

# DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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## News in brief

### Benevolent draw

The Christmas Draw for the British Dental Association Benevolent Fund raised £33,039. Applications to the Fund rose by 50 per cent in 2008, with £260,000 given to needy dentists and their families.

### Sponsored silence

A dental nurse in Hereford held a sponsored silence to raise money for Breast Cancer Haven. Kate Beale, who works at Smith, Coleman and Holloman Dental Practice in Bromyard, kept a day of silence in support of a relative with cancer.

### Tribune correction

*Dental Tribune* would like to apologise for printing Simon Hocken's details incorrectly in the previous issue. Simon Hocken can be contacted at The Breathe Business Group by emailing [simon@nowbreathe.co.uk](mailto:simon@nowbreathe.co.uk) or calling 01548 853660. More information can be found at [www.nowbreathe.co.uk](http://www.nowbreathe.co.uk)

### Dentistry statistics

Chief Dental Officer, Barry Cockcroft has welcomed the latest access dentistry statistics from the NHS Information Centre. The figures showed an increase of 400,000 (2.4 per cent) in the courses of treatment delivered by NHS dentists, in 2008/09 from the same period last year. Dr Cockcroft said: 'This is good news for patients. Access to NHS dentistry is improving following record investment, expanding workforce and a continuing increase in the amount of services being bought by the NHS. The retrospective data means we are only just beginning to see evidence of the growth in NHS dental services that has been going on over the past couple of years. We want to ensure that every person who wants an NHS dentist can get one, and have invested a record £2bn in dentistry and set up a national access programme to help the NHS deliver this.'

### Full-time MP

A dentist in Paisley in Scotland wants to leave dentistry behind and become a full-time MP. Anas Sarwar is the number one choice for the Labour party to stand in the Glasgow Central seat at the next election. Mr Sarwar has been a dentist in Paisley for three and-a-half years but has always wanted to go into politics, having been a Labour supporter since he was 16. The 25-year-old said his bosses and colleagues at Bidwell and Associates on Causeyside Street have been very understanding over his political ambitions.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)

## Money Matters



### Pension protection

Are you doing all that you can to maximise your pension position? Whatever you do – don't get hit by the tax men says Ray Prince.

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## DCPs



### Tricky reactions

More people than ever before have an allergy to something, but what do you do if your patients are allergic to you? Mahri explains.

▶ page 22

## Clinical



### Keeping fit

Composite is a fantastic material with an abundance of uses, but are you making the most of it? Philip Lewis shares his ideas.

▶ page 17

## Events



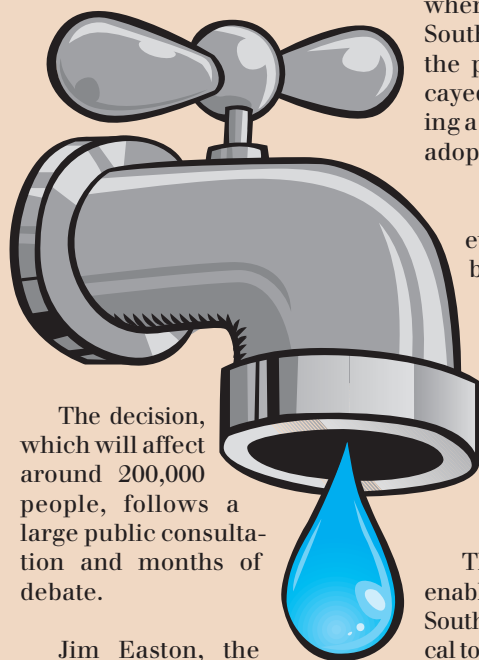
### Helping hand

Read how Dental Hygienist, Barbara Koffman travelled to Uganda to promote and improve dental facilities with her team.

▶ page 24

## 'Sham' fluoridation for Southampton

Health bosses are to go ahead and fluoridate the water in Southampton, despite 72 per cent of residents objecting the idea.



The decision, which will affect around 200,000 people, follows a large public consultation and months of debate.

