Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Cosmetic dentistry 'most popular aesthetic treatment'

According to a recent report, cosmetic dentistry is the most popular cosmetic treatment. The survey, which was conducted by *The Sun*, found that four per cent of those who took part in the survey have had their teeth straightened, whilst three per cent have had teeth whitening. However, not everyone who took part in the survey had undergone cosmetic surgery. The report stated that 85 per cent of respondents said that they had not had any work done, but many said that relatives had suggested getting some form of cosmetic treatment.

Dentists after dark

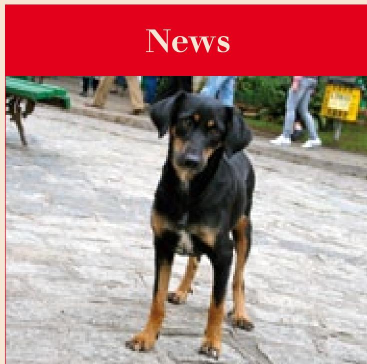
A raunchy short film on vampires has hit the internet in a bid to young patients through the dentists' doors. Using YouTube as their base, NHS Northamptonshire posted the advert after research found that a large population of 18-24 year-olds were not visiting the dentist. Targeting directly to this younger generation, the short film is of a bedroom scene which goes horribly wrong when the vampire's female victim turns the vampire away because of his bad breath. The film can be seen on YouTube.

New BDTA campaign launched

'Delivering quality for dentistry' is the message being communicated by the BDTA to the dental team throughout 2011. The marketing campaign will promote members' delivery of superior products and services, accuracy in providing the right help and support and their continuous development of innovative solutions and technologies. The internal workings of a watch mechanism have provided the imagery for the campaign due to its obvious connection with precision, accuracy, reliability and the opportunity to explain that BDTA members help dental practices and laboratories 'run like clockwork'. Linking in with the messages of the campaign, the BDTA will also be communicating the need to include a reference to using high quality equipment and materials in the right way as part of the GDC's revalidation process. The BDTA will also highlight the importance of exhibitions and practical techniques as valuable learning methods. For further information on the BDTA visit www.bdta.org.uk

www.dental-tribune.co.uk

News



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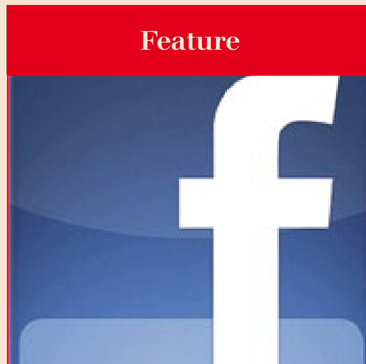

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CQC reg fees – just when will we know?

With just two weeks before registration with the Care Quality Commission goes live, when will dental practices find out the cost?

With D-Day for practices registering with the Care Quality Commission (CQC) approaching, practices are still waiting for the answer to the question – just how much is this going to cost us anyway?

The profession has been waiting for guidance on registration fees since October 2010, when the consultation on the provision of a fee scheme for all registrants of CQC was published. The consultation ended January 17, 2011.

In the consultation, the CQC stated: *We do not underestimate the impact on providers of paying fees, especially in the current economic climate. We have looked carefully at our costs and will continue to do so. We have a responsibility to collect fees from those we regulate and to demonstrate we are an efficient and effective regulator. The benefit of that for providers is related to the public assurance that being registered provides, and the access to information about providers' compliance that we make available to people who use services, the wider public and commissioners of services. There is also the reassurance of knowing that we will tackle poorly performing and unregistered providers to ensure that standards overall are maintained.*

We will consult every time that we propose any changes to fees, and we will provide enough detail so that our plans can be scrutinised and challenged openly. We have no interest in setting fees higher than they need to be: our overall income is capped by the Department of Health, so that every pound raised in fees is deducted from the grant that we would otherwise receive from central government.

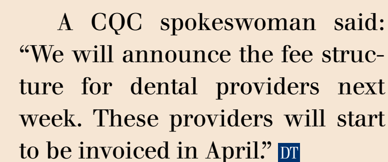
With the potential for fees starting from upwards of £1,500, practice owners have been calling for clarification of costs to enable them to include the costs in their budget planning.

The British Dental Association (BDA) has been campaigning for clarity in the CQC's fee structure; also arguing for no fees to be charged to dental practices to be registered.

Dr Susie Sanderson, Chair of the BDA Executive Board, said: "It is staggering that dentists are still in the dark about CQC fees so close to the deadline for registration. We call on CQC to make an announcement on this issue immediately so that practices have the information they need to plan effectively for the new financial year.

"The BDA has made a strong case for no fee being charged for registration and we hope the delay means that CQC has been able to reflect on responses to its consultation and will draw a sensible conclusion that reflects the economic circumstances and the resources dental practices have invested in becoming registered."

