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ORAL DISEASES

While blaming patients, dentists are often failing to diagnose and treat other contributing causative factors.

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ORTHO TRIBUNE

Read the latest news and clinical developments from the field of orthodontics in our specialty section included in this issue.

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GDC lays out three-year road map

Under-fire regulator announces changes to fitness to practise process

By DTI

LONDON, UK: The General Dental Council (GDC) has announced legislative change that will see the introduction of case examiners to streamline its fitness to practise process. By reducing the number of cases heard by the regulatory body, the organisation hopes to save £1.8 million per year.

According to the GDC, case examiners will carry out the decisions currently made by its Investigating Committee. They will be able to make agreements with dental professionals to help them meet the required standards through training, allowing the person to practise under supervision of another registered dental professional or by allowing him or her to work if he or she meets certain conditions.

"When someone is being investigated by the GDC, we recognise this places the person under considerable stress and anxiety," commented Director of Fitness to Practise at the GDC Jonathan Green on the change. "While we absolutely have a duty to protect patients by taking swift action against those who should not be practising dentistry, we must make the entire process as efficient, seamless and timely as possible by providing the necessary support."



By reducing the number of cases heard by the regulatory body, the GDC hopes to save £1.8 million per year.

The organisation received over 3,000 cases in 2014 according to its annual report. Approved by both the Houses of Parliament and the Scottish Parliament, the new legislation will come into effect on 13 April. It is part of a three-year road map aimed at making dental regulation in the UK more effective, the organisation said.

In addition to the introduction of case examiners, improvements will be made to the current complaints system, which will be addressed lo-

cally when possible. Further goals are to enhance transparency and to improve patient information.

"We want patients to be able to make informed choices about their care so when they visit a dentist or dental care professional, they are confident that the treatment they receive is from someone who is qualified and trained to deliver the best possible care," William Moyes, Chair of the GDC, commented. "We also want to help the profession to continuously

improve by using our standards as a guide and sharing best practice to deliver the best quality of care to every patient, in every setting, every time."

The GDC has come under fire recently from both legislators and the British Dental Association over an investigation into a whistle-blower's complaint by the Professional Standards Authority for Health and Social Care that identified a number of governance issues at the organisation's top.

Teeth myth debunked

By DTI

LONDON, UK: New research has now shown that oral health in the UK is comparable to, or even slightly better than, in the United States. The study that was conducted by researchers from both sides of the pond found that compared to the British, Americans, and particularly women, have less of their own teeth left. Furthermore, in the UK, mainly elderly people are affected by edentulousness, but in the US, missing teeth were found to be more prevalent in middle age groups. Although similar large social disparities in oral health were deemed to exist in both countries, people with a lower education and income generally tended to have better teeth in Britain. The oral health status of the wealthy and educated, however, was much better in the United States, the researchers found.

For the study, which was published in the Christmas edition of the *British Medical Journal*, the researchers from universities in London, Boston and Bogotá, Colombia analysed and compared data from the British Adult Dental Health Survey 2009 and the U.S. National Health and Nutrition Examination Surveys from 2005 to 2008.

It is the first study to have directly compared oral health data between the two countries.

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Trauma at the library

Dental charity is preparing for annual congress in London



The British Library will host the annual congress of Dental Trauma UK again. © Gabriele Gelsi

By DTI

LONDON, UK: As head of the UK's first adult dental trauma service at King's College Hospital in London, Dr Serpil Djemal has seen all types of dental trauma ranging from enamel fractures to all of the luxations including knocked out teeth. What she and her team have noticed is that most patients who have visited the service did not know what to do when they knocked their tooth out, let alone who to see for help. In order to make the public aware of this, she and an enthusiastic group of individuals including Dr Aws Alani, also a consultant in restorative dentistry at King's College Hospital, founded Dental Trauma UK in 2014.

In March, the young charity is already going to hold its second annual congress at the British Library in London. Over the course of this day, Serpil will introduce experts in the field of restorative dentistry, tra-

"There is clearly a knowledge and skill gap in the dental market as dental trauma is not brilliantly covered in the dental curriculum and most dentists are seldom confronted with dental trauma in their careers,"

DentalTraumaUK

Saving injured teeth

matology and endodontics including restorative consultant James Darcy from Manchester and Paul McCabe from Ireland to discuss aspects of dental trauma and give practical tips how to best manage them. Attending the conference will allow participants to earn 5 CPD points.

she said. "As a result many do not have the necessary skills for managing trauma in the first place and even if they acquire some skills, they are not retained because of lack of practice."