Jim Easton, the South Central Strategic Health Authority's (SCSHA) chief executive, said: 'We recognise that water fluoridation is a contentious issue for some people. The board was satisfied that, based on existing research, water fluoridation is a safe and effective way to improve dental health.'

Bob Deans, chief executive for Southampton City Primary Care Trust (PCT) said: 'Southampton City PCT continues to believe that a water fluoridation scheme, when introduced with continued oral health promotion, will be the most effective way of reducing the large numbers of tooth fillings and extractions currently needed by children in Southampton.'

The British Dental Association (BDA) also welcomed the decision which it claims has been supported by dentists in the region.

The BDA's scientific adviser, Professor Damien Walmsley said: 'The BDA commends South

Central's decision as we believe that fluoridation is a safe and effective method of reducing dental decay and oral health inequalities. We look forward to the day when we see fewer children in Southampton having to endure the pain and discomfort of decayed teeth or the trauma of having a tooth extracted as a result of adopting this initiative.'

In Southampton, four in every 10 children have a filling by the time they start school.

The decision by South Central Strategic Health Authority to back fluoridation, is the first under 2005 laws, giving health authorities powers to demand the service from water companies.

The decision by the SHA will enable the PCT to go ahead and ask Southern Water to add the chemical to the water, probably by 2010.

A three-month consultation on the plans revealed that 72 per cent of 10,000 local people were opposed to the scheme.

John Spottiswoode, chairman of Hampshire Against Fluoridation, called it 'absolutely disgraceful' and said: 'They have refused to listen to all the evidence we have given them. They have ignored the will of the people – 72 per cent didn't want it and yet they still are going to do it. It is deeply unethical.'

Anti-fluoridation campaigners claim it is 'mass medication' and that it is linked to health risks such as bone cancer and hip fractures. It also increases fluorosis (staining) of teeth.

Elizabeth McDonagh, chair of the National Pure Water Association, said it is considering legal action against the scheme in Southampton. She claims the health authorities blatantly promoted fluoridation during the

three-month consultation and called the consultation a 'sham and a waste of public money'.

SHAs are required to make decisions on the 'cogency of the arguments advanced' and not simply on numbers of people and organisations for or against proposals.

Authorities in north-west England, Derbyshire, Bristol, and Kirklees in West Yorkshire are thought to be among those preparing to go down the same route.

Fluoride is currently added to the water drunk by about 5.5m

people in England, a ninth of the population, mainly in Birmingham and the West Midlands and parts of the north-east.

The government wants to target fluoridation in areas affected by high levels of dental decay which is mainly deprived areas, where nutrition and oral health care is poorest.

The Scottish government already decided four years ago that it did not want local authorities to have the power to bring in fluoridation. The Isle of Man abandoned the idea last summer. **DT**

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## Clinical governance programme success

Learning resources provider Smile-on, has come up with a programme, to help dental professionals comply with the Healthcare Commission's standards on clinical governance.

Smile-on's Clinical Governance programme has been designed to correspond with the standards identified in Standards for Better Health (Department of Health, 2004).

The combination of an introductory seminar, comprehensive workbook and 90-minute CD-ROM and/or online course, enables dental practices to comply with the clinical governance agenda.

The programme aims to help dental teams improve patient ex-



perience and satisfaction, reduce the scope for error, promote evidence-based care, encourage the involvement of the whole team and facilitate compliance with industry requirements.

A spokeswoman for Smile-on said: 'With the Clinical Governance Performance Management tool, practices can upload their progress so that primary care trusts can quickly and easily identify what has been achieved, and what remains to be done.'

For more information please call Smile-on on 0207 400 8989 or email [info@smile-on.com](mailto:info@smile-on.com)

## Polyclinic opens up for business

The first in-store supermarket 'polyclinic' complete with a dentist, GP, pharmacist and podiatrist has opened.

including check-ups, crowns and implants.

Sainsbury's launched its first dental service in a supermarket last September in Sale in Greater Manchester, and it now has up to 3,500 patients registered.

David Gilder, head of professional services at Sainsbury's, said: 'We are proud that Sainsbury's Heaton Park is the first UK supermarket to enjoy an integrated healthcare facility with a dentist, doctor, pharmacy and podiatrist all on-site.'

