

DENTAL TRIBUNE

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News in brief

Agency death

A dental insurance company is searching for the family of a dentist in Cheshire who died in the arms of a call girl.

An insurance policy held by David Hillary, from Alderley Edge, has produced a payout of about £5,000 for his next of kin. However Dentists' Provident have been unable to find any of his relatives - and the lump sum remains unpaid.

Mr Hillary, 55, lived with his father, Jack, at a dental surgery in Trafford Road, where he had practised for nearly 20 years. His father died from lung cancer just 10 days before Mr Hillary was found dead.

An inquest into the dentist's death found he had been out drinking with a friend before calling the Select escort agency in Sale.

He then drank more alcohol and took morphine with the escort until they fell asleep together on his sofa.

When the escort awoke in the early hours of the next morning, she could not wake him up. Cheshire coroner Nicholas Rheinberg said that Mr Hillary died from a combination of 'alcohol and opiate toxicity' - the combined levels of alcohol and drugs in his blood. He recorded a verdict of accidental death.

Anyone who can help trace Mr Hillary's next of kin is asked to call Dentists' Provident on 020 7222 2511.

Charity fundraiser

Staff at a dentist's surgery in Wigan returned to the 1970s and donned afro wigs, platform boots and flowery shirts to raise money for the health charity Dentaaid.

Dentists, dental nurses and a hygienist at Pemberton Dental Practice in Pemberton, raised more than £250 for the charity, which provides much needed dental and oral health care in the developing world.

Dr Phil Barton, from Pemberton Dental Practice, said: 'It was a great day. All the staff and patients had a wonderful time. The patients loved it too.'

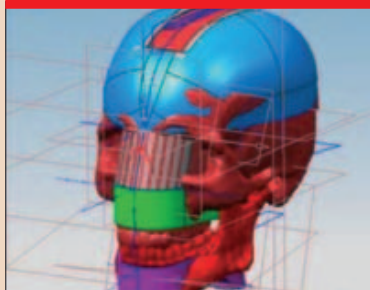
Amalgam U-turn

The American drugs watchdog, the Food and Drug Administration has reversed its decision to warn against pregnant women and children having mercury fillings.

It now claims that following a review of around 200 scientific studies the levels released by dental amalgam fillings 'are not high enough to cause harm in patients'.

www.dental-tribune.co.uk

News



Chewing robot

Researchers in Bristol have invented a Chewing Robot to study the wear and tear on dental fittings such as crowns.

▶ page 8

Money matters

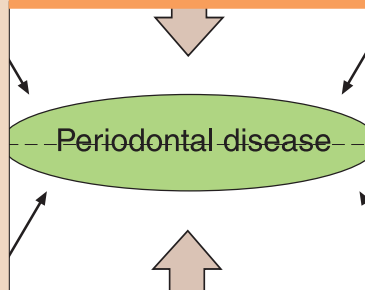


Smooth transaction

Due diligence is a time-consuming subject, says Hewi Ma of Cohen Cramer solicitors, but what does it mean exactly?

▶ page 9

Perio trib



Perio disease

Effective periodontal treatment in practice involves a series of stages says Fiona Clarke in *Perio Tribune*.

▶ page 15

Practice management



Anger management

Anger wells up within us whenever we perceive that we have been wronged, so how do we deal with it?

▶ page 27

Postcode lottery

Scotland has seen a rise in the number of NHS dental patients, but they are still very much at the mercy of a postcode lottery.

The percentage of patients registered with an NHS dentist ranges from 41.5 per cent in Grampian to 78 per cent in Greater Glasgow and Clyde.

Throughout Scotland, the number of registrations has increased.

By the end of March more than 5.3m people in Scotland had an NHS dentist, up from 2.9m a year ago.

Health boards are also making improvements with the number of children on the books of NHS dentists.

However six health boards have still to meet a national target to register 80 per cent of three to five-year-olds by 2010-11.

Below the target were Western Isles (51.4 per cent), Orkney (62.1 per cent), Borders (68.4 per cent), Grampian (69 per cent), Fife (75.6 per cent) and Highland (76.9 per cent).

This compares to 94.2 per cent registered in NHS Greater Glasgow and Clyde.

Dr Richard Simpson MSP, Labour health spokesman, said the figures showed that an action plan set out by the previous Scottish Executive to increase the intake of dental students and improve NHS access was beginning to have an effect.

