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INTERVIEW

Health Education England authors Sam Shah and Edward Sinclair about the impact Brexit could have on dental regulations and the workforce.

► Page 04



BARD 2016

Dr Nisha Sisodia, Leeds, reviews the latest conference of the British Academy of Restorative Dentistry in Meriden, West Midlands.

► Page 06



SINGLE-USE INSTRUMENTS

Robert Jagger, University of Bristol, explains why their use can provide significant advantages to dental clinicians in general dental practice.

► Page 16

Dental leaders in the United Kingdom cautious in Brexit vote aftermath

By DTI

LONDON, UK: Dental stakeholders throughout the UK have reacted cautiously to the results of the referendum that saw the majority of people in Britain last week decide the country should leave the European Union. In a statement on the vote, the British Dental Association (BDA) declared that it would offer support and advice to its members about the full implications of the withdrawal process once its terms had been decided on.

“At this early stage we do not know what shape Brexit will take, but it could certainly mean significant changes for both dental regulation and the dental workforce,” BDA chair Mick Armstrong commented.

The BDA did not take a position in the referendum. While no official statistics are available on the number of dentists in the UK who voted to remain or leave, a poll conducted by *Dental Tribune* online in March indicated that a slight majority of dental professionals would have preferred the country to stay in the EU.

UK dentistry is directly affected by EU legislation in a num-



The majority of British voters in the referendum has decided to split from the European Union.

working in another EU member country.

Other areas that could be affected by the vote are health and safety legislation, as well as the import of dental equipment and materials.

In a statement on its website, the GDC said: “The Prime Minister made clear that the formal pro-

cess for implementing the referendum result would be taken forward under a new leader, and that won't happen immediately. We will communicate any changes widely as and when the position develops.”

if any, from the vote in the UK,” a representative of Henry Schein, the UK's and the world's largest provider of dental products and services, told *Dental Tribune*. “Our focus remains serving as the trusted adviser to our customers, and no geopolitical event will change that.”

The result of the referendum has sparked economic uncertainty not only in Europe but also in markets around the world. As a direct result of the leave announcement, the pound hit a 31-year low.

Editorial note: As a global company with deep roots in Europe, we at Dental Tribune International have always been supportive of the European idea. Despite the uncertainty surrounding Friday's decision by the British people, the UK market will remain a vital part of our worldwide portfolio. We will, however, continue to investigate and report on the leaving process and provide dental professionals with sound advice and information on how to cope successfully with any changes to come.

Share values too tumbled worldwide in response to the outcome, including those of major dental industry competitors, such as Henry Schein and Dentsply Sirona.

As a consequence of the outcome of the referendum, David Cameron announced that he would step down as Prime Minister. Former home secretary Theresa May has been meanwhile appointed as his successor.

Negotiations about a new agreement with the EU are expected to begin once a new government has put in place. Under Article 50 of the Treaty of Lisbon, Britain will then have two years to negotiate a new agreement with the EU.

“Brexit could certainly mean significant changes...”

