

DENTAL TRIBUNE

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News in Brief

Playing dentist

During an interview to promote her next film *Horrible Bosses*, where she plays a dentist, Jennifer Aniston revealed how her dentist plays the guitar to her whilst she sits in the dentist chair. Jennifer explained that she has been going to the dentist for 15 years and a few years ago her dentist learned to play the guitar; since then her dentist has played the guitar to her and his other patients, especially when she's sitting having moulds done. In the interview she said: "My dentist plays the guitar for me when I have moulds in my mouth. It's odd but it's the truth.... And you can't get out of the chair so you're sort of stuck listening to it. Not that it's not good or anything by the way."

A breathing space

This week's announcement that 2012-13 entrants will see their year five fees fully covered by the bursary is a good short-term solution that provides breathing space for a longer-term solution to be agreed. The British Dental Association (BDA), has been lobbying for what looked like a huge gap in student finance that could have seen next year's intake of dental students applying for courses this year without knowing the size of the financial commitment they were making. Other representative bodies have been lobbying for a resolution of the situation which appeared to run against the Government's own policy on ensuring free access to the professions for young people. But it is clear that the solution is a stopgap measure for a single year's cohort of entrants to dental and medical degrees, leaving a longer-term solution still to be negotiated.

Sex doll inspired robot

Researchers in Japan have developed a dental training robot that can sneeze, shake its head, cough, gag, and even close its mouth when feeling a jaw ache. The robot was created by researchers at Japan's Showa University, with help from the country's top sex doll manufacturer Orient Industry to make it as life like as possible. The robot, called Showa Hanako 2, features voice recognition and once a check-up is over, the robot will store and analyse each student's performance, providing feedback which can be accessed online. The Showa Hanako robot was first developed 10 years ago, but this revised second version is more realistic.

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News



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CQC: "Let's start talking again"

Care Quality Commission Director makes commitment to re-engage with the dental profession

At a recent debate on dentistry, the 'new' new contract and regulation within the dental sector, Care Quality Commission (CQC) director of operations Amanda Sherlock announced her commitment to reopen dialogue with the dental profession to 'move regulation to a place where it is proportionate and workable'.

Acknowledging the difficult start to the profession's relationship with the CQC, Ms Sherlock was very frank and honest about the problems that the regulator has had in getting to grips with registering more than 9,000 dental practices across England, and how there is a high level of mistrust and a low level of confidence within the profession for the CQC.

Calling on all members of the profession to engage with the CQC, Ms Sherlock said: "What I want to do is start a conversation.

"[The CQC] needs to engage with the profession so that we can develop our services to a

place where we want to be. There needs to be a meaningful relationship between ourselves as the regulator and the dental profession as the regulated."

Discussing the expectations that all stakeholders in the process have, she discussed the current situation from three viewpoints: the regulator; the customer (meaning patient, Ms Sherlock commented that she preferred the term customer as it gave more of a connotation that she was involved in treatment decisions); and a member of the public. She stated that since taking up her post at the CQC in April this year she has become aware of an 'over-focus' in regulation. This, she said, is something she wants to address, again making reference to 'proportionate, simplified and sensible regulation'.

Announcing a wide-scale review of CQC's processes throughout its systems, Ms Sherlock added: "To further develop, the CQC and the profession needs to establish a real partnership so that there can be understanding about what is

necessary to ensure good practice and to stamp out any examples of bad practice."

Dental Tribune is looking to speak with Ms Sherlock about registration and regulation of dentistry, and would like to put

your views and queries to her. Email lisa@dentaltribuneuk.com using the subject line of CQC questions with any questions or comments you may have for the regulator, and we will endeavour to get as many as we can answered.

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CQC forced to defend dental registration

On the 28th June 2011, Care Quality Commission (CQC) Chair Dame Jo Williams DBE was forced to defend the organisation's handling of the registration of dental providers.

After some intensive questioning by the House of Commons Health Select Committee, Conservative MP David Tredinick (Bosworth) reminded the committee of the British Dental Association's view that that registration had been "sham-

bolic"; he also asked whether she thought that assessment was fair.

Dame Williams acknowledged that there had been difficulties with the application of CQC regulation to dentistry, and she explained that even though the organisation has a single process for registration, using it for dental practices had been cumbersome. Dental practices are being faced with constraints due to the regulations even though some of them ap-

ply less to dental practices than to hospitals.