He said: 'Things are improving. But the health boards that are far below the targets need to

look at the situation very carefully and try to improve it.'

Liberal Democrat health spokesman Ross Finnie said it showed the 'embedded inequalities' in NHS dental provision throughout the country.

He said: 'This postcode lottery must be addressed. The Scottish government must work harder to ensure that the increase in registration with NHS dentists benefits the whole country.'

Public Health Minister Shona Robison said: 'I am pleased that there have been

further increases in both child and adult dental registrations in the last quarter, which indicate that the measures we have taken to improve access are working.

While I recognise one of the factors behind this increase will be the extension of the registration period, there are other factors, such as the record number of dentists in Scotland offering NHS services.

Having said that, we know there are still problems with access to an NHS dentist in certain parts of Scotland and we are continuing to tackle this.' DT

Forced resignation

A dentist who had a nine-year affair with his dental nurse, forced her to resign from the practice when his wife found out, an employment tribunal was told.

Tariq Drabu, 44, was said to have lavished gifts, including a diamond ring, on Paula Jackson and rented a flat.

The 45-year-old was then forced to resign from the practice in Middleton, Manchester, when his wife Suraya found out.

She said Dr Drabu had offered her £100,000 if she left the practice and dumped her husband.

Mrs Jackson claimed that Dr Drabu had told her she could have anything she wanted and

eventually he would leave his wife.

Mrs Jackson, who had started at the practice as a trainee dental nurse, had during the nine-year affair, become practice manager at Langley Dental Group.

She claimed she was 'bullied' into quitting her job and sued for constructive dismissal, which Mr Drabu admitted.

The amount of compensation will be fixed later.

Dr Drabu has been suspended by the General Dental Council from working for four months.

It found his conduct was unprofessional, inappropriate and not in the best interests of patients. DT

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Raising money for charity

Two dentists played alongside ex-international rugby player and Strictly Come Dancing star Kenny Logan, in a game which raised £25,000 for charity. Dr Norman Bloom, who has a private dental practice in the West End of London, was joined by his associate dentist, Shane Roiser, who played professionally for the London Wasps rugby team for eight years.

The two dentists played in the London Wasps Legends team with Come Dancing star Kenny Logan against Hartlepool district where they raised £25,000 for the Hartlepool and District Hospice, which provides palliative care and bereavement support.

In another match, the London Wasps Legends team won 41-7

against a combined channel island team in Guernsey.

Dr Bloom said: 'We won 41-7 alongside ex-internationals Kenny Logan, Andy Reed, Rob Lozowski, Mark Denny and Jonny Upton captained by ex-Wasps captain Mark Rigby. We also raised over £5,000 for the Wooden Spoon society which raises money for children's charities.' [DH](#)

Cosmetic treatment

The former world champion boxer, Chris Eubank is spending £30,000 on cosmetic dental treatment - and is hoping it will get rid of his trademark lisp.

Mr Eubank has travelled to Ireland to have the work carried out by dentist Barry Buckley.

The work includes closing the gap between his two front teeth to improve the aesthetic nature of his smile.

Mr Eubank said: 'I'm here to see the best dentist in Ireland and the UK. Before long nobody will

be able to accuse me of having a lisp.'

Dr Buckley is carrying out the work at Clane Hospital, Co Kildare, which will also see all his other teeth slightly lengthened.

Dr Buckley said: 'We're getting rid of the gap between his front teeth, adding length to the teeth and widening his smile slightly.'

The main purpose of the work is to make his teeth look better. They are not a bad set of teeth but they are a little bit worse for wear because of his career.' [DH](#)

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Call for funding

NHS dentists in England are calling for extra funding to help them implement the decontamination guidance issued by the Department of Health.

Dentists at the recent Local Dental Committees' (LDC) annual conference voiced their concerns over the extra time, extra staff and extra equipment needed to implement HTM 01-05.

The Department of Health produced the guidance in response to emerging evidence around the effectiveness of decontamination in primary care dental practices and the possibility of prion transmission through protein contamination of dental instruments.

The guidance for dentists in England was published online in April.

All NHS dentists have 12 months to implement HTM 01-05, from when they receive the hard copy of the guidance, which should be with all dentists over the next couple of months.

Dentists in Wales will also adopt 01-05 with a few modifications of the terminology. But Scotland has decided not to follow the guidance.

Lesley Derry, head of education and standards at the British Dentists Association (BDA), who spoke at the LDC conference said: 'At the moment, Scotland has just cleaning protocols in place and this may be less arduous but I don't think Scotland is getting much of an easier time.'