Our experience at Sainsbury's Sale shows us that the combination of a convenient location, flexible opening hours and competitively priced treatments will be very popular with local residents, many of whom will have found it difficult to access private dental care before now.'

Graham Stringer, MP for Manchester Blackley, said: 'The opening of the dental surgery is great news for the people of North Manchester. The success of the doctors based in the store has shown that there is a real need for easy access health facilities.'



Manchester's Sainsbury's opens the first polyclinic

Sainsbury's in Heaton Park in Manchester, now has the first polyclinic offering both private and NHS healthcare facilities.

The dental surgery at Heaton will be open seven days a week offering a wide range of treatments

## BDA's practical seminars

The British Dental Association is holding a seminar to offer dental professionals advice and information on funding a practice and the challenges they may face when setting up a practice from scratch. The one-day seminar, will be held on 15 March at The Menzies Hotel, Glasgow.

The event *Setting Up In Practice* aims to answer a range of questions – from the philosophi-

cal 'Is this right for me?' to the more practical, day to day issues potential practitioners may face.

A spokesman for the BDA said: 'This successful BDA seminar is now in its twelfth year. It's a great opportunity for those dentists who are considering setting out on their own for the first time and covers all aspects of either buying into an existing practice or the challenges faced when establishing a practice from scratch.'

## Watch out for tax traps

The introduction of Entrepreneurs' Relief last year has created a potential pitfall for any dentist, who attempts to sell their practice or practice share, without taking specialist tax advice, according to a specialist dental accountant.

Generally, Entrepreneurs' Relief is good news for small businesses, including dental practices, because it allows gains to be taxed at only 10 per cent rather than the new 18 per cent business tax introduced by the Chancellor last year.

Any gains above £1m are subject to an 18 per cent tax rate.

However there are circumstances in which the relief will not apply and a dentist who does not take advice could find they are paying tax at 18 per cent rather than 10 per cent.

John Flewitt, partner at Menzies (a firm of Chartered Accountants), members of the National Association of Specialist Dental Accountants (NASDA), advises any dentists considering selling their practice to get specialist advice.

He said: 'In the Finance Act 2008, the Chancellor removed taper relief from capital gains on business assets. This relief often

resulted in the equivalent of a 10 per cent rate of tax on certain gains. When the Chancellor reduced the top rate of capital gains tax from 40 per cent to 18 per cent, there was an outcry that most gains on business assets would rise from 10 per cent to 18 per cent. As a result of lobbying by NASDA and other organisations, entrepreneurs' relief was introduced.'

If full market rent has been paid by the practice to the partner after 5 April 2008, there would be restricted relief. This might include profit sharing arrangements where only the property owning partners get an initial fixed profit share.

Fortunately, said Mr Flewitt, disposal of practice goodwill



Beware of getting caught in the tax trap

He continued: 'For dentists the most likely assets to attract capital gains tax on a sale are the surgery and any practice goodwill. To qualify for relief there must be a disposal of the whole or part of the trading business, the sale of a property in isolation will not qualify.'

Thus, a partner who owns the surgery property outside of the practice will only qualify for the relief if it is sold at the same time as he retires (or withdraws from participation in) the practice.'

would, in most instances, be eligible for entrepreneurs' relief, as it is treated as a disposal of part of the business. However, if the practice is incorporated then there are more detailed requirements to qualify for the relief.

For more information, contact John Flewitt on 01784 497100 or [jflewitt@menzies.co.uk](mailto:jflewitt@menzies.co.uk) Alternatively, to find a NASDA member in your area, go to [www.nasda.org.uk](http://www.nasda.org.uk) or call 0870 601 0230

## CODE launches contract pack

CODE – the Association for Dental Practice, has produced a new contract pack with different versions for NHS, mixed and private practices.

There are both self-employed and employed contracts, with the new self-employed agreements revised to create a balance between providers' responsibility to ensure performers' UDA targets are met and performers' need to preserve their self-employed status.