A CQC spokeswoman said: "We will announce the fee structure for dental providers next week. These providers will start to be invoiced in April." DT



2011 Clinical Innovations Conference: Worldwide Expertise That Will Inspire You

AOG and Smile-On, in conjunction with the Dental Directory and the Faculty of General Dental Practice (UK), will again be hosting the 2011 Clinical Innovations Conference (CIC). Now in its eighth year, the CIC promises to be bigger and better than ever, with a wealth of top speakers, including the AOG's President, Pomi Datta, who said "Last year's conference and the dinner brought together innovators and thinkers of this millennium. We are going to build on that with our partners and friends. We want to make this the most exciting annual event in Europe."

The 2011 conference promises to be outstanding, with an impressive line-up of speakers and guests and with the benefit of hands-on sessions to aid in your education, the event will be an inspirational learning experience for all dental practitioners, regardless of your field or ability. In addition, attending the Clinical Innovations Conference will earn you up to 14 hours of verifiable training, a good way to uphold your CPD requirements.

The 2011 Clinical Innovations Conference is due to be held on the Friday 6th and Saturday 7th May, 2011 at the Royal College of Physicians, London. Due to the high demand for places in 2010, practitioners are advised to book early in order to ensure their attendance.

Dental professionals can expect to learn more about the latest developments within the field of endodontics from the likes of Julian Webber, occlusion from Raj Rayan OBE as well as discover the benefits of practising minimally invasive orthodontics with speakers such as Tif Qureshi and James Russell. Wolfgang Richter, president of the EACD, will also be speaking at the event. His lecture entitled *Esthetic Excellence with Direct Composite Restorations – The Importance of Material Knowledge* will enable practitioners to: establish their own goals on the way to dental excellence; to understand the importance of knowledge in material properties; and learn the sensible handling of bonding materials and technical sensitivity.

Other confirmed speakers include the internationally acclaimed Nasser Barghi, Joe Omar, Peet van der Vyer, Eddie Lynch, Bob McLelland and Wyman Chan, amongst many others.

On Friday May 6th, attendees will also have the opportunity of attending the Conference Charity Ball, which will be held at the fashionable Millennium Mayfair Hotel. Last year's proceeds went to the AOG-sponsored project in Chitrakoot to repair cleft lips and palates and provide dental treatment for 500 villages in one of the most rural parts of India.

With an unprecedented line-up of relevant lectures and practical hands-on sessions on the programme, dental professionals of all levels are bound to find the 2011 CIC a truly stimulating and motivating learning experience.

So why not use this opportunity to keep in touch with innovations in this dynamic and fast-growing area of dentistry and help your practice reach its most profitable potential?

For more information, visit www.aoguk.org

For early bird offers, or to book, call Jamie on 0207 400 8989 or visit www.clinicalinnovations.co.uk DT

A packed lecture from CIC 2010

'Striking the balance' for civil litigation costs

Sir Rupert Jackson, a judge of the Court of Appeal has put together what has been regarded as a "comprehensive and cogently argued" Review of Civil Litigation Costs and as a result, the Government is to have a consultation about civil litigation funding, marking a turning point in civil litigation.

The aim of the consultation is to "strike the right balance" between those are require justice and an assurance that costs are fair and appropriate, implementing Sir Rupert's recommendations on reforming 'no win no fee' conditional fee agreements (CFAs), where costs can far exceed the compensation awarded. One such case recorded that a patient who claimed compensation for a damaged back tooth was awarded £1,500 within five months; however the patient's solicitor claimed costs of £29,000.

To reform the costs of civil cases successfully, it has been suggested that necessary claims can be brought, reasonable claims should be settled as early as possible, and unnecessary claims should be deferred.

If Sir Rupert's First Report is implemented it could lead to a significant reduction in legal costs, for not only claimants and defendants, but also the Government and the taxpayer. This is because many disproportionate costs of defending claims are footed by the taxpayer.

Rupert Hoppenbrouwers, head of the DDU said: "We believe that the current system is unfair to the general dental practitioners we represent who are paying for these spiralling legal costs through their subscriptions as well as to taxpayers who are funding those dental cases indemnified by NHS bodies. The DDU wholeheartedly supports the changes proposed which address the problem of excessive and disproportionate costs, without affecting the ability of patients to seek compensation when they have been negligently harmed.

MDU Head of Claims, Jill Harding added: "We agree with the proposal that defendants will not recover costs from losing claimants in CFA-funded cases and in return claimants won't need to take out insurance against these costs. Claimants themselves should be expected to fund their solicitors' success fee from any damages awarded and would then have an interest in the costs incurred on their behalf. To ensure fairness to claimants, we agree that the success fee needs to be capped and that there should be a 10 per cent increase in the general damages that claimants are awarded. We think this approach strikes the right balance and hope that the proposed changes will be introduced."