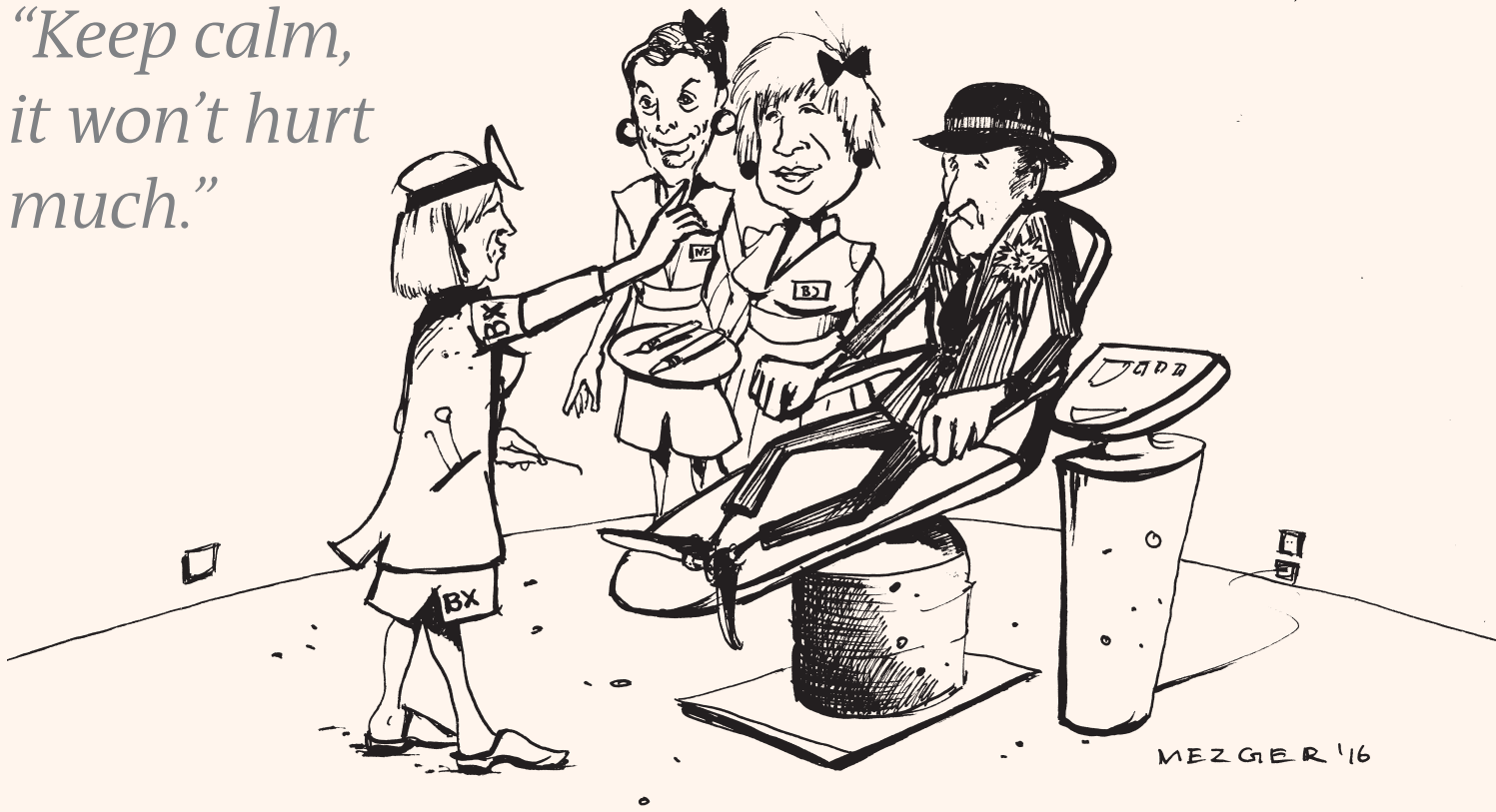
ber of areas, including movement of labour. Last year alone saw more than 7,000 dentists from EU member countries seeking registration with the General Dental Council (GDC). Their future status remains uncertain after the decision—though unaffected in the interim—as does that of British dentists currently

cess for implementing the referendum result would be taken forward under a new leader, and that won't happen immediately. We will communicate any changes widely as and when the position develops.”

“It's far too soon to predict the long-term impact on our business,

AD

“Keep calm,
it won't hurt
much.”



Poor dental appearance hinders career prospects

By DTI

LONDON, UK: A new YouGov survey on behalf of the British Dental Association (BDA) has found that over three-quarters of Brits believe poor oral health and decayed teeth can hinder job applicants and their career prospects. In comparison, only half of the number ranked being overweight or dress code violations as a barrier to being hired.