Jonathan Cobbold, a partner of Gross and Co, who helped devise the contracts, said: 'We have worked hard to ensure that the contracts are even-handed between the interests of all parties and that they are not over-restrictive and take into account the latest legislation, legal cases and precedents – to ensure that if followed

correctly they are enforceable in the courts.'

The orthodontic agreement has been updated and incorporates safer payment arrangements for both NHS and private orthodontic clinics.

Following consultations with orthodontists, new clauses have been included to ensure that performers start and complete an agreed number of cases per month and maintain the contract value.

A new Associate Agreement for Private Practice has been included within the pack. It has a clear payment structure and robust restrictive covenants. Employment contracts have been updated in line with the current legislation and contain additional clauses on probationary period, unpaid leave, absence for a range of reasons and

family-friendly leave. Contracts are accompanied by guidelines on their use and letter templates.

Paul Mendlesohn, CODE's chief executive said: 'We are grateful for members' contribution to this important contract update and hope that this new release will further simplify the process of dental practice management'.

The updated contract pack is provided free of charge to all CODE members together with a complete portfolio of new CODE Contracts for therapists, hygienists, nurses and other staff in both hard copy format and digitally.

For further information about the CODE Contract Pack please contact Tanya Gilmore on 01409 254 354, email [tanya@CODEuk.com](mailto:tanya@CODEuk.com) or visit [www.CODEuk.com](http://www.CODEuk.com)

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# Guest comment

## Sharing the load

I wrote last year about how positive scope of practice was for the dental team. It gave clarity to each team member's boundaries and allowed people to view their job as a career with a path and room for development. It allows for the tailoring of the team to suit the practices requirements, presenting opportunities for job fulfilment that haven't always been available. The potential for good personnel utilisation and therefore increased revenue is a strong reality. I like many DCPs, hope that this is just the beginning.

What is really getting up my nose, apart from grime from my daily underground commute, is the lack of vision of some of our fine profession. CPD is now compulsory for dental nurses yet they are not fortunate enough to be able to claim it as a taxable expense. Section 63 courses are hard to come by and hospital run courses seriously oversubscribed.


No problem, the majority think, the principle in his or her wisdom will recognise the value of an educated, enthusiastic, confident professional as a team member as a pose to someone who feels about as valued as something you scrape of your shoe. No brainer eh? It is tax deductible and with the extension of duties as well as the core subjects a sound investment of practice money. Surely? Used correctly they can free up the clinicians time allowing them to focus on the finer treatment elements, safe in the knowledge that their team is supporting them all the way. And generating more income. That has got to be good..... right?

Try not to be too shocked, but there are still some of us out there who cannot see the benefit of team training, working together and sharing the workload out to those most suited to the job. They prefer to stumble along, shouldering the responsibility solely, burnt out and unsatisfied, and look at the nurse in sheer horror at the suggestion that they might be able to develop skills. God forbid, the nurse may even find enthusiasm for their job again.

In the current climate, people are valuing their pound more than ever. We want more for our money as consumers and we as a profession need to take note of this and change our spots accordingly. It is not enough to provide a mediocre service and assume they will just stick with you.

So come on, support your staff. Invest in your team. Dispel that myth about how much you don't like to part with your money. Who knows, this time next year you could be looking back at 2009

as the year you shared some of the burden with people only too glad to help, and capable to boot. You could be feeling a bit more positive about your practice and actually enjoying the art of dentistry

again. Nobody prepares you for the extra burden of running a team and business so delegate more and get back to the things you enjoy. Good luck. 



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?

