

DENTAL TRIBUNE

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News in Brief

Dental anaesthetics seized

Drug dealers across Britain are using dental anaesthetic to dilute cocaine supplies. The Serious Organised Crime Agency has warned that dealers are using large volumes of dental anaesthetics to bulk up the cocaine they sell on the streets. Officers are clamping down on the industry and have seized large amounts of the dental anaesthetics lidocaine and benzocaine. In May alone, officers seized two tonnes of benzocaine, one fifth of the volume used by dentists in the UK each year.

Tesco dental practice

Tesco is hoping to become the first supermarket in Scotland to open a dental surgery. The company has lodged a planning application with Glasgow City Council to open a three-chair dental practice at its store in Silverburn shopping centre in Pollok. Figures show south-west Glasgow has one of the worst dental health records in Scotland. About three in four of all children under five in the area have a history of tooth decay and/or dental extractions by the time they start school. Sainsbury's became the first chain in the UK to open an in-store private dental practice in 2008 in Sale, Greater Manchester. Treatment prices at the Sainsbury's practice have been kept similar to NHS ones so the practice has proved very popular.

Scottish registration figures

The figures for the number of people registered with an NHS dentist which were recently published by NHS Scotland are not accurate, according to the British Dental Association (BDA). Robert Donald, of the BDA's Scottish Dental Practice Committee, said: "As the Scottish government has acknowledged, recent estimates of the number of individuals registered with NHS dentists in Scotland have included deceased and duplicated patients. Although work to remove duplicate patient records has begun, some patient records are not matched to Community Health Index numbers. Until they are, it will be impossible to have complete confidence that the registration figures are robust." Lifelong registration was also introduced earlier this year and Mr Donald said: "Our understanding is that almost a quarter of a million individuals included in today's statistics haven't visited their dentist during the last three years."

www.dental-tribune.co.uk

News



Not all white

Online retailers withdraw illegal tooth whitening products

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Infection Control Tribune



A team approach

Richard Musgrave highlights the effort needed in infection control

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Education



Ortho interest

Andrew McCance details the benefits to GDPs of orthodontics

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Feature



Beating Bruxism

Barry Oulton discusses Bruxism Awareness Week

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Government to decide dentists' pay and contract values

The coalition government will be making all decisions on NHS dental pay and contract values for the next two financial years, after it told the dental pay body it is no longer needed.

The government has told the chairman of the Doctors' and Dentists' Review Body (DDRB), that it will play no role in determining the remuneration of independent contractor general dental practitioners (GDPs) and general medical practitioners (GMPs) in England for the financial years 2011-12 and 2012-13.

In a letter, Andrew Lansley, Secretary of State for Health, said: *I have decided that, based on the financial and economic position and the continued need for reduction in public sector expenditure that it will not be necessary for the DDRB to make any recommendations on the need for any earnings or contract uplifts for independent contractor GMPs and GDPs in England.*

The government will make the decisions on any gross uplift, based on the efficiency assumption that we wish to apply and the evidence on non-staff expenses. He added: I have therefore concluded that there is no requirement to ask DDRB to play a role in the remuneration of independent contractor GMPs and GDPs for financial years 2011/12 or 2012/13. We believe we have everything necessary from your past recommendations on the formula to take forward discussions with relevant professional bodies. We remain determined to secure continued efficiencies from the investments in independent contractor GMPs and GDPs and therefore will reach our decisions based on the progress we can make in those negotiations.

The letter was sent to the chairman of the Review Body, Ron Amy. Susie Sanderson, chair of the BDA Executive Board said: "Dentists are aware of the financial pressures behind the already-announced pay freeze for NHS workers earning more than £21,000 a year that have led the government to instruct DDRB not to make recommendations about earnings for GDPs for the next two financial years.

"GDPs are facing soaring expenses and the impact of those on contract values must be properly considered. The BDA will be supplying evidence on this to government that will underline the very real challenges dental practices face. It is important to note that the government's intention to apply efficiency assumptions to its calculations of contract values amounts to a pay cut and isn't helpful."

Derek Watson, chief executive of the Dental Practitioners Association, also expressed his concern: "It was announced in the budget that the government has imposed a two-year pay freeze on public sector employees earning over £21,000 a year which would have included most dentists. This would have left the Review Body open to make an uplift recommendation based on expenses. The government has now closed this door by saying that it will also estimate expenses."