Kevin Lewis, Director of Dental Protection, commented: "Recent years have seen a rapid increase in the number of UK dental claims, and in the proportion of overall costs that is consumed by the lawyers acting for the patients concerned. Overall, the claimants' lawyers receive more than the patients they represent, and in some cases a lot more. This is particularly likely when claims are being conducted by certain law firms operating under Conditional Fee Arrangements (CFAs) – popularly described as "no win-no fee", and this fact is starkly illustrated by two examples drawn from recent cases:-

a) Patient received damages of £14,500 - claimant costs claimed £125,000

b) Patient received damages of £3,500 – claimant's costs claimed £95,000

"We gave evidence to Lord Justice Jackson's review of the civil justice system, and welcomed his recommendations and the early indications since then that there is an appetite within government for these much-needed reforms which strike a fair balance for all parties, We particularly applaud the proposed new test of proportionality taking into account all the factors of the litigation, not just the fact that the costs were necessarily incurred. This would address the problem of very high legal fees claimed by claimants' lawyers in connection with relatively modest dental claims." DT

DENTAL TRIBUNE

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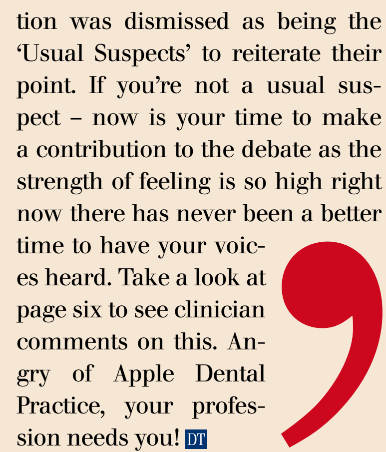
Editorial comment

There has been a great emphasis lately on the growth of social media in the dental profession (coincidentally, we have an article on that very subject in this issue, see pages 9-10). This was never more apparent than at this year's Dentistry Show in Birmingham, when both days saw a dental 'Tweet-up' – a meeting of people involved in Twitter for their companies or practices.

Friday's Tweet-up saw a networking group of roughly 30 people, most of which only knew each other through tweets. It was great to put faces to names and work with people who I would not normally have had the chance to speak to at such an event. Thanks to those who had the idea to get together and made it happen, and also to those who attended.

You can follow *Dental Tribune* on Twitter @dentaltribuneuk...

The GDC's view to postpone the decision affecting the use of the title Dr has given professionals whose input to the consultation was dismissed as being the 'Usual Suspects' to reiterate their point. If you're not a usual suspect – now is your time to make a contribution to the debate as the strength of feeling is so high right now there has never been a better time to have your voices heard. Take a look at page six to see clinician comments on this. Angry of Apple Dental Practice, your profession needs you! DT



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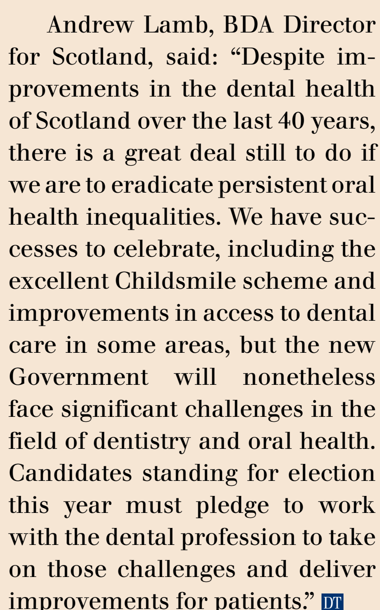
Inequalities should be top priorities

BDA Scotland's manifesto for the election, Something to smile about, provides a reminder that Scotland's oral health continues to fall behind Western European norms. The manifesto explains that measures such as the expansion of the successful Childsmile scheme have a key role to play in addressing this issue. It also calls for the fluoridation of water supplies; something the BDA believes could dramatically improve the oral health of children in Scotland's most deprived communities.

Focusing on the quality of care patients receive will also be important, the manifesto says. It calls on the new Government to re-think lifelong registration which was introduced in 2010 and recognise the importance of regular attendance in stemming the growing number of cases of oral cancer Scotland is suffering. It also calls for progress on the introduction of a long-envisaged oral health assessment following evaluation of pilots for such a tool at the end of 2010.

The number and location of dentists in Scotland also requires attention, the BDA believes. The manifesto cites the continuing shortage of dental academics and geographical disparities in the provision of both primary and secondary dental care as problems that must be addressed.



Andrew Lamb, BDA Director for Scotland, said: "Despite improvements in the dental health of Scotland over the last 40 years, there is a great deal still to do if we are to eradicate persistent oral health inequalities. We have successes to celebrate, including the excellent Childsmile scheme and improvements in access to dental care in some areas, but the new Government will nonetheless face significant challenges in the field of dentistry and oral health. Candidates standing for election this year must pledge to work with the dental profession to take on those challenges and deliver improvements for patients." DT

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1. Study 103-0193. Data on file 1, McNEIL-PPC, Inc. **2.** Study 103-0196. Data on file 2, McNEIL-PPC, Inc. **3.** Tanzer JM et al. *J Dent Ed* 2004; 65(10): 1028-37. **4.** Data on file A, McNEIL-PPC, Inc. **5.** Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.