Under their guidance, all dentists in Scotland have to have a Local Decontamination Unit in place by the end of the year. They are being given grants of around £20,000 to help them do this.

However a Scottish dentist at the conference revealed that there are currently 55 dental practices in Glasgow facing closure as they are unable to comply with this as they do not have the space.

Jason Stokes from Norfolk LDC called for the government to offer

dentists in England similar financial help.

'The Department of Health needs to offer funding to primary care trusts (PCTs) to help dentists implement 01-05. If it wants to see more patient safety, we want to see extra funding,' he said.

While Vijay Sudra of Birmingham LDC claimed that the guidance will create 'chaos' and leave dentists with a 'logistical nightmare'.

Under the guidance, all dentists will have to have an overarching infection control policy. So if a dentist gets a new piece of equipment, he or she will have to show how it will be cleaned.

All practices will have to have a rota in place detailing how all the areas in the dental practices are cleaned.

The guidance also stipulates that single use instruments are used wherever possible.

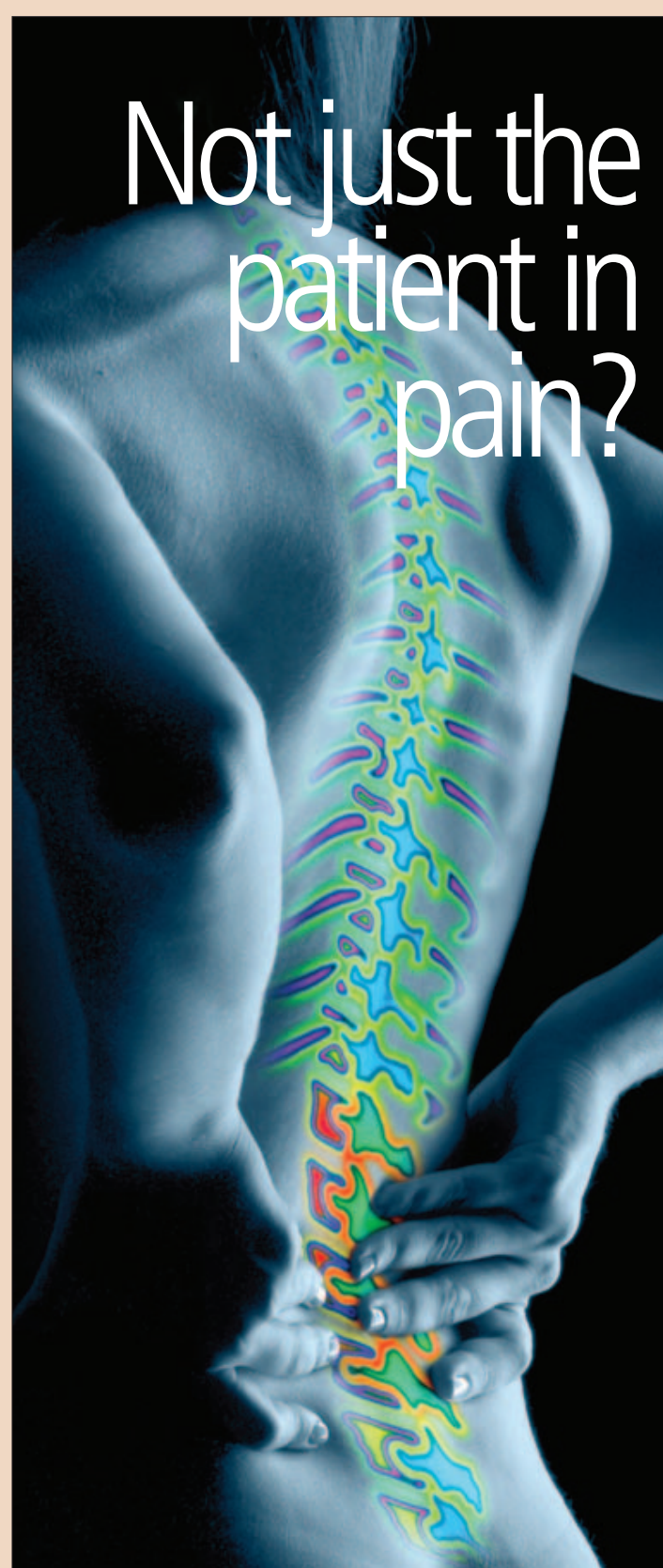
When cleaning instruments and equipment, manual cleaning is still acceptable according to the guidelines but automated and validated processes need to be used where possible.