The government will now need to negotiate directly with professional dental associations such as the BDA on how contract values

should be raised to reflect the increase in expenses.

In Scotland, after intervention by the BDA, the government has reconsidered the way it is implementing this year's DDRB pay award. The BDA's Scottish Dental Practice Committee (SDPC) argued that the DDRB had taken

the expenses element of the pay award into account and that the pay increase should apply to the whole item of service rather than just the expense element. The Scottish government have agreed that the uplift for independent GDPs should be 0.9 per cent applied to the whole item of service. [DT](#)

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Streptococcus link found in disease risk

UK researchers have found another reason for us to keep brushing and flossing our teeth: the same gum bacteria that cause dental plaque can escape from the mouth into the bloodstream and trigger clots that increase risk of heart attack and heart disease.



Jenkinson described this as a “selfish trick” on the part of the bacteria, which completely encase themselves in a clump of platelets, enabling them to avoid detection by the host immune system, and also, to hide from antibiotics.

“Unfortunately, as well as helping out the bacteria”, explained Jenkinson, “platelet clumping can cause small blood clots, growths on the heart valves (endocarditis) or inflammation of blood vessels that can block the blood supply to the heart and brain”.

‘Platelet clumping can cause small blood clots, growths on the heart valves (endocarditis) or inflammation of blood vessels that can block the blood supply to the heart and brain’

The study that led to this finding was the work of University of Bristol researchers, in collaboration with scientists at the Royal College of Surgeons in Dublin, Ireland (also known as the RCSI) and was presented at the Society for General Microbiology’s autumn meeting which ran from 6-9 September at the University of Nottingham.

Dr Howard Jenkinson, professor of Oral Microbiology at Bristol’s School of Oral and Dental Science, presented the findings at the meeting. He said in a press statement that: “Poor dental hygiene can lead to bleeding gums, providing bacteria with an escape route into the bloodstream, where they can initiate blood clots leading to heart disease.”

He said we all need to be aware that it’s not only diet, exercise, cholesterol and blood pressure that we should keep an eye on, but it’s also important to have good dental hygiene to reduce our risk of heart problems.

In their study, Jenkinson and colleagues found that once Streptococcus bacteria get into the bloodstream, they use a protein called PadA which sits on their outer surface, to hijack blood platelets and force them to clump together and make blood clots.



Poor dental hygiene can provide bacteria with a route into the bloodstream according to this latest research by the University of Bristol and RCSI in Dublin

Earning figures draw criticism

Dentists earned on average just over £89,000 last year, while more than 400 dentists earned over £300,000, according to new figures.

This is an increase on the previous year (2007/8) which saw all self-employed dentists in England and Wales earn on average £89,100, compared to £89,600 in 2008/9.

A total of 410 dentists earned more than £300,000 before tax and after expenses, according to 2008/9 figures released by the NHS Information Centre.

The number was an increase of eight per cent on the 380 who earned more than £300,000 in 2007/8, said the report *‘Dental Earnings and Expenses, England and Wales 2008/09’*.

A total of 150 dentists earned between £275,000 and £300,000 in 2008/9, while 150 earned between £250,000 and £275,000.

Two hundred and forty dentists earned £225,000 to £250,000 and 330 earned £200,000 to £225,000.

Overall, 5,540 dentists earned more than £100,000 a year.

The data covers both NHS income and money earned from private patients.

Dentists who held contracts with a Primary Care Trust (PCT in England) or Local Health Board (LHB in Wales) to provide NHS dental services fared better.

Those with contracts earned on average £131,000 (before tax) - up 3.3 per cent from £126,800 in 2007/08.

While dentists who worked in a practice, but who did not hold a contract with a PCT or LHB, earned on average £67,800 (before tax) - up 3.1 per cent on 2007/08 when they earned £65,700.

NHS Information Centre chief executive Tim Straughan said: “The England and Wales report reveals that the average earnings of NHS

dentists varied greatly depending on whether they personally held a contract with a Primary Care Trust or Local Health Board.”