Following sustained questioning by Labour MP Rosie Cooper on CQC's failure to publish up-to-date information about its investigations on its website, the CQC Chair also faced a suggestion from Select Committee Chair Rt Hon Stephen Dorrell MP that providing this information to the public should have been a higher priority than registering dentists. However there was no

explanation behind why the registration of doctors has been delayed to 2014.

Throughout other areas of healthcare, confidence in the industry regulator is also slipping fast. Workers in the residential care home sector have recently signed a petition of no confidence in the CQC, saying they had no confidence the CQC could effectively "regulate" health and social care.

The issue was discussed

after BBC Panorama alleged vulnerable adults at a unit near Bristol were being abused; however, the CQC said no regulator "could stop all unacceptable behaviour".

In one report, delegates were quoted saying that "robust and effective regulation" of the industry was essential but they had "concluded that they have no confidence that the CQC is capable of delivering an effective system of regulation for health and social care". **DT**

Smoking ban to be revised

A recent report has stated that three MPs have joined forces with campaigners to call for the smoking ban in UK pubs and clubs to be relaxed. The ban on smoking came into effect in 2007 to protect pub staff and non-smokers and according to Conservative Greg Knight, Lib Dem John Hemming and Labour's Roger Godsiff, the ban has had a devastating impact on the pub industry.

Over the past few years thousands of pubs across the country have closed and many believe that the ban has played a huge role; the Save Our Pubs and Clubs campaign says that after three years, Scotland had lost 467 pubs (7.1 per cent of the total estate), Wales 274 (7.5 per cent) and England 4,148 (7.6 per cent). According to certain campaign groups, working men's clubs have been hit the hardest, with many closed and the remaining ones struggling to survive.

However, the three MPs are appealing for a change in the law, exclaiming that the current law is excessive and should be

relaxed. If it goes ahead it will mean that landlords will have the choice of how they manage smoking on their premises, such as whether they want a smoking room.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter spoke out against any relaxation of the ban, saying: "The repercussions of a relaxation of the smoking ban would clearly have a detrimental effect on oral health and increase the risk of oral cancer.

"The Foundation strongly suspects the reasons for the MP's campaigning for such a move are driven by vested interests in the licensing trade. It is highly unlikely should this motion be brought to the House of Commons that it would be passed, as less than 12 months ago they voted on this issue and it was overwhelmingly defeated.

"The reduction in levels of smoking since the ban was introduced and the health dividend that has already been seen would therefore represent

a backward step in the oral health of millions."

Mick McGlasham, general secretary of the Clubs and Institute Union, which represents more than 2,000 working-men's clubs, said in a BBC report: "The ban was passed because politicians wanted to protect staff and non-smokers, but there is no reason why we cannot have a separate smoking room in what are private premises, especially with modern ventilation."

Other supporters of the campaign include the think tanks Progressive Vision and the Adam Smith Institute, and the campaign group Forest, which fights for greater freedom for smokers.

Continuing with the smoking debate, Alex Cunningham, MP for Stockton North, recently proposed a smoking ban in private vehicles when there are children present.

According to one report,

Stockton North ranks fifteenth in the UK according to British Lung Foundation research, meaning the children in Mr Cunningham's constituency are at high risk from the dangers of passive smoking.

Mr Cunningham should be applauded for his concern on this

serious health issue confronting children in Britain today. A study by Aberdeen University showed that smoking in a car exposes children to levels of smoke comparable to levels in a smoke filled pub, meaning that children can be exposed to seriously dangerous concentrations of passive smoke. **DT**



MPs are trying to pass a law for smoking in pubs

Antimicrobial surgical masks gain clearance

According to a recent report, Filligent has received US Food and Drug Administration (FDA) marketing clearance for the BioFriend BioMask for sale in the US as a class II medical device.

The surgical facemask is both antimicrobial and antiviral and incorporates a hydrophilic plastic coating along with an antimicrobial inner layer; according to the company the coating and inner layer does not restrict airflow and is totally safe.

The white outer white shield is reportedly formulated from a mixture of food additives and the inner blue layer uses ingredients for biomedical use that are supported by the FDA.

