



VOL. 9, No. 1

www.dental-tribune.co.uk

GOOGLE

Dental Focus Operations Manager Naz Haque, aka the Scientist, explains what dentists can do to get on page 1 in 2015.



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A MIXED NATIONAL PICTURE

King's College professor and EuroPerio 8 chairman Prof. Francis Hughes about the current state of periodontology in the UK and why much needs to be done.



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DAVID BOWIE

Inspired by his unique look, a German artist recently made a reproduction of the singer's original teeth. DT spoke with her about the sculpture and the perception of beauty.



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IMPRINT

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DENTAL TRIBUNE

The World's Dental Newspaper · United Kingdom Edition

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Editorial

Dear reader,

Winston Churchill once famously said, "Difficulties mastered are opportunities won." These words from one of Britain's most famous statesman aptly describe the relaunch of the *Dental Tribune UK* edition. The newspaper that you are holding in your hands is the result of months of reorientation and repositioning that will see the return of an active participant in the British dental publishing scene. At this opportunity, we would like to thank our former partners for their years of commitment and wish them best of luck for their future endeavours.

Our publishing group has come a long way since the first edition of *Dental Tribune UK* was launched in 2007. From a few publishers operating in key markets only, it has grown into a large-scale global operation with offices and representatives in almost every corner of the globe; to borrow a famous historical phrase, the sun never sets on the Dental Tribune International (DTI) network, as somewhere in the world a *Dental Tribune* publisher or partner is always working. And our expansion is still far from over: coinciding with the relaunch of the UK edition here in Birmingham, *Dental Tribune* is introducing its first-ever Nordic edition this month at the SCANDEFA show in Copenhagen in Denmark to serve all markets in Scandinavia and Finland.

While remaining a print publisher at heart, DTI has been successfully venturing forward in other areas, most notably continuing professional education and events. While the Dental Tribune Study Club provides free online education at an international and local level, the new Clinical Masters series offers high-quality CPD in selected areas, including implantology, endodontics and aesthetic dentistry. Moreover, last year saw the successful première of the Digital Dentistry Show, a show within a show expo format that will see further geographical and topical expansion in 2015.

Dentistry is becoming increasingly international and, in addition to reporting reliable news on UK dentistry, *Dental Tribune UK* will provide perspectives on developments and trends from a much broader angle. Owing to its licence partner network in over 90 countries, our group has almost unprecedented access to markets and opinion leaders in the world. As one of the few, for example, we have reported extensively on the Minamata Convention on Mercury, a key multilateral agreement on the phase-out of mercury-containing products, including dental amalgam. With its speciality magazines, like *CAD/CAM* and *cone beam*, DTI is also following the use of digital technologies in dentistry and the

impact of these on the work of dental practices and laboratories currently and in the future.

Furthermore, we keep up to date with the industry. For example, we were recently invited to visit the headquarters of MIS Implants Technologies in Israel (see page 10 of

among other subjects, you will learn how to recognise and manage orofacial pain, identify and deal with patients suffering from eating disorders, and boost your practice or business on Google.

We wish you an enjoyable read and look forward to hearing your opinions and com-

"Difficulties mastered are opportunities won."

this edition). Considered the next major competitor in implant dentistry worldwide, the company gave DTI full insight into its production facilities and corporate philosophy.

Dental Tribune also offers high-quality and relevant clinical content. In this edition,

If you are visiting the Dentistry Show in Birmingham, we would like to invite you to meet us at Stand P80.

Sincerely,
The *Dental Tribune UK* editorial team

AD

The DTI publishing group is composed of the world's leading dental trade publishers that reach more than 650,000 dentists in more than 90 countries.

dti] Dental Tribune International

Dental care professionals suitable for performing oral screenings

By Dental Tribune

MANCHESTER, UK: Researchers from the University of Manchester have found that oral hygiene therapists can perform screening for common dental diseases as well as general dentists. Their study compared the diagnostic test accuracy of hygiene therapists in screening for dental caries and periodontal disease in regularly attending asymptomatic adults.

The finding has important ramifications for service design in public-funded health systems as regularly attending adult patients in the UK are increasingly asymptomatic and often do not require treatment at their routine dental examinations. Thus, using GDPs to undertake the check-ups on regular low-risk patients represents a potentially unnecessary cost for state-funded systems.