The premier conference held at the same location in 2015 attracted

over 130 participants and membership of the charity (£30 per year) is already at 290. So far, interest has been great for this year with 100 dentists, nurses and technicians registered for the meeting. As a member of Dental Trauma UK they not only get a 50 per cent discount on their congress registration fee but also access to free CPD after the conference in the form of lectures and videos of how to manage cases.

"It is all about practical application and what to do to save teeth and smiles. Our aim is to inform general dental practitioners so they can deliver the best care for their patients who may be unfortunate to suffer a dental trauma", Serpil explains.

The main focus of the charity is to raise awareness amongst the general public, particularly groups that are often confronted first with dental trauma like teachers or paramedics on how dental trauma occurs and what to do about it. A few campaigns are being planned including selfie-your-smile and what to do in the immediate aftermath of knocking an adult tooth clean out of the mouth. A couple of celebrities are already signed up to help support these.

"It is really simple; we want anyone and everyone to know that if they knock an adult tooth out of their mouth, they should pick it up by the crown, lick it clean if it is dirty and stick it back into position. Whilst the tooth may not last forever, doing this within the first 5 minutes will give the tooth the best chance of survival" Serpil said. "So, PICK IT LICK IT STICK IT is what she and her team recommend".

Registration for the 2016 congress is still open at: dentaltrauma.co.uk/Dental+team/Conferences.aspx

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PUBLISHER:
Torsten OEMUS

GROUP EDITOR/MANAGING EDITOR DT AP & UK:
Daniel ZIMMERMANN
newsroom@dental-tribune.com

CLINICAL EDITOR:
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DENTAL TRIBUNE INTERNATIONAL
Holbeinstr. 29, 04229, Leipzig, Germany
Tel.: +49 341 48474-302
Fax: +49 341 48474-173
info@dental-tribune.com
www.dental-tribune.com

Regional Offices:

UNITED KINGDOM
Baird House, 4th Floor, 15-17 St. Cross Street
London EC1N 8UW
www.dental-tribune.co.uk
info@dental-tribune.com

DT ASIA PACIFIC LTD.
c/o Yonto Risio Communications Ltd,
20A, Harvard Commercial Building,
105-111 Thomson Road, Wanchai
Hong Kong
Tel.: +852 3113 6177
Fax: +852 3113 6199

DENTAL TRIBUNE AMERICA, LLC
116 West 23rd Street, Suite 500, New York,
NY 10001, USA
Tel.: +1 212 244 7181
Fax: +1 212 224 7185

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CBT successful in reducing phobia

By DTI

LONDON, UK: The latest government figures estimate that one in ten people in the UK suffer from dental anxiety. New research from King's College London involving pretreatment use of cognitive behavioural therapy (CBT) has shown that the method is largely effective in helping patients overcome their fear of treatment.

In a study involving patients suffering from high levels of dental phobia, the researchers found that the overall majority were able to undergo treatment without sedation after having undergone therapy at the Dental Institute Health Psychology Service at Guy's and St Thomas' NHS Foundation Trust. Only six per cent of the patients surveyed had to be treated with sedation.

"Our study shows that after on average five CBT sessions, most people can go on to be treated by the dentist without the need to be



With CBT a therapist aims to help patients change their feelings and behaviours by restructuring their thinking and breaking negative thought cycles. © Pressmaster

sedated," said Tim Newton, lead author and Professor of Psychology as Applied to Dentistry.

A short-term therapy, CBT has been shown to help with depression and a number of anxiety-related disorders, such as obsessive-com-

pulsive disorder and bulimia. Typically, over six to ten sessions, a therapist aims to help patients change their feelings and behaviours by restructuring their thinking and breaking negative thought cycles. According to the researchers, the most common anxiety-inducing

factors in the study were identified as drilling and having an injection.

Newton recommended that, despite the positive outcome, CBT should be viewed as complementing sedation services rather than as an alternative, the two together providing a comprehensive care pathway for the ultimate benefit of patients. Furthermore, patients should be carefully assessed by trained CBT practitioners, since they could be suffering from additional psychological conditions.

