniform, long exposure is likely more effective at inducing collagen remodelling and neocollagenesis. Additionally, since the thermal exposure can be extended and prolonged, lower temperatures that do not induce any pain can be utilised [2].

The main goal for this case study is to provide further information on alternative non-invasive procedures and to demonstrate the results that can be achieved from ACE technology.

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Case study

A 58-year-old female patient with skin type II, concerned about the appearance of her lower face (jowls and nasolabial folds) and neck area. During the initial consultation the main areas of concern for the patient were established. Information was then given to the patient on the Forma treatment – how the treatment works, advised treatment schedule and the benefits. Throughout this discussion, the patient was able to ask any questions they had on the treatment.

Contraindications of the treatment were then discussed. Contraindications include – pacemaker or internal defibrillator, permanent implant in the treatment area, cosmetic fillers in the last six months, botox within the last week, a history of skin cancer or pregnancy/nursing mothers.

After all of the relevant information was given to patient and any questions answered, the patient was then able to make an informed decision as to whether she would like to proceed with the case study. Pre–treatment photos were then taken (Figs 1-3). It is essential to take pre-treatment

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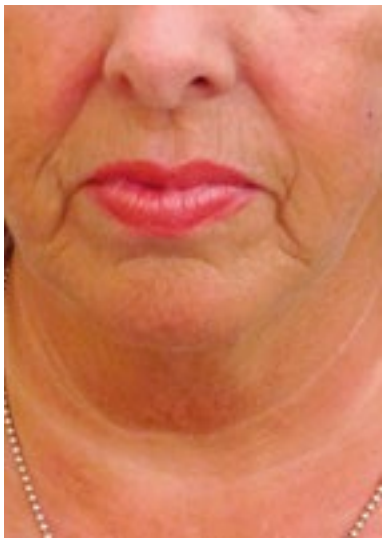

Figure 1

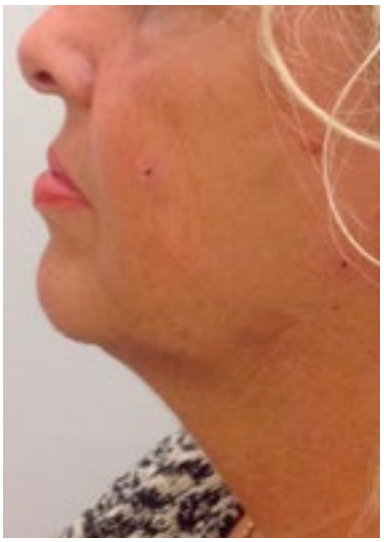

Figure 2

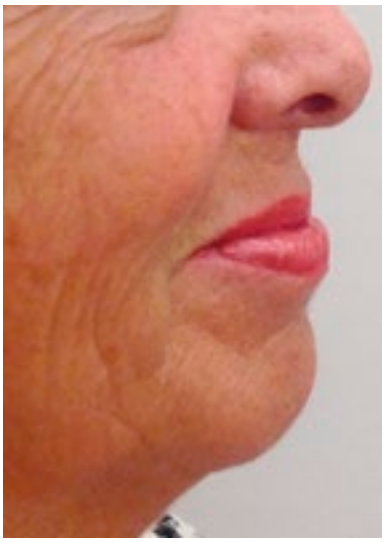

Figure 3

Figs 1-3: Pictures taken at the first appointment prior to treatment
FIgs 4 and 5: Pictures taken at the final treatment

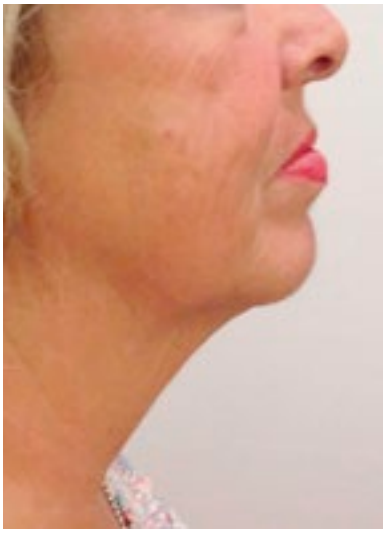

Figure 4

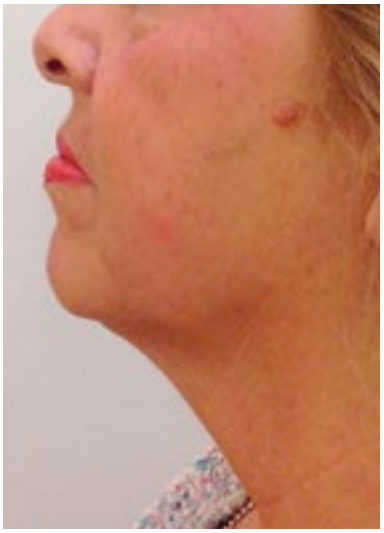

Figure 5

At the end of the treatment process, our patient was extremely happy with the results she achieved. There were no adverse reactions experienced throughout this course of treatment

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photographs as this will provide you with a reference point throughout the entire treatment.

Treatment

The proposed treatment schedule for our patient to be able to obtain the optimum results was eight sessions of Forma at weekly intervals. Each session would last one hour and would involve treating both sides of the lower face and neck. Throughout the entire process, the patient's face was divided into three treatment zones – right side of face, left side of face and neck. These three areas were then further divided into treatment areas which were roughly 10x10cm in size.

Each sub-divided treatment area was concentrated on individually for 10 minutes giving a total treatment time of 60 minutes. The patient's tolerance to the treatment was very good, so the working parameters were set to the maximum recommendations from the machine's manufacturer:

- RF = 62 for lower face (jowls and around mouth) Temp = 43
- RF = 50 for neck, Temp = 43.

The radio frequency was reduced when treating the neck area as the skin in this area tends to be thinner and patients tend to find this area more sensitive to treat. Once the set working temperature was achieved, each area was then treated for 10 minutes. The length of time it takes to achieve the required working temperature varies depending on various external factors such as temperature of room, surface temperature of patient's skin, etc.

After every treatment, the machine was appropriately cleaned down using 70 per cent alcohol as recommended by the manufacturer. It is essential that the appropriate safety checks are always carried out by the operator prior to use.

Feedback was obtained from our patient throughout the treatment process. She reported that she found the treatment very relaxing and could feel and see the difference in her skin after the first few treatments.

At the end of the treatment process – post-treatment photos were taken (Figs 4 and 5) and compared to original photos taken at the initial consultation (Figs 6, 7 and 8).

My experience working with the InMode Machine

As a fully qualified dental nurse, providing treatments that offer a non-invasive alternative to skin tightening is a relatively new field for me. I am aware of the increasing popularity within our population today of people seeking

a wide range of facial aesthetic procedures. The InMode machine is an excellent piece of equipment to work with; it offers the clinician operating it a great deal of reassurance and confidence when providing a treatment due to all the built in safety mechanisms.

For example – monitoring the skin's surface temperature 1,000 times per second throughout the Forma procedure. The machine is very well ergonomically designed which allows the operator to provide treatments with ease. The only minor difficulty I have occasionally experienced when providing a Forma facial is the position of the cable that attaches the handpiece to the machine. When treating a patient's neck area, the cable can occasionally sit against their shoulder due to the working angle. However, if this is explained to the patient at the time they are always very understanding.

Results

There was a noticeable improvement in the appearance of fine lines with the skin looking rejuvenated from the treatment. The overall results from this course of treatment were excellent with the biggest change seen on the neck area – the loose/lax skin on the neck now appears much firmer than in the pre-treatment photos.

At the end of the treatment process, our patient was extremely happy with the results she achieved. After a discussion with the patient it was agreed that we had achieved a moderate result after the eight sessions of Forma. There were no adverse reactions experienced throughout this course of treatment.

The results achieved in this case were comparable to the results from a study carried out in America in 2015 [3]. This study was carried out treating fifteen patients with an average age of 62. They reported: "Results: All patients (14/14) were determined to have a clinical improvement, as the pre-treatment and post-treatment photographs were correctly identified by the evaluators. It was observed that 21 per cent (3/14) of patients had significant improvement, 50 per cent (7/14) had moderate improvement, and 29 per cent (4/14) had mild improvement. No pain, side-effects, or adverse events were observed."

Feedback from all of our patients is vitally important to us. Throughout every stage of the Forma treatment and we regularly monitor how the patient is finding the treatment and if they have noticed a change in the appearance/texture of their skin. It is also important to find out how the patient is coping with the treatment, if there is anything we could do or change to improve their experience of the Forma facial.

It is also important to manage an individual's expectations from the initial consultation throughout the treatment to the final appointment. Due to the fact Forma is a non-invasive and non-surgical procedure, it is impossible to achieve the dramatic changes you see with any invasive procedures. Patients and treatment providers will be able to see clinical improvements in their skin, however this is achieved gradually throughout the process, hence the importance of pre and post-treatment photographs.

Unrealistic expectations can leave patients feeling disappointed and disheartened with the treatment they had. If a patient is looking for a drastic change in areas of loose/lax skin and are not opposed to invasive procedures, it may be a better option for them to seek information for a suitably qualified professional on the other treatments available to them prior to proceeding with a course of Forma.

ABOUT THE AUTHOR
Megan Brown is a dental nurse/face and body cosmetic therapist at the Scottish Centre for Excellence in Dentistry in Glasgow.

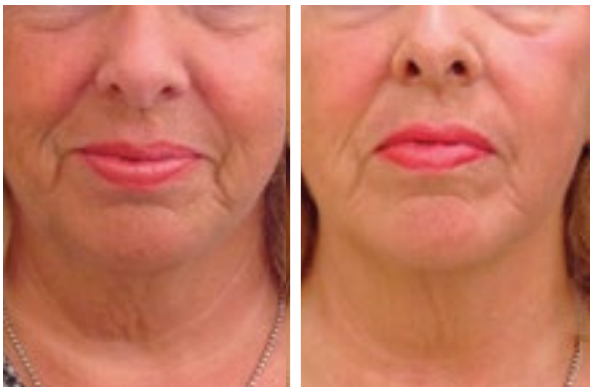

Figure 6: Before and after pictures for comparison

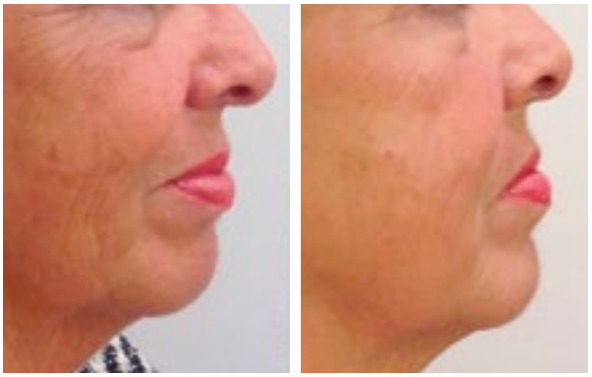

Figure 7: Before and after pictures for comparison

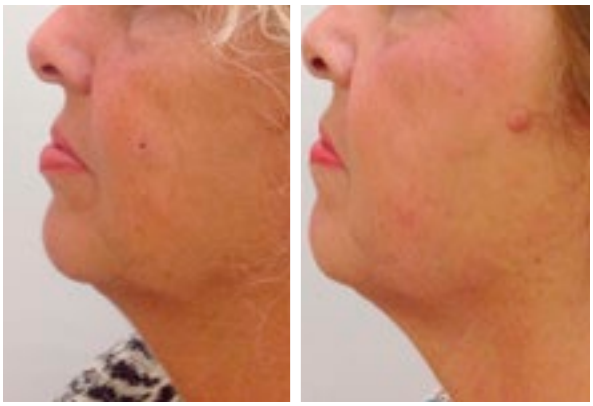

Figure 8: Before and after pictures for comparison

VERIFIABLE CPD QUESTIONS

AIMS AND OBJECTIVES:

- To give the reader a basic understanding of a non-invasive alternative to skin tightening available today.
- To provide additional information on radio frequency treatments that are becoming increasingly popular to target the initial signs of aging.
- To introduce a basic understanding of how Forma is used and what the procedure involves.

LEARNING OUTCOMES:

- To understand how Forma treatment works and what results can be achieved.
- To be able to offer advice to patients should they request information on any non-invasive alternatives to skin tightening.
- To understand the advantages of Forma over other technologies that are currently available.

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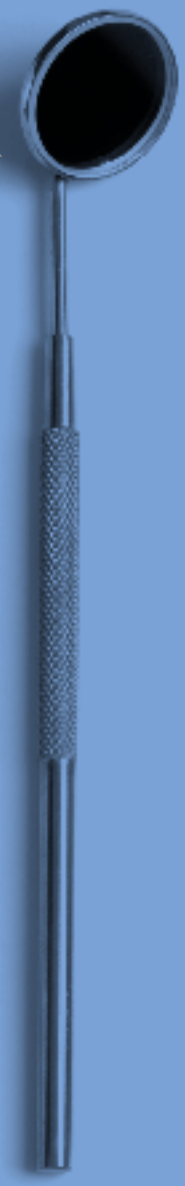

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GRINDING PATIENT MAKES VENEERS CLAIM

CASE FILES

Aubrey Craig, MDDUS head of dental division, presents a case from the archives

AUBREY CRAIG

Paul, a 54-year-old patient attends a dental clinic wanting to improve the appearance of his smile and consults with one of the dental partners – Mr K. On examination, the dentist notes that Paul's teeth are discoloured and somewhat mal-positioned with gaps.