Given recent regulatory changes in the UK, it is now theoretically possible to delegate a range of tasks to dental care professionals. According to the researchers, role substitution in primary dental care may be a promising option for reducing costs, releasing the GDP's time and increasing the capacity to care for those who do not currently access services. Throughout the UK,

only about 50 per cent of the population attend the dentist. The other half is generally socio-economically disadvantaged and experiences the majority of dental diseases.

Ten dental practices across North West England took part in the study and 1,899 asymptomatic adult patients were screened. Visual screening by hygiene therapists was taken as the index test and the GDP acted as the reference standard. The primary outcomes measured were the sensitivity and specificity values for dental caries and periodontal disease.

The results of the study showed that the hygiene therapists performed comparably to the GDPs. Richard Macey, lead author of the study and research assistant at the dental school, told medicalnewstoday.com: "In particular, hygiene therapists were good at identifying those patients the GDP had confirmed were caries free and at identifying periodontal disease where the dentists confirmed its presence."

Fiona Sandom, President of the British Association of Dental Therapists, welcomed the findings of the study: "Our association find the results of this study encouraging and we view it as further evi-



Hygiene therapists performed comparably to the GDPs in the study.

dence to support delegation within the dental team. The research confirms that dental hygienists and therapists have key parts to play in the future delivery of dental care within the UK."

The study, titled "The efficacy of screening for common dental diseases by hygiene-therapists: A diagnostic test accuracy study", was published online on 20 January in the *Journal of Dental Research*.

Billions to suffer from untreated decay

By Dental Tribune

LONDON, UK: Despite worldwide efforts to improve oral health, a global study has found that 35 per cent of the world's population currently suffer from untreated carious lesions in their permanent teeth. It also established that 621 million children worldwide have tooth decay that goes without dental care.

To make things worse, hundreds of millions of new cases are expected to add to the burden of dental decay annually owing to neglected treatment, according to the new paper by researchers from the UK, the US and Australia published online in the *Journal of Dental Research*.

Even developed countries are affected, with one in three people in the UK suffering the consequences of neglected treatment, along with one in five in the US, for example.

The findings, which are part of the latest Global Burden of Disease study, involved a systematic review of all data on untreated dental decay, leading to a comprehensive report on rates of tooth decay for all countries and age groups and both sexes for 1990 and 2010. The team analysed 192 studies of 1.5 million children aged 1 to 14 years old, across 74 countries, and 186 studies of 3.2 million people aged 5 years or older, across 67 countries.

"We have seen a clear shift in the burden of tooth decay from children to adults. The cur-

rent perception that low levels of decay in childhood will continue throughout life seems incorrect," said lead author Prof. Wagner Marcenes from the Queen Mary University of London.

"It is alarming to see prevention and treatment of tooth decay has been neglected at this level because if left untreated it can cause severe pain, mouth infection and it can negatively impact children's growth."

Marcenes explained that the study underscores the vital need to develop effective oral health promotion strategies.

"The fact that a preventable oral disease like tooth decay is the most prevalent of all diseases and injuries examined in our report is quite disturbing and should serve as a wake-up call to policymakers to increase their focus on the importance of dental health," he continued. "Extending oral health promotion activities to the work environment is necessary to maintain good oral health to reduce the major biological, social and financial burden on individuals and healthcare systems."

Tooth decay is the fourth most expensive chronic disease to treat, and studies have shown that if left untreated it can lead to poor productivity at work and absenteeism in adults and poor school attendance and performance in children.

Alarming increase in oral cancer rates

By Dental Tribune

RUGBY, UK: In marking World Cancer Day, the British Dental Health Foundation (BDHF) has highlighted the constantly increasing rates of oral cancer in the country. Latest statistics from Cancer Research UK showed that nearly 6,800 people are diagnosed with mouth cancer in the UK every year. This figure has increased by 50 per cent within the last ten years.

According to leading oral cancer campaigners, mouth cancer rates could be reduced by improving the public's knowledge of the associated risk factors and possible symptoms.

World Cancer Day, an initiative of the Union for International Cancer Control, takes place every year on 4 February and aims to raise awareness about the disease and to promote action by governments and individuals all around the world. Under the tagline "Not beyond us", this year's World Cancer Day placed emphasis on cancer prevention, including following a healthy lifestyle and early detection. In order to educate people about these risks, as well as the signs and symptoms of mouth cancer, the BDHF initiated Mouth Cancer Action Month, a month-long campaign that has been run every November since 2009.