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Top 10 strangest requests...

When it comes to oral care, dentists are the experts. However, as one recent news story showed, there are some patients who have asked for some special requests for their smiles. Prosthetic fangs, gold "grills" and tooth tattoos might sound like slightly crazy requests, but there are some requests that are simply weird.

The Chicago Dental Society surveyed more than 300 members to find out the strangest dental requests they'd ever received from patients. Their answers might shock you!

10) "Can you extract my tooth without anaesthesia?"

9) "Please wire my mouth shut to aid in my diet."

8) "Can you ID this set of dentures left in the bathroom of the bar I work at?"

7) "I will pay you or your hygienist to floss my teeth at my office every day."

6) "Pull all my teeth, and just give me dentures."

5) "I just broke off my engagement. Can you prepare my tooth so that I can keep the diamond in it?"

4) "Will you give me local anesthesia in my lips? I'm going in for permanent "lipstick" tattoos on my lips, and would like to avoid the pain."

3) "May I have an emergency cleaning visit? It's my high school reunion and I need a bright, white smile to face my old boyfriend."

2) "Can I keep the teeth you pull out of my mouth? I'd like to make a necklace out of them."

And the number one strangest dental request ever received...

1) "Can you give my dog braces?"

The survey was conducted for the Chicago Dental Society's 146th annual Midwinter Meeting, which brought more than 30,000 dental professionals to Chicago this February 24-26. The Midwinter Meeting is a forum for dentists to learn about new products, technologies, and methods. DT

Giving dogs braces came in at the top of the weird requests

Orthodontic treatment changes must be explained

Changes to the future provision of Health Service orthodontic treatment in Northern Ireland must be fully explained to patients waiting for care, the British Dental Association (BDA) advised today. The General Dental Services (Amendment) Regulations (Northern Ireland) 2011 will see the Index of Orthodontic Treatment Need (IOTN) being used to decide which cases will be funded by the Health Service. The new regulations, expected to take effect from July 2011, will stipulate that Health Service orthodontic treatment will be restricted to patients who score 3.6 or more on the IOTN scale.

The BDA believes it is also important to use a 'common sense' approach for adjudicating on borderline or excep-tional cases with IOTN lower than 3.6.

Peter Crooks, Chair of the BDA Northern Ireland Dental Practice Committee, said: "The use of IOTN for assessing eligibility for Health Service orthodontic treatment represents a significant change for patients. Undoubtedly some patients with an expectation of orthodontic care will be disappointed that they will not be eligible for treatment on the health service, so it's vital that DHSSPS ensures that patients understand what the index means for them. It's also important that a 'commonsense' approach to adjudicating on borderline cases is adopted."

"Savings made from restricting the provision of orthodontics must be reinvested back into primary dental services. With the costs associated with providing dental care rising dramatically, that investment is more important than ever in meeting the requirements of dental practice." DT

Frozen and smokeless

The Welsh Health Minister is set to announce that dental charges will be frozen at the 2006 level making this the fifth year in a row that the charges have been frozen.

The current system has three price bands, which relate to the complexity of the treatment; band 1 treatments cost £12, band 2 treatments cost £39 and band 3 treatments cost £177. The cost of emergency treatment will also be frozen at £12. Dental treatment is considerably cheaper in Wales than England.

Stuart Geddes, director of the British Dental Association in Wales said that the price freeze was good news for dental patients and hopes that the move will encourage more people to visit their dentist on a regular basis.

Along with these price freezes, plans to dramatically reduce smoking levels in Wales have recently been unveiled, outlining that playgrounds and all NHS property could be made into smoke-free zones. The ultimate goal is a "smoke-free society" and to reduce exposure to second-hand smoke.

The chief medical officer has also suggested that there should be a debate on the issue of smoking in cars carrying children and even though the assembly government does not have the powers to ban smoking in cars with children, it remains keen to raise the issue.

According to reports, the current consultation claims that smoking is the largest single preventable cause of ill health and premature death in Wales, causing around 5,650 deaths each year. DT

Playgrounds amd all NHS grounds could be made smoke free

National Smile Month to bring out the 'Smile Factor'

The UK's leading independent oral health charity, the British Dental Health Foundation (BDHF), is delighted to announce the theme for this year's National Smile Month, the 'Smile Factor', running from 15 May – 15 June.

The aim of the campaign is to put the smile back on peoples' faces and help them display their full personalities through the 'Smile Factor' theme. Now into its 35th year, National Smile Month remains an integral part of the Foundation's work in promoting greater oral health. As in previous years, the Foundation will also be raising the awareness of a healthy diet and the link between good oral health and good overall body health and promoting the three key messages of brush for two minutes twice a day using a fluoride toothpaste, visit your dentist regularly, as often as they recommend and cut down on how often you have sugary foods and drinks.