Ms Derry said: 'These are national guidelines but PCTs will be able to adapt them as they see suitable.'

HTM 01-05 gives the Care Quality Commission, the new regulatory organisation for health-care, the right to inspect all practices and to see if they attain the two standards of essential and best practice.

By 2010, all dental practices in the UK, both NHS and private, will have to register with the Care Quality Commission and will be regulated by this body.

The full guidance can be accessed online at http://www.dh.gov.uk/en/Publications-and-statistics/Publications/PublicationsPolicyAndGuidance/DH_089245 [DH](#)



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Xylitol sweetener prevents decay

The British Dental Health Foundation has welcomed research that shows the non-artificial sweetener, Xylitol, helps prevent decay in baby teeth.

The non-artificial sweetener, which acts as an anti-bacterial agent against cavities is already widely used as a 'safe' sweetener

in chewing gums and lozenges for children with permanent teeth.

Researchers at the University of Washington, Seattle, split 94 babies aged nine to 15 months into three groups – one receiving eight grams of xylitol syrup divided into two daily doses, a second given the eight grams di-

vided into three doses and the final group given one single smaller 2.67 gram dose.

After an average 10-month wait until oral examinations, toddlers receiving higher syrup doses showed significantly less signs of early decay, according to July's Archives of Pediatrics and Adolescent Medicine report.

Foundation chief executive Dr Nigel Carter said: 'These studies could prove to be an invaluable aid in preventing early years tooth decay which is a key marker for future oral health. The later children develop their first cavities, the better their lifetime oral health will be, so an easily-administered preventive regime would be a fantastic development.'

There is some evidence that early-years caries is on the increase, particularly in less deprived areas of the UK. Around half of UK children under the age of five show signs of decay even though caries is easily preventable.'

He also called for parents to reduce their children's intake of sugary snacks and drinks and to ensure they brush their teeth twice daily with fluoride toothpaste, at 1,000 parts-per-million up to age three, and 1,350 ppm thereafter.

Lead researcher in the study, Peter Milgrom, has concluded that xylitol syrup could be a cost-effective anti-cavity measure in populations of high tooth decay and said: 'Poor oral health affects diet and nutrition and significantly diminishes quality of life. However, tooth decay is a disease that is largely preventable. These results provide evidence for the first time (to our knowledge) that xylitol is effective for the prevention of decay in primary teeth of toddlers.' [D](#)

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Dental surgery reopens

A dental surgery in Gloucestershire, which has lain empty for nearly two years, has opened its doors once again to NHS patients.

The Springbank dental practice in Springbank, shares facilities with a GP surgery, and is staffed by one dentist and one hygienist.

NHS Gloucestershire is planning to open five more dental surgeries in the county at a cost of £6m.

The practice will be open for two days a week and will offer routine NHS dental care to between 800 and 1,200 patients.

Jan Stubbings, chief executive of NHS Gloucestershire, said: 'This is another important development for primary care services in the Springbank area and for NHS dentistry in Gloucestershire.'

We know that access to NHS dentistry is important and we will continue to invest funds in expanding provision for patients.'

Councillor John Morris (LD, Springbank) called it 'really positive news' and said: 'I'm delighted we are getting a dentist's surgery.'

It's been a long time coming but people who live in the area will be very pleased.

We've now got a doctor's surgery, a chemist and a dentist all in the same building which is a terrific resource. We want to make sure people make full use of it.' [D](#)

Swine flu guidance

Dental Protection, the professional indemnity body, has been receiving a large volume of calls asking for advice about what to do about the spread of swine flu.

In response, it has issued a paper highlighting the indemnity and risk management aspects of pandemic influenza, including a section on frequently asked questions with some of the recurring questions that its dental legal advisers are being asked.

A spokesman for the company said: 'Dental Protection has had experience of advising and assisting its members in similar situations in other parts of the world,

Those who are in positions of responsibility and leadership – including practice owners, and those with management responsibilities in all branches of dentistry – should plan in advance for a range of possible scenarios so that they know how they would deal with many of the likely contingencies.

This will make it easier to make good decisions under pressure at a later stage. There are also legal considerations for practice owners and employers, according to Dental Protection.

Employers have a duty, amongst other things, to maintain a safe workplace, and to

make adequate provision for the health, safety and welfare of their employees.