Mr K discusses treatment options with Paul including tooth whitening of the upper and lower teeth, or whitening of the lower teeth with provision of crowns and veneers in the upper teeth. Paul is keen to have both his upper and lower teeth veneered in order to have a uniform smile.

Five days later, Paul attends the clinic for an extended examination. Preoperative photographs and radiographs are taken and study models made. Mr K notes no particular abnormalities in the dentition. A consent form is signed and a treatment plan agreed for the provision of veneers at UR4, UR3, UR1, UL1, UL3, UL4 and LR4 to 1 and LL1 to 4, along with crowns at UR2 and UL2.

The patient later attends the clinic to view the diagnostic wax-up and agrees some further revision to the treatment plan. Five days later, he re-attends and veneer and crown preparation is carried out under local anaesthetic.

Four weeks after the initial consultation, the temporary restorations are removed and the veneers and crowns are fitted as per the treatment plan. A few days later, Paul attends the clinic complaining of roughness and Mr K carries out some occlusal/incisal adjustment.

Three weeks later, Paul phones the clinic for an emergency appointment. The veneer at UL4 has de-bonded. Mr K re-cements the veneer and again adjusts occlusion to "ease pressure on the tooth". Two days later, Paul is back at the clinic with UL4 having de-bonded again. Mr K re-cements the veneer and discusses the possibility that Paul may be grinding his teeth at night.

The dentist agrees to make a splint for the patient. Paul returns to the clinic two days later with both UL4 and UR1 having de-bonded. They again discuss teeth grinding and a lower soft splint is provided. Two days later LR3 de-bonds and must be re-cemented.

Paul attends a different dental clinic concerned now with the quality of Mr K's restorations. The examining dentist finds cracks in UR3 and LR4 and composite fillings are placed. Later that week LR4 de-bonds and is re-cemented by the new dentist.

Analysis/outcome

The dental clinic receives a letter of claim from solicitors acting on behalf of Paul alleging negligence and breach of contract against Mr K. It is claimed that the dentist failed to obtain valid informed consent in the provision of veneers in that he neglected to advise the patient of the elevated risk of treatment failure due to his bruxism or teeth-clenching habit.

It is also claimed that Mr K failed to use reasonable care and skill in the assessment, diagnosis and treatment planning of the restorations carried out. More specifically, the dentist failed to identify or note significant incisal and buccal edge tooth surface loss due to the patient's bruxism. It is alleged that, had Paul known of the elevated risks due to his bruxism, he would not have gone ahead with the proposed treatment.

An expert report was commissioned from a consultant in restorative dentistry. The expert is provided with the patient records including all available radiographs, photographs and study models.

Examining the pre-treatment study models, the expert notes attritional wear along the incisal edges of the lower incisor teeth "more than one would expect as being normal for a patient of this age". Evidence of wear is also obvious in the radiographs. He judges that this should have warranted further investigation of the possibility of bruxism.

This observation is particularly relevant as, in his view, the failure of the veneers was, "on balance, related to the claimant's bruxism habit." A more appropriate treatment option in the opinion of the expert would have been the provision of a mouth guard before considering veneers or even better full coverage crowns.

Given the expert view, the claim was settled for a modest amount based on the costs of remedial treatment and ongoing care.

Key points

- Discuss with the patient all major risks and contraindications for treatment
- Do not assume patients are necessarily aware of habits or behaviours that compromise treatment success
- Establish and follow thorough protocols in treatment planning.

LOOKING FORWARD TO A BUSY 2017

RUBYRAE DENTAL RECRUITMENT AND CONSULTANCY PROVIDE PROFESSIONAL DENTAL RECRUITMENT AND CONSULTANCY SERVICES TO DENTAL PRACTICES THROUGHOUT SCOTLAND

DIANE JANIKOWSKI AND DEBBIE BOYD

We pride ourselves in the role we play in the recruitment process and we believe that our direct experience, knowledge and understanding of the dental market really sets us apart.

It looks like 2017 is shaping up to be a very busy year for the team at RubyRae Dental Recruitment and Consultancy, and we continue to be overwhelmed by all the support we receive. Moving into new premises in February has allowed our company to facilitate the needs of both our candidates and clients; providing appointments more favourable to their diary.

We have experienced an exceedingly high demand for recruitment throughout Scotland and are proud to be working with some leading names in the Scottish dental industry. We recruit for independent practices, groups and corporate organisations and our services are tailored to your individual needs, offering a bespoke recruitment process.

There are no percentages or hidden costs. We are transparent in our approach, our fees are minimal and our service is professional.

WHAT WE OFFER EMPLOYERS:

- Access to extensive database of dental professionals
- Locum service throughout Scotland to provide cover for dentists, dental nurses and hygienist/therapists
- Support and advice for new practice start-ups as well as established dental practices in preparing for their CPI
- Practice CPD
- Dental practice cleaning services.
- What we offer candidates:
- FREE inclusion on RubyRae Dental Database
- Access to prime opportunities
- Permanent and locum positions
- Confidentiality
- We will work morally and effectively on your behalf
- A personable recruitment experience.

WHAT TO EXPECT FROM RUBYRAE IN 2017

LOCUM DENTAL SERVICE

RubyRae Dental offer locum cover to dental practices throughout Scotland, providing dental associates, hygienists as well as dental nurses.

The relaunch of our locum dental service in January has proved successful and we have welcomed on board a dedicated full-time/part-time locum team of dental nurses. Without their hard work, dedication and shared vision of RubyRae Dental this would not have been possible.

Long-term, short-term or on-the-day cover is available. We pride ourselves on accessibility and can be contacted seven days a week, at any time of day or night.

CPD EVENTS

This year will also see the introduction of our CPD events offering verifiable and non-verifiable CPD for all dental professionals throughout Scotland.

We will start with 'Molars to Murders – An Overview of Modern Forensic Dentistry' with Fiona Waddington, BDS Msc Foren. Odont. This will give a fascinating glimpse into the world of forensic dentistry, combining lectures and stories with interactive elements allowing you to be a detective for the day.

We will also be hosting further CPD events with Illona McLay, dental business and selling skills coach and Karen Miller Coaching, more details of which can be found on our website – www.rubyraedental.com

SCOTTISH DENTAL SHOW 2017

We are proud to be taking part in the Scottish Dental Show 2017 for the second year running. We can be found on stand A3, so please come along and introduce yourself.

MORE INFORMATION

Please feel free to contact Diane on 07401 242 229 or Debbie on 07926 730 909.

RUBYRAE
DENTAL RECRUITMENT & CONSULTANCY

RUBYRAE
DENTAL RECRUITMENT
& CONSULTANCY

PROVIDING PROFESSIONAL DENTAL RECRUITMENT THROUGHOUT SCOTLAND

TESTIMONIALS

"I have been genuinely astounded by the level of service that RubyRae have provided me with. The first time I contacted the company I gave them three hours notice to try to find me a locum hygienist.....et voilà!. The whole thing has been so professional. RubyRae are a well oiled machine.

Hazel Hiram Hazel Hiram Dental Care
(Feb 2017)

"A massive THANKS to Debbie & Diane for their help looking for a locum for my practice.. I strongly recommend this service if you need cover for your practice".

Meli
Lanarkshire Orthodontics *(Feb 2017)*

"As a Dental Therapist looking to begin my career, RubyRae Dental made finding the perfect position a smooth process for me. I highly recommend RubyRae Dental Recruitment for helping you find the career for you".

Hayley
SDC Group, Oban Dental Clinic *(2017)*

"Professional, hassle-free, speedy, and very friendly service. And the fees are affordable too." 10/10

Frank -Great Junction Street Practice -Edinburgh *(2016)*

"I contacted RubyRae regarding an associate position.Due to their proactive nature; I had the job in the bag 10 days later! Fabulous recruiters and trustworthy ladies".

Zoe
BDS Shotts Dental Care *(2016)*

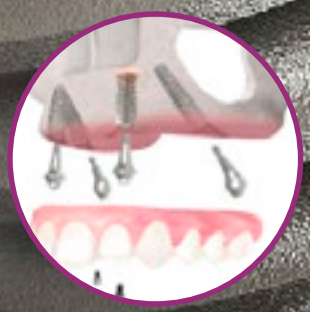
"Thank you to RubyRae Dental for helping me find an associate post after being in hospital. Within a few weeks I had heard from a potential employer, been for an interview and secured myself the job.Rubyrae helped to make sure the process ran smoothly and were always there if I needed them".

Jemma
BDS Associate North Lanarkshire *(2016)*

Diane Janikowski | 07401 242 229 | diane@rubyraedental.com
Debbie Boyd | 07926 730 909 | debbie@rubyraedental.com

33 Main Street, Stewarton KA3 5BS
www.rubyraedental.com

TAKING YOUR IMPLANT TRAINING TO THE NEXT LEVEL?



NeoArch – Restoring full arch implant bridges on 4 implants

Duration 2 days Venue Glasgow, UK Participants 15

Fee £1, 395

13th - 14th November 2017

DENTAL IMPLANT TRAINING

With Dr Greig McLean at The Berkeley Clinic, Central Glasgow

Call 0141 564 1900

Course overview

This course will help you to gain the skills you need to provide your patients with full arch treatment options. It provides essential knowledge for full arch rehabilitation on four implants with immediate loading. Preoperatory planning, surgical and prosthetic concepts are explained through lectures, a live surgery demonstration and hands-on sessions on models. .

Course topic include

- Morse taper principles
- Surgical and prosthetic components
- Immediate loading and considerations
- Immediate provisionalisation
- Complications for full arch cases
- View live surgery
- Final stage restoration and hygiene considerations

Highly experienced clinical trainer: Dr Greig McLean

MFDS RCPS (Glasg). 2002, BDS (Glasg). 2001, MB ChB (Glasg) Clinical Director, Doctor & Dentist (GDC No 79630)

Grieg is a highly experienced dentist and medical doctor with a special interest in implantology, cosmetic and surgical dentistry. He also practices the treatment of anxious and phobic dental patients. Dr McLean has been placing implants since 2005 and teaches all aspects of surgery and restoration. Dr McLean is a member of the International Team for Implantology (ITI), the Association for Dental Implantology UK (ADI) and the British Academy of Cosmetic Den-tistry (BACD).

Course Features

- Working on 3D Models
- See & observe Live surgery
- Advanced surgical Level
- Continuous mentoring on completion of course

Book now as places are limited

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Contact The Berkeley Clinic
call : 0141 564 1900
email:cc@berkeleyclinic.com

Management

PRACTICAL INFORMATION FOR PRACTICE MANAGEMENT PROFESSIONALS

TOP RANKING

HOW TO MAKE SURE YOUR WEBSITE IS FULLY OPTIMISED

See page 56

DEMYSTIFYING SEO

YOU MAY HAVE A FANTASTIC WEBSITE THAT TICKS ALL THE BOXES, BUT WHERE DO YOU RANK ON GOOGLE?

SUSIE ANDERSON-SHARKEY

In my previous article, I wrote about setting up a new website for the practice, and my experiences of this along the way. Having set up a website, it would be easy to think that all we have to do is sit back and "let it all happen" but, in reality, that couldn't be further from the truth.

If we take that approach then let me say, precisely nothing will happen. You will have a shiny new website that may tick all the boxes but this will be short-lived if your website is not regularly updated and relevant content added to it. That's where this mysterious acronym SEO (search engine optimisation) comes in. Put very simply, SEO is making sure that you get a website that ranks well in search engines.

So, your new website has been created, and this has probably taken many months and many rewritings along the way. Now it's out there for all the world to see, that's exactly what you want to happen... you want all the world to see it. But in order for you to ensure that this in fact happens, you will probably need to enlist your very own SEO guru who will work his/her magic and have you ranking up there with the competition (and even in front of the competition).

> "THIS IS NOT DIY. DO WHAT YOU DO BEST AND HIRE SOMEONE WHO KNOWS THEIR CRAFT"

SEO is always evolving. You don't launch the perfect website and feel you've nailed it. A few months down the road, Google changes what it's looking for and suddenly you find that, instead of being ranked say, number two on page one of a Google search, you inexplicably find yourself number nine on page four. And, let's face it, who ever goes as far as page four?

If there's one thing I've learned along the way it's "do what you are good at, and pay someone else to do what they're good at". We've all been there, haven't we? Let me give you an example. Way back during the first few years of my marriage I was determined to save money by painting and decorating. Nothing to it, easy, or so I thought. When I look back and think of the hours upon hours I spent with a paintbrush in hand, hanging wallpaper, living in a mess for days on end, being utterly frustrated and not even happy with the end result, you'd think it would have dawned on me sooner that it would have taken a professional a tenth of the time, they would have done a much better job and there's more to life than saving a buck. What price sanity?