Chief Executive of the BDHF, Dr Nigel Carter, described the thinking behind this year's campaign: "They say you can hide behind a smile if you are not happy or are self-conscious about your teeth, so many people are missing out on showing their very own 'Smile Factor'."

Every year the BDHF encourages local communities, practices and individuals up and down the country to take part and get involved in National Smile Month, and as ever, there will be a wide range of different ways in which people can do just that. There will be many family and community events throughout the campaign – all of which need your support.

If you'd like to find out more about National Smile Month, wish to take part in an event or organise one, all campaign material is now available. Please call the BDHF PR Department on 01788 539792 to request a copy. DT

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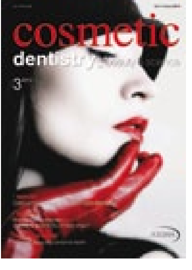

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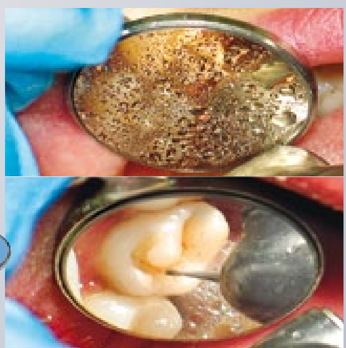

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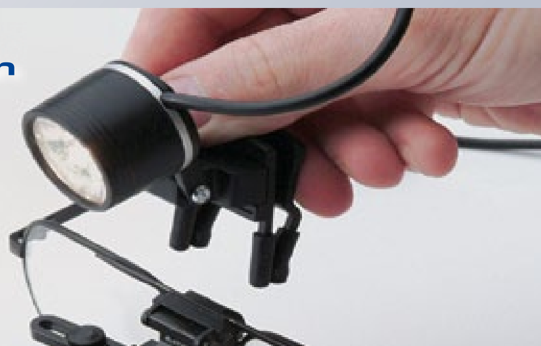

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Dr, Dr – but for how much longer?

Referring to a dentist as Dr is prevalent in most countries, however, due to recommendations made by the GDC's Standards Committee the GDC are due to consider whether dentists should continue to use this 'courteous' title.

In response to the proposed removal of their title, dentists across the country are arguing their case. Many feel that they have earned their title and continue to do so with their CPD requirements.

It has also been stressed that the lack of title would instantly promote competition between UK dentists and those who have studied dentistry abroad.

For the present moment, the decision has been postponed to carry out an 'impact assessment' and many are hoping that common sense will soon prevail, allowing dentists to continue bearing the title Dr.

The proposed decision has, unsurprisingly, caused debate throughout the country and here are a few examples of the feedback we have received. The words speak for themselves:

"Why don't the GDC do work that is actually useful and helpful to both patient and dentist? Do people really get confused or is it just yet another theoretical possibility that someone has come up with to verify their own position?"

Anonymous

"I am sorry, but this all smacks of some sort of convoluted political correctness that has nothing to do with the patient's best interests. I doubt if any resolution by the GDC would force my patients to stop referring to me as 'Dr' anyway. Besides I could always fall back on my military title of 'Colonel' (despite the fact that I do not bear a weapon) or my civil title of 'Lord' (having bought a small piece of land in Scotland). Give us a bit of dignity and respect please! - particularly when we travel abroad and have to deal with doctors of dentistry elsewhere."

Mark Boulcott

"What I'd really like to understand, is who (individuals or pressure groups) are driving this anti dentist agenda. With all the other coming requirements, this is an extra stage too far. I had hoped that when this coalition government came in, the "nanny state" was going to be withdrawn... If we do not look after things, then it's our own fault. David Cameron "talks the talk" but when it comes to effective action to create individual responsibility (The Big Society), cutting out "Big Brother" state control seems to be taking a back seat. Let's get back to being real professionals, whose advice and actions can be trusted; not being regulated by ineffectual pen-pushers in NGOs."

Brian J Clarke BDS

"Firstly, I am not sure that I am personally too bothered either way but feel that the profession desperately needs some leadership and those at the top to make a decision and stick to it. If they are really concerned about confusing the public then they should stop doing so! Our medical colleagues are not educated to doctorate level either - in effect their use of the title is also a courtesy title - presumably a gesture to the length of study. Since BDS takes as long as MBBS (okay longer if you count the number of weeks) then this argument applies equally. I know pre-reg training etc is longer but that is not where the title is allocated. The public are not sostupid as to not realise that Dr Bloggs, BDS, Dental Surgeon is in fact dentally qualified. Furthermore, they also realise that Dr Bloggs, Chiropractor is in fact a chiropractor. They also know that dentists are called doctor in just about every other western country. I don't think the GDC or Advertising Standards Council are helping anyone by patronising the general public. I have asked my implant company (BICON in Ireland) to not call me doctor. They just laughed - they have realised they have more important problems over there."