They also have a legal obligation to provide staff members with appropriate Personal Protective Equipment (PPE).

Team members should wear good quality, well fitting masks and adequate surgery ventilation and high volume suction will all help to minimise the risks inherent in the dental environment.

The General Dental Council requires all registered dental health professionals to maintain adequate and appropriate professional indemnity at all times, and Dental Protection recommends all its members to ensure that those with whom they work (regularly or in exceptional circumstances) do have such indemnity.

For more information, go to www.dentalprotection.org



such as members in Hong Kong and Singapore who were badly affected by the SARS outbreak and the C5N1 avian flu epidemic.

This experience heightens our awareness of the kind of issues and risks that need to be considered.'

Dental Protection warns that it is up to dental professionals to act responsibly and said it is in the public interest that everyone should play their part in limiting the spread of pandemic influenza.

Guidance includes:

Taking every reasonable step to maintain your own health and that of those around you.

It is irresponsible to continue treating patients when you have reason to believe that you may be infectious; this may apply to your professional colleagues as well as to yourself.

In such situations you should monitor your own health (including your temperature), take medical advice when necessary and appropriate, and act upon this advice.

It is equally irresponsible to expect or require your employees to attend the workplace and come into contact with colleagues and patients when you have reason to believe that they may be infectious.

The temptation may be greatest when you are already short-staffed, but it must be resisted, warns Dental Protection.

On the other hand, those healthcare professionals that are fit and well can make a valuable contribution by covering for colleagues who are unwell and unable to work.

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Tooth decay caused by multiple medicines

The British Dental Health Foundation claims many oral problems are being caused by people taking multiple medicines.

Scientists are blaming multiple medications for the growing problem of dry mouth syndrome which can lead to tooth decay.

Foundation chief executive Dr Nigel Carter said: 'Dry mouth affects our saliva levels which can expose the teeth to risks of tooth decay, since saliva is a natural protection against caries.'

With advances in healthcare, more and more medicines have hit the market. As more people

take multiple medicines, the risk of oral health problems such as xerostomia has greatly increased, especially amongst older people.

Dry mouth increases exposure to the main causes of tooth loss, decay, erosion and gum disease, yet these problems are entirely preventable.

A good oral health routine and regular trips to the dentist, as often as the dentist recommends, will help look after your mouth and quality of life.'

Dry mouth can also be caused by medical conditions such as diabetes and lupus, or natural factors such as ageing and menopausal changes.

There are a wide range of products designed for dry mouth which can help prevent any problems preventing risks of decay and minimising other attendant issues, such as a lack of saliva affecting swallowing.

Products such as gels and sprays can help moisture levels in the mouth, while it is important to brush teeth twice a day with a fluoride toothpaste to prevent decay.

Avoiding sugary foods and citrus acids will minimise risks of dental decay and erosion.

Though sucking sweets and chewing gum can help stimulate the flow of saliva and counteract dry mouth, it is vital to use sugar-free products.

Those with more severe cases may even choose to sleep with a de-humidifier in the room and practice breathing through the nose rather than the mouth.

Alcohol, caffeine and salty foods are on the banned list in cases of dry mouth, while sufferers should drink plenty of water. **DT**



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Yorkshire carries out fluoride study

Yorkshire and Humber Strategic Health Authority is to carry out a feasibility study into whether fluoride should be added to drinking water in a drive to improve oral health in the region.

The health authority is carrying out the study on behalf of the whole region but at the specific request of primary care trusts in Bradford and Airedale and Kirklees.

NHS Bradford and Airedale Trust believe it would bring benefits for the people, as it will optimise exposure to fluoride and reduce tooth decay.

The trust runs a fluoride varnish scheme for children, which it wants to expand.

Chief executive of NHS Bradford and Airedale, Simon Morritt said discussions with Yorkshire Water had revealed it was not possible to contain water fluoridation to just West Yorkshire.

Because of this, he has asked the health authority to carry out a feasibility study for the entire Yorkshire region.

It is expected to be completed by April 2010. **DT**

GDC 'an outward-looking regulator'

The General Dental Council is an 'outward-looking regulator with a real focus on customer service', according to the watchdog for healthcare regulators.

The Council for Healthcare Regulatory Excellence (CHRE), in its review of the GDC, also found the council had a clear commitment to continuous improvement, and a willingness to innovate.