"It is almost as though these messages were created with mouth cancer in mind, given the

huge significance they can make to reducing the risk of the disease and catching it early," stated Dr Nigel Carter, OBE, Chief Executive of the BDHF.

Lifestyle factors, such as tobacco use, excessive alcohol consumption, poor diet and human papillomavirus infection, contribute to an increased risk of developing mouth cancer. According to Cancer Research UK, nine in ten cases of oral cancer are associated with these factors.

"We often find many cases are diagnosed at stage 4—the most advanced stage where time is of the essence in potentially saving a life. Without early detection, the five-year survival rate for mouth cancer is only 50 per cent. If it is caught early, survival rates over five years can dramatically improve to up to 90 per cent," explained Carter. According to BDHF, more than 1,800 people in the UK lose their life to mouth cancer every year.

The BDHF recommends visiting the dentist and checking for possible mouth cancer symptoms regularly.

Carter emphasised: "We are asking everybody to be mouthaware by looking out for ulcers which do not heal within three weeks, red and white patches in the mouth and unusual lumps or swellings in the mouth are early warning signs of mouth cancer."

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MIND THE GAP!

Study finds e-learning as good as traditional training for health professionals

By Dental Tribune

LONDON, UK: Electronic learning could enable millions more students to train as doctors and nurses worldwide, according to

the latest research. A review commissioned by the World Health Organization (WHO) and carried out by Imperial College London

researchers concluded that e-learning is likely to be as effective as traditional methods for training health professionals. These

new findings support the approach to continuing education Dental Tribune International (DTI) has adopted with its free online education platform for dental professionals.

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The Imperial team, led by Dr Josip Car, carried out a systematic review of the scientific literature to evaluate the effectiveness of e-learning for undergraduate health professional education. They conducted separate analyses on online learning, which requires an Internet connection, and offline learning, delivered via CD-ROMs or USB flash drives, for example.

The findings, drawn from a total of 108 studies, showed that students acquire knowledge and skills through online and offline e-learning as well as or better than they do through traditional teaching.

E-learning, the use of electronic media and devices in education, is already used by some universities to support traditional campus-based teaching or to enable distance learning. Wider use of e-learning might help to address the need to train more health workers across the globe. According to a recent WHO report, the world is short of 7.2 million health care professionals, and the figure is growing.

The authors suggest that combining e-learning with traditional teaching might be suitable for health care training, as practical skills must also be acquired.

According to Car, from the School of Public Health at Imperial, "E-learning programmes could potentially help address the shortage of healthcare workers by enabling greater access to education; especially in the developing world the need for more health professionals is greatest."

While the study focused on the education of students, DTI follows a similar approach to continuing education, offering webinars via its Dental Tribune Study Club, which it launched in 2009. The platform regularly offers free online courses and in several languages. The wide range of topics includes general dentistry, digital dentistry, practice management, as well as specialties, such as implantology and endodontology. The webinars are presented by experienced speakers and participants are awarded continuing education credits.

European dental markets trend towards group practices and consolidation

By *Dental Tribune*

COLOGNE, Germany: Latest market figures released by the Federation of the European Dental Industry (FIDE), in cooperation with the Association of European Dental Dealers (ADDE), last month at the International Dental Show in Cologne, indicate rapid changes toward a digital dentistry manifesting in overall trends to a more global approach with group practices and consolidations throughout dental markets in Europe. The organisation's 2015 market survey also revealed that the number of European dentists has slightly increased to a total of 276,090 in 2014 compared to 270,045 the year before.

A contrary trend showed in the number of dental offices and dental laboratories. While the numbers of the former remained flat on average, the total figures of labs in Europe has decreased in almost every surveyed country. According to ADDE President Dominique Deschietere, given the growing numbers of practicing dentists this development either indicates a trend to group practices or consolidation.



Dominique Deschietere (Photo Kristine Hübner, DTI)

While the number of dental technicians has remained steady or slightly decreased in all countries except Hungary, the number of dental hygienists increased in all countries of the survey. This development is especially prominent in the UK, with the number of dental hygienists growing distinctively compared to 2013. As Deschietere has put it, this seems to be a result of the evermore "bending of the laws" in this area.

On the supply channels side, the percentage of direct sales from manufacturers remained steady in most countries, and the share of products purchased via e-mail or internet is constantly, if only slightly, increasing compared to the previous year. Further, the figures indicate that the sales volume of equipment has dropped in 2014, while sales of sundries and consumables remained stable on average.