Anonymous

Personally I find this whole situation absolutely ridiculous and a total waste of my retention fee, which in its own right is a waste of money and a totally separate and lengthy discussion. How often and what evidence is there that dentists in the UK are using the "Dr" title in such a manner as to confuse or falsely treat patients?

To my understanding, a dentist is also known as a dental surgeon or a doctor who specialises in the diagnosis prevention and treatment of diseases and conditions of the oral cavity. Much like a physician is also known as a medical doctor, or simply doctor, who is concerned with maintaining or restoring human health through the study, diagnosis, and treatment of disease or injury. We both study at undergraduate level to gain our degrees for the same amount of time and if wishing to specialise in a specific field train for similar periods. So why should we not be offered the same courtesy title?

Peter Coster BDS

"The only people to be confused are the GDC-shame on them for their pettiness."

Anonymous

"The proposed abolition of the Dr title is nothing to do with confusing a few patients, anyone that stupid is likely to be confused by their wristwatch."

Rob

"Dentists worldwide use the courtesy title Dr as do members of the medical profession. If the courtesy title is to be withdrawn from dentists then only those holding a PhD should be called doctor."

Anonymous

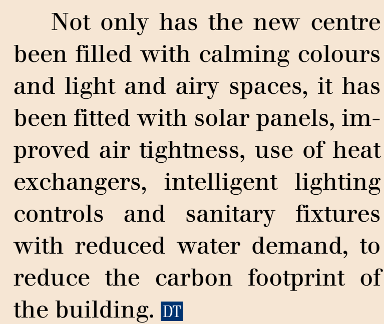
DT

A take on modern design

A £3.85 million project to build the Broxden Dental Centre in Perth for NHS Tayside has been completed by Archial, one of the country's largest architectural practices.

The new dental practice will provide general primary care dentistry services and undergraduate teaching spaces for NHS Tayside and NHS Education Scotland. It also makes NHS dental facilities accessible to all in the Perthshire area.

The construction of the building began August last year, comprising of 20 surgeries, clinical skills training rooms, dental laboratory, decontamination units and office accommodation.



According to reports, NHS Tayside chairman Sandy Watson accepted the keys for the site in September and over the last two months staff have been working to install equipment and furniture, ensuring that the building is ready for patients.

Not only has the new centre been filled with calming colours and light and airy spaces, it has been fitted with solar panels, improved air tightness, use of heat exchangers, intelligent lighting controls and sanitary fixtures with reduced water demand, to reduce the carbon footprint of the building. DT

The 3.85m Broxden Dental Centre

Botox for Bruxism?

According to one expert, Botox could be used to prevent bruxism.

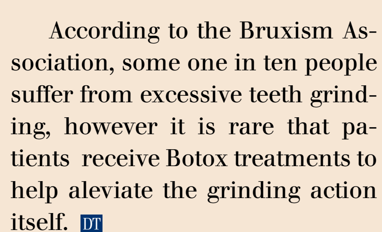
Writing for the *Grinza International Journal of Wrinkles*, David Castillo explained that in severe cases of bruxism Botox can be a successful method in treating the disorder.

Castillo said: "Widely used commercially for cosmetic surgery applications, Botox weakens muscles in a person's jaw, thus disabling them and preventing motion thatcauses teeth grinding to take place."

As Castillo states, if untreated, teeth grinding can be "extremely harmful" to a person's overall oral health, and the habit leading to an eventual loss of teeth in the most extreme circumstances.

Even though Botox could be used as a useful treatment to severe bruxism cases, experts recommend adopting a healthier diet, reducing levels of stress and taking various vitamin supplements, such as magnesium, B5 and calcium to also help. However, the most popular management of bruxism remains to be dental guards or night guards.

Even though the use of a night guard does not prevent bruxism, the patient's teeth and jaw joints are protected from its detrimental side effects.



According to the Bruxism Association, some one in ten people suffer from excessive teeth grinding, however it is rare that patients receive Botox treatments to help aleviate the grinding action itself. DT

Reference - www.grinza.com/index.php/20110217893/Latest/Extreme-teeth-grinding-can-be-prevented-using-Botox.html