It's exactly the same with SEO. We think we can save money, add some relevant key words to our text, or pay a pal who knows "a bit more about computers than I do" and, hey presto we're there. Not. This is not a DIY area. Find a reputable company that does this SEO thing day in and day out, has a proven track record (ask for names of a couple of their clients) and leave them to get on with the

algorithms, keywords, meta tags and all the other jargon associated with keeping you at number one, page one.

It's important to have regular meetings with your SEO provider and they should be advising you on what changes need to be made to your website to keep it functioning optimally. An important aside here – I have found that it's better to keep the building of a website to a company dedicated to the creation of websites and outsource the SEO to a company dedicated to SEO. Although your website creation company may do an excellent job in building your website and they will know a certain amount pertaining to SEO, in my experience I've found it better to keep the two separate.

On saying this, your website creation company will need to work in close association with your SEO company to ensure that your website is fully optimised. The website which has been created will evolve over the days, weeks and months to come. It won't be whole pages or whole chunks of text that will change, it will be key words, phrases, headlines, banners that will be regularly changed to keep your rankings high and it's your SEO guru who will provide you with the information you need to make these changes.

So, to summarise,

SEO isn't a DIY affair. Do what you do best and hire someone who knows their craft and who will get your rankings high... if they haven't made a difference in six months, hire someone else. You should see a difference well within six months.

Have regular meetings with your SEO guru and ask to see copies of Google Analytics which will show your performance on key words

Keep your website fresh with updated content, banners and headlines.

ABOUT THE AUTHOR

Susie Anderson-Sharkey is the practice manager of Dental fx in Bearsden. She previously worked as a dental nurse and an oral health educator.

THERE'S STILL TIME TO ACT

AS THE END OF THE TAX YEAR NEARS, REMEMBER THAT 5 APRIL IS A MULTI-FACETED DEADLINE, SAYS TRICIA HALLIDAY

The tax year ends on Wednesday 5 April 2017, over a week before Easter. At the time of writing, the Spring Budget had not yet taken place, but any announcements made by the chancellor should not affect most tax year end actions this year.

For more information on the Budget statement and the impacts on you, please visit our website (www.maco.co.uk), I will publish any further updates on these pages in the event that there are unexpected announcements in the Spring Budget that could impact in this tax year.

In theory, this was the last Budget that will take place in Spring, as in November last year Mr Hammond announced he would be reverting to Autumn Budgets; last seen when Ken Clarke was chancellor. That means we will have two budgets this year, but no Autumn Statement and 2018 will witness the first Spring Statement.

The tax year dates will not be changing, so the 2016-17 tax year will end on 5 April – exactly four weeks after the Spring Budget. Therefore, your tax year end planning needs to start as soon as possible. On this occasion, there are a few areas that warrant prompt action:

PENSIONS

The end of the tax year is the last chance to carry forward unused annual allowance of up to £50,000 from 2013/2014. The calculations for maximising contributions and picking up unused allowances can be complex and have become more so with the introduction of a tapered annual allowance this year.

If your pension benefits were worth over £1.25m in total on 5 April 2014, you have until 5 April 2017 to claim individual protection. It is also the final day to make ISA contributions of up to £15,240 for the current tax year.

ABOVE: Tricia Halliday

If you reached state pension age before 6 April 2016, 5 April is the deadline for making Class 3A voluntary contributions to top up your state pension.

Your annual capital gains tax exemption of £11,100 will disappear on 5 April (if unused). If your employer offers salary sacrifice arrangements, the new, harsher, tax rules will apply immediately for any starting after 5 April. Arrangements which begin before 6 April 2017 will enjoy the old tax rules for another year (another four years for sacrifice involving cars, accommodation and school fees).

Any of the £3,000 annual exemption for inheritance tax that was unused in 2015/16 will be lost unless you make gifts covering both this tax year's exemption in full and the unused balance from the previous year.

If you have started to draw a flexible income from your pension arrangements, the maximum further tax-efficient pension contribution you can make will fall from £10,000 to £4,000 on 6 April.

VENTURE CAPITAL TRUSTS

The changes introduced to venture capital trusts (VCTs) last year have slowed down the investment process according to many VCT managers. As a result, some managers have decided not to raise any fresh funds this year, while others are making limited new share issues, primarily to existing investors.

The potential reduction in supply comes at a time when the 30 per cent income tax relief offered by VCTs is attracting increased interest from those affected by the latest reductions in the pension annual and lifetime allowances. Good offers could sell out quickly, so do let us know if you wish to invest in VCTs this year and be prepared to act promptly.

If any of these, strike a chord, please get in touch with me, don't wait for the deadline to pass.

ABOUT THE AUTHOR
Tricia Halliday is tax director at Martin Aitken and Co.
To contact Tricia, email ph@maco.co.uk

Brexit casts its shadow over chancellor's spring budget

LOUISE GRANT FROM EQ ACCOUNTANTS GIVES A SUMMARY OF THE RECENT BUDGET AND OUTLINES THE IMPLICATIONS FOR DENTAL PRACTICES

While Philip Hammond's first (and last) spring budget delivers a rosy assessment of the British economy with unemployment at an 11-year low, it is overshadowed by the imminent triggering of Article 50 and big questions over the UK's global economic future outside the EU.

In making sure we have enough gas in the tank for the Brexit journey, the chancellor is raising taxes and investing more in infrastructure and technical training to secure the funds, tools and skills he thinks the country will need.

In summary, some of the points announced include:

- Making Tax Digital due to begin next April for businesses with turnover below £83,000. This means big changes on the horizon for dental businesses
- Dental professionals subject to income tax, sole traders and partnerships, face an increase in class 4 national insurance contributions from 9 per cent to 10 per cent in April 2018 and 11 per cent in April 2019
- Higher rate threshold being retained at £43,000 in Scotland (£45,000 for the rest of the UK)
- Tax free personal allowance £11,500 from April 2017, which will rise to £12,500 by 2020
- New Lifetime ISA for anyone under age 40 from April 2017
- ISA annual limit becomes £20,000 from April 2017
- Dental professionals operating through a limited company will benefit from the reduction in corporation tax – will fall to 17 per cent by 2020
- £5,000 dividend tax allowance reduced to £2,000 from April 2018.

As always, if there are any points raised in the budget that you'd like more information on, or you merely would like a second opinion, please get in touch.

MORE INFO

To find out more, please contact Louise Grant by calling 01382 312 100, or emailing louise.grant@eqaccountants.co.uk

MAKING TAX DIGITAL FOR DENTISTS

LOUISE GRANT FROM EQ ACCOUNTANTS DISCUSSES THE DIGITAL REVOLUTION FROM HMRC

HMRC has embarked on a massive project, Making Tax Digital (MTD), to compel most businesses to keep their accounting records using computer software that will automatically update HMRC with relevant data on their business income and expenses on a quarterly basis.

For the dental profession, this will affect practice owners as well as dental associates. Based on the current proposals and draft legislation, the requirements are to be phased in so that income tax and National Insurance Contributions (NICs) will be brought within the new regime from April 2018 and corporation tax from April 2020. For some dentists, the start date may be delayed by 12 months but is still subject to further consideration by HMRC.

Instead of submitting an annual self-assessment tax return, dentists will be required to submit regular updates (at least quarterly) of income and expenditure within one month after the end of the update period. They can choose whether or not to include reliefs, allowances and other tax adjustments at this time or wait until the year end return.

By 31 January, following the end of the tax year, or within 10 months of the end of the accounting period if sooner, a declaration will be required finalising the business's profit or loss for the period, making any accounting adjustments required and claiming any reliefs and allowances not already included in the regular updates. This will establish the tax and NIC liability for the year. There will be new penalties for failure to comply.

As it stands, there is no proposal to alter the tax payment dates but there will be an option to "pay as you go". HMRC will use the regular updates to provide an in-year estimate of the tax liability enabling dentists to manage cash flow. To enable taxpayers to budget and to highlight errors or issues more timeously is one of the main drivers for this change.

One very welcome aspect of the proposed changes is that HMRC will automatically pre-populate the Personal Tax Account (your online account with HMRC) with information they already obtain from third parties such as employers, pension providers and banks. No more hunting for that P60.

BOOKKEEPING AND ACCOUNTING SYSTEMS

Unfortunately, the days of the manual cashbook appear to be numbered, with dental principals and associates having to consider whether their books and records will comply with the proposals of MTD and enable them to electronically submit information to HMRC quarterly when required.

All accounting records must be able to link into HMRC's system. This will be achieved by use of commercial accounting software or the possible provision of free software from HMRC, like with their basic payroll package. Records can still be kept on spreadsheets but those spreadsheets will still need to link to HMRC, most likely by means of computer software.

Our team in EQ are keeping abreast of the ongoing developments with MTD and offer a comprehensive service which will be fully compliant with the demands that will result from this consultation. We can offer support, training or a bookkeeping service that will ensure that our clients comply with all aspects of MTD.

SUMMARY

While it is clear that there are changes afoot which will have a significant impact on a number of dentists, there are various areas which are still unclear.

The MTD proposals will be included in legislation in the 2017 Finance Bill, meaning we can expect further clarity on the grey areas. The short timescale involved means we must be prepared for change. Using a qualified professional adviser will help you meet your reporting obligations and ensure you always pay the right amount of tax at the right time.

If you have any questions on MTD and how it will impact on your business, please get in touch.

SILVER SERVICE FROM BRAEMAR

FINANCE COMPANY CELEBRATES ITS 25TH YEAR OF PROVIDING GREAT SERVICE AND GREAT PRODUCTS

Gail Cormack (right) at the 2016 Scottish Dental Awards

For the last 25 years, Braemar Finance has been delivering a knowledgeable, personal service to the professions. Key to that is building and developing lasting relationships, but who exactly are the people that are on the front line of customer service? To find out more about successfully managing high expectations, we spoke with Gail Cormack, an area manager with Braemar Finance.

TELL US MORE ABOUT YOUR ROLE

I am the area sales manager for Braemar for Scotland, Northern Ireland and North East England and I've been in the role since 2002.

A great deal has changed since I started nearly 15 years ago, most notably in terms of people's buying habits, which are very different today to what they were back then. What I enjoy is that this is not a nine-to-five job – you need to be available at times that suit your customers to keep them informed and up to date with developments. I also attend as many events and trade shows as I can.

WHAT IS A KEY CHARACTERISTIC YOU NEED TO BE SUCCESSFUL?

You need to have a flexible approach to your job because there are so many different ways to conduct business today. You need to be adaptable to your customers' expectations and preferences, whether it's over the phone, email or even text message.

You also need to be able to plan and be logical, but enjoy change at the same time because things don't always go according to plan.

WHAT DO YOU ENJOY MOST ABOUT THE ROLE?

I really enjoy chatting and interacting with people. The personal aspect is very important to me, there is nothing nicer than seeing a customer in person, and it's this dedication to a personal service that continues to set us apart.

Seeing everyone in the Braemar Finance office is a real highlight – their support for the area managers and the customers is invaluable and frees us up to be 100 per cent customer focused.

WHAT DOES A TYPICAL DAY LOOK LIKE?

Every working day varies, but I mostly start early by catching up on emails and correspondence before visiting customers and dealing with transactions in person.

I also often attend trade shows, and because we service a number of professions, this part of the job keeps us very busy.

WHAT SETS BRAEMAR FINANCE APART?

The quality and speed of our service. We make taking out finance as stress-free and easy as we possibly can for customers. We are still very much customer focused, we get the job done with the minimum of fuss and in a timeframe very few can match.

Our support team is also absolutely outstanding and what they do is very, very impressive. We truly work as a team. Customers know our names and know that when they call, they'll speak to someone they know who will provide them with the answers to their queries.

WHAT FINANCE PRODUCTS DO YOU OFFER?

It might be easier to ask what we don't offer! We provide everything from tax, business and personal loans to hire purchase, refinance and consolidation finance.

"WE MAKE TAKING OUT FINANCE AS STRESS-FREE AND EASY AS WE POSSIBLY CAN FOR CUSTOMERS . WE GET THE JOB DONE WITH THE MINIMUM OF FUSS AND IN A TIMEFRAME VERY FEW CAN MATCH"

Back to the future

AN INTEGRATED ADVISORY SERVICE WILL PAY OFF WHEN THE TIME COMES TO SELL YOUR PRACTICE

In my previous article, I discussed the need for practice principals to consider selling their practice years in advance of the planned retirement date. One of the main reasons for this is that the purchaser may require the former principal to stay on for a period of time post-sale, which could be anything up to several years, depending on the purchaser.

In Scotland, in addition to associates looking to buy their first practice (often backed by bank debt) there are a growing number of well-funded small privately owned groups of practices as well as larger corporate groups who are actively looking to acquire good profitable NHS, private and mixed practices.

The banks' appetite to lend in the healthcare sector remains strong, and with additional private equity investment into the Scottish market, there are now more options and therefore more opportunities than ever to sell your practice and maximise the value of your investment.

Choosing the right advisor to support you through this process is crucial. The benefit of choosing a commercially-focused corporate finance advisor to advise you on the sale of your practice is that they will understand the real value of you practice and negotiate the best outcome on your behalf.

Also, having access to specialist tax advice when selling a practice is just as important to ensure that the deal is structured in a way that maximises tax reliefs available. At AAB we have specialist tax advisors with experience in buying and selling businesses who will work as part of the advisory team.