The masks are reportedly effective against 18 strains of human, avian, and animal influenza. Filligent noted how they are also effective against tuberculosis, methicillin-resistant Staphylococcus aureus (MRSA), and other dangerous diseases. **DT**



Masks are currently used for any dental procedure by members of the dental team

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Editorial comment

I have a confession to make; when listening to Amanda Sherlock from the CQC speaking about how registration for dental practices had been difficult and that it had not been an easy relationship to get started, I only just managed

to resist the urge to stand up and shout a certain well known phrase that would have fitted nicely with the speaker's surname!

To be fair, she was trying to put the current situation in context and she does have the greatest excuse in that she only began work at the regulator in April of this year, thereby exonerating her

from any and all previous actions by the CQC.

Now, like any normal human being I want to think the best of people and take Ms Sherlock at her word that there will be a new era of dialogue and cooperation between the profession and the CQC. I would also like to think that the profession will welcome

this opportunity to re-engage with the CQC to put right what is clearly wrong.

However, the cynical journalist in me is wondering if it is really too good to be true. Let us put this to the test – send me your comments and queries and I will put them to the CQC and Ms Sherlock. Let's be the change we all want to happen. **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Grant awarded for first oral bacteria database

A team of researchers at King's College London and the Forsyth Institute have been awarded a large grant by the US National Institute for Dental and Craniofacial Research (NIDCR) to continue their work on compiling the first comprehensive list of oral bacterial species. *The Human Oral Microbiome Database* provides descriptions of each species together with tools for analysis of their DNA.

Most bacteria living in the mouth are thought to be important for maintaining the health of teeth and gums, as well as for general human health. A smaller number are potentially disease causing. The database helps scientists studying the role of specific bacteria in human health and disease, and paves the way to constructing similar databases for other body sites such as the skin and the large intestine.

The NIDCR grant will enable the researchers to continue cataloguing the Human Oral Microbiome and describing the 1,000 different bacterial species found in the human mouth. The information is available on the Human Oral Microbiome Database website (www.homd.org) and has been a valuable resource for the dental and medical research communities since 2008.

William Wade, Professor of Oral Microbiology at King's College London, comments: 'The new work will focus on extending the database to include newly described oral bacteria, many of which are being discovered at King's and the Forsyth Institute.'

In addition, new methods developed at King's to cultivate bacteria that have not been grown in the laboratory before will be used to obtain cultures of these organisms to deposit in culture collections for the benefit of other researchers. DNA purified from these cultures will be submitted to the National Institutes of Health Human Microbiome Project for genome sequencing. **DT**

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Queen's dentistry school could lose teaching status

It has been revealed that Queen's University in Belfast, is currently being inquired regarding concerns about the level of resources and teaching. The university, which is the only dental school in Northern Ireland, has not only found itself at risk of losing its teaching accreditation which it requires from the GDC, but also having to make £11m in efficiency savings and absorb 200 job losses.

The Belfast Telegraph revealed the GDC's chief executive and registrar, Evlynn Gilvarry, wrote to the vice chancellor at Queen's following concerns about the level of resources being dedicated to teaching dentistry. The letter was followed with an inspection and the report is due to be published.

Just three years ago Queen's University was named as having the top dental course in the

UK by the Times Good University Guide. At the time, Professor Paddy Johnston, Dean of the School of Medicine and Dentistry at Queen's, was quoted as saying: "This is a wonderful achievement by my dental colleagues, especially as we drive towards the development of an international research-led dental school in the next few years."

One report stated how Jim Wells, deputy chair of the Stormont health committee, was disappointed to learn about the inspection, and was quoted saying: "We don't know what the findings of the inspection will be but it is extremely worrying that professionals felt the need to raise concerns in the first place."

"This is a blow for the university and hopefully will not result in the closure of the dental school, which would be an absolute disaster."

A spokesman from Queen's said: "We can confirm that the GDC undertook an inspection as is normal every four or five years. We are awaiting the report."

However, a GDC spokeswoman said: "From time to time the GDC is contacted by dental professionals who are concerned patient safety may be at risk. It is usual for the GDC to write to the university or education provider in question for further information and a response."

"The GDC's chief executive and registrar, Evlynn Gilvarry, has written to the vice chancellor at Queen's University Belfast following concerns about the level of resources being dedicated to teaching dentistry. An inspection was carried out earlier this month and a report from the inspectors will be available in due course." **DT**

Artificial nose smells out oral cancer

Scientists at the Israel Institute of Technology have created an artificial nose that could hold the key in detecting head-and-neck cancer (HNC).

The artificial nose, which was built by Professor Hossam Haick and his team, can detect molecules in human breath that are symptomatic of head and neck cancers, meaning it will become a critical tool in identifying hard-to-detect cancers in their early stages.