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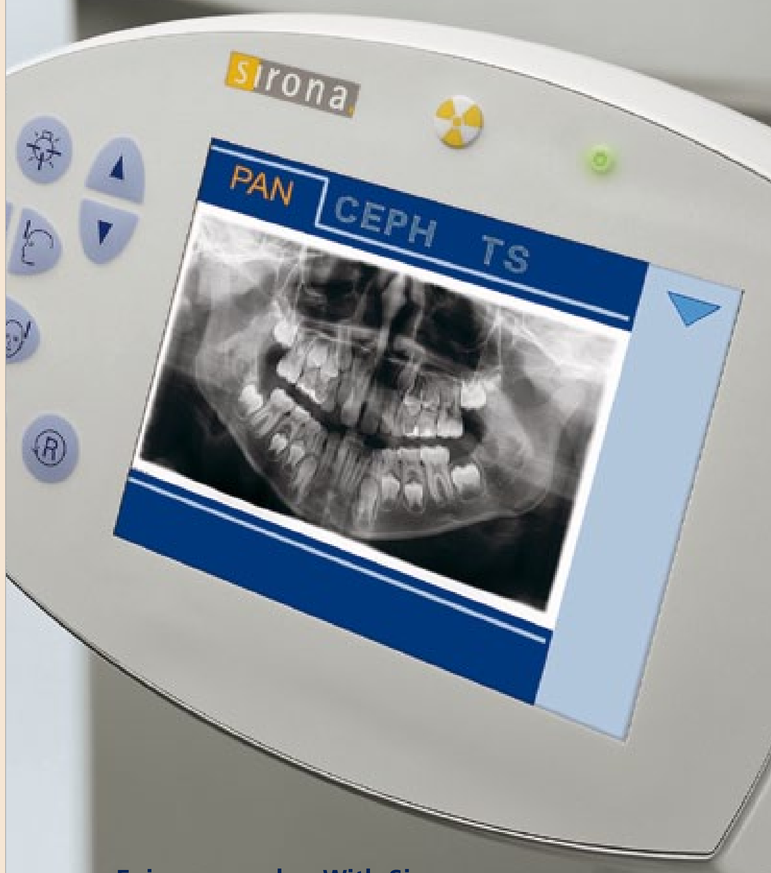

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The Dental Company

'Outcomes', 'frameworks' and actually fixing teeth

Neel Kothari discusses the advantages of taking the leap from associate to principal

Since the 2006 dental contract was imposed upon the profession the Department of Health no longer allowed dentists to set up practices within the NHS without its expressed say so. A plethora of new words such as 'commissioning' and 'tendering' came into force on the basis that new practices could be set up based on local need rather than where dentists want to live. Whilst the cost/benefit of this exercise has been heavily debated, the reality of modern day dentistry now means that the traditional evolution of dental associate to principal has been messily severed.

A few associates might be able to compete with tenders from current practice owners or corporate bodies, however the vast majority will probably not. Recently the Carlyle Group (Carlyle) announced that it has signed a binding agreement to acquire Integrated Dental Holdings (IDH) and simultaneously merge it with Associated Dental Practices (ADP) in partnership with private equity firm Palamon Capital Partners (Palamon). The Carlyle group clearly sees growth opportunities within the NHS and private sector. So when this merger goes ahead, what are the chances that an individual associate or group of associates can compete with a group that has close to 450 practices treating 3.5 million patients between them?

> *'The number of dentists looking to buy a dental practice far outweighs the numbers of practices put up for sale'*

At present, the number of dentists looking to buy a dental practice far outweighs the numbers of practices put up for sale - and the list appears to be growing. With such high demand, those dentists who decide to make the investment now have to face a tough set of choices ranging from acquiring finance (albeit at extortionate bank rates), judging the valuation of the goodwill and entering into a workforce which is probably the most over-regulated industry in the UK.

GDP Mohammad Ishaq of the Dental Studio and Implant Centre, Cottingham, made the transition between associate to principal a few years ago and points out that, unlike buying a house, those looking to buy a dental practice should be very aware that the valuation of a dental practice can go down based on the skill and experience of the buyer, and not just on external market forces. According to Mr Ishaq, securing the goodwill of the practice is an important part of the business of dentistry and, unless the buyer can provide a similar level of dentistry to the seller, the goodwill of the practice may go down.

The process of buying a dental practice can in some ways be similar to buying a house. The valuation of a house is based on more than just the costs of the bricks and mortar - essentially it is based on what the highest bidder is prepared to pay. When buying a dental practice, a large part of the cost comes down to the goodwill paid to the seller in order to carry on the business concerns of the practice, such as having a patient base to work from. In many cases this goodwill is based upon the gross fees received by the seller, so it is important that any prospective buyer must consider whether or not they can keep their patients based on the type of dentistry they provide.

It is also important to look at how the goodwill valuation is broken down. A low goodwill value based on a seller who mostly provides advanced dentistry such as implants or aesthetic dentistry may actually be very expensive if the buyer cannot 'match' the level of dentistry provided, likewise a high goodwill value based upon relatively simple day to day dentistry may seem cheap, especially if the buyer can offer the patient base more advanced forms of treatment.

Rajesh Varma from Hitchin Dental Care has been a practice owner for the past six years and points out that in this time much has changed with regards to the legislation of how a business is run. Rajesh recommends that young dentists should seek to undergo some form of business training and look at companies such as Business Link for further help and advice. Rajesh also encourages prospective associates to compare the operational costs of dentistry as a whole as an associate and as a principal, because not all dentists who have made the transition have found that they are making as much money as they thought they would be. Rajesh highlights an important point that most practice owners are already aware of, which is that not all associates make their principals a profit and these dentists would probably be financially better off remaining as an associate.