Among other initiatives, the GDC has demonstrated 'excellence and good practice' by encouraging dental patients to expect better standards through a process of educating and empowering them, said the CHRE.

The report by the watchdog said 'we are impressed with the GDC's approach and would encourage others to consider such a customer-focused strategy'.

It also praised 'excellent' initiatives such as measures to inform stakeholders, increasing public involvement, and boosting customer service, by using mystery shopping and customer surveys.

GDC chief executive and registrar Duncan Rudkin said: 'We welcome the rigour and scrutiny of the review and the opportunity

for us to show that we're accountable. But we're not complacent. We are keen to do all we can to stay focused on continual improvement.'

The CHRE said it would follow 'with interest' the GDC's progress on revalidation, appraising and assessing fitness to practise panellists, a new 'risk-based' ap-

proach to education and training, and how it measures and manages its own performance.

It commended the GDC's new continuous improvement team and the new role of head of customer service.

The GDC will be the first regulator to pilot its revalidation

process and the CHRE welcomed the GDC's stated intent to share the learning from its pilot with other regulators.

The GDC is currently undertaking a major review of its Fitness to Practise work, including a comprehensive and challenging review of how the function is managed and governed.

A strategic review is also planned. [DT](#)

Gold medal award

Anthony Power, who recently completed his undergraduate dental programme at King's College London Dental Institute, has won the 2009 University of London BDS Gold Medal. This is the eighth year in succession that a graduate of King's has been awarded this highly prestigious prize.

The medal is awarded to the candidate who most distinguishes him or herself in the final Bachelor of Dental Surgery exams. Both London dental schools are invited to nominate candidates for the gold medal examination - an oral conducted by six external examiners. Each school selects candidates from students with the highest number of merits and distinctions.

Anthony, who is undertaking his vocational training in the coastal resort of Minehead with the South West Deanery, said: 'It was both with pride and trepidation that I attended the viva for the Gold Medal on graduation morning. To be told at the graduation ceremony later that day that I had received the award was an unexpected delight, not to mention a great honour.'

'I am very grateful to have studied at King's for the past 5 years, since the teaching and facilities were wonderful on the whole, and the memories I have will always be cherished. I hope that I can return one day, perhaps as an SHO, to some familiar friendly faces.'

He will receive the medal, with a cheque for £500, at the Institute's annual prize giving in November. [DT](#)

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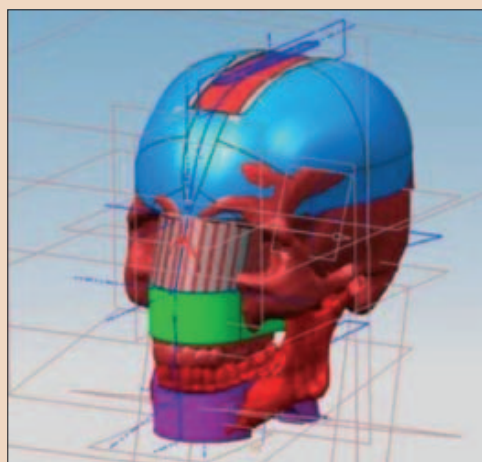
Researchers in Bristol have invented a Chewing Robot to study the wear and tear on dental fittings such as crowns and bridges.

The UK spends around £2.5bn each year on dental materials to replace or strengthen teeth.

Researchers at the University of Bristol's department of mechanical engineering in collaboration with the Department of Oral and Dental Science have developed the Chewing Robot to test dental materials.

The inspired invention was shown to the public for the first time at this year's Royal Society

Summer Science Exhibition, the premier annual showcase for scientific excellence in the UK.



Dental fittings, such as crowns and bridges, are made

from well-known metals, polymers and ceramics but their dental wear properties are often poorly understood. Clinical trials examining the wear of human teeth are expensive and time-consuming and by the time a new material has been tested, it is often obsolete.

This is why researchers came up with the Chewing Robot which replicates the movements and forces involved in chewing.

The robot is based on a three-dimensional mechanism with six linear actuators that re-

produce the motion and forces sustained by teeth within a human mouth.

A human jaw is a powerful and complex piece of natural machinery, allowing a person to chew in many different ways.

The lower jaw and the teeth move with six degrees of freedom, translating and rotating along each of the Cartesian axes.

Dr Kazem Alemzadeh, senior lecturer in the department of mechanical engineering recognised that the Stewart-Gough platforms have been used to provide and control the same six degrees of freedom in aircraft simulators, and so he proposed the

Chewing Robot concept based on just such a platform.