According to one report, the Nanoscale Artificial Nose (NA-NOSE) has shown that it can distinguish between not only head-and-neck cancer patients, but also lung cancer patients; it can also distinguish those who are free of oral cancer simply by sampling a breath test.

NOSE (NA-NOSE) consists of five gold nanoparticle sensors, which are linked to software. The software is capable of detecting patterns of molecules that are found in the breath of people with head, neck or lung cancer.

Although NA-NOSE produced remarkable results, more testing is needed before the device can be cleared for use in doctor's offices. **DT**



The Nanoscale Artificial Artificial nose could smell out cancer

Could vitamin D lower susceptibility to gum disease

by Lydia Chapman

Recent research in the United States has revealed that Vitamin D could lower susceptibility to gum disease and other oral infections.

The research – instigated by Gill Diamond, of the New Jersey Dental School in Newark – shows that Vitamin D can help prevent gingivitis, which affects more than a quarter of adults.

Diamond's earlier research has shown that Vitamin D – absorbed by the body through exposure to sunlight and foods such as fish and egg – stimulates lung cells to produce natural antibiotics that kill bacteria. The

latest research has highlighted that specific genes – previously thought not be in part of the Vitamin D pathway – are now also likely to play a vital role in fighting infections and killing bacteria. This discovery is likely to lead to new Vitamin D treatments, which will help those suffering from gingivitis and other medical illnesses, possibly cystic fibrosis.

The study has also suggested that cells within the body – such as lung cells and the epithelial cells in the gums – can activate inactive forms of Vitamin D. Upon discovering this, Diamond stated "this means that we may even

be able to use vitamin D therapy topically, if that proves true."

The Food and Nutrition Board in the United States has established guidelines, recommending that children and adults need 700 International Units (IU) of Vitamin D, with the elderly recommended a high 800 IU. However, other experts have recommended a much high intake is needed, with 5,000 IU being recommended for adults and teenagers. Those with health issues may be recommended a high Vitamin D intake.

Vitamin D has been a research area of interest recently; recent studies suggest that Vitamin D



Research suggests that vitamin D could help with oral health

can also help protect us some forms of cancer and autoimmune diseases, as well as targeting infections and gingivitis.

The study was published in the *American Society for Microbiology*. **DT**

First graduates to help fill North West dental gap

It's smiles all round for the first 30 dental students who have completed their studies at the University of Central Lancashire's (UCLan) £5.25million School of Dentistry.

During their training the students have seen over 5,000 patients, undertaken nearly 9,500 fillings and providing treatment ranging from preventative advice up to quite advanced procedures. The students are the first to complete their course in an entirely new model of dental education based on training in community.

UCLan's School of Dentistry came about as a result of a

close cooperation between the University and the NHS who were keen to support the training of dentists in the local area. Not only would the students provide dental treatment during their training; but it was envisaged that many of them would stay and work in the locality after qualification.

21 of the 30 graduates have secured their mandatory training places in the North West and hope to remain in the region to enhance local NHS dental services. When it opened its doors in September 2007, it was one of two new schools to be created in England for over 100 years.

To help mark their achievements the graduates were joined recently by Barry Cockcroft, Chief Dental Officer from the Department of Health, at a celebration dinner, held at UCLan's Westleigh Conference Centre.

Professor Lawrence Mair, Head of the School of Dentistry at UCLan, said the University's new dentistry model has been a huge success: "Clinical experience has been at the root of our approach because dentistry is a skill and skills develop through practice."

We have, of course, also provided an excellent academic foundation for our stu-

dents and I'm very grateful to all the teachers, specialists and consultants who have helped established the school. We are all very grateful to all our dental nurses, receptionists and technicians who have supported the students through what can sometimes be a challenging experience."

Barry Cockcroft, Chief Dental Officer at the Department of Health, said: "I'm delighted that the first dental students from the new School of Dentistry at the University of Central Lancashire have graduated."

Shreena Mistry, 24, trained at the Morecambe DEC working in Ormskirk said: "I feel

ecstatic to have graduated from the course. I wanted a profession that was practical, science based and gave me the opportunity to interact with people.

The course has been ideal preparation, we were drilling on practice teeth from the first day and advising patients from the end of year one. In fact we've been really spoilt, our lab equipment is state-of-the-art and the student/staff ratio is excellent.