"Dentists continue to treat patients," Deschietere pointed out. "Consumables and sundries, not new equipment like CAD/CAM units or intra-oral X-ray units, kept the figures up during the last years."

To this date the gathering of information on new technologies seems to be the weak point of the survey. Although Germany shows a jump in the numbers of intra-oral scanners installed, most countries are not collecting data on the subject so far, explained Deschietere.

The annual ADDE/FIDE survey, which is conducted through its national associations since

1998 and represents the interests of more than 960 dental dealer organisations, covers the most relevant topics and trends for the Euro-

pean Dental Industry, such as the number of customers and end users, sales values for the main product categories, the use of computer

and e-commerce, sales segments, distribution channels as well as VAT charges and their impact on the market.

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Per-Ingvar Brånemark— An innovative genius

Prof. Tomas Albrektsson, Sweden, remembers the man who changed dentistry with the discovery of osseointegration of dental implants

Per-Ingvar Brånemark passed away on 20 December 2014 at the age of 85. Throughout his career as a researcher, he overcame fierce opposition to dental implants and revolutionised methods for treating edentulous patients.

An extremely gifted scientist, Brånemark was also as witty and quick on his feet as they come. Various language editions of Reader's Digest, hardly considered a medical journal of note, published an article in the late 1960s about his research on microcirculation. At the end of his first lecture about dental implants in Landskrona in Sweden in 1969, a member of the audience, who turned out to be a senior academic of Swedish dentistry, rose and commented, "This may prove to be a popular article, but I simply do not trust people who publish themselves in Reader's Digest." As it happened, that senior academic was well known to the Swedish public for having recommended a particular brand of toothpick. Brånemark immediately rose and struck back, saying, "And I don't trust people who advertise themselves on the back of boxes of toothpicks."

Young and naive as I was, I thought they were just poking fun at each other, but it turned out to be the opening shot of an eight-year battle with the dental profession. When someone cast aspersions on dental implants several years later because Brånemark was not a practitioner, he lost no time in replying, "Teaching them anatomy is good enough for me."

Brånemark completed his medical training at Lund University in 1959 with a doctoral thesis on microcirculation in the fibula of rabbits. Grinding the bone to a state of transparency permitted the use of intravital microscopy to analyse the blood flow in both bone and marrow tissue. The thesis, which found wide recognition both in Sweden and abroad, landed Brånemark an appointment at the Department of Anatomy of the University of Gothenburg just a year later. He was appointed as Associate

Professor of Anatomy (later received a full professorship) in 1963, which qualified him for laboratories of his own and the opportunity to surround himself with a team of researchers.

Brånemark continued to pursue his studies in microcirculation in animal models and ultimately in humans. A plastic surgery technique was used to prepare soft-tissue cylinders on the inside of the upper arm. He then



Per-Ingvar Brånemark

inserted optical devices encased in titanium that enabled intravital microscopy of microcirculation in male volunteers.

By the late 1960s, he was able to produce the highest resolution images of human circulation in the history of medicine. Many people are familiar with Lennart Nilsson's photographs of circulation that were taken at Brånemark's laboratories and developed at

able strength as a researcher at that very moment, realising immediately that the discovery had clinical potential and determining to focus on the development of dental implants, an enterprise that had hitherto been regarded as beyond the scope of medical science.

Brånemark grasped the fundamental truth that edentulousness represents a significant disability, particularly for people who cannot tolerate dentures for some reason. He operated on his first patient in 1965, a mere three years later. The academic community was largely distrustful and hostile to the new approach. The debate was not put to rest until 1977, when three professors at Umeå University in Sweden announced that Brånemark's technique was the recommended first-line treatment. Opposition in other countries eventually waned as well and dental implants, originally manufactured by a mechanic in the basement of the Department of Anatomy, scored one international triumph after another.

Nowadays, an estimated 15–20 million osseointegrated dental implants are installed every year, and a number of different academies in the field hold annual conferences attended by as many as 5,000 participants each. The University of Gothenburg features a permanent exhibit on osseointegration

technology and there is a museum in Brånemark's honour at the Faculty of Stomatology of Xi'an Jiaotong University in Xi'an in China. The P-I Brånemark Institute has been also established in Bauru in Brazil.