"CBT provides a way of reducing the need for sedation in people with a phobia, but there will still be those who need sedation because they require urgent dental treatment or they are having particularly invasive treatments," he said.

Over one-third of those patients surveyed in the study showed signs of general anxiety, while one in ten had depression or suicidal thoughts.

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Cochrane finds crowns superior to dental fillings

By DTI

DUNDEE, UK: The Cochrane Oral Health Group in Manchester has recently updated one of its reviews, finding any kind of preformed crown to be superior to fillings in the treatment of severely decayed primary molars and primary molars that have undergone pulp treatment. The results also suggest that out of all fitting methods, the Hall technique causes the least discomfort and problems for patients.

Named after its inventor, a Scottish dentist, the Hall technique uses a pre-

formed metal crown that is fitted over the tooth with no local anaesthetic, carious tissue removal or tooth preparation. First introduced a decade ago, it was originally developed as a non-invasive treatment for decayed primary molars.

For their review, the researchers looked at the clinical outcomes of several studies comparing fillings with crowns that were fitted with either conventional methods or the Hall technique. They also included studies that compared preformed crowns with non-restorative caries

management, as well as preformed metal crowns with preformed white crowns.

While the review found no evidence of the superiority of one crown type to another, the results showed that teeth restored with preformed crowns compared with fillings are less likely to develop problems or cause pain over time.

"Crowns are recommended for restoring primary molars that have had a pulp treatment, are very decayed or are badly broken down.



Photo showing a preformed metal crown fitted with the Hall technique.

However, few dental practitioners use them in clinical practice," the researchers said in the report.

With the review, the researchers originally sought to determine whether the clinical outcome of pri-

mary teeth restored with preformed crowns or with fillings was in any way related to the extent of their decay.

The review updates a previous version on the subject, originally published by the group in 2007.

New discovery helps strengthen bonding of titanium implants to bone

By DTI

BRISTOL, UK: Scientists at the University of the West of England (UWE) in Bristol have discovered a new way to improve the bond between titanium implants and bone. They found that a bioactive lipid called lysophosphatidic acid (LPA) interacts with vitamin D to enhance bone-forming cell function. Based on this finding, the researchers have developed an LPA coating for titanium implants to help strengthen the bonding properties of implants to bone.

"Many implants used in surgery are made out of titanium. These include joint replacements, screws and plates for fixing broken bones and dental implants," said Dr Jason Mansell, a senior lecturer in Biomedical Sciences at UWE Bristol, who led the study.

"Implants work well when the patient's own bone joins onto the titanium using the body's own natural healing processes. When this join forms properly it is extremely strong,

however in some cases, the patient's bone fails to join strongly to the titanium and therefore the prosthesis works loose and ultimately fails," Mansell explained.

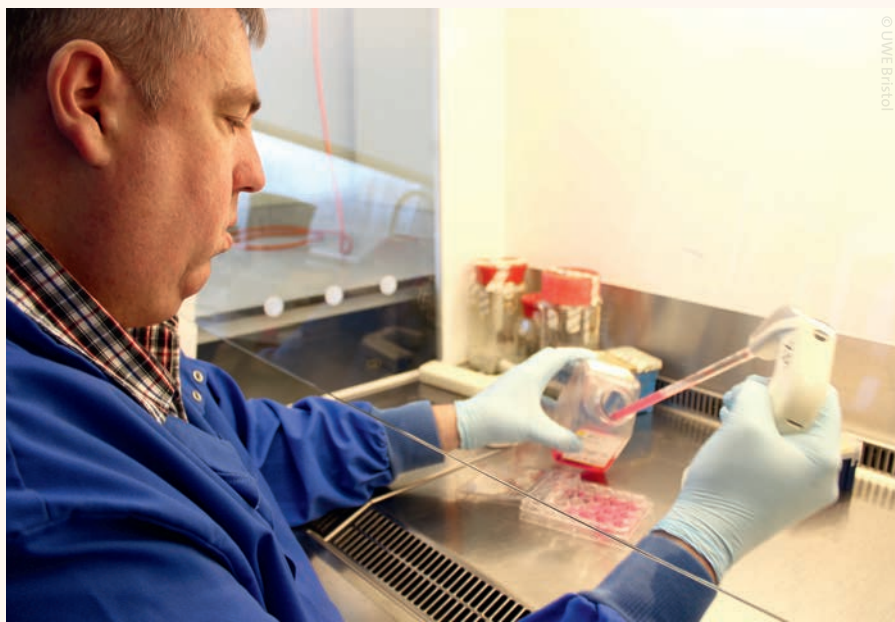
Although the success rates of dental implants are high, ranging between 88 and 99 per cent in the literature, several factors, such as bone quality and quantity, as well as infection, can cause dental implants to fail, making reimplantation necessary. The new LPA coating, developed by the researchers could further improve the success rate of dental implant treatments.