A spokesman from the Department of Health commented on the figures and said: “The coalition government recently announced a two-year pay freeze for all NHS staff earning more than £21k a year and is currently considering how best to apply this pay freeze to groups such as GPs and dentists whose NHS income covers both their personal pay and practice expenses.”

The chief executive of the Patients’ Association criticised the increase in earnings for dentists.

Katherine Murphy said: “The soaring cost of dentists’ pay goes against this commitment and will not deliver any benefits for patients. We do not understand how these pay increases can be justified given the financial pressures on the NHS.” **DT**

Online ban on illegal tooth-whitening products

Internet sites, Amazon, eBay and Google have said they will stop selling illegal tooth-whitening products, after an investigation by the consumer watchdog Which?

Which? discovered that illegal and potentially harmful tooth-whitening products could easily be bought from online retailers such as Amazon and eBay.

One in 10 people buying tooth whitening products ended up with white spots on their gums or lips, showing chemical burns, and a similar number reporting brown stains on their teeth, suggesting the enamel had been damaged by the product, according to Which?

A European Union regulation adopted last year bans the sale of tooth-whitening products containing more than 0.1 per cent hydrogen peroxide or chemicals which release hydrogen peroxide.

The limit was introduced due to concerns that the chemical could damage teeth, lips or gums.

Peter Vicary-Smith, chief executive of Which? said: “These products are illegal, but ineffective policing means they are still widely available. We have shared our findings with Trading Standards and will continue

to urge online retailers to boycott such harmful products being sold in their marketplaces.”

Which? policy adviser Re-

becca Owen-Evans said: “Selling products that breach the cosmetics regulations is prohibited and there is a failure in policing.” **DT**



Online retailers have pledged to cease the sale of illegal whitening kits

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Managing Director
Mash Seriki
Mash@dentaltribuneuk.com

Director
Noam Tamir
Noam@dentaltribuneuk.com

Editor
Lisa Townshend
Tel: 020 7400 8979
Lisa@dentaltribuneuk.com

Features Editor
Ellie Pratt
Ellie@dentaltribuneuk.com

Advertising Director
Joe Aspis
Tel: 020 7400 8969
Joe@dentaltribuneuk.com

Editorial Assistant
Laura Hatton
Laura.hatton@dentaltribuneuk.com

Sales Executive
Sam Volk
Tel: 020 7400 8964
Sam@dentaltribuneuk.com

Marketing Manager
Laura McKenzie
Laura@dentaltribuneuk.com

Design & Production
Ellen Sawle
Ellen@dentaltribuneuk.com

Dental Tribune UK Ltd
4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1N 8BA

Editorial comment

“Welcome to this issue of *Dental Tribune*! It seems ages since we last spoke, yet so much seems to have happened.

Of course the biggest news for many dentists is the decision by the coalition government to take direct control over the pay and contract values of dentists. The Doctors' and Dentists' Review Body were sent their marching orders in a letter by Sec-

retary of State for Health Andrew Lansley, excerpts of which you will have seen on the front page of this issue.

Now, we all know the kind of cuts have been being seen in all parts of the governmental budgets, and I have no doubts that organisations such as the BDA will have their work cut out for

them with regards to negotiating the best deal they can for dentists. It will be interesting to see how this fits in with the plans for implementing the recent Health White Paper and delivering a 'value for money' service. We will all 'watch this space'.

With BDTA Showcase on the horizon, thoughts have turned to the next generation of products to be releasing and recently I attended various meetings and

symposia on some of these. I look forward to sharing some of the thoughts of the key opinion leaders that were at these events and enlighten you to some of the exciting things you'll be able to see and play with at Showcase. I am also looking forward to meeting with you at conferences and events coming up – stop me and share your comments (I'll be by the coffee stand!). ☐

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

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

Or email: lisa@dentaltribuneuk.com

Expenses have 'risen dramatically'

Dentists' expenses including the costs of the building, dental equipment, staff and materials, have 'risen dramatically', according to new figures from the NHS Information Centre.

The Information Centre's report, Dental Earnings and Expenses, England and Wales 2008/09, shows dental practice expenses have risen at a faster rate than incomes have increased.

The average taxable income for all self-employed primary care dentists in England and Wales in 2008/09 was £89,600, compared to £89,100 in 2007/08, according to the report.