Not only dentistry

Back in the 1970s, Brånemark began collaborating with ear specialists and technicians at Chalmers University of Technology to explore the additional potential of osseointegrated implants for developing hearing aids inserted behind the ear. Hundreds of thousands of patients around the world have had operations based on the technology initially developed in Gothenburg under his direction. Those of us who were on the team at the time will never forget a teenage girl who suffered from the effects of thalidomide. The medicine had caused not only limb deformities, but also hearing loss in many patients. Equipped with the new hearing device, she learnt to speak flawlessly.

The team also targeted facial deformities occasioned by congenital or acquired injuries. A number of implants installed in the viscerocranium served as fasteners for silicon prostheses, a much more attractive option than attaching them to the patient's glasses. Since the first operation in 1977, the use of the technology has become widespread internationally.

Titanium implants installed in the femur were the next spin-off of Brånemark's research. Patients with above-knee amputations cannot have socket prostheses around soft tissue and may have to rely on a wheelchair to get around. Inserting titanium screws in the femoral stumps permitted the installation of a prosthesis and the ability to walk again. I can still remember the first patient as if it were yesterday. Another teenage girl had been run over by a streetcar in Gothenburg and had above-knee amputations in both legs. She was consigned to spending the rest of her life in a wheelchair. The operation was highly successful and she learnt to walk again.

Acclaimed around the world

Brånemark was fuelled by a passion to help difficult-to-treat patients, and many of his clinical discoveries from the first dental implant on were made in response to cases that had been regarded as hopeless. His innovative genius, fortified by a large research laboratory at the Department of Anatomy, also skyrocketed Gothenburg-based pharmaceutical companies like Nobel Biocare and AstraTech into leading positions in the global market. He was devoted to the academic community's social responsibility long before many of his colleagues were aware of, much less accepted, the concept. Ultimately, the world came around and he was awarded honorary doctoral degrees by 29 universities and honorary memberships by more than 50 scientific associations—not to mention the Royal Swedish Academy of Engineering Sciences's medal for technical innovation, the Swedish Society of Medicine's Söderberg Prize, the European Inventor Award for Lifetime Achievement and many other distinctions around the world.



Dental Tribune Group Editor Daniel Zimmermann talking to Per-Ingvar Brånemark at a conference in Gothenburg in 2009. (Photo Archive)

the Department of Anatomy. Brånemark used a hollow optical device surrounded by titanium to study microcirculation in rabbit bone, permitting both bone and blood vessels to grow through a cleft where they could be examined by means of light microscopy. During such an experiment in 1962, he discovered that the optical device had fused into the bone, a process that he eventually dubbed osseointegration. He revealed his incompa-



Prof. Tomas Albrektsson is working as a professor at the universities in Gothenburg and Malmö in Sweden. He can be contacted at tomas.albrektsson@biomaterials.gu.se.

Google: How to get on to Page 1 in 2015

By Naz Haque, *Dental Focus*

The holy grail for any organisation's on-line marketing is to appear on Page 1 of Google search results. Imagine how many patients you would gain. How would you like to achieve this without spending thousands of pounds? This is possible if you have time on your hands and reduce online competition through local listing.

According to Google, there are over 40,000 search queries every second. This roughly amounts to 3.5 billion searches per day globally, with a significant portion of this (increasing all the time) being searches on mobile devices.

Google is always tweaking and improving the search factors to deliver search results based on the user's intent. Therefore, it is understandable that your website should be focused on patients and easy for Google to find and read.

Even without a state-of-the-art website, it is possible to appear on Page 1. Organic (natural non-paid) rankings are achieved by being relevant and having authority in the online world, and depend on online competition.

On Page 1 of Google, aside from the organic listings, there are typically three to

seven map listings. The most feasible way of achieving Page 1 rankings in your location is to register for a Google My Business listing first. If it has already created a listing, you will have to claim and verify this. Choose the tags relevant to the services you provide (dental practice) and ensure that your phone number (geographical number) is displayed, as well as your address and post code. Do also brand the page with your logos and personalise it with photographs of your team and practice (not necessary for rankings but highly advised). Finally, encourage your patients to leave you a five-star review on this page. This is a very important factor.

Once you have your page set up and optimised, the next step is to establish your online authority by inserting a link to your Google Business Place on your website. Ensure that your website has your contact details displayed. Then list your address details in local and large directories (try not to get carried away) and ask local businesses to cite your details online. Ensure that the details are always consistent and accurate, as inconsistent address or telephone number details will confuse Google.

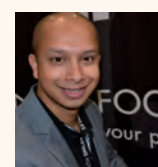
Citations are a key factor for ensuring Google recognises your presence in your location. It may be that local hotels, bed and breakfasts, or newspapers are recommending dentists in your town. Even if there is no link to your website, having your address will benefit your rankings.