The online poll involved 2,028 Brits aged over 18. When asked

about different factors that may affect a person's career opportunities, 77 per cent of respondents felt that visibly decayed teeth or bad breath would hinder a candidate's chances of securing employment in public or client-facing roles, such as a receptionist or a solicitor. Just as many participants said the same about applicants with an unkempt appearance.

In contrast, being overweight was considered as hindering to job prospects in public or client-facing roles by 38 per cent of the

participants, and 43 per cent believed that not adhering to the expected dress code is similarly jeopardising.

“In a competitive jobs market people are realising that bad teeth mean bad prospects. This new evidence is a stark reminder that a winning smile isn't just for fans of selfies, it's for anyone who wants to get on in life,” commented Henrik Overgaard-Nielsen, chairperson of the BDA's General Dental Practice Committee, on the survey results.

“Ministers have viewed oral health as an 'optional extra' for far too long. For the children lining up for tooth extractions in our hospitals decay has long-term consequences. Whether they grow up to be solicitors or receptionists, the state of their mouths can affect their life chances,” Overgaard-Nielsen said.

Tooth decay remains the chief reason for hospital admissions among young children in the UK. Alarming, from 2011 to 2014, the number of tooth extractions in children under 18 increased by 26 per cent, the latest Public Health England figures have shown.

In addition, the 2013 Children's Dental Health Survey found that insecurities about a poor dental appearance start early. The survey, which provides information on the dental health of children in England, Wales and Northern Ireland, showed that 35 per cent of 12-year-olds and 28 per cent of 15-year-olds were embarrassed to smile or laugh owing to the condition of their teeth. Independent studies have found that oral health issues can have a lasting effect on children's school readiness, as well as impair their nutrition, development and ability to socialise.

Targeting regions with high decay rates, the government recently announced ten pilot preventive programmes in England. However, no details of the scheme or dedicated funding have been released so far.

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“We need to consider carefully how to plan for the future workforce”

An interview with Health Education England’s Sam Shah and Dental Core Trainee Edward Sinclair



After the vote to leave in the European Union Referendum last month and the appointment of Theresa May as Prime Minister, negotiations between Westminster and Brussels are expected to commence soon. In an article published by the *British Dental Journal*, researchers from Health Education England in London already in May drafted a possible Brexit scenario and its implications for dentistry in the UK. *Dental Tribune* had the opportunity to speak with authors Edward Sinclair and Sam Shah in London about the possible impact of this historic decision on dental regulations and the workforce.

Dental Tribune: In the EU referendum, the majority of Brits voted for the UK to leave the EU. What impact could an upcoming Brexit have on the British health care sector and dentistry in particular?

Edward Sinclair: To give an exact and short answer to your question would be difficult. I would say that in the short term very little will change. After that it will really depend on the outcome of any negotiations. One would hope that there would be minimal disruption to the existing systems.

One of the areas that could be affected is workforce. At the moment, the UK has many workers from other EU countries who fall under the freedom of movement arrangement and benefit in general from mutual recognition of their professional qualifications. One of the reasons the leave vote

triumphed was because a lot of people seemed unhappy with the whole concept of freedom of movement. In the future, it is possible that it will be restricted in some way. What we might end up with is something like the arrangement in North America where professionals are able to come to the UK if they have a job offer.

“...it was a distortion in the run-up to the referendum to state that leaving the EU would somehow reduce the amount of red tape.”

Sam Shah: There is a whole myriad of legislation that will need to be unravelled, reinstated or recreated. Those responsible for the workforce will need to consider both the existing EU migrant workforce and various UK residents are currently training in other EU countries. They will probably be planning to return to the UK in the hope that their qualifications are going to be recognised.

As a nation we also benefit from products and material being manufactured elsewhere in Europe that get imported in the UK for use in dentistry, for example in the fields of implant dentistry or endodontics. If there are going to be changes, there will need to be trade agreements in place between the EU and the UK. Inevitably this is likely to have an impact on price

which in turn will have affect supply and demand.