For those principals not yet planning the sale of their practice, what you can consider now is whether your existing advisors have the experience to support you through this process in the future and consider making contact with those who do.

Contact us today for a no-obligation chat about your practice.

"HAVING ACCESS TO SPECIALIST TAX ADVICE WHEN SELLING IS IMPORTANT TO ENSURE THAT THE DEAL IS STRUCTURED IN A WAY THAT MAXIMISES TAX RELIEFS AVAILABLE"

ABOUT THE AUTHOR
Michael Edwards is an associate at Anderson Anderson & Brown LLP. To contact Michael, email michael.edwards@aab.uk

Grow your practice by growing your people

FOUNDER MEMBER OF ASDP IAN MAIN, OF STARK MAIN DENTAL, SAYS THAT PERFORMANCE REVIEWS ARE A GREAT WAY TO INVEST IN YOUR TEAM

Most practice owners hire new people to help grow their practice. However, hiring new people just isn't enough. Yes, practice owners invest energy, time and money recruiting new people to grow revenues, grow profits and grow the capital value of their practice, but there's also the need for new people to make your life as a practice owner less hectic and less stressful too. More enjoyable even!

Yet most practice owners fail miserably to methodically improve the skills, knowledge and abilities of their existing people.

How do you performance-review your team? We've written a full guide with simple support tools which we would be delighted to share with you free of charge if you get in touch. But here are some key ideas:

1. Use a simple appraisal form, one you and your people can embrace. You must avoid complexity where possible, and make your performance review a valuable conversation with all your people.

2. Be seen to seriously give performance reviews your full whole-hearted attention. Just as you'd give your child's school report your full attention because you want them to have a bright future, do the same with your workforce.

3. Make performance review time non-negotiable time in your diary. Your team will know you're serious about their progress when performance review times are agreed in advance and never changed.

4. Make your appraisal form and process suit your business culture – every practice is different. Yes, keep performance reviews simple but do tailor them to your practice culture.

Invest time in your team and the rewards for them and you will flow naturally. A happy and skilled team in any practice is a force to be reckoned with! Good luck.

MORE INFO

ASDP is an association of expert professionals in finance, investment, law, valuation, agency and practice management. We are continuously investing in our knowledge and expertise in the Scottish dental market and would be delighted to support you. Contact any member for further details.

WHAT'S THE MAGIC NUMBER?


Douglas Cameron

DOUGLAS CAMERON ARGUES THAT MOST DENTISTS DON'T HAVE A RELEVANT FIGURE IN MIND WHEN THEY ARE CONSIDERING SELLING THEIR PRACTICE

Many of those involved in advising dental practice owners have mixed emotions when contemplating selling their business. There's the excitement of the new lifestyle the cash will afford, and the extra time for hobbies or interests, but there's also anxiety at the loss of a business they have spent a lifetime building. Sellers can also begin to question whether the cash they receive will compensate them for the loss of income from the business.

So, how can one question help to alleviate these concerns? From experience, we have found some deals fall through because the seller discovers the estimated proceeds from the sale will not fund their (semi) retirement plans or support reinvestment objectives. Having worked on the edge of corporate transactions for many years, Brewin Dolphin understands this problem and can help to mitigate it.

NEW PROPOSITION, NEW TOYS

For more than 250 years, Brewin Dolphin has been helping its clients by managing their investments and planning their finances. Today, the firm is entrusted with £32.8 billion of clients' money. A new breed of wealth manager is emerging inside our business which broadens their traditional set of offerings more than ever before. The "old stockbroker" image held by much of the market has been turned upside down with the growth of our financial planning team, now comprising more than 100 planners who come equipped with some exciting new toys.

Our wealth managers now complement the services of dentists' other professional advisers through all stages of a corporate deal – from marketing and due diligence right through to advising on investing the proceeds post-sale in the most tax-efficient manner.

Experience suggests we add most value when we are involved as early as possible in the exit process – and typically throughout the following three distinct phases:

1 – EARLY STAGES OF A DEAL

At Brewin Dolphin, we ask one simple question of dental practice owners: "What's your magic number?" Most people don't know how much money they will need for a "lifestyle fund" following the sale of their business. Brewin Dolphin can help clarify thinking with cashflow forecasting software.

We will talk to you in private about the lifestyle you would like by compiling a personal cash flow forecast that considers your assets and liabilities, including investments, pensions and debt, and helps inform how much you will need from the sale – the "magic number". The forecast can take into account deferred consideration, earn-outs and even account for reserves to cover warranties. It then displays in simple, but effective, graphic terms how long the net proceeds will last.

2 – PREPARING FOR A SALE

As you and your advisers organise the business and its key assets for sale, Brewin Dolphin's financial planners are on hand to provide advice and help by considering the effects pre-existing tax structures may have on a transaction and providing pensions advice. We can even source the right insurance products, shareholder protection and key person insurance.

3 – POST-COMPLETION

While many practice owners will reinvest in other ventures, we find they will rarely put all their eggs in one basket and, therefore, need advice on how to invest at least a proportion of their wealth. Brewin Dolphin's investment managers will establish a suitable investment strategy, based on personal circumstances, objectives and attitude to risk. We create bespoke portfolios to help clients achieve their goals – without the burden of the day-to-day running of their investments. When business owners know their magic number in advance, they are more comfortable entering the deal arena and we see more deals complete.

This isn't about money:

it's about what money can do.

Protect your loved ones, create a healthy, wealthy retirement, fund your passion… the first question we'll ask you is what you want to achieve. And then we'll use all of our knowledge and knowhow to help you achieve it. But we won't stop there. We'll keep on asking, listening, and building a close relationship that helps you reach all of life's goals.

To find out what money can do for you please contact:

Douglas Cameron
t: 0141 221 7733
e: douglas.cameron@brewin.co.uk

Charles Nicholson
t: 0131 225 2566
e: charles.nicholson@brewin.co.uk

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The value of investments can fall and you may get back less than you invested.

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- ✔ Full Marketing of the practice
- ✔ Professional Negotiations
- ✔ Sales Progress Management

What our clients say about us:

"PFM Dental have sold two of my practices with great success. A fantastic service and I wouldn't hesitate to reccomend them."

Ray Ross, Edinburgh

"The service has been fantastic and you truly provided a hand holding service throughout. A must for anyone selling to a Corporate."

Adelle McElrath, Kilmarnock

CONTACT US TO DISCUSS THE SALE OF YOUR PRACTICE

t. 01904 670820 | e. martyn.bradshaw@pfmdental.co.uk | www.pfmdental.co.uk

*PFM Dental have registered "Priority Buyers" who will pay the agency fee in addition to their offer on behalf of our clients. All payments are sent to our client's solicitor and fees are charged as normal

WORKPLACE PENSIONS: WHAT YOU NEED TO DO

AUTOMATIC ENROLMENT IS UNDER WAY AND APPLIES TO ALL EMPLOYERS WHO HAVE AT LEAST ONE MEMBER OF STAFF. JON DRYSDALE GIVES ESSENTIAL ADVICE

Under the Pensions Act 2008, every employer in the UK must put certain staff into a pension scheme and contribute towards it. This is called automatic enrolment. Here, I explain how it affects dental practices.

First, a warning – dentists selling their practice need to take care not to breach workplace pension rules, even if the sale is scheduled to complete before their automatic enrolment duties begin. The Pensions Regulator allocates every business a staging date by which time their workplace pension scheme needs to be set up. Delays to a sale transaction are commonplace and could result in the staging date being missed. Failure to comply on time incurs a fine of £500 and further financial penalties thereafter.

However, a little-known aspect of workplace pensions is the option to defer the start date of contributions by three months. This means your scheme will need to be in place but allows three months breathing space before you commit to paying into your employees' pensions. This may mean you can meet your obligations as your practice sale date looms by setting up a workplace pension scheme but avoid further financial commitment.

YOUR DUTIES AS AN EMPLOYER

The process for setting up a workplace pension includes:

- selecting a suitable scheme provider
- confirming which employees are eligible for the scheme
- arranging employee enrolment
- providing (compliant) employee communications in a timely manner
- co-ordinating the chosen scheme with your payroll to ensure deductions are made correctly
- completing a Declaration of Compliance with The Pensions Regulator.

Below are different timing considerations. First, if you are in the process of selling your practice, second, if you are a practice owner not selling and lastly, if you are buying a practice.
You need to know your staging date.
Go to the Employers section of The Pensions Regulator website (www.thepensionsregulator.gov.uk) and follow the instructions under "Useful links".

> "FIRST A WARNING – DENTISTS SELLING THEIR PRACTICE NEED TO TAKE CARE NOT TO BREACH WORKPLACE PENSION RULES, EVEN IF THE SALE IS SCHEDULED TO COMPLETE BEFORE THEIR AUTOMATIC ENROLMENT DUTIES BEGIN"

STAGING DATE BEFORE LIKELY COMPLETION DATE

You will need to have your pension scheme set up in accordance with the requirements of The Pensions Regulator – failure to do so could result in a fine of £500 or more. You can defer your employer contributions by up to three months.

STAGING DATE UP TO THREE MONTHS AFTER LIKELY COMPLETION DATE

Due to the nature of practice sales, there is a chance the completion date will overrun the staging date so I advise you proceed with setting up your pension scheme. If you overrun your staging date you will be fined as above.

STAGING DATE AT LEAST THREE TO SIX MONTHS AFTER LIKELY COMPLETION DATE

You should monitor the completion timescale and set up your pension scheme once you are within three months of your staging date.

STAGING DATE AT LEAST SIX MONTHS AFTER LIKELY COMPLETION DATE

You may not need to set up your pension scheme. However, you should continue to monitor the completion timescale and set up your scheme once you are within three months of your staging date.

NOT SELLING – WHAT DO YOU NEED TO DO?

Practice owners who aren't selling should ensure they know when their staging date is. The staging dates for the majority of small businesses fall in 2017, so if you don't already know yours then take action. Visit The Pensions Regulator website and use your payroll reference number to find this out.

BUYING A PRACTICE – WHAT ARE YOUR OBLIGATIONS?

Dentists buying a practice will be issued with a staging date unique to their new business venture, even if the existing practice owner has made arrangements. Advice should be sought from a dentally aware independent financial adviser on whether or not there is an existing scheme and if it is appropriate to continue with this.

WHICH PENSION SCHEME IS BEST?

There are a number of workplace pension schemes in operation, several of which levy one-off fees and some that don't. Seeking advice on which scheme is suitable may therefore achieve a cost saving as well as taking much of the time and hassle out of the setting up. Although professional advice is useful at the setting up stage, there should be little need to pay advisers ongoing fees for maintenance of the pension scheme – take care to avoid this. Many accountants outsource payroll, which is a key element to the functionality of your workplace pension scheme. Ideally, your accountant will handle this in-house and work with you to ensure eligible employees are opted in and contributions are set at the correct level.

MORE INFORMATION
Jon Drysdale is an independent financial adviser for chartered financial planners, PFM Dental, which has offices in Edinburgh and York and provides a full workplace pension set up service. Go to www.pfmdental.co.uk

Exhibiting at the Scottish Dental Show *please visit our stand.*

Thorntons

Understanding the unique needs of the Dental profession

The Dental Law Team at Thorntons are on hand to take some of the strain by providing practical and implementable solutions. So, whether you are buying or selling your practice, incorporating it, dealing with associates, handling staff issues, entering into expense sharing agreements, agreeing a partnership, or struggling with regulatory or disciplinary issues Thorntons can help.

For specialist legal advice contact one of the partners in our Dental Law Team:

Michael Royden
mroyden@thorntons-law.co.uk

Ewan Miller
emiller@thorntons-law.co.uk

Tel 01382 229111
@thorntonsdental

www.thorntons-law.co.uk

NASDAL ASPD

How to build your practice

IAN MAIN EXPLORES SOME OF THE COMMON QUESTIONS AND POSSIBLE ANSWERS WHEN LOOKING TO BUILD OR EXPAND YOUR DENTAL BUSINESS

We only work with dentists operating in Scotland. As a result, we are able to be "on the ground" and are aware of the challenges and opportunities which exist in this marketplace.

Running your own practice can be a very lonely place, but you would be surprised just how common your challenges may be among Scottish practitioners. One of the most common questions we are asked is "How do I grow my practice?" As a result we have developed a tried and tested approach adaptable to all practices. So where do you start? What is the best strategy for your practice?

Conventional wisdom is that growth is all about new patient acquisition, which is an important strand of any marketing strategy. But, in our research we have found some easier starting points and our five-point marketing platform has three other simpler activities before new patient acquisition. If you'd like to discuss in more depth and share ideas on your growth just let me know. The six "high level" areas of possible growth (in order of ease) are:

1. Increase prices – the quickest way to growth, ensure you charge what you are worth!

2. Existing patients – existing services. Are you sure 100 per cent of your patients are aware of 100 per cent of your services (where relevant)?

3. Existing patients – new services. What new services could you roll out personally or via an incoming specialist?

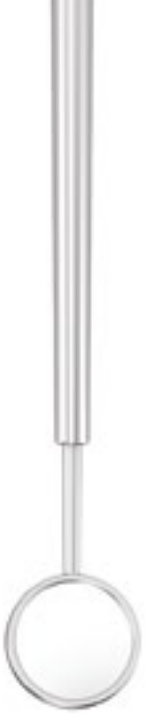
4. New patient acquisition – now we can look to implement strategic activities to increase your patient numbers.