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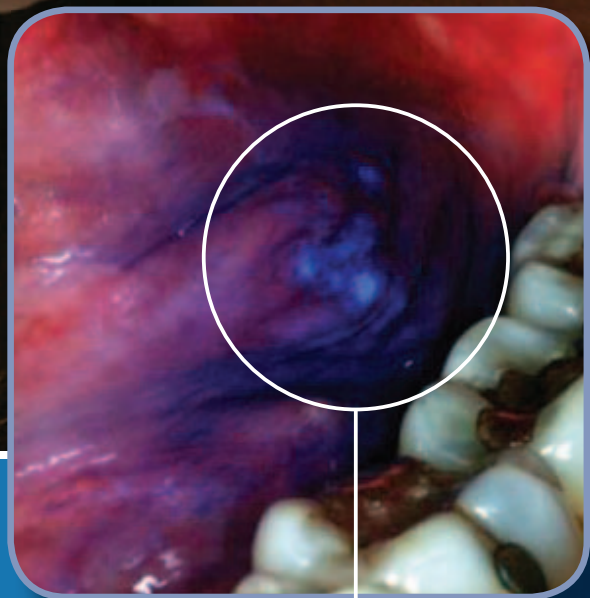
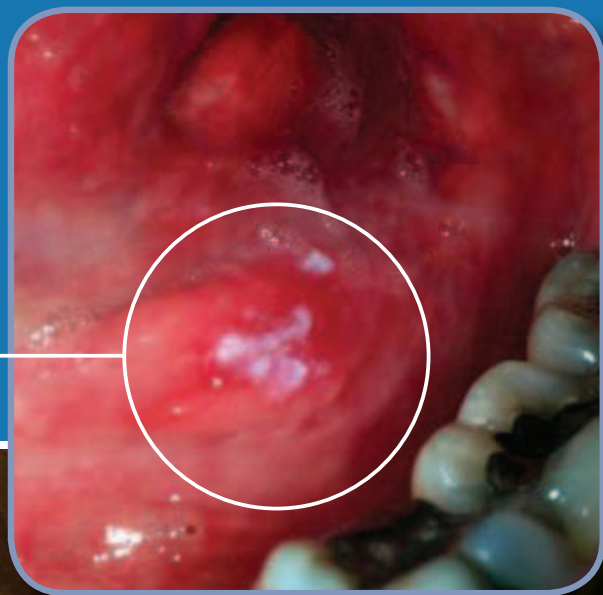
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## BDHF backs NHS oral screenings



Visual oral screening helps to prevent mouth cancer

The British Dental Health Foundation is calling on the government to fund an NHS-led oral screening programme.

The message from the oral health charity comes after research revealed, that visual oral screening, is an effective low-cost measure in preventing mouth cancer.

The report published in the World Health Organisation (WHO) bulletin, led by RTI International, showed how routine visual screenings nearly doubled the early detection of mouth cancer.

The Foundation's chief executive Dr Nigel Carter said: 'This report confirms our message that prevention and early detection are key to curbing the effects of oral cancer.'

Early detection leads to survival in nine in 10 mouth cancer patients. With nearly 5,000 people diagnosed each year in the UK, investment in NHS screening would be a real lifesaver.'

The new research studied 160,000 people in Southern India. Early detection was achieved in 42 per cent of cases

where routine screening took place, almost twice the 24 per cent ratio in cases not taking part in screening programmes.

Sujha Subramanian, a senior health economist at RTI said: 'Our results show that screening for oral cancers is comparable or less expensive than the more widely accepted practice of screening for cervical cancers.'

Four in five mouth cancer cases in the UK are linked to tobacco and smoking, creating an obvious group for targeting high risk patients.

At last year's Mouth Cancer Action Week launch, WHO oral cancer expert, Dr Saman Warnakulasuriya, called for dentists to be given greater powers to prescribe smoking cessation treatments.

The Foundation's annual campaign runs each November, under the tagline 'if in doubt, get checked out'. The campaign advises regular dental visits plus self-examination. [DH](#)

## The next generation congregates

Over 250 recently qualified dentists turned up to this year's Young Dentist Conference.

An expert panel of speakers included Neal Raval, a newly qualified dentist now working in Germany, Saaqib Ali, winner of the Young Dentist of the Year Award and James Hamill, a Northern Irish dentist with an award winning practice.

Dr Hamill and Dr Ali addressed the young dentists' concerns about setting up in practice in the current economic and political climate.

Both delivered advice to the delegates based on their own business models, suggesting that

making a practice 'stand out' from others nearby would improve its chances of success.

Dr Raval advised the young dentists how to calculate the appropriate fees for services rendered – an area many young dentists feel uncomfortable discussing.