As a dentist who has recently made the transition between associate and principal I can say that there are quite clear advantages and disadvantages of both pathways. For many the allure of having a higher degree of control over their clinical practice and a higher financial reward seems greater than the business risks associated with being a practice owner. However as practice valuations continue to rollercoaster in an upwards direction, the risk/benefit ratio becomes much closer, making the transition from associate to principal riskier than perhaps it may have been in the past. The fact that banks are still lending for new practices highlights that they consider the dental sector to be a safe bet, but gone are the days when putting up a sign saying 'accepting new NHS patients' was enough to secure a patient base to work from and just being a safe pair of hands was good enough to satisfy the regulatory authorities. Associates who are currently looking to buy a dental practice must remember that in the modern day it is just as important to understand ridiculous business industry terms such as 'outcomes' and 'quality frameworks' as actually fixing teeth. DT

About the author

Neel Kothari qualified as a dentist from Bristol University Dental School in 2005, and currently works in Cambridge as an associate within the NHS. He has completed a year-long postgraduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends postgraduate courses to keep up-to-date with current best practice.

Word of mouth on digital steroids

Dental Tribune's Laura Hatton looks at the pros and cons of dental practices on Facebook

Slotting quite nicely into the twenty-something age bracket, I should be stereotyped as part of the online generation, interacting via computer speak and visualising life as though everything was four dimensional. Having grown up in a technological blogosphere, this judgement should be right. However, even though I remain a twenty-something individual, I have recoiled from the Facebook phenomenon and remain impartial to the world it stands for.

Inundated with narcissism, Facebook has spanned the world as though it has lived a thousand lives. It has been nurtured and moulded into a popular activity of modern society and as a result, the social networking site has gone viral. Facebook is a search engine in itself (Looking for a company? Find it on Facebook) and it is this meteoric rise in search queries that has given Facebook its edge. Every ounce of information that can be displayed is there, in the format of status updates, wall posts and profile pictures.

As a result, social media has become a catalyst for marketing and communication in a way that no one could have predicted.

Brand Business

Looking at the facts it can't be disputed that Facebook is a great tool to sell a company's brand: in 2009, 200 million people had joined Facebook and in July 2010, 500 million people had a Facebook page. Even Coca Cola, one of the biggest companies in the world, has a Facebook page and 21,807,247 liked their most recent video. However, as far as advertising is concerned, for years companies have been in control of their product and the way it is put out into the world – but now the ball is in the other court and the consumers are in control. Consumers own networking sites and so it has become imperative for companies to delve into the realm of social media; they no longer need to simply sell a product, they need to sell their story. Recognising the marketing potentials that social media holds over the world, dental practices have started shifting into the unchartered territory of Facebook. But from a dentist's point of view, is Facebook really a good choice for marketing?

A shift in economics

Seeking a public response to this question I leapt into the role of the marketer and headed to the masses to find out what potential patients really thought about their dentist being on Facebook. Responses included that adding your dentist on Facebook wasn't professional and that patients only want to visit the dentist when there is a problem. "Would you add your doctor on Facebook? Or like your hospital?" soon became the theme of discussions and answers generated questions, like why would a dentist want to be on Facebook? The answer came down to one possible solution: it's not to gain friends, but to gain patients.

'Social media has become a catalyst for marketing and communication in a way that no one could have predicted'

For people in the medical sector, Facebook is undoubtedly a great place to connect and share ideas; however, in the pursuit of gaining patients, there seems to be two quite different possible outcomes that the practice could face:

1 The dental practice would look desperate, awkward and unprofessional, especially if the photos were of the Christmas Party or days out. The 'wall' could be infiltrated with people who posted messages that you would rather not appear on screen etc.

2 The dental practice could look up-to-date and modern, providing a platform to share information and generate a dental presence in virtual society.

Perspective

Unable to make a conclusion so early on in my enquiries, I spoke to an expert in social media marketing for dental professionals, Rita Zamora, to try and gain some perspective as to what direction a dentist should travel in if they decide to journey down the Facebook route.

Rita discussed several options that dentists could adhere to. Firstly, she suggested that dentists should keep dental related content to a minimum and keep in mind that Facebook is fun and social. Posts could include information about donations that the practice or dentist is making and celebrations, such as anniversaries and post news about awards and achievements.

"Success can be achieved by exploring new areas of social networking, having fun, and building relationships with patients" Rita suggested, "it's all about finding that common ground."

Vivid Lime

Not entirely convinced I decided to seek a different perspective and spoke to Head of Digital at online advertising and marketing group Vivid Lime, Ifty Ahmed. Ifty explained to me that Facebook could in fact be used in a professional manner. He suggested that, for example, the main objectives for a dental practice to have Facebook were to gain patients, deal with customer issues, to 'air' the dental practice and recruit staff – then having a Facebook page could provide a platform for achieving all these goals. However, I remained slightly scepti-

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