The design and development of the chewing robot was carried out by Daniel Raabe, a PhD student in the department of mechanical engineering at Bristol University.

The robot has the potential to dramatically improve the process of developing and testing new dental materials.

Daniel Raabe said: 'By reproducing natural bite forces and movements, the chewing robot can help improve and accelerate the process of developing new dental restorative materials that may someday be found in a person's mouth.' [DT](#)

Fill in your CPD hours online

All dental professionals registered with the General Dental Council will be able to fill in their annual continuing professional development hours online from August.

Around 47,000 dental care professionals need to provide an annual declaration of continuing professional development (CPD) hours this summer – and a new section of the eGDC website will be able to help.

ter with instructions on how they can log on to the eGDC website and fill in their annual CPD hours electronically.

A spokesman for the GDC said: 'Although we're encouraging professionals to submit their hours online, alternatively they can submit a return form which will be sent out with the letter this August.'

A special telephone helpline and email advice service will go

record CPD hours over their five-year cycle at the click of a mouse.

If they have previously submitted paper forms, they will be able to edit and add hours from their current five-year cycle online.

Once they've entered their hours for this year, the site will tell them how many hours they have left to do.

Registrants need to keep hold of their certificates as proof of carrying out verifiable CPD.

This is important as the GDC carries out audits at the end of each five-year cycle.

The deadline for professionals to submit their hours is the end of September.

GDC registration development manager, Sarah Arnold, said: 'As well as submitting your CPD returns, you can also check and update your contact details that appear on the register, pay your annual retention fee by credit or debit card, set up a direct debit and access your annual practising certificate.'

Dental care professionals who registered with the GDC on or after 31 July won't have to fill in a return form until August 2010. [DT](#)

Good oral healthcare combats obesity



Good oral healthcare could hold the key to combating obesity, according to new dental research.

The Journal of Dental Research found that bacteria in our mouths could play a direct part in causing obesity.

The study was carried out on five hundred women, three hundred of whom were clinically obese.

This found that out of forty kinds of bacteria tested, one species - selenomonas noxia - was present at levels of more than one per cent of total bacteria in 98 per cent of the overweight group.

This bacteria has previously been linked with the development of gum disease.

Further research will now explore the importance of these infectionary agents as indicators of and potential causes of obesity.

Foundation chief executive Dr Nigel Carter said: 'Though this information represents very early stages of research, it is another fascinating example of the potential overall health links related to our oral health.'

It is uncertain whether people may become obese due to changes in the bacteria in their mouths or whether these changes occur as a result of obesity. What impact changing the bacterial make up may have on helping to reduce obesity is certainly worth additional research.

There are hundreds of bacteria in our mouths at any one time, contributing to the most common dental hygiene issue - gum disease.

Alongside posing risks of causing tooth loss if left unchecked, gum disease has been linked to heart disease, diabetes and premature births.' [DT](#)



All dental care professionals who registered with the General Dental Council (GDC) before 30 July 2008 and paid the annual retention fee by 31 July this year will receive - along with their Annual Practising Certificate - a let-

live in August to help with any questions registrants may have in filling out their paper forms or hours online.'

The new online facility will allow professionals to track and



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A smooth transaction

Due diligence is a time-consuming subject, says Hewi Ma of Cohen Cramer solicitors, who explains what it actually means and how it affects you when you're buying or selling a practice

Due diligence is invariably the most time-consuming stage of a dental practice sale or purchase and one of the most crucial. "Due diligence" means the raising by the buyer's solicitors of enquiries about the practice and the premises. The

'Due diligence means the raising by the buyer's solicitors of enquiries about the practice and premises.'

buyer's solicitors send out enquiries at the initial stages of a transaction. The enquiries not only ask for written replies, but also the provision of substantial amounts of documentation from a seller. The replies and documents are scrutinised by the Buyer's solicitors, which then lead to the raising of further enquiries and requests for further documentation.

I have acted for many a Seller who tackles these enquiries with great gusto and fervour providing prompt replies and a well-compiled bundle of due diligence documents, which expedites the transaction to exchange and completion.

At the opposite end of the scale is the Seller who sends through replies and supporting documents in dribs and drabs and whose replies are incomplete and inadequate. This can mean delay, more work and more expense for a Seller.