LPA is a naturally occurring fatty molecule that acts with vitamin D to promote bone-forming cell function, the researchers discovered. "This is a very exciting discovery as few agents are known to enhance the actions of vitamin D on bone forming cells. Vitamin D is vital for bone health because it enhances bone forming cell function. Therefore, agents that can co-operate with vitamin D could find place as a coating on titanium to encourage better bonding to the patient's bone," Mansell said.

Based on this knowledge, the scientists developed an LPA coating for titanium implants. "We have found a way of joining LPA onto titanium using a simple process at room temperature. Recently we also discovered that our novel coating also deterred the attachment of bacteria, this is particularly exciting as it means we have a potential dual-action titanium implant material," Mansell stated.

The next stage of the project, which is currently seeking further funding, will examine the robustness and stability of the coating, as it would need to withstand the rigors of storage, sterilisation and the physical forces it would be exposed to when implanted into the body.

The study, titled "Fluorophosphate-functionalised titanium via a pre-adsorbed alkane phosphonic acid: A novel dual action surface finish for bone regenerative applications", was published online ahead of print in the *Journal of Materials Science: Materials in Medicine* on 24 December 2015.



A team of researchers, led by Dr Jason Mansell from UWE Bristol, has discovered a new way to coat titanium implants in order to improve their bond to bone.

Funding brings Manchester diagnostic tech closer to market launch

By DTI

MANCHESTER, UK: New diagnostic technology developed by a University of Manchester spin-out that could help detect early-stage enamel caries faster could soon be ready to enter the market, as the developer has recently announced that it has received funding from a Northern England investor. In a commitment to expand to the North of England, Mercia Fund Man-

agement has said it will invest over a quarter of a million pounds in the new software, which is claimed to be capable of spotting early caries and other potential problems before they develop into something more serious.

A brainchild of University of Manchester spin-out Manchester Imaging, the software uses technologies like active shape models and active appearance models, which are al-

ready used in medicine and face recognition, for example, to analyse dental radiographs in order to find early signs of caries.

According to Manchester Imaging CEO Tony Travers, it is the first time that this kind of modelling has been applied to dentistry.

Traditional methods of early caries detection include the use of laser-

induced fluorescence or detection gels, which may however be unreliable.

"Manchester Imaging's computer-aided dental diagnostic software has been developed to overcome the problems of early-stage identification through the use of pioneering technology that pinpoints the first traces of decay at the touch of a button," Travers told *Dental Tribune*.

"It integrates seamlessly with existing digital X-ray and practice software."

According to Travers, the technology could be market ready as early as 2017. Another funding round for investors is anticipated for this year.

In addition to caries detection, Manchester Imaging is working on other imaging technologies for use in dental implantology, for example.

“Prevention of sex trafficking is our ultimate aim”

An interview with York dentist Dr Andrea Ubhi

Sex trafficking remains a major issue in many parts of Asia, not only in sex tourism hot spots like in Indonesia or Thailand but also in smaller countries like Nepal. UK-based charity Asha Nepal (hope for Nepal) tries to prevent children becoming involved in the sex trade and helps victims of trafficking and sexual abuse in the country to re-establish themselves in society. *Dental Tribune UK* spoke about the organisation's work and its impact on the lives of survivors with one of the charity's trustees, Dr Andrea Ubhi from York, who is to take over as chairperson later this year and who runs one of the country's leading private dental practices.

Dental Tribune: Dr Ubhi, you run a successful dental practice in York. How did you first become involved with Asha Nepal?