Google reviews can only be submitted by individuals with their own Google Account. I do not recommend allowing patients to provide reviews using your practice Internet connection, as Google may identify the location and think the reviews may not be authentic or independent. Once you have received seven reviews, Google will place a number of stars next to your practice name on the map listings. The more five-star reviews you have, the higher your score will be. It has been documented that having five stars encourages a 23 per cent increase in click through to your website.

These simple steps will set you in the right direction to achieving Page 1 rankings. Remember the results will be specific to your location and based on the user's search terms. Google is focused on the user, so if there are seven other practices nearer to the user's post code they inevitably will

be higher up on the results list. Consider organic or pay-per-click campaigns if you want to have a higher chance of success.

There are no guarantees with Google, but you should always focus on building visibility where Google is looking, because your patients will be directed there. The recipe for success in any business is focus on serving the client, and it seems the same rule applies with your online marketing. Focus on the patient in using the platform is key to everything.



Naz Haque, aka the Scientist, is Operations Manager at Dental Focus. He has a background in mobile and network computing, and has experience supporting a wide range of blue-chip brands, from Apple to Xerox. As an expert in search engine optimisation, Naz is passionate about helping clients develop strategies to enhance their brand and increase the return on investment from their dental practice websites. He can be contacted at naz@dentalfocus.com.

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“Asia is completely new to us”

An interview with Neoss Chief Financial Officer Guy Leaver



As one of the few manufacturers of dental implants, UK company Neoss has not operated in Asia before. With a recent financial support package of £1.5 million from Yorkshire Bank, the company now intends to develop new business in countries like Japan, China and Taiwan. *Dental Tribune* had the opportunity to speak with Chief Financial Officer Guy Leaver about the upcoming market

entry and what makes his company stand out from its numerous competitors there.

Dental Tribune: Mr Leaver, how is this investment package helping you with your market entry into Asia?

Guy Leaver: The investment package will support our product launch in Asia initially. Currently, we are going through regulatory

approval processes in Japan, China and Taiwan. It is difficult to say exactly when, but our expectation is that this year, probably in the second half, we will actually start to make initial sales. While we expect the growth to be significant, we need the facility for our cash flow in the beginning, as there will be a certain amount of money going out before money actually comes in.

What are your initial expectations for the region?

Since we do not have any sales in these countries at the moment, operating in Asia is completely new to us. We obviously have projections and want to see this business grow consistently over time into something substantial.

Initially, we will focus on our dental implant system, as this is the product segment we are expecting approval for this year. In the future, we will expand to our full product range, including new products we are introducing that could also potentially target these markets.

Will you sell directly in Asia or through distributors?

We have already signed up with business partners in these markets. In Japan, for example, we have an experienced distributor who has personal contact with a number of leading clinicians in the country who we understand are interested in using our implant system. It always helps to have this kind of endorsement.

We are also working with a major distributor in China and will see how that evolves. Potentially, we will put a person in charge there, but this will depend on how successful we are. If we feel there are more opportunities, we can always tweak the model.

There is also an experienced distributor we will be partnering with in Taiwan who has previously distributed a competitor's product. Generally, we try to choose people who understand what our product is all about, are familiar with the market and know what works in that marketplace.

For Western manufacturers, the market environment in Asia can be tough. Where do you see the challenges for your company there?

As with many of these markets, business in Asia is primarily relationship based, so you need to become involved with the right people and institutions. This is particularly important in China, where there are a growing number of small private dental practices offering dental care in addition to the large government-run hospitals. We aim to take advantage of this development by choosing the right contacts for this marketplace.

Where do you want to position yourself in the market?

We want to position ourselves in the same way as we do in most markets by delivering a product that is the best there is. We strongly believe that we have a good package. Our company was founded by a clinician and an engineer, so our focus is on delivering exceptional clinical performance and product quality.

There is no point in introducing a product that is not as good as someone else's. It has to be that good or even better. We always want customers to understand that they are getting a value product. We do not sell cheap or offer massive discounts. It is a good quality product at good pricing.

In terms of customer service, we aim for exceptional logistics and support. Take Europe, for example, it is pretty much next-day delivery, so if you buy something from us in Germany, it will probably be there at noon the following day. Few of our international competitors can achieve the same.

Thank you very much for the interview.

AD

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