Don't be fooled

The Credit Crunch has affected everyone including solicitors. When the bottom fell out of the property market, some commercial property solicitors attempted to move into dental work, but do not be fooled! A low quote for selling your practice may seem like a bargain, but if it sounds too good to be true – it usually is. A solicitor with no experience in dealing with dental practices may quickly find themselves out of their depth, with fees spiralling out of control and a deeply unsatisfied client.

A solicitor with a well-established background in dental practice sales and acquisitions should be familiar with how a practice works and will know the right questions to ask. They should ask you if you are NHS, private or a member of a capitation scheme. They will ask if you have any associates, what type of NHS contract you hold – GDS or PDS. If they are asking you the right questions, they should also ask the right questions of a seller (if instructed by a buyer) and will be able to understand and deal with questions raised by a buyer (if acting for a seller).

Enquiries for the seller

When you receive the enquiries from your solicitor, my top tip is to hand it to your practice manager. There will, in most cases, be two parts to the enquiries; property and business.

Commercial Property Standard Enquiries (or CPSEs) ask for information about the property. The vast majority of solicitors for any commercial-property transaction use them. Replies should be sent to you in draft for you to approve and add to if you have

any further comments before being sent to a Buyer's solicitors.

Business enquiries are a completely different kettle of fish! At present, there are no standard enquiries relating to a Dental Practice's business. Our firm and a handful of others (all members of the Association of Specialist Providers to Dentists) have an agreed form of enquiries. This is useful as we know what to expect of one another and the enquiries can be sent to you as soon as a transaction commences although "standard" enquiries are often supplemented by bespoke enquiries relevant to that particular transaction.

Most business enquiries are relatively straightforward although in many cases they are numerous and do take time to deal with properly.

Providing an inventory

One thing you are guaranteed to be asked for is an inventory of all items included and excluded from the practice. The aim is to be thorough but not pedantic. Generally, the main items of equipment are detailed, for example, name, model and serial number, then furniture, computers and fixtures and fittings, a process similar to when you are selling a house. You will not be expected to list things classed as stock or such sundry items like a mop and bucket as in one case I dealt with.

The inventory you prepare will be appended to the Business Transfer Agreement, so it is important that you are happy with it. In addition, be sure to detail the items at the practice, which are not included in the sale, as you

wouldn't want to surrender that rather expensive intra-oral camera you have just purchased.

If your practice works under an NHS contract, you will also be expected to provide up to date UDA figures and a whole copy of the NHS contract itself – not just the signature pages and schedules. NHS contracts do vary and it is important that your solicitor has sight of this. If your Practice runs a capitation scheme you may be asked to provide at least six months' written reports.

'If you're selling your practice, questions relating to staff form a large part of any due diligence enquiries.'

Enquires relating to staff form a large part of any due diligence enquiries. Under TUPE regulations, the transfer of the staff goes hand in hand with the transfer of the business. You may be required to provide copies of the signed contracts of employment, GDC registration certificates and vaccination records for clinical staff and attendance records.

An inability to provide full and accurate replies to these enquiries may at most endanger a sale and at the least, it will cause a significant delay.

Enquiries for a buyer

Your part is easy. Instruct "dentally aware" solicitors and sit back, let them do the hard work. Your solicitor should report back to you upon the seller's documentation.

You will be provided with an inventory and you must ensure that it gives a true representation of what you believe is included in the purchase. If you noted a nice, new autoclave when you visited and this doesn't appear to be on

the inventory you must advise your solicitor. Replacement of missing equipment will be a painfully costly lesson.

Asking a seller to disclose their accounts for the last three financial years is crucial and you should always seek the advice of your accountant. Due care should also be taken when inspecting the number of UDAs achieved as you wouldn't want the PCT demanding a clawback as a result of the seller underperforming prior to completion.

Conclusion

Due diligence is one of the most crucial and fundamental parts of any sale or purchase of a dental practice. For the seller, a speedy and satisfactory response to the enquiries goes a long way to expediting a sale. As for the buyer – you should always instruct a solicitor who knows the right questions to ask and who will persevere until appropriate replies and supporting documentation have been provided. [DT](#)

About the author



Hewi Ma joined Cohen Cramer

in 1999 and is a key member of the dental team working on dental practice sale and acquisition transactions. Her particular area of expertise lies in dealing with enquiries before the exchange of contracts, producing practice acquisition reports on purchases and disclosure bundles for sales. To contact Cohen Cramer Solicitors, call 0113 2440597, email dental.team@cohencramer.co.uk or visit www.cohencramer.co.uk.