In the future I plan to continue my studies and may look for a postgraduate course in implants or root canal treatment." **DT**

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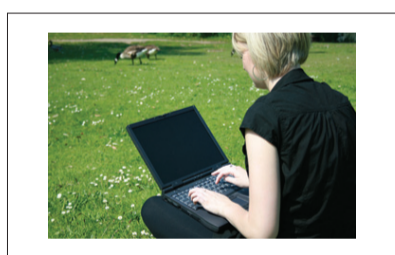
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Lingual Accreditation launch by BLOS

An accreditation scheme has been launched by the British Lingual Orthodontic Society (BLOS), as a demonstration of an orthodontist's skill and ability and their commitment to specialist post-graduate education. BLOS members can now apply to become BLOS accredited.

The UK is one of the countries where lingual practice is most advanced and the aim of BLOS and its dedicated membership is to achieve equivalence with other leading lingual organisations. Both the World and European Societies of Lingual Orthodontics already run accreditation schemes. The standard of BLOS accreditation is designed to be as high, in order to celebrate the achievements of its members.

In order to apply for accreditation, the orthodontist must be a member of BLOS. Three cases are required for the examination with a treatment need of IOTN 4 or 5. At least one must be an extraction case, to demonstrate complex, sliding mechanics and arch-form control. Cases will be submitted electronically using a template designed in conjunction with the European and World Lingual Orthodontic Societies

There will be two independent judges and a Chief Examiner, all internationally recognised lingual orthodontists. The examination documents and models will be presented for viewing at the BLOS annual meeting. The deadline for application is October 14th 2011 and cases will be on display at

the BLOS study group meeting on November 5th. The Chief Examiner for 2011 will be Dr Dirk Wiechmann.

Several orthodontists have already expressed an interest in applying for accredited status. Paul Ward, BLOS chairman, said: "We are designing the accreditation process so that it is an achievable and worthy challenge; a clear demonstration of the clinician's commitment to excellence in lingual orthodontics."

The case submission templates have been designed in conjunction with the other International Societies of Lingual Orthodontics and the examination standards are of an equally high level to ensure parity between the groups." [DT](#)



Paul Ward, BLOS chairman

Small increase in clinical academic staffing numbers

Data published by the Dental Schools Council revealed a 4 per cent increase in the number of clinical professors, senior lecturers and lecturers in dentistry during the 2009-10 academic year, to a total of 390 Full Time Equivalents (FTE), and a 20 per cent increase in the number of senior clinical teachers and clinical teachers to a total of 135 FTE.

Whilst dental schools are positive about the increase in total number of clinical academic staff for the fourth consecutive year, the number of research-active clinical academic dentists (Professors, Senior Lecturers, Readers and Lecturers) remain 28 per cent lower than in 2000. Since 2005, with the smallest number of dental clinical academics (433 FTE) in the decade, there has been a 25 per cent expansion

in student numbers and the creation of three new dental schools (Peninsula, Aberdeen, UCLan); the number of clinical academics has increased by 21 per cent in this time, but the number of research-active clinical academic dentists has shrunk by a further 10 per cent (to 390 FTE).

The recent survey of Oral Health in England, Wales and Northern Ireland (Health &

Social Care Information Centre 2011) highlighted the importance of oral health to the health of the population. Although oral health has improved overall, dental care is becoming much more complex as older populations retain teeth, whilst severe periodontal (gum) disease has increased slightly in the last decade. Dental schools and the dental clinical academic staff therein are responsible for training and

preparing future generations of dentists to provide care in this changing and increasingly complicated world. They are also responsible for most of the research, innovation and technological development that will help improve health and reduce costs in the long term.

The survey can be accessed online at www.dentalschools-council.ac.uk/clinical_academic_staffing_survey.htm [DT](#)

Three hours of verifiable CPD in the official Showcase Show Guide

Following the success of the initiative since 2009, members of the dental team will be able to gain verifiable CPD hours for reading the Show Guide which accompanies BDTA Dental Showcase.

There will be a total of five articles featuring in a special CPD section of the Guide covering clinical and business topics.

This initiative is exclusive to Showcase visitors, only those who attend the event will be able

to participate. Dentists and DCP's will be able to claim a maximum of three hours of verifiable CPD by reading the articles and answering a series of multiple choice questions on three out of the five articles of their choice.