Andrea Ubhi: I have been involved with a few charities over the years; however, it has been difficult for me to find as much time as I wanted to give to charity work, as I have been busy building up dental businesses, in addition to bringing up three children. Several years ago, I sold one of my practices, an NHS practice, and that reduced my workload, finally giving me the time and money to expand my interest in charity. Although I had never really focused on women's issues before, knowing that men and women are equal in the world, I decided to become involved in Asha Nepal, as I had been becoming increasingly aware of the issue of trafficking and Asha was at a small size where I thought my management skills would be of better use than in a larger organisation and, frankly, I wanted to know exactly where my money was going.

Nepal usually does not make the headlines when it comes to sex trafficking. To your knowledge, how extensive is the problem in the country?

Although its neighbour India has much more children involved in sex trafficking, estimated at one million, about 30,000 girls from Nepal are tricked into going over the border each year and trafficked, and they end up as sex workers in the major cities. When you actually consider the difference in size of population between the two countries, proportionally this is a large number. One of the greatest issues is poverty. Attending a reasonably good school requires school fees. That is why many children in Nepal do not have the opportunity to go to school. The only thing they are often left to do is to work in



Dr Andrea Ubhi (second from right) with Asha Nepal children. © Asha Nepal, UK

domestic labour, often from as young as the age of four, and they are at risk of sexual abuse.

Once a child is in domestic labour, there is also a high risk of being trafficked. Sometimes, this happens insidiously: someone might say that he or she has a better job in the next town, then someone might offer the child a job in Delhi, which in the end turns out to be captivity in a brothel.

How is your organisation helping victims of sex trafficking in Nepal itself?

Some of the girls who come to Asha have been trafficked and rescued from cabin bars in the tourist district of Kathmandu. They started as dancers and were then forced into the sex trade. What is great about Asha Nepal is that it does not provide an orphanage or children's home as such but a transitional home. Asha seeks to work with the child's or teenager's immediate family or the extended family to help the child/teenager transition back safely into the community. Asha offers counselling after trauma, provides education and a safe home, and then Asha's social workers work with their families to give parenting training, life skills and access to safe accommodation so that the child/teenager can return to living at home and be reintegrated into the community. Independence is one of our main aims.

Asha Nepal considers the whole picture and tries to prevent children being trafficked by providing funding to very poor families

to help give their children an education, which in turn provides the hope of dignified employment when the child reaches adulthood. If children are attending school, their families do not allow them into domestic servitude.

Asha Nepal also works with the mothers of poor families; for example, the father may be unemployed, drink too much or abandon his family altogether. If there are issues with providing for the family, Asha Nepal assists with emergency rent and food so that

the mothers can get on their feet. Asha has a job coordinator who helps mothers or trafficking survivors obtain a place in a training programme and then work.

How many of the children you look after find their way back into society?

All of them. In some cases in which children have been trafficked or are victims of sexual abuse by their own family and are in high danger of being re-trafficked, there is no hope of safe reintegration with their own family. Asha assigns such children to foster families. They remain there with Asha until they are old enough to be integrated into society independently when they are adults.

The April earthquake last year had a devastating effect on the country's infrastructure. Has this affected your work and, if so, to what extent?

When I went over in September, they were still terrified because it was not just only one earthquake, but about 300. There were continual tremors and many people were sleeping outside, even when it was cold and raining. While the destruction in Kathmandu was

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significant, in the north-eastern region almost four out of five houses were destroyed or significantly damaged. When we spoke with one of the children's ministers in that area to find out what the need was, she said that there were about 7,000 children displaced through the earthquake. Throughout the Sindhupalchowk border, guards were checking papers of children going out. There was such an increased risk of trafficking and they were trying to reduce that. All children had to have papers that allowed them to exit the area.

“...about 30,000 girls from Nepal are tricked into going over the border each year and trafficked...”

dren had to have papers that allowed them to exit the area.

Generally, our work became more complicated and more expensive,

as prices rose throughout the earthquake period. On top of

that, there is the recent fuel crisis that Nepal has been facing over the past few months, as no oil or gas has been available from India for political reasons. This has slowed the country down, which is such a shame considering how difficult the year had already been with the earthquake. It has also increased the cost of our work again owing to the increased costs of supplies because of the increasing costs of petrol and transport. Nepal is a landlocked country, so everything has come through India or China. If there is a blockade, it poses a significant problem to the entire infrastructure in Nepal.