Last year alone, more EU dentists registered with the General Dental Council than the number of dentists that graduated from UK dental schools. How dependent is dentistry on the migrant workforce and would the UK be able to cope with the potential loss of this workforce through stricter immigration regulation?

Shah: The workforce is an important aspect of the way dentistry as a clinical service operates. There will be implications regarding the workforce because at the moment we have the benefit of both the EU workforce combined with the UK workforce which provide us with stable services to meet the needs of our population.

The likelihood is that future barriers to movement will have an impact on supply and demand within the workforce. This means that for us in the UK we need to consider carefully how to plan for future workforce because our modelling has been based on what happened over the last 10 to 15 years. The implications on dentistry won't be seen for some years to come and it will probably take at least 5 to 10 years before

we see any real impact from the Brexit.

Sinclair: There was a time 15 years ago when it was more difficult for people in rural areas to find an NHS dentist. Recently, that has become less of a problem and this could be because a lot of EU dentists were willing to work in those areas. Whilst the economic problems of the eurozone remain, there will still be demand from dentists from EU countries to work in the UK.

We know that certain countries like Spain and Romania produce far more dentists than they may actually need. Even if we erect barriers to entry, the UK is still an attractive place for postgraduate training or just to work.

In addition to immigration, one of the topics that leavers put forward in the referendum was regulation. To what extent is the dental industry in the UK regulated by EU laws?

Sinclair: As an example, the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 became UK regulation in 2013. This originates from EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector. For something like this it would now be up to the UK legislature to decide upon. It's important to note however, that there are some countries in the EU that have a much lower regulatory burden. I think it was a distortion in the run-up to the referendum to state that leaving the EU would somehow reduce the amount of red tape.

Shah: You also have to consider other European rules for example on ionising radiation or the transfer of clinical images. The reality is whether we are part of the EU or not, there will need to be something whether it is a policy or regulation that addresses matters such as these. It is unlikely that the State would just dismantle the rules without any replacement because there have to be some safeguards in place for society.

The type of regulation that dentists may be more familiar with are EU competition laws. The UK has its own version of competition laws in any event. There is a chance that we will need an alteration of these rules however they will probably still exist. At the moment, I am yet to be convinced that any EU regulation would not continue to apply in some form if the UK does continue to leave the EU.

“...some of the people in our existing workforce may be more likely to find work post-Brexit...”

Do you see any benefits of the Brexit for dentistry in the UK?

Sinclair: There may be an opportunity to standardise English language requirements, if we start recruiting more heavily from countries where English is the primary language of instruction. It may be argued that it could be easier to introduce people to the workforce and keep standards at a consistent level, but this is only speculation.

Shah: From a competition point of view, there are potential benefits for local workers who through the influx of dentists and other professionals might have been less willing to work at a specific rate or found accessing work more competitive. At the individual level, some of the people in our existing workforce may be more likely to find work post-Brexit but I think migration of professionals will continue provided the UK remains an attractive place to work for people from the EU. There will need to be some arrangement which allows dental professionals to come to the UK.

What aspects do you think will be important to consider in the upcoming negotiations with the EU regarding dentistry?

Sinclair: We know that the NHS (not just dentistry) really benefited from the flexibility of being able to recruit from other EU countries, so ideally negotiators want need to establish a similar arrangement, even if it is a special visa for health care workers to come to the UK or work in EU countries. That seems to be a sensible thing to lobby the government on so that we do not lose that flexibility.

It would not have a huge effect on general immigration either because health care workers are only a small portion of net immigration. The government does not have to fear that it would distort the figures too much and it would allow this very important section of the workforce to remain in the country. I expect that the public would support that, whichever side they are on in the whole debate.

Shah: There certainly does need to be some sort of trade agreement for medical devices and health care products. Drugs will probably need to fall into a special category as we know a lot of medicinal drugs already move back and forth across the EU.