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BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, register for your ticket at www.dentalshowcase.com, call the

registration hotline on +44 (0) 1494 729959 or text your name, address, occupation and GDC number to 07786 206 276. Advance registration closes on 17 October 2011. On-the-day registration: £10 per person. [DT](#)

Oral diseases may be reclassified

Oral diseases may be classified into the list of noncommunicable diseases (NCDs) after the FDI World Dental Federation called for the change within the United Nations and World Health Organisation (WHO).

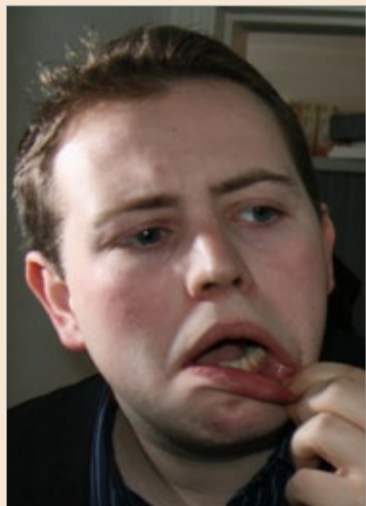
During a hearing at the UN headquarters in New York in June this year, Jean-Luc Eiselé, FDI Executive Director, suggested that the current list should be extended. At present the list comprises of cancer, diabetes and respiratory and cardiovascular diseases.

Alongside the four major NCDs, including unhealthy diet (particularly high sugar consumption), tobacco, and harmful alcohol use, it has been reported that all oral conditions share common risk factors and it has been stated that oral health professionals play a vital role in the prevention, early diagnosis and treatment of the disease.

During a proposal on behalf of the World Health Professions Alliance (WHPA) campaign on NCDs, Dr Eiselé made a warning call of the global epidemic of NCDs, which were later echoed

by Dr Habib Benzian, Director of the NGO 'Fit for School International', who stated how: "the most common disease worldwide is dental caries, tooth decay. It has large impact on societies, on children, on each and every one of us ... don't forget oral diseases in the context of NCDs."

Dr Eiselé also stressed the vital role of health professionals, and explained how they play a key part in reducing the global NCD burden through health promotion, disease prevention, patient care and rehabilitation. **DT**



A patient checks for oral cancer, which may be classified into the list of noncommunicable diseases (NCDs)

Protecting patient confidentiality

A new software which monitors who is accessing a patient's medical records is being piloted in West Wales as part of a wider information security initiative.

The pilots, which are planned to run for six months, are being run by the NHS Wales central information governance team and the Hywel Dda Health Board.

The software, called the Fair-Warning privacy monitoring software, will be used to ensure that only the right health staff are

seeing patient information.

It will also monitor who they are treating and check that information is not be accessed when it shouldn't be.

According to a report, the NHS Wales Informatics Service pilot will evaluate whether this kind of software could be successfully used to ensure that the Individual Health Record, Welsh Clinical Portal and other initiatives are securely and safely used. **DT**



The new software will protect patient confidentiality

Brush baby founder named Entrepreneur of the Year

Child oral health company Brush-Baby is celebrating success after its founder Dominique Tillen was awarded an Entrepreneur of the Year award for her pioneering and innovative work launching Brush-Baby. The recognition demonstrates the company's fantastic commercial success and unrivalled product offering. Indeed, Brush-Baby products can be already be found in Waitrose, John Lewis, Mothercare, Sainsbury's, baby shops, pharmacists and dentists nationwide, and also has a growing presence in Europe, the Middle East and Australia.

Brush-Baby's concept of an 'oral care pathway for babies and young children', is built around a highly original, contemporary product range whose ultimate aim is to 'improve the oral health of young children'. The com-

pany's first product, the Brush-Baby Chewable Toothbrush launched in 2009. The first of its kind worldwide, it is a combined versatile chewable toothbrush and teether that toddlers can use themselves, satisfying their natural urge to chew. As they do so, it helps to clean teeth, massage gums and soothe tender teething gums.

Commenting on her award win, Brush-Baby founder Dominique Tillen said: "I am really pleased to have won this award and my thanks to the retailers and parents who have put their trust in our products and come on this journey with us. Brush-Baby products fill the gap in the market for appropriate child centred products and are becoming increasingly relevant today as young children's oral health becomes a real cause for concern with parents, the dental profession

and policy makers alike."