The expenses borne by dentists – the costs of providing the building, equipment, staff and materials necessary to provide patient care – rose rapidly during 2008/09.

Practice principals saw their expenses increase by 7.6 per cent from £218,000 in 2007/08 to £235,500 in 2008/09.

It is no surprise to John Milne, chair of the British Dental Association's (BDA's) General Dental Practice Committee, who said: "These figures underline what the BDA knows from its own research and talking to members: that the costs associated with providing high street dentistry have risen dramatically.

"Changes in the exchange rate have had a pronounced impact on the costs of equipment imported from overseas and costs associated with compliance with a variety of regulatory requirements."

He added: "Trends in expenses will need to be monitored carefully to ensure that dental practices are properly supported and are able to provide the resources they need to continue providing high-quality care to patients." ☐



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The entire dental team can get involved in the 2010 campaign focusing on 'Discover 3 Essentials for an Even Healthier Mouth'.

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Should dentists use the title 'Dr'?

This is your opportunity to have your say on whether you think dentists should use the title 'Dr'.

The General Dental Council is holding a consultation on draft guidance on ethical advertising,

One of the suggestions in the document is that dentists should not use the courtesy title 'Dr'.

They should also not refer to themselves as 'orthodontist', unless they are on the specialist list, according to the guidance.

The General Dental Council (GDC) wants to ensure that all

information or publicity material such as flyers or adverts about dental services are legal, decent, honest and truthful.

The GDC wants to provide dental professionals with more detailed information on what is expected of them regarding advertising and is asking for views on the proposed guidance.

GDC chair Alison Lockyer said: "This issue affects so many of our registrants. We often get queries from members of the public concerned or confused about the information they've seen."

"We plan to ask patients what they think, but we also need to know the views of those we regulate. We hope that dental professionals and other people linked to dentistry will take the time to tell us what they think."

The consultation looks at a number of issues including using specialist titles, advertising the provision of dental appliances and information which should be on dental professionals' websites.

The consultation, which is open to everyone, can be found at www.gdc-uk.org and runs until 1 October 2010. **DT**

Strategies for deprived children should start from birth

The NHS needs to put in place oral health strategies for children from deprived areas - from birth, according to a recent study.

The large-scale study of the dental health of three-year olds published in the *British Dental Journal*, found that out of 4,000 children in Greater Glasgow, a quarter of the children had tooth decay.

In the deprived areas, a third of the children had tooth decay.

The number of decayed, missing or filled teeth (dmft) in the children seen from the least deprived areas was 0.5.

In the most deprived areas,

children had a dmft score of 1.5, researchers from the University of Glasgow Dental School found.

The dental examinations were carried out by dentists between 2006 and 2008.

Andrew Lamb, British Dental Association director for Scotland, said: While there has been a significant improvement in the nation's oral health over the past 40 years, this study highlights the depressing fact that poor dental health and inequality are closely linked from very early in life.

"Given that tooth decay is totally preventable, it's unacceptable that social deprivation is still such a strong study of poor

dental health. This study reinforces the importance of providing support to children from deprived communities soon after they are born."

He added: "We commend the progress made by Childsmile, which focuses not only on children attending nursery and primary schools, but also on identifying children at risk from birth. As part of Childsmile, assessments are carried out by health visitors in the first two weeks of life.

"As adult oral health can be predicted by childhood dental health, this targeted intervention is vital to closing the gap in oral health inequalities." **DT**

More than 3,000 dental care professionals taken off GDC register

More than 3,000 dental care professionals have been taken off the General Dental Council register, after they failed to pay their annual retention fee by the end of July.

Being registered with the General Dental Council (GDC) is a legal requirement for dental care professionals (DCPs) in the UK.

All dental nurses, orthodontic therapists, dental hygienists, dental therapists, dental technicians and clinical dental technicians must be registered.

Those who failed to pay their fee by 31 July have been removed from the register.

Head of registration at the GDC, Gurvinder Soomal, said: "We worked hard to ensure that

all dental care professionals knew about the deadline and understood what would happen if they didn't pay their annual retention fee (ARF) on time. We are equally committed to making sure those who want to restore to our register are helped through this process. At the end of July there were more than 58,000 DCPs on our register and whilst 3,587 have been removed for non-payment, we are pleased that so many met this year's deadline."