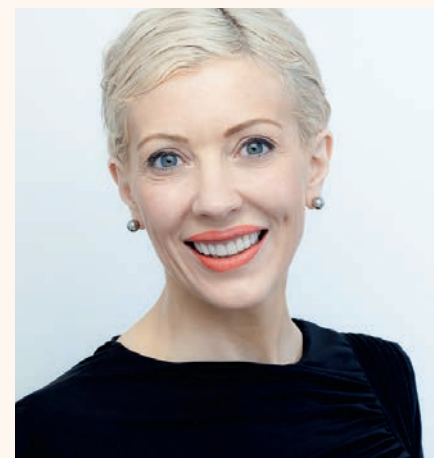
You are soon to take over the responsibility of chairperson from retiring Asha founder Peter Bashford. What will the focus of your work be in the years to come?

I want to see the team consolidate. The organisation has grown dramatically in the last two years, going from eight to 23 employees. Currently, we are looking after 107 children, of whom 51 are in our residential care.

We want to concentrate on re-integration into the community and more community support, which means fewer children in residential care and more supported by our social welfare team in the community. This way, we keep children more independent and prevent them from being institutionalised.

However, prevention of trafficking is our ultimate aim. We have just started a new Facebook page for teenagers in Nepal, called “Keeping SAFE”, to teach them to avoid traffickers and recognise their tricks. The page has an enormous following, with up to a quarter of a million people viewing each post. We are also planning to go into schools and hold presentations about the dangers of trafficking, not only for the children but also for the teachers so that they can teach their future pupils about the tricks that traffickers use to force children into domestic or sex labour and how to avoid being trafficked.

Dr Ubhi, thank you very much for the interview and good luck for the future.



Dr Andrea Ubhi

For further information, please visit www.asha-nepal.org.

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Roots Summit 2016

Premier global forum for endodontics takes place in Dubai

By DTI

DUBAI, UAE: This year's ROOTS SUMMIT, which has drawn dental professionals to various locations all over the world in the past decade, will take place from Nov. 30 to Dec. 3 at the Crowne Plaza Dubai hotel in the United Arab Emirates. Aimed at updating participants about the latest in endodontic treatment, an unparalleled series of lectures and workshops will be held by global opinion leaders in the field.

Although the meeting will focus exclusively on the latest techniques and technologies in endodontics, the organizers have strongly encouraged not only dentists specializing in the field to attend but all who have an interest in endodontics, including general dentists and manufacturers and suppliers of endodontic products. Overall, about 700 attendees are expected.

Over the past 15 years, the ROOTS SUMMIT has grown significantly. The community originally started as a mailing list of a large group of endodontic enthusiasts in the 1990s. After the establishment of a dedicated Facebook group three years ago, membership increased from 1,000 to more than 20,000. Today, the group is composed of members from over 100 countries.

Previous ROOTS SUMMITS have been held in Canada, the US, Mexico, Spain, the Netherlands, Brazil and last year in India. These meetings have been known for the strength of their scientific programs and their relevancy to clinical practice. The lectures, workshops and hands-on courses scheduled for this year's meeting will be no exception. More than 15 distinguished experts are presenting during the conference.

For the summit in Dubai, the organizers have partnered with Dental Tribune International (DTI) and the Dubai-based Centre for Advanced Professional Practices (CAPP) for the first time. With its international network, composed of the leading publishers in dentistry, DTI reaches more than 650,000 dental professionals in 90 countries through its print, online and educational channels, as well as a number of special events.

Over the past decade, CAPP has been able to establish first-class standards for continuing dental education programs not only in the UAE but also across the Middle East. Since 2012, CAPP has been affiliated with DTI as a strong local partner in the Middle East.

Based on the successes of previous ROOTS SUMMITS, the organ-

izers anticipate a large turnout for this year's meeting. Various sponsorship opportunities are available, including booth space, as well as sponsorships of workshops, hands-on courses, meeting bags and social events.

Online registration for the ROOTS SUMMIT is now open at www.roots-summit.com. Dental professionals are also invited to join the ROOTS Facebook group and like the ROOTS SUMMIT 2016 Facebook page.



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European Aligner Society paves way for future orthodontics

By Claudia Duschek, DTI

VIENNA, Austria: The increasing number of adult patients seeking orthodontic treatment but expressing concerns regarding aesthetics and comfort, has given rise to alternatives to conventional fixed appliances over the past decade. Until now, however, there has been no independent forum for examining aligners as a primary orthodontic appliance. At the first congress of the European Aligner Society (EAS), *Dental Tribune* spoke with Ritesh Sharma, Marketing Director at Align Technology, about how the establishment of the independent aligner body could change the way orthodontics is practised.