Dr Raval claimed that so long as a dentist is 'consistent, predictable and successful' when carrying out a procedure, and continues to build upon their professional education, they should not be embarrassed in charging a rate which reflects their knowledge and experience.

Finally, three young dentists in different areas of spe-

cialism – endodontics, periodontics and orthodontics acted as advocates for their chosen speciality in open debate to save it from being sent to Surgery 101; a take on the TV show, Room 101.

After a lively debate, the delegates chose to send orthodontics to Surgery 101, preferring to save the preventative attributes of endo and perio.

The Young Dentist Conference was organised by Dental Protection in association with the British Dental Association and the British Dental Journal.

It was held at the Royal College of Physicians in London. [DH](#)

## Cut alcohol says Foundation

The Mouth Cancer Foundation is calling for people to cut down on their alcohol intake or avoid it altogether.

Its message follows a study from the National Cancer Institute in Paris which found one unit of alcohol, the equivalent of half a small 175ml glass of wine per day, increases the risk of developing mouth cancer by 168 per cent.

The Department of Health's current advice is that men should not regularly drink more than three to four units of alcohol per day, and women should not regularly drink more than two to three units of alcohol per day.

However, the founder of the Mouth Cancer Foundation, Dr Vinod Joshi says: 'In view of this latest report the current alcohol guidelines that we've got are actu-

ally very high. To reduce the risk of mouth cancer risk, the Mouth Cancer Foundation recommends that people should limit or avoid their alcohol altogether.'

For men the Mouth Cancer Foundation recommends no more than two standard drinks a day and for women no more than one standard drink a day.



The Mouth Cancer Foundation recommends people should cut down on alcohol

**Symptoms of mouth cancer include:**

1. A sore or ulcer in the mouth that does not heal within three weeks
2. A lump or overgrowth of tissue anywhere in the mouth
3. A white or red patch on the gums, tongue, or lining of the mouth
4. Difficulty in swallowing, chewing or moving the jaw or tongue
5. Numbness of the tongue or other area of the mouth
6. A feeling that something is caught in the throat
7. A chronic sore throat or hoarseness that persists more than six weeks
8. Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
9. Neck swelling present for more than three weeks
10. Unexplained tooth mobility persisting for more than three weeks [DH](#)

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From L-R: Prof. Nairn Wilson, Dr Linda Niessen, Megan Cross, Dr John Drummond

## Dentsply rolls out awards

More than 200 people attended this year's Dentsply/ BDA Student Clinician Awards

The event was held at the Mandarin Oriental Hotel in London and the awards for the best original research by undergraduate students were presented by Dr Linda Niessen, vice president

and chief clinical officer of Dentsply International and Dr John Drummond from Dundee Dental School.

Dean Hallows, marketing director at Dentsply said: 'These awards are massively important for the dental profession and are held in a number of countries around the world. They promote

research, which is of course, the future of the dental profession and emphasise the continuous bond that exists between the profession and the dental industry. The future of the dental profession depends on a strong body of scientific research.'

Megan Cross from the University of Birmingham Dental School, won first prize for her entry 'DNase activity within dental plaque and gingival crevicular fluid during a 21 day experimental model of gingivitis'.

She won an all expenses paid trip to the American Dental Association meeting in Honolulu in October. She will also become a member of SCADA - the Student Clinician Program of the American Dental Association.

Second prize of £500 went to Raheel Malik of Kings College London Dental Institute for his entry: 'The role of the chemokine receptor 'CXCR4' in oral squamous cell carcinoma tumour cell biology'.

The adjudicators' prize for professionalism throughout the presentation went to Gemma Walker of the University of Sheffield, School of Clinical Dentistry for her entry 'CT imaging and dental age estimation'.

Mr Hallows added: 'They were all obviously winners as they had gone through an extremely rigorous selection process to get to this stage.'

Thirteen teaching schools in the UK put forward an entrant for the adjudication, which was held, at the British Dental Association's (BDA) headquarters.