5. Acquire another practice – when organic growth is inappropriate/exhausted then expansion via acquisition may be your next choice.

We have a wealth of tactical ideas for implementation in each of these areas and would be delighted to share them with you in a no obligation/charge meeting. Just let me know if you would like to grow your practice.

Good luck!

MORE INFO
To get in touch with Ian, call 0131 248 2570 or email ian@starkmaindental.co.uk



WE ARE LOOKING TO BUY DENTAL PRACTICES ACROSS SCOTLAND.

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CLYDE MUNRO
DENTAL GROUP

So here are some words from Isabel Diamond and Duncan Black, just two of the dentists who sold their practice to us last year. This is what they have to say...

"All of my personal dealings with the Clyde Munro team were excellent; everyone was courteous and professional to a fault and a pleasure to deal with. The overall duration of the process from viewing to completion of sale was superb: less than 6 months whereas I had been bracing myself forpotentially a 12-15 month process"

Isabel Diamond
Diamond Dental Practice

"The team at Clyde Munro were a pleasure to deal with - professional, yet understanding - and they handled the whole process with sensitivity. Since selling, I have continued to work in the practice and thoroughly enjoy being part of the Clyde Munro Group and the support it brings. I am delighted to have more time to devote to patient care, without the constant worry of administration and compliance."

Duncan Black
Halo Dental Clinic

WWW.CLYDEMUNRODENTAL.COM

SELLING YOUR PRACTICE?

We know that deciding to sell your practice is a huge step. At Clyde Munro, we want to show you how you can make that step with complete confidence.

Being a Scottish business with our headquarters and support centre based in the heart of Glasgow, our team know the Scottish market well. We have lived and worked in communities across Scotland and understand the value of building on the legacy and credibility you will have built up as a local community dentist, sometimes over generations.

Our experience within the dental industry, along with proven business management skills will give you, as a dental practice owner, confidence that your practice will be in good hands going forward.

We pride ourselves on being unique in our approach, building on our family of practices across Scotland that are renowned for their local patient care and engagement with their local communities. So if you're thinking of selling, please get in touch.

Contact Fiona Slavin, our Acquisitions and Integration Director, for a no obligation chat on how we can work together. Email: fiona.slavin@clydemunrodental.com

SEE US ON STAND C01/C02
AT THE SCOTTISH DENTAL SHOW

Private equity interest increases competition for practices

PAUL GRAHAM, ASSOCIATE DIRECTOR AT CHRISTIE & CO

Moving towards the end of the first quarter of 2017, Christie & Co is continuing to see a high level of activity in the dental market in Scotland.

With interest still coming in from a range of buyers, the emergence of private equity investors in the dental sector is perhaps the most notable trend, and this is becoming more and more apparent. Interest is certainly starting to filter into the Scottish market from London-based PE firms whose portfolios mainly contain practices south of the border, many in London. While it is yet to make a huge impact in the sector, this new wave of interest in the marketplace means demand is set to increase even further which, in turn, is likely to push up values due to the amount of competition for sites.

Independent purchasers – including existing practice principals wanting to acquire their second or third sites, as well as first-time buyers coming in from associate level – are still buying in force. This is shown through the recent sales of Eunson Dental Practice in Burnside, Glasgow and Main Street Dental in Kilwinning, Ayrshire, both of which were purchased recently by first-time buyers. Furthermore, we've just recently agreed a deal on a four-surgery, associate-led practice in Glasgow which achieved no fewer than 18 viewings and multiple offers received at a closing date. All of this after just four weeks on the market.

On the funding side, Christie & Co's sister company, Christie Finance, is seeing that the increase in interest in the Scottish marketplace is largely supported by banks' willingness to lend to the sector. It is seen as a 'safe' industry by investors and lenders as it is generally unaffected by external political and economic issues.

We expect this high level of demand to continue in Scotland throughout 2017 so now is as good a time as any if you're considering an exit, and likewise, it's a great time to seek advice if you want to get onto the dental business property ladder.

MORE INFO
To discuss how Christie & Co might help you achieve your future plans in Scotland, contact Paul Graham on 0131 524 3416.

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Slim Line SimpleLine IMPLANTIUM SuperLine NR Line

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New website now live at: www.implantium.co.uk

RESEARCH, RELIABILITY AND RECOGNITION

IMPLANTIUM IS THE SOLE DISTRIBUTOR OF DENTIUM IMPLANTS IN THE UK, HERE WE LOOK AT THE THREE RS OF THE IMPLANT SYSTEM

Dentium are one of the world's top 10 largest dental implant manufacturers, with a global network of distributors. Dentium offer a cohesive range of product options; mini implants, short implants, tissue level, bone level, tapered and straight implants with screw and cement retained abutments.

All Dentium systems, including fixtures, surgical components, prosthetic components, and synthetic bone grafting materials, enable quick, accurate, and aesthetic dental implantation.

Implantium have successfully built sales on a platform of excellent training and a high level of clinical support. This specialist support is available to customers during office hours by way of Clinical Advisors, who are qualified dental nurses with great experience of the Dentium systems.

Customers are also able to access online chat, and a wealth of training videos and resources via the website.

Five product ranges offer a solution for all dental implant requirements. Colour coded across all ranges through the implant packaging and surgical kits offering simplicity and ease of placement and restoration.


FIG 1


FIG 2

SUPERLINE AND IMPLANTIUM

The most popular two ranges offer a straight (Implantium) or tapered (Superline) bone level implant. An internal hex with an internal taper of 11 degrees, provides a biological connection that ensures even load distribution, minimising micromovement and marginal bone loss. Platform sizes range from 3.7mm to 7.0mm with lengths from 5.5mm to 14mm. A short implant is available within this range.

NR LINE


FIG 3A

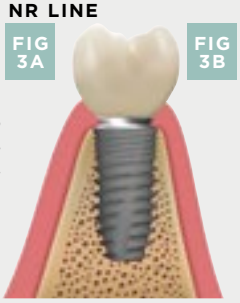
FIG 3B

Designed for the narrow ridge from 3.2mm – 3.6mm platform for the European market with a body diameter of 3.1mm to 3.6 mm. With a square internal fixation with a 10 degree taper, this implant can be used at bone or tissue level.

SIMPLELINE

A tissue level straight implant with an internal octagon design with an 8 degree taper. Screw loosening is also prevented due to the cold welding mechanism for solid abutment application.


FIG 4

SLIMLINE

A single body implant. Body diameter from 2.3mm. Can be a ball type (over dentures) or fixture type (external fixation).

All implants are manufactured from commercially pure titanium (grade 4) with an SLA surface. Dentium was the first company to successfully achieve the SLA (sandblasting with large grits and acid etching) surface treatment technology. Ever since its establishment, Dentium has collaborated with leading clinicians, research institutes, and universities to develop and offer the state-of-the-art products to make dental implant surgeries easier and more predictable.

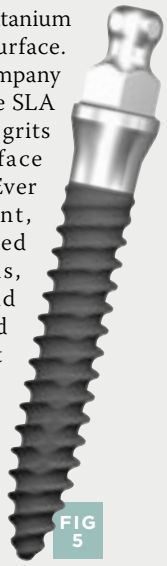
FIG 5

Dentium is globally recognised as a company dedicated to research and development. Dentium R&D centre in South Korea consists of highly specialised and experienced researchers with one of the most advanced facilities and equipment for innovation available today.

For this reason, Dentium R&D is currently leading the international technical development of implantology through active collaboration with the government, renowned universities and hospitals. Dentium R&D centre has proven its capability in heightening its technology and bringing new meaning to innovative development. Through the years of know-how and master craftsmanship in the industry, Dentium R&D has captivated the attention of dental professionals all around the world.

Fig 1 – The Superline tapered implant
Fig 2 – The Superline is also available as a short implant
Fig 3a – The NR Line, designed for the narrow ridge
Fig 3b – The NR Line can also be used at bone level
Fig 4 – Simpleline straight implant with an internal octagon design
Fig 5 – The Slimline single body implant

MORE INFORMATION

Dentium implants are manufactured in South Korea and the USA. With this amount of research and reliability, is it time to find out more? Visit our new website at www.implantium.co.uk

Mocom's New Release

Dental DECONTAMINATION

Contact the team on 01253 736355 for more information or email account@dentaldecontamination.net

Mocom have been working alongside dental professionals to reduce the time they spend in the decontamination room so that their time can be spent increasing productivity in the surgery and other area's of the dental practice resulting in increased revenue.

The Mocom H10 has the ability to ultrasonic, wash, thermos-disinfect and dry 2kg of instruments in just 35 minutes. This process when done manually for the same amount of instrument has been timed at taking 55 minutes on average.

With a Mocom H10 working alongside a Mocom autoclave you can process 2kg of instruments in just 75 minutes. This is from dirty to ready to use, with the nurse only having to spend 15 minutes in the decontamination room bagging the Instruments.

With over 1,000 sales globally in the first 12 months the positive feedback has been overwhelming

FINDING HIS CENTRE

A NEW DEDICATED IMPLANT REFERRAL CENTRE HAS OPENED IN GLASGOW, RELOCATING FROM BISHOPBRIGGS. TARIQ ALI EXPLAINS WHY HE DECIDED TO MAKE THE MOVE

BRUCE OXLEY

When Tariq Ali set up the Centre for Implant Dentistry within his existing practice in 2011, it was always with a view to open a dedicated centre at some point in the future. Now, Tariq has realised that ambition with the launch of his standalone referral centre close to the heart of Glasgow city centre.

After graduating in 1998 from Glasgow, he completed his VT year in Barrhead and then worked as an associate in Glasgow. In 2003, he took the plunge into practice ownership when he took over Bishopbriggs Dental Care. Originally a fully NHS practice, under Tariq's stewardship it has undergone many changes and now offers a range of private treatments as well.

Having built up the practice, Tariq found himself looking for new challenges outwith general dentistry and, when his wife had two implants placed by Crawford Bain nine years ago, it led him to start thinking about placing implants himself. He said: "Implants struck me as the ideal solution when a patient was faced with edentulism. I asked myself: 'Why was I providing dentures when there was a better alternative?' At the time, I was also looking to concentrate in one field of dentistry while working in practice and implants seemed to be the answer."

After a few introductory courses, and working with a clinical mentor in practice, he embarked on the more formal training of the FDGP Implant Diploma at the Royal College of Surgeons in London. This course gave Tariq a more thorough understanding of the field and honed his skills to a level where he was confident he could provide a dedicated implant service for his patients.

So, in 2011, the Centre for Implant Dentistry (CID) was introduced within Bishopbriggs Dental Care and Tariq started concentrating solely on providing implants, initially only for his existing patient base. However, after he placed an implant for a colleague and received great feedback, he decided the time was right to expand the service and he started to actively seek referrals from the dental community in Scotland.

From the beginning, it was always in his mind that the CID would be better suited in separate premises to preserve the distinction between the two businesses.

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Joe and Dylan and all the rest of the group at Pearl White wish to give Tariq and his team a big congratulations and best wishes in the development of his new premises for Centre of Implant Dentistry.

Moving forward and keeping focused takes precedence in this dental climate and we give many thanks to Tariq in being supportive of the evolvement of Pearl White's growth in the digital sector of dentistry.

Adopting new developments in the wake of the intra-oral scanners has opened up an avenue for patients to be treated quicker and with less aggravation.

As a fully integrated and Trios approved digital laboratory we are at hand to help grow the practices we work with and support their needs following the addition of any digital technologies in the surgery environment.

Please contact Joe or Dylan for information and support or enrol for one of our highly successful intra-oral scanner informative evenings.

pearl white
DENTAL LABORATORY

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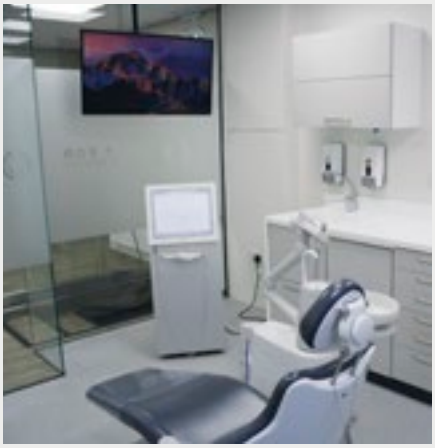

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Tariq has always maintained that the patients referred by colleagues would be looked after and then returned to their own dentist after the implant treatment is concluded. Having patients seen within the same building as his own general practice, was not ideal.

However, before he could make the investment in new premises for the implant business, he needed to build up his referral base and make sure that the timing was right to finally make the move. In early 2016, Tariq decided the time was right and it wasn't long before he came across the ideal location. He was driving along Berkeley Street near the Mitchell Library and noticed a for sale sign outside the 100 Berkeley Street building. He enquired and was soon shown around the former office space measuring more than 1,300 sq ft.

The ground floor space provided exactly what Tariq was looking for – namely an empty shell that he could make his own. Having had a few years to mull over his ideal referral practice, including visiting practices as far afield as Portugal and Italy while on implant courses, Tariq had a clear idea of what he wanted the layout and flow of the practice to be. He enlisted the help of an architect to formalise his plans and instructed SAS Dental to carry out the building and fit-out work.