Similarly there will need to be some rules for things as basic as data sharing between the UK and EU states, particularly in relation to offsite data backup that could often use sites in other parts of the EU where space is often more affordable.

One of the most important aspects is continued collaboration in respect of the public health agenda, which includes oral health. Broader public health initiatives

do not necessarily need a formal agreement as it is unlikely that any single EU state will be affected. However, it is more likely that the region as a whole will be affected by issues relating to both general disease and oral diseases. There will need to be continued collaboration between dental and oral policy makers across the European region.

Thank you very much for the interview.

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BARD Conference 2016: More than just an educational experience

By Dr Nisha Sisodia, UK

The 2016 British Academy of Restorative Dentistry (BARD) Conference was held at the Forest of Arden Marriott Hotel and Country Club in Meriden on 3 and 4 June. The event kicked off with an address from the president, Prof. Paul Tipton, and conference chairperson Adam Toft. This was followed by a day of lectures on various topics by speakers from all over the world, culminating with a live patient demonstration.

The patient concerned was delighted about the treatment outcome and gave a touching account of his experience. The first day's topics focused on anterior restorations, 3-D cleaning of root canals, the Equipoise denture system, whitening treatment, tooth wear, facial aesthetics in dentistry, avoiding periodontal litigation, and the ArtOn4 dental concept.

After a successful first day, the programme focus changed to new ideas and materials, with presentations on high-performance PEEK polymer and its uses, CEREC and the digital world, occlusion, dealing with and promoting oral health via the media, the Biofunctional Prosthetic System, comfortable dentistry for the clinician as well as the patient, and treating



Live patient demonstration was a highlight of the latest BARD conference.

the ageing dentition. Over the event, all the speakers directed their discussions towards dentistry in everyday practice, giving tips and pointers on a one-to-one level during the extended breaks.

BARD's core purpose is the education of dental clinicians, aiding in the improvement of oral health by offering them a flexible learning pathway. These pathways

can lead to the Membership in Restorative Dentistry via the postgraduate certificate, postgraduate diploma, MSc and MClinDent. Members are encouraged and given the opportunity to improve their skills in all aspects of dentistry, from the very basic principles to advanced treatments and concepts. Our members are not limited to dentists; dental technicians too can join the academy.

The conference is intended to be more than just an educational experience. It is also designed to be unforgettable and enjoyable, especially when it comes to the social programme. The Saturday evening event this year started

Sponsors of the event made a fantastic contribution; the response and support exceeded expectations. There were an array of exhibitors offering the latest in materials, products and innovative technology designed to make clinical practice more economical, effective and efficient. The focal point was the JUVORA stand, where a new non-metal PEEK material used for fixed and removable dental prostheses was demonstrated. Sponsors displays included dental materials and instruments, scanning machines, dental courses, loupes, dental implants, dental laboratories, finance and even a car.

The weekend catered for a broad spectrum of interests and the hugely positive remarks praised the high standard and wide range of topics, exhibitors and speakers, as well as the superb social event. Delegates were inspired to go back to their surgeries and incorporate what they had learnt, buzzing about the next conference. Preparations and talks for the 2017 BARD Conference



Prof. Paul Tipton addressing delegates.

with a drinks reception, at which an illusionist had everyone amazed and baffled—"how did he guess that, just by looking at me?". This was followed by a charity dinner supporting the Vine Trust's Amazon Hope Medical and Dental Programme, which seeks to promote health and dental care in Peru, supported by volunteer clinicians. Money was raised via auctioning various items and memorabilia and playing an unconventional game of heads or tails. The night ended late with various unorthodox moves on the dance floor, laughter and some sore feet.

have already begun. The Belfry Hotel and Resort in Wishaw in Scotland is the likely venue for the event to be next spring or summer. For further information and details, visit www.bard.uk.com.