Brush-Baby unveiled its oral care pathway at The Dentistry Show in March 2011 and is now available to order. The complete range includes DentalWipes™, innovative toothbrushes and Xylitol / Fluoride toothpastes for babies and children aged from birth to six years.

Eye-catching packaging is backed by stand-out POS graphics and engaging pack photography, and offers significant cross-selling opportunities to further energise consumer demand.

To discuss retail opportunities, please contact Brush-Baby on 0845 520 2229 or email dominique.tillen@brushbaby.co.uk. For more information, visit www.brushbaby.co.uk. **DT**

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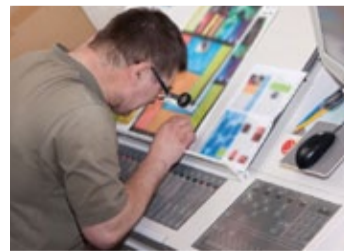
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Stuart Lutton Principal Dentist,
Ivy Dental Practice, Edinburgh

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Discarding your old marketing mind-set

Rita Zamora discusses how to overcome three common marketing mistakes



Make your marketing targets by resetting your marketing ideas

Social media is seen by many as an excellent new marketing tool. However, because it is new, many practices are struggling to figure out how to use it properly. As with all marketing activities, it is best to be informed so you can manage your efforts well and achieve desirable results. Here is a list of three common social marketing mistakes and how you can avoid or overcome them.

Mistake number one - Social marketing delegation

Use caution if delegating your social marketing 100 per cent. Why? It's like telling someone to answer your phone, have conversations with your patients, and then not bother to tell you what was said.

The biggest benefit you get from using social media is the ability to connect with people on a human level. It's simply not possible to connect - long term - with your patients unless at least one person within your practice is actively participating at some level. Be sure that someone in your practice can answer the following questions:

- What is being said on your Facebook page or being tweeted on your behalf?
- How to access your Facebook page - who are the administrators of your page? (Also know that administrators can currently delete your account with the

click of a button).

- How to access your Twitter account. Do you know what your username and password is?
- Who is responding to patient testimonials and inquiries? What language is being used and what voice does your Facebook page or Twitter

'The biggest benefit you get from using social media is the ability to connect with people on a human level'

account have? Knowing what is being posted or tweeted on your behalf will develop the voice or personality for your social platforms.

Most importantly, legal advisors recommend you monitor and be aware of activity on your Facebook page or Twitter account. Ultimately you, the practice owner, are responsible for your social communities. With that said you can also see how over-use of automation could be problematic. If you are going to participate in social marketing, know that it's like a garden. What you get out of this type of marketing is a direct result of what you authentically put into it. It is okay to delegate part of your social mar-

keting, however never delegate 100 per cent or you risk isolating your audience - or worse, appearing as if you simply don't care.

Mistake number two - What you need to know about contests on Facebook

Many practices are running some type of contest or drawing

competition on Facebook. Unfortunately, many of them are also breaking Facebook's Terms of Service and risk having their pages removed. If you are running a contest or drawing competitions on Facebook, or considering running one, you must at least be aware of Facebook's guidelines. See www.facebook.com/promotions_guidelines.php for the details. In short, Facebook's guidelines are clear - you should not collect contest or drawing entries or announce winners directly on your Facebook page.

However, you may run a contest using a third party application, such as WildFire Promotion

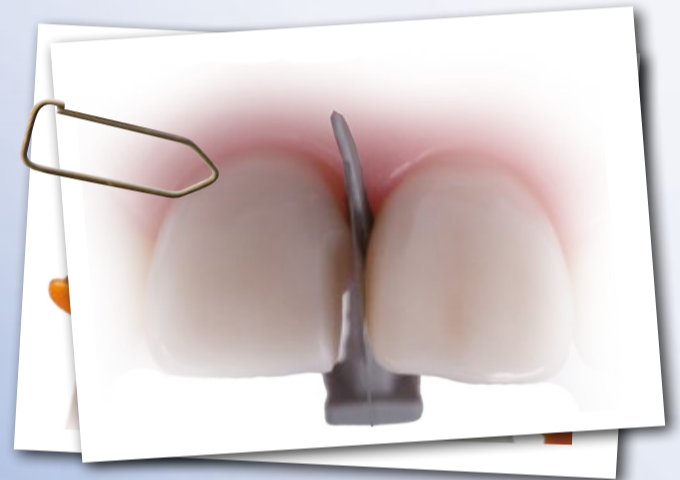


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