Tariq received the keys in October 2016 and opened the doors to his new implant-only referral practice in late February. The result is a practice with ultra-modern clinical areas featuring glass partitions with CID branding. There are two surgeries, a surgical suite and a

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restorative room, both incorporating clean lines and white surfaces, paired with grey cabinetry for a modern, clinical feel. The reception area and the recovery room, however, feature warmer colours and softer lighting to relax patients and put them at ease.

Tariq worked with SAS's project manager Mark on a daily basis and was impressed with the quality of work. He said: "Mark was excellent from day one, very helpful and accommodating. The standard of work and finish was excellent and Mark and the team at SAS helped with the style and look of the practice and gave me lots of ideas."

The practice's LDU was kitted out with equipment by Dental Decontamination and the practice's CT scanner was moved from the Bishopbriggs practice – where it resided in Tariq's surgery – to its own dedicated room in the new practice. Tariq explained that digital workflow is vital to the way the practice works, with CBCT imaging and intraoral scanning at the heart of every implant treatment. He said: "The introduction of CBCT has completely changed the way I work and we utilise a completely digital workflow. This leads to predictable, safe surgery."

And, while the new practice also features a small in-house laboratory, CID works closely with Pearl White Dental Laboratory for its technical expertise. Tariq also revealed that he got valuable assistance and financial advice from Performance Finance and also Graham Cantlay from Robb Ferguson Chartered Accountants.

With this new premises, Tariq explained that he feels they are able to continue to offer the high standard of implant treatment that his referring dentists have come to expect, in a more accessible and modern location.

He said: "It was a conscious decision to focus solely on implants. We only do implants and we do it well. We work with or referring dentists, and if they are willing and able, we will assist them in restoring the implants in their own practices."

Tariq is planning on holding a dedicated restorative course aimed at GDPs in the coming months aimed at helping dentists talk about implants to their patients and get to grips with what is involved.

For details on this and everything that the centre can offer, visit centreforimplantdentistry.com

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Strictly Confidental has been operating for over 16 years within the Dental Profession in Scotland.

We can source and supply all relevant information regarding sales, valuations and acquisitions of Dental Practices and we can also assist with recruitment.

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EVERY STEP OF THE WAY

PEARSE HANNIGAN EXPLAINS HOW TRISHA AT STRICTLY CONFIDENTAL HELPED HIM IN THE PROCESS OF BUYING HIS FIRST PRACTICE

I left Ireland in 2004 to study dentistry at Glasgow University. After graduating in 2009, my first job was as a dental foundation trainee at Glasgow Dental Hospital, shortly followed by a year's Vocational Training at Eaglesham Dental Care under the guidance of Roddy and Irene Black.

My first associate position was at Greenlaw Dental Care in Paisley where I worked, very happily, for five years. It had long been my ambition, however, to one day own my own practice. My parents have always been very entrepreneurial and I took inspiration from them. I dreamt of becoming my own boss and taking control of my future.

The only problem was I had absolutely no idea how to go about buying a dental practice. I had tried looking online and in various publications but I wasn't getting anywhere fast. A friend then recommended Trisha at Strictly Confidental. Trisha came out to meet with my wife Hazel and I at home and explained the entire process to us. I learned more in one meeting with Trisha than months of trying to do my own research. We registered with Trisha and she would then contact us whenever a suitable practice went on the market.

We first saw the practice in Muirhead in February 2016. It had been open for eight years but had limited investment during this time. The location and size of the practice were ideal for our circumstances. However, I knew that significant time and investment would be required to turn it into a practice I could be proud of. I could always see the potential this practice had but, equally, I knew I had a huge challenge ahead of me.

After much consideration, we decided to move forward with the purchase of the practice. For me this was the most daunting period in the entire process. You must suddenly find, and take advice from, accountants, solicitors, surveyors, financial advisors, banks and insurance brokers; all of whom will try to give you a crash course in their respective fields of expertise. Finding the time to do this when you're working full time as an associate is not easy. Thankfully, Trisha has a whole network of experts, which she has cultivated over many years that she can put you in touch with. Her contacts have all worked with dentists in similar circumstances many times before and understand the restrictions our job entails. I managed to arrange almost all of the necessary meetings after work and Trisha was always available on evenings and weekends if I had any questions.

Hannigan Dental Care was born on 1 August 2016. That first day was exhilarating but the thrill was short-lived as the enormity of the workload I was about to undertake finally hit home, and I fully realised just how steep a learning curve I was facing. You can read books, ask advice, make all the plans you like, but nothing actually prepares you for how it feels when you finally take that leap of faith and move from associate to principal. It was daunting, exciting and overwhelming all at once.

Thankfully, the staff I have inherited have been fantastic and made me feel at home right from day one. Having their support really was half the battle. The biggest challenge so far was actually keeping the business running while carrying out major renovations to the building. We were very lucky in that we had a lot of help from friends and family who all mucked in, which allowed me to get on with meeting my patients and learning how to run a business. I was a principal Monday to Friday and, at weekends, Hazel and I swapped our scrubs for overalls and got involved with the renovations too. The whole process has been such a team effort and it couldn't have happened without the hard work of so many people, to whom we are extremely grateful, not least Strictly Confidental, who were with us every step of the way.


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Please remember at this time of year the VTs in Scotland will start looking for associate positions and we have many of them on our register as well as various experienced Dentists. Please call PS Newjob now and speak with April who will be able to help you.

OUR TOP TEN VACANCIES AT THE MOMENT

DENTAL ASSOCIATE (AYRSHIRE)
- Full Time position with active patient list
- Modern mixed practice.
- Excellent support staff.

LOCUM DENTIST (GLASGOW – 1 YEAR)
- Full time
- You will be taking over an active mixed patient list
- This list also has a lot of private potential.
- The practice is well located and has been well established.
- The support staff within the practice are all qualified and experienced which will aid in settling in process.

DENTAL NURSE (EDINBURGH)
- Full Time position for a busy friendly practice
- Excellent rate of pay for a qualified registered Dental Nurse
- Lovely practice.

DENTAL NURSES (ALL OVER SCOTLAND)
- Temporary/Locum Nurses for immediate starts.
- Looking for extra days for extra money?
- Are you fully qualified and registered?
- Call us now to work within various practices.

FLOATING DENTAL NURSE (COVERING 4 SITES – ABERDEEN)
- Float between 4 different practices so you must be flexible.
- The practices are friendly, modern and well equipped
- Providing chairside support to Dentists or Hygienists and the practice team.
- You must have experience in materials, aspirating, updating patient records and most importantly making sure that the patient is comfortable throughout their treatment
- Excellent salary for the right candidate

DENTAL ASSOCIATE (DUMFRIES AND GALLOWAY)
- Full Time position within a modern, well equipped practice.
- This vacancy requires an experienced clinician looking for a busy practice
- Full and active patient list available.
- Accommodation for someone if required.

DENTAL ASSOCIATE – (INVERNESS)
- Full time
- Well equipped modern practice with good support staff
- Excellent location
- Good Remuneration

DENTAL NURSE – (GLASGOW)
- Full time position in city centre location
- Excellent opportunity to expand dental nursing skills
- Great salary for the experienced nurse

DENTAL ASSOCIATE – (INVERCLYDE)
- Full time position
- Fantastic central location
- Working alongside other experienced clinicians
- Active patient list

DENTAL HYGIENIST/THERAPIST – (GLASGOW)
- Part time position
- To support experienced clinicians
- Busy and friendly practice
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KNOW YOUR HANDPIECES

CARL WISE, FROM MC DENTAL REPAIRS, ON HOW TO CHOOSE THE RIGHT HANDPIECE

There are a multitude of handpieces available on the market today. A large proportion of them are well designed and fall within a similar price band. But how can you reduce the number of potential pitfalls and come to an informed decision as to which handpiece will suit you and your needs the best? It's simple, try before you buy.

Read on for advice on how to choose the best handpiece for you. If you are still unsure, then come and visit us at the Scottish Dental Show on 19 and 20 May for further advice.

ERGONOMICS

Often overlooked, but most important of all. The physical compatibility of a turbine, straight or contra-angle handpiece design is absolutely integral to both your comfort and that of your patients.

Consider it like a pen; we all like different styles and designs of pens. Some will fit more comfortably in your hand than others. One that is not suitable will make your hand ache and reduce the quality of writing.

With a dental handpiece, the effect is even greater. Working at awkward angles with an unsuitable handpiece can be physically and mentally draining. Putting strain on your hand and wrist can make your elbow, shoulder and ultimately your back ache. As with choosing the wrong pen, choosing the wrong handpiece can reduce the quality of the end result.

Swivel connections are offered by most handpiece manufacturers. A handpiece with this type of connection, when placed on a coupling, will allow the handpiece to rotate through 360 degrees. This allows you to accurately choose the angle of the handpiece, increasing comfort and giving you a better angle to work. While swivel connection handpieces go some way to making your choice more ergonomically suitable, the size and feel of the handpiece is the most important factor. Purely down to personal preference, the weight and size of a handpiece you require are usually closely linked to hand size and strength. Try to test out a variety of handpieces.

Finally, it is very easy to assume that a visually well-designed handpiece will be more comfortable and perform better. But a handpiece which looks aesthetically pleasing may not be the most comfortable for you to use or indeed the best in terms of performance. Choose what feels the most comfortable and natural for you and try to get opinions on the performance of handpieces or brands in which you are interested. The best way to make an informed decision is to experience a range of handpieces and try to become aware of what feels comfortable.

PRICE AND PERFORMANCE

Budget handpieces are certainly suitable for the more mundane tasks such as polishing, scaling and some drilling. They are also often considered as more disposable than repairable, but that doesn't mean they can't be repaired cost-effectively.

So how does the company who manufactures a budget handpiece make it so much cheaper? It's partly because it's mass-produced in even higher quantities than its more expensive alternatives. Money is also saved if the design has been copied from a similar handpiece, which reduces the need for research and testing. But the main differences are materials and method of manufacture. These two factors are the only significant variables which separate budget from a top end and contribute to the larger difference in price.

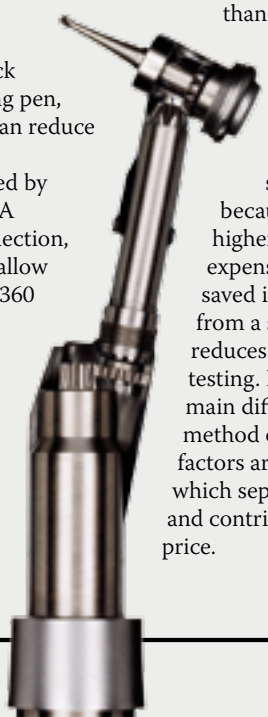
So, how does the difference in materials and manufacturing change a polishing brush, for example? Performance wise, you might notice less torque. This means that the brush will stop with less pressure applied, but this is also heavily dependent on the quality of the motor that the handpiece sits on. The length of service is the other difference you might notice. Cheaper bearings will wear quicker and sound louder. The housing that makes up the handpiece may not fair quite as well through the autoclave and disinfection procedure, but neither should be an issue with the correct maintenance procedures in place.

In summary, the only real and noticeable differences of a budget polishing brush will be the length of service and the noise such a handpiece will make. Any reputable trader will ensure you only get the best of what is available at this end of the market as some online deals are not quite what they first seem. Also with the added benefit that your reputable dealer will offer you warranty, a very low cost, and peace of mind that your patients are safe.

DO YOU GET WHAT YOU PAY FOR AT THE TOP END OF THE MARKET?

I don't think you would be surprised to learn that yes, you do get what you pay for. That's not to say that budget handpieces don't have their place. Many dentists use budget handpieces as their workhorse and save the high-end equipment for more intricate and bespoke work.

But, when you part with more money, what are you actually paying for? Firstly, you're paying for the name. While this may not seem like something positive to be parting with extra money for, with dental equipment, it is a very good thing to be paying for. Names and brands have to be constantly protected, improved and reinforced. This means a good brand will want to produce good handpieces. By



buying in to a well-known and established name, you are guaranteeing that parts will be available with nearly every repair house in the country for the foreseeable future.

Next up is quality. From design, materials, manufacture, testing and suitability for purpose, a more costly handpiece from an established brand will have had more thought and effort put in from conception through to sale. The higher standards throughout produce a higher level of performance, compared to cheaper counterparts. And, when repaired with good quality components, they can often be returned to a near new condition, making them a much more financially sound investment in the long term.

There are some great quality handpieces out there at surprisingly low prices. Finding one is usually down to asking someone who has experience with as many handpieces as possible – someone who knows exactly what you're getting for your money, like our engineers. They have the experience of using and disassembling virtually every handpiece on the market.

Whatever your demands, they are most likely going to be met by discussing your choice with someone who is informed on handpiece design and quality. Always ask for a range of quotes for similar handpieces from different manufacturers. Don't be afraid to ask the question: "Why is there a difference in price?"