Dr Nisha Sisodia is working as a dentist in a mixed practice in Leicester in the UK.

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But it's different here

An international perspective on the business of dentistry

By Chris Barrow, UK



As a business consultant, I have been providing training, coaching and mentoring services to UK and Irish dentists and their teams for the last 23 years. Additionally, I have had the opportunity to work with clients in a number of European and other countries, including Turkey, India, the US, Canada and Australia. I consider myself a bit of a rebel and love to talk about innovation in business and how it applies in dentistry and the wider health care environment.

In this article for Dental Tribune I want to take you back to the mid-1990s and my first experience of working with UK dentists, providing team training workshops all across the country. In-

evitably, there would come a point in one of those early workshops at which an attendee would raise his or her hand and, instead of asking a question, make a statement that came down to something like "Chris, this is all very good and exciting, but you need to understand that here in [insert place name] things are different."

Candidates for "insert place name" ranged from the valleys of southern Wales to the West End of London, from north to south, from crowded to thinly populated areas; references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would

fall on stony ground because of the idiosyncrasies of the local population or macro- and micro-economic circumstances.

As a speaker, one learns to deal with such objections and concerns with empathetic listening and compassion, but I gradually realised that, in each of these locations, there were dentists who were just getting on with the job and enjoying great success, because they were either oblivious of or immune to those self-limiting beliefs. Now, do not get me wrong here, if your dental practice is situated in a town where a significant proportion of the population is dependent on one major employer that then closes down, even the greatest optimist and positive thinker would have to take a reality check and respond. Thankfully, such economic disasters are relatively few in number. Most of the time, the aforementioned statements of difference are a self-fulfilling prophecy on the part of the conference questioner.

The caring speaker will try to engage the attendee in meaningful dialogue, but experience shows that, sadly, the critic rarely wants to be persuaded away from his or her unfalsifiable hypothesis. Bringing this phenomenon into the second decade of the twenty-first century, the most frequent use of the phrase "ah, but it's different here" relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experience, I then meet dentists in the same location who are happily generating digital sales.

A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact

that almost 66 per cent of their website visits were from mobile devices—smartphones and tablets—thus demonstrating that website appearance on a 27-inch iMac screen is no longer as important as how it looks on mobile.

If I now refer back to the international locations in which I have had the opportunity to work, I can think of not one of the listed countries in which I would argue that the situation is different. Perhaps the most notable of these is Pune in northern India, where I was privileged in February to deliver a two-day workshop to 50 dentists

list of countries, there is not one excluded from the information and connection revolution that is reshaping all of our lives.

People are people. The independent traveller of 50 years ago would have commented on diverse cultures. In 2016, the same traveller will comment on similarities, whether good or bad. The global village contains dental patients and they have similar needs and expectations of value. So if you are looking for tips on how to improve your dental business, you now gain a global perspective when observing best practise.

"The global village contains dental patients and they have similar needs and expectations of value."

from that city and nearby Mumbai. Halfway through the morning on my second day there, an attendee rose to his feet and requested a hand mike and I knew what was coming: "Chris, we have all enjoyed your lecture so far, but you need to understand that here in India things are different," he said.

I listened, acknowledged and then simply carried on, in the knowledge that Mumbai is now regarded as the health care tourism capital of the world, that technology is influencing society as rapidly as anywhere and that the traditional Indian business model of sole-trader dentists with no nurse, no hygienist and no associate is rapidly being replaced by dental corporates and retailers, as is the case everywhere. In my original

I have visited and worked with the best in all of the countries listed and found that no nation is behind the curve when it comes to innovation in the business of dentistry and we can all learn from each other. Except, of course, in your place—if it's different?



Chris Barrow is the founder of 7connections business coaching. An active consultant, trainer and coach to the UK dental profession, he regularly contributes to the dental press, social media and online. Chris Barrow can be contacted at coach.barrow@7connections.com.

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