Each student presented a piece of original research to the three adjudicators - Professor Nairn Wilson, dean of Kings College London Dental Institute; Dr John Drummond, senior Lecturer at Dundee Dental School and Professor Robbie McConnell from the Department of Restorative Dentistry College of Medicine at Cork University Dental School.

The Student Clinician Programme (SCP) was first introduced in 1959 at the centennial session of the American Dental Association (ADA) in New York.

Its purpose was to stimulate dental student membership in the ADA, introduce students to dental society activities, encourage original clinical and research work at the pre-doctoral level, and create a source of future clinicians.

As a result of the success of this programme, it is now held in Canada, the UK, Australia, Germany, Scandinavia, Japan, France, India, Thailand, South Korea, South Africa and Taiwan.

For information on the 2010 Dentsply/BDA Student Clinician Programme, contact Dentsply on 0800 072 3313. [D](#)

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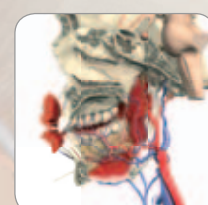
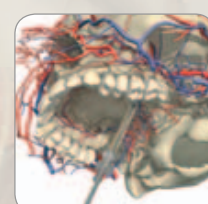
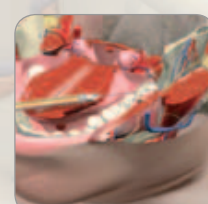
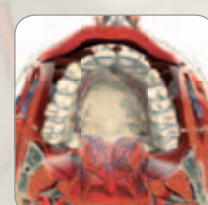
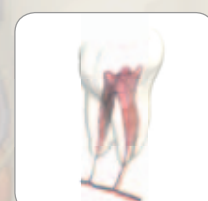
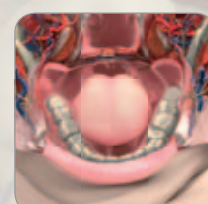
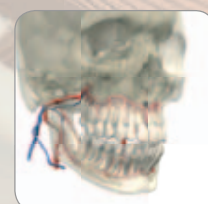
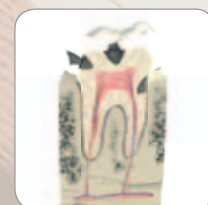
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# Welcome to the future

The British Academy of Cosmetic Dentistry will be holding a conference to help dental professionals get to grips with the latest advances in 21<sup>st</sup> century dentistry.

The British Academy of Cosmetic Dentistry's (BACD) Sixth Annual Meeting, takes place on 19-20 November at the Edinburgh International Conference Centre (EICC) in Edinburgh, Scotland.

The conference, *The Future of Dentistry*, will include lectures and seminars and covers materials, CAD/CAM, LASERs, touch scanning and more.

A spokeswoman for the BACD said: 'With technological innovations being introduced all the time, the conference is ideal for delegates seeking to remain at the forefront of high quality dental treatment.'

For more information and to book a place, visit [www.bacd.com](http://www.bacd.com)

Those who book now can take advantage of a special 10 per cent discounted rate. [DT](#)



## Mouth cancer awareness alert

The Mouth Cancer Foundation is calling for more to be done to raise awareness of mouth cancer, after a survey revealed many Britons are unaware of the risk factors.

A new European wide survey at the International Conference on Innovative Approaches in Head & Neck Oncology (ICHNO), found the UK lags behind Europe in its awareness of one of the world's most common cancers.

The About Face survey investigating public awareness of mouth cancer also known as head and neck cancer, commissioned by Merck Serono and the European Head and Neck Cancer Society (EHNS), found that although nearly nine out ten in the UK consider smoking to be a major risk factor, only one in two are aware that alcohol is a risk factor of mouth cancer and only one in seven are aware that HPV is a risk factor.

Human Papillomavirus (HPV) is the name for a common group of viruses. There are over 100 different types of HPV which affect the skin and the mucosa (the moist membranes that line parts of

the body, such as the insides the mouth, throat, cervix and anus).

Some types of HPV are known to increase the risk of developing particular types of cancer and are known as high-risk HPVs. Over 10 different types of high-risk HPV can be passed from one person to another. HPV is spread through skin contact, often during sex.