REPAIR AND SERVICING COSTS (PARTS AVAILABILITY)

This is where you simply have to put in the legwork. Make a phone call with a potential handpiece in mind and we can tell you quite a lot about its future. How much do various components or repairs cost? How often would we expect to service or repair the handpiece? Can you expect parts to be available for the foreseeable future? We can give you quite an accurate view of what you're letting yourself in for. All handpieces can be repaired, but not always cost effectively. Sometimes it is simply cheaper to replace than repair.

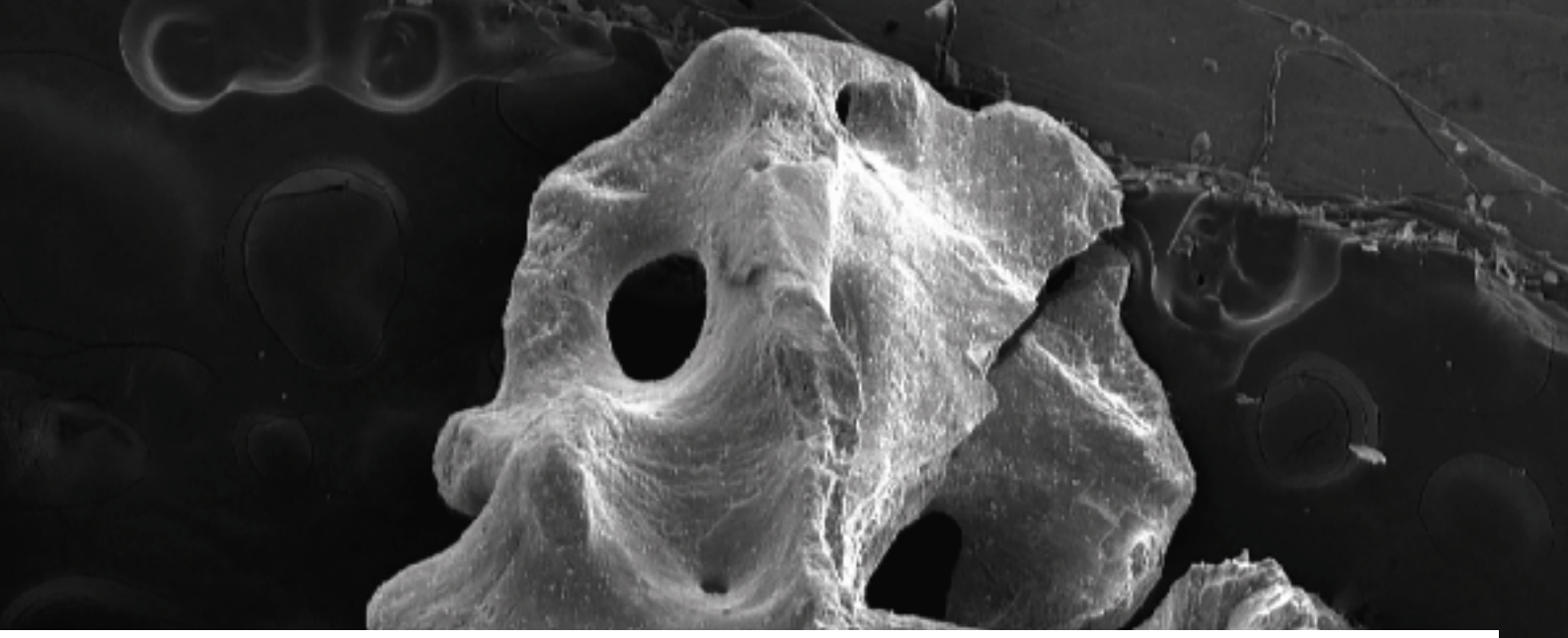
MAINTENANCE

It is an unfortunate fact that a large portion of handpieces are not maintained in the correct way. Manufacturer's instructions may not make for an interesting read for even the most dedicated of handpiece enthusiasts, but they provide often valuable information.

You can save thousands of pounds in the lifetime of your equipment or even help prevent that equipment being resigned to the scrapheap long before that time is due. Read them cover to cover, however painful it may be.

ABOUT THE AUTHOR

Carl Wise is managing director of MC Repairs Ltd and MC Dental Equipment Ltd. He started working in the dental industry back in 1998, initially manufacturing rotary brushes. Later that year, he helped to build a successful dental handpiece repair company and went on to be operations manager there for 10 years. In 2009, he decided to set up business specialising in handpiece repairs. The company quickly evolved and MC Dental Equipment was formed. This now allows the MC group of companies to assist surgeries with all of their small equipment repairs and sales need.



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The latest in a long line of cutting-edge solutions is the On1 restorative concept, creos xenogain and MultiUnit Abutment Plus.

FLEXIBLE AND EASY WITH OPTIMAL HEALING

The outstanding On1 restorative concept is great for both surgeons and restorative clinicians alike, providing surgical flexibility to place with confidence and a simplified workflow to restore with ease.

The unique design of the On1 Base brings the connection for restorative components from bone to tissue-level, so that – unlike with traditional two-stage healing and temporary abutments for bone-level implants – the biological seal created by the soft tissue remains undisturbed throughout the restorative workflow, optimising the healing process. This is not only essential for a successful outcome and better aesthetics, but it also acts as a barrier to bacteria and helps maintain bone volume around the implant.

The On1 concept has been designed with ease of use in mind and both the On1 Healing Cap and On1 Temporary Abutment can be connected to the base with a pre-mounted handle for easier placement. They also both support the intraoral scanning approach, which facilitates conventional impression-taking procedures for maximum accuracy and precision.

For the surgeon, the On1 concept provides flexibility to use any of the three different implant systems with internal conical connection – NobelActive, NobelParallel and NobelReplace. By only using precision-engineered Nobel Biocare components, the risks associated with ill-fitting or non-biocompatible third-party abutments is removed, offering increased peace of mind. For the restorative dentist, the On1 Base allows for an improved patient experience, as well as simplifying the placement of restorative components due to the tissue-level base.

SAFE AND RELIABLE BONE SUBSTITUTE

Recently extending the comprehensive creos regenerative assortment, Nobel Biocare has launched the creos xenogain portfolio, comprising of an extensive range of non-sintered xenogenic bone substitutes for guided bone regeneration and guided tissue regeneration procedures.

Above: The Nobel Multi Abutment (left) and On1(right)

creos xenogain is characterised by a preserved natural bone matrix with micro- and interconnected macropore structures that offer a suitable environment for new bone formation. It is proven biocompatible, and unique processing methods remove the bovine proteins and lipids. With a calcium phosphate ratio that reflects the composition in human bone and a low crystalline structure, creos xenogain is accepted by the body as a suitable framework for bone formation. Furthermore, bone substitutes in the creos xenogain range have a slow resorption rate and act as a long-lasting scaffold, maintaining space for bone regeneration.

For a quick and hassle-free application, clinicians can choose from syringe, vial or ready to mix bowl formats. Plus, with two granule sizes and up to four volume options, there are a wide variety of alternatives for easy graft application.

REDUCED CHAIRSIDE TIME

The new MultiUnit Abutment Plus is an enhancement of the Nobel Biocare MultiUnit Abutment that takes the All-on-4 treatment concept to the next level.

It has been designed specifically to reduce time required to perform a denture conversion chairside, making treatment quick and easy. By introducing a new snap-fit function between the temporary cylinders and the abutment, screws are no longer required during the try-in process. This eradicates the need to remove the temporary cylinders and the denture several times during the conversion process, which instead can be performed in a few snaps. With no need to tighten and loosen four screws each time, time is saved for the clinician, while it also dramatically reduces discomfort and time for the patient as well.

All of the products and treatment concepts developed by Nobel Biocare are designed to allow practitioners to treat more patients better, delivering fully functional and natural-looking results that aspire to last a lifetime. The renowned company continuously creates and improves products, investing heavily in research and development to bring outstanding and innovative solutions to practitioners.

Find out today how the products and solutions offered by Nobel Biocare could enhance your treatment provision.

MORE INFORMATION

For more information, contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com

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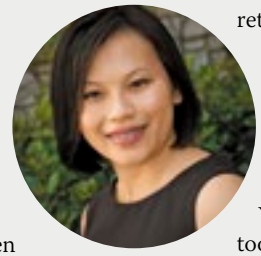
CONSISTENCY AND EFFICIENCY IN A BOX

ONE CLINICIAN'S VIEW OF PREMIER DENTAL'S TRAXODENT HEMODENT PASTE RETRACTION SYSTEM

Dr Thu Tran first tried Premier Dental's Traxodent Hemodent Paste Retraction System about three years ago when she was asked to review the product for a dental magazine. She was so pleased with its consistency and how easy it is to use, it's been part of her practice ever since.



WHAT BENEFITS DOES THE TRAXODENT HEMODENT PASTE RETRACTION SYSTEM BRING TO YOUR PRACTICE?

Being able to consistently get a good impression every time saves time, materials and money. It's a great feeling to not worry about hemostasis and packing cord when you are on a time crunch. I can't think of a time when my margins didn't come out perfect when I've used Traxodent.

The delivery system is so simple there was no learning curve in training my assistant to use it, and the results were always consistent. The combination of retraction and hemostasis is a huge benefit.

For the most consistent results, I use Traxodent with the preformed caps, Premier Retraction Caps. These caps create the pressure necessary for the retraction process.

WHAT WOULD YOU SAY ARE THE MAIN BENEFITS FOR YOUR PATIENTS?

There is no pain involved when it comes to placement. You can prep a root-canalled tooth with no anaesthetic and place Traxodent without ever worrying about the pain that cord packing would have caused.

WHY WOULD YOU ENCOURAGE OTHER CLINICIANS TO TRY THIS PRODUCT IN THEIR PRACTICE?

When you take into account cost versus time, you will save a lot more in time than the amount you would spend on this material. Traxodent is consistency and efficiency in a box when it comes to getting good impressions. You won't be disappointed.

TRAXODENT HEMODENT PASTE RETRACTION SYSTEM

Designed to serve as a retraction and hemostatic system for use before impression-making or wherever hemostasis and retraction is required, Traxodent Hemodent Paste Retraction System contains 15 per cent aluminum chloride. Traxodent is reportedly adaptable to a variety of techniques, including the use of a Premier Retraction Cap for maximum tissue deflection.

The absorbent paste is easily dispensed from syringe into the sulcus, displaces soft tissue and works synergistically with the astringent properties of aluminum chloride to create retraction. Fluid is absorbed while the paste occupies the sulcus. After two minutes, it can be rinsed away, leaving an open, retracted sulcus.

MORE INFORMATION

Premier Dental Products manufacture high-quality dental hand instruments, as used by some of the world leading universities and academic institutions. Premier stand by their mission statement, simply to create "Inspired solutions for daily dentistry".

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Premier® Dental Products Company introduces Enamelon® Preventive Treatment Gel to help dental professionals provide everyday relief and everyday protection for their patients.

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AN AWARD-WINNING REFERRAL CENTRE

THE SCOTTISH CENTRE FOR EXCELLENCE IN DENTISTRY IS RENOWNED FOR ITS RANGE OF SEMINARS, TRAINING COURSES AND WORKSHOPS

Training is a key part of the referral service and the Scottish Centre for Excellence in Dentistry (SCED) continuously runs free update seminars that are held on an evening.

These seminars are for referring dentists and dentists who will refer in the future. Additional outside training courses are organised throughout the year at prestigious locations, which are always very well received by participants.

The next implant seminar will be given by Scot Muir and it will be on extraction techniques. This will be held on 25 April and again on 19 September at the centre, from 6.30pm to 8.30pm. Please call the centre to book or email secretary@scottishdentistry.com

SCED is also running a series of workshops at the Scottish Dental Show at Braehead Arena on 19 and 20 May 2017. Please visit www.scottishdentalshow.co.uk/workshops for more information and details of how to book.

The centre is constantly upgrading and adding to its range of equipment and its most recent additions are the Navident and Trios machines and a Nobel Procera scanner, which are already making a difference for the team and patients.

This year has also seen the opening of its new on-site laboratory and it is taking referrals for a wide range of prosthetic and implant work which includes All-on-4.

Do you want to visit the centre?

Please contact a member of the SCED team, they would be delighted to arrange a visit.

SCED EDUCATIONAL EVENT

LOCH LOMOND GOLF CLUB, 9 JUNE 2017

A morning seminar to include:

- An update on All-on-4 concept by Ana Santos Ferro from the world-renowned Malo Clinic in Lisbon
- Crown and Bridge update and digital workflow from Arshad Ali and Scot Muir
- Four hours CPD.

Followed by lunch then golf or spa.
Dinner and prize-giving will take place in the evening.

MORE INFORMATION
For more information or to book, call the clinic on 0141 427 4530.

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The innovative Planmeca Ultra Low Dose protocol available in all Planmeca ProMax 3D X-ray units, reduces the effective patient dose in CBCT imaging significantly – without a statistical reduction in diagnostic image quality. At best this means lowering patient doses to levels below even that of traditional 2D panoramic imaging.

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Contact the Planmeca team on 0800 5200 330 to find out more.

Part Time Hygienist-Therapist Required

We are currently looking for a part-time motivated and experienced hygienist-therapist to join our busy NHS/Private practice in Edinburgh - City Centre. The successful candidate must be qualified, registered, indemnified and PVG cleared.