“The struggle we faced prior to the establishment of the EAS was that we did not have an independent forum to validate the claims of manufacturers. In addition, the foundation of such an independent body was essential from the consumer’s point of view. Patients needed an institution from which they could obtain independent advice,” Sharma told *Dental Tribune* in Vienna. “About two years ago, at our European advisory board meeting in Brussels, we therefore discussed the idea of launching an aligner society with the orthodontists who went on to become founding members of the EAS, including Dr Les Joffe, who was

one of the first orthodontists to treat patients with Invisalign in the UK. We received an overall very good response from all parties involved.”

and therefore have considerable expertise in the field,” Sharma said.

Today, over 30 per cent of an estimated 2.6 million orthodontic

as the rapidly growing importance of digital technologies.

“In the absence of knowledge, people take what they get. Through



Ritesh Sharma

Align Technology, a market leader in aligner therapy, believed it important not to interfere with the establishment of the independent body. “In the launch of the society, it was not our job to influence but to bring in the right people—people who have been working successfully with aligners for a long time

cases a year worldwide are suitable for Invisalign treatment, but only 3–4 per cent of patients are actually treated with this clear aligner system. According to Sharma, this is soon to change through increasing awareness of the benefits of alternative treatment options among patients and dentists alike, as well

the work of the EAS, we want to ensure that patients know that they have a choice and do not have to accept metal braces. However, our efforts can only succeed if dentists believe that aligners are the right choice for the patient. Therefore, the primary aim of the society is to educate dentists on the sys-

tem,” Sharma said. To this end, the EAS is targeting both orthodontists and general dentists.

“Moreover, orthodontics needs to keep pace with technological advancements,” he explained. “Brackets and wires have been used for orthodontic treatment for more than 150 years with hardly any adaptation to modern technology. We believe that patients should not be treated with technologies that are obsolete.”

That the first EAS congress attracted more than 300 participants from Europe, which is considered the most significant market for aligner treatment, as well as from Asia and the Middle East, reflects the importance of aligners in orthodontics today. “The congress surpassed our expectations. About five years ago, aligners were not widely accepted by orthodontists. They were rather considered an inferior plastic device. The attention the first EAS congress received shows the progress we have made in the past few years developing the system to treat more complex malocclusions and educating orthodontists about the potential it gives them to expand their clinical treatment portfolio. It really shows that aligners are becoming the new norm,” Sharma said.

“As a supporter of the society, we are facilitating the coming together to change the behaviour and mind set of dentists regarding orthodontics. This cannot be achieved by one company, only through the combined efforts of experienced clinicians and manufacturers. It is exciting to be a part of this,” he concluded.

New dental alert system aims at improving patient safety in Europe

By DTI

STRASBOURG, France: Requiring dental regulators in countries within the European Economic Area (EEA) to inform each other once a dental professional has been prohibited or restricted from practising, the newly implemented European Alert Mechanism aims at improving transparency in European dentistry.

The new EU legislation, which came into effect on 18 January, provides that a Europe-wide alert be issued within three days of a decision to prohibit, suspend or restrict a professional’s practice—even on a temporary basis—in another EEA state.

As a minimum, national regulatory bodies, such as the General Dental Council in the UK or the National Board of Health and Welfare in Sweden, will need to include the respective professional’s name,



as well as his or her date and place of birth, in order to allow other regulators to identify that individual.

Furthermore, the alert must indicate the period for which the restriction applies, including the date

on which this decision was made. Although the alert must not contain any background information

or justification of the restriction, concerned regulators may request further information.

“We are delighted that this system has come into effect, it gives patients much greater visibility and security when it comes to their oral health,” commented Dr Nigel Carter, OBE, Chief Executive of the British Dental Health Foundation, on the new legislation. “This will hopefully lead to an improvement in standards of dental practice Europe-wide and more public trust in dentistry.”

In this context, Carter pointed to the increasing trend of dental tourism and the potential pitfalls associated with it. Although some countries still do not have any formal system of registration for dentists, Carter expressed his belief that “mechanisms such as this make for a much more transparent profession and greater patient protection.”