Founder of the Mouth Cancer Foundation, Dr Vinod Joshi said: 'If prevention is to be successful, awareness of these risk factors needs to be much higher. Much more still needs to be done to educate the public about mouth cancer.'

The survey also revealed that about nine in ten people have had no contact with a patient and so remain unaware of its debilitating effects.

While the survey showed that people in the UK were generally more aware of the symptoms of mouth cancer than those in the other European countries, it found that more needs to be done if we are to treat the disease earlier and reduce morbidity.

Cancer can occur in any part of the mouth, tongue,

lips, throat, salivary glands, pharynx, larynx, sinus, and other sites located in the head and neck area.

In its very early stages, mouth cancer can be almost invisible making it easy to ignore. Every three hours, someone in the UK will die from mouth cancer and the disease kills one in two people diagnosed due to late detec-



*Are you doing your bit to raise awareness of mouth cancer?*

tion. Mouth cancers have a higher proportion of deaths per number of cases than breast cancer, cervical cancer or skin melanoma

The About Face survey was conducted across seven European countries: France, Germany, Italy, Netherlands, Spain, Sweden and the UK. [DT](#)

## Reserve by text

the telephone, online and postal means of advance registration, we are pleased to offer potential visitors the chance to register by SMS for tickets to Showcase again this year. We recognise that a growing number of people choose to communicate this way and we want to make registration as easy as possible for all members of the dental team.'

Members of the dental team wishing to reserve tickets by SMS simply need to text their name, address and occupation and General Dental Council (GDC) number to: 07786 206 276.

BDTA Dental Showcase 2009 takes place 12-14 November at NEC Birmingham.

To register in advance for your complimentary ticket visit [www.dentalshowcase.com/visit](http://www.dentalshowcase.com/visit), call the registration hotline on 01494 729959 or text your name, address, occupation and GDC number to 07786 206 276.


Advance registration closes 6 November.

On-the-day registration: £10 per person. [DT](#)



The British Dental Trade Association is again giving dental professionals the chance to reserve their BDTA Dental Showcase tickets by text.




Tony Reed, executive director at the British Dental Trade Association (BDTA), said: 'In addition to



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# Keeping up appearances

## Kitting out your practice needn't be as costly as you think, says Gianluca Soldati

The priority of any dental practice is to provide patients with the best treatment; this can only be achieved by ensuring the ultimate affordable technology. Installing equipment that embodies groundbreaking modern technologies will inevitably enhance and improve the image and reputation of your practice.

### Do your research

There are a certain number of elements that must be taken into consideration when investing in the future of your practice; all of which have a large impact on the final decision. Deciding on a thorough plan is crucial, and considerable attention must be given to operating spaces and infrastructures, particularly to the transit of the materials and people involved. Having equipment that is logistically compatible with the practice guarantees that even complex procedures can be carried out in a certain manner ensuring ultimate quality and efficiency.

Space can be a primary issue for many practices, as they find themselves limited to what equipment they can install. If this is the case, the practice should consider a company that understands the finer aspects of design. Having the option to integrate custom-made equipment guarantees maximum operational capabilities within the busy practice.

### Confidence is key


There is one important component that can separate a good company from an outstanding one – customer service. Having an exceptional customer-service record instils confidence in the customer, as they believe in the supplier's ability to maintain the equipment's performance.

### Be safe

Above all, safety is the one area that cannot be compromised when purchasing new equipment. Choosing a company that utilises state-of-the-art therapeutic and ergonomic principles in the development of their equipment will ensure your patients and staff are provided with the very best in comfort and safety. As the number of astute patients and demanding technicians has increased, the hygiene concern and the risk of cross contamination are both considered more important than ever. There should be certain standards in all technology, such as authorized methods for treating bacteria and viruses combined with the ability to abolish all contamination.

Many practices believe that purchasing equipment from the most technologically advanced dental supplier is an enormous in-

vestment and they must part with a considerable amount of money. This does not have to be the case. You can buy good-quality practice equipment, at reasonable prices.

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Space can be a primary issue for many practices



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