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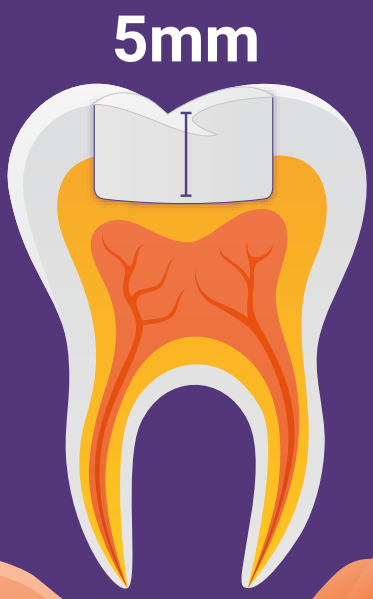
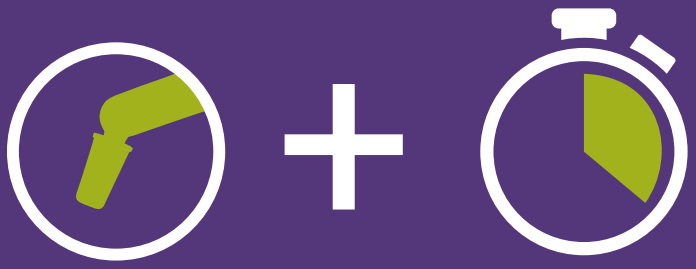
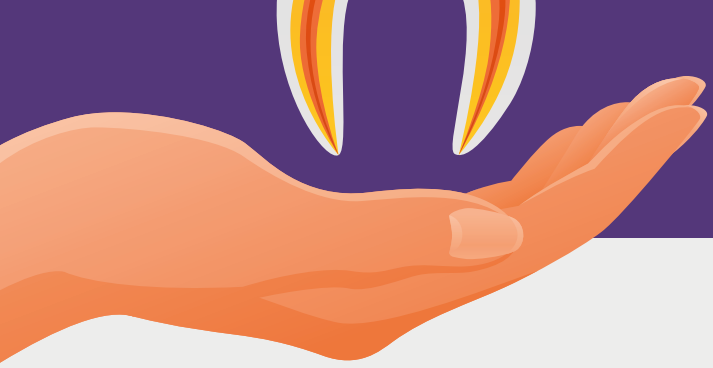
Fill, pack and go





one bulk fill placement up to 5mm

20 sec. LED light cure



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Dr Liel Grinbaum, DMD

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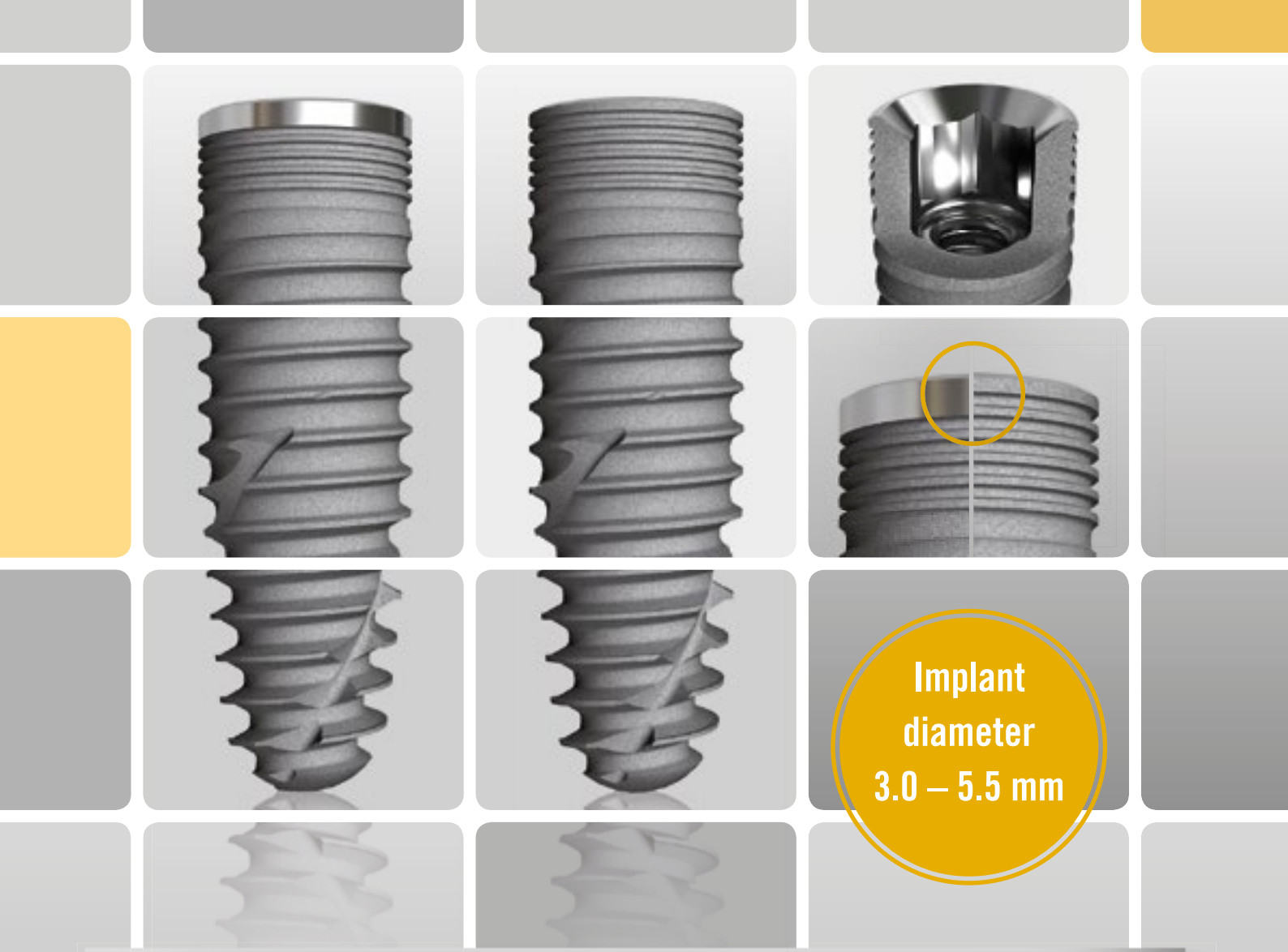

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TAKE A SEAT WITH A-DEC

Once again exhibiting at the Dentistry Show, A-dec will be showcasing their world-class range of dental equipment solutions to delegates this year.

As one of the most trusted brands in dentistry, A-dec enjoys a reputation for high levels of service together with the provision of quality, reliable solutions – continuously striving to improve the lives of dental professionals globally.

Visit A-dec on stand F30 and witness first hand A-dec's range of high quality dental chairs, stools and equipment solutions; feel the luxury, experience the ergonomics, build the perfect dental chair digitally, or just pop on stand for a chat.

The expert A-dec team will be on hand to provide information and advice, to show you what can be achieved with an A-dec chair.

For more information about A-dec Dental UK Ltd, visit the team on stand F30, call 0800 2332 85 or visit www.a-dec.co.uk

PEACE OF MIND

Belmont offers free extended warranties on all chairs and operating lights, which are covered for five years, and all X-ray units, which are covered for two. They do this because they are completely confident in the quality of their equipment and, from experience, know that failure within this time scale is almost unheard of.

To reassure practices even further, the company has also recently achieved an additional ISO standard, which entails further electrical safety checks being carried out. It also ensures that all products are totally traceable from the supply chain to the end user. This is not an industry standard, or one common to all manufacturers.

Stephen Price, Belmont's director, said: "We know that a lot of our new sales come from the testimony of our existing customers. By exceeding industry standards, we hope to show our commitment to quality and the belief that our equipment really will last the test of time."

Call 020 7515 0333 or visit www.belmontdental.co.uk

STILL DRIVING INNOVATION

Always at the head of innovation in dental implantology, Nobel Biocare will showcase its latest products, systems and concepts on stand A09 at the Scottish Dental Show (19 and 20 May, Braehead Arena).

Among those gaining exceptional traction in the profession so far is the On1 restorative concept, moving the connection for restorative components to tissue-level in order to promote soft tissue healing and reduce attachment disruption. The easy-to-use On1 Base, Healing Caps and Temporary Abutments facilitate a smooth workflow and are compatible with various Nobel Biocare implant systems.

Also on display will be the newly extended creos family of products, with the creos xenoprotect collagen membrane now joined by creos xenogain – a deproteinised bovine bone mineral matrix with a low crystalline structure.

For all this, plus information on its other products, don't miss Nobel Biocare at the Scottish Dental Show 2017.

For more information, contact Nobel Biocare on 0208 756 3300, or visit www.nobelbiocare.com

PHILIPS EXTENDS ITS CONNECTION WITH THE DENTAL PROFESSION

The Dentistry Show (12-13 May) provides the backdrop for the latest product launches by Philips Oral Healthcare. These extend the company's expertise in connected technology to breathe new life into the treatment of halitosis with the official launch of BreathCare.

The show also marks the UK launch of an uber stylish new Sonicare toothbrush which builds on the healthcare and behavioural changes brought about by the connectivity innovation and technological wizardry initiated with Sonicare FlexCare Platinum Connected. It also ramps up Sonicare's bathroom and Millennial appeal. The company will also be spotlighting its unique three-phased tooth whitening approach.

In addition to its launch campaign, Philips is supporting three main-stage lectures. On Friday 12 May, Dr Zaki Kanaan will give a teeth whitening update for hygienists and therapists in the Hygienists Forum at 9.40am. Juliette Reeves will then lecture on 'Nutritional Manipulation of Chronic Inflammation' in the Perio Lounge at 2.55pm. On Saturday 13 May, Dr Ben Atkins will share how behaviour change in the dental practice can make oral health profitable in the GDP Forum at 2.45pm.

Dentistry Show delegates are also invited to visit Stand J30 for an extensive daily programme of talks and panel discussions with highly respected dental experts.

On Friday 12 May at 10.30-11am, Dr Alif Moosajee will present 'Breathing new life into dentistry', at 11.30am-12pm, Dr Zaki Kanaan will talk about 'Shining a light on tooth whitening', before a hygienists panel discussion at 2-2.50pm featuring Anna Middleton, Mel Prebble, Juliette Reeves, Christina Chatfield and Sarah Murray, who will look at 'Shining Examples of good dental hygiene practice'.

The afternoon programme on the stand will continue at 3-3.30pm with Dr Rhona Eskander presenting 'BB – a bonding experience with the Young Dentist of the Year' and will finish on a high note with Dr Milad Shadrooh 'Singing from the same hymn sheet: A positive voice in dentistry' at 3.30-4pm.

On Saturday 13 May, the on-stand programme starts with Dr Milad Shadrooh at 10.30-11am. He will be followed by Dr Rhona Eskander, 'Making the most of teeth whitening' at 11.30am-12pm, before, at 2-2.30pm, Dr Alif Moosajee presents 'Breathing new life into dentistry'. The show talks at Stand J30 will conclude with Dr Zaki Kanaan, 'Shining a light on tooth whitening' at 2.30-3pm.

To find out more about the Dentistry Show, 12-13 May 2017 at the NEC in Birmingham, visit www.thedentistryshow.co.uk

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Speakers


Mel Prebble


Dr Michael Davidson


Dr Steve Martin


Dr Eimear O'Connell


Amy Jackson


Dr Bob Philpott

Friday 19th May

Time:	Workshop title:	Speaker:
09:30 – 10:30	Preventive and Periodontal Programmes in Practice	Mel Prebble
10:45 – 11:45	Straight-forward Impressions for Fixed Prosthodontics	Dr Michael Davidson
12:15 – 13:00	Access all Areas – Endodontic cavity design and glide path	Dr Steve Martin
13:15 – 14:00	Shape, Clean and Obturate - Root canal workflow	Dr Steve Martin
14:15 – 15:15	Restore - Direct restorations and indirect build-ups	Dr Steve Martin
15:30 – 16:15	Go Digital – CEREC discovery workshop	Dr Eimear O'Connell

Saturday 20th May

Time:	Workshop title:	Speaker:
09:30 – 10:30	Better Safer Faster Prevention - the role of ultrasonics and fluorides	Amy Jackson
10:45 – 11:45	Access all Areas – Endodontic cavity design and glide path	Dr Bob Philpott
12:15 – 13:00	Shape, Clean and Obturate - Root canal workflow	Dr Bob Philpott
13:15 – 14:00	Restore - Direct restorations and indirect build-ups	Dr Bob Philpott
14:15 – 15:15	Better Safer Faster Prevention - the role of ultrasonics and fluorides	Amy Jackson

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*subject to change and availability

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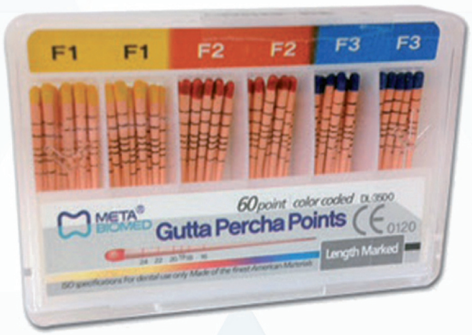

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