Dental care professionals who didn't pay on time and want to return to the register must complete a form to apply for restoration, have a medical examination and provide a character reference.

They must also pay a fee of £120 and give evidence that they have completed the required

amount of continuing professional development (CPD).

If they were practising overseas while off the register, they must provide a letter of good standing from the relevant authority of the country/state in which they last worked.

If they were working in the UK while their name was erased from the register, they and their employer will need to explain the circumstances in a letter. If this has occurred, they are advised to contact their solicitor or defence organisation before submitting their application.

Patients, members of the public and employers can check whether someone is registered by using GDC's online register at www.gdc-uk.org. **DT**

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Good dress sense could keep tax bills down!

Dental practice owners who provide their reception staff with uniforms should make sure that each garment bears the practice logo or name. This advice from The National Association of Spec-

ialist Dental Accountants (NASDA) is based on tax legislation which states that unless there is a logo or name on each part of the uniform, it will be treated as a benefit in kind

NASDA is alerting the dental profession to the legislation as Her Majesty's Revenue and Customs (HMRC) tax inspectors who carry out dental practice inspections may well ask about reception staff uniforms.



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Lee Muter, a tax specialist with unw LLP, stressed that receptionists' uniforms bought by the employer are automatically subject to tax at the full value unless there is a name or logo embroidered onto each garment. If

'Inadvertently, HMRC seems to be helping dental practices with their PR. Plenty of exposure for the logo or name should help make a positive impact on patients.' - Alan Suggett, NASDA

for instance, the reception team members wear jackets, shirts and skirts, each item must have the logo on it.

Uniforms or surgical scrubs worn by dentists, hygienists and dental nurses fall into the category of a uniform worn for protective reasons and as such would not be considered a taxable benefit. Receptionists' uniforms, however, could not be considered protective and should be declared a 'benefit in kind' unless there is a logo on each garment.

HMRC carries out occasional spot checks, said Lee, and were also likely to ask whether team members were getting free dental treatment as this is deemed to be a benefit in kind.

His colleague at unw, Chartered Accountant and dental business strategist Alan Suggett added: "Inadvertently, HMRC seems to be helping dental practices with their PR. Plenty of exposure for the logo or name should help make a positive impact on patients." 



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The 10th dimension... the power of ten

Ed Bonner and Adrienne Morris
consider the power of attitude

Although one's school and college days may be long past, cast a thought back and consider whether those classmates whom you would have tipped to succeed have actually done so. Conversely, consider those who seemed "vaguely unprepossessing", and observe whether any have achieved beyond expectation.

How is it that some individuals, who seem far less likely to succeed than others, achieve more in their lives than those perceived as more gifted or talented? The answer may be in their respective attitudes to life in general and work in

'Fear attacks us, wastes our energy and makes us captive. The greatest chance of failure is created by the fear of failing'

particular. Leadership expert John Maxwell writes in *The Difference Maker* that one's attitude is like the mind's paintbrush, colouring every aspect of one's life.

If this is the case, what factors colour one's attitude?

1. Who you are - We are all unique individuals, determined to some degree by our genetic wiring, but not limited to it. Our individual personalities are capable of growth and development, and the 'who' we are now is not necessarily the 'who' we were, nor the 'who' we may yet be. What we will become will be determined by the attitude we can bring to the life and work mix. We cannot perform in a way that is inconsistent with how we see ourselves.

2. What you think, what you feel - Our present feelings are influenced by our emotional experiences, past and present. Your attitude is the sum of your thoughts as shaped by your previous experiences. It is difficult to maintain a positive attitude when there are wars going on, bombs going off, volcanoes exploding or oil-rigs gushing into the sea. Difficult, but not impossible. The times may be depressing, but you don't have to become depressed by them.

3. Where you are, what's around you - A strong determinant of attitude is the environment in which our previous experiences were acquired as well as the present environment. Never can an environment have been more daunting than the Dark Ages, yet from it came the Renaissance.

4. Who's around you - It is the nature of man to be influenced by the thinking of one's parents and peers, by what we read in newspapers and magazines. Poverty, divorce, illness, education: it is up to each of us to accept or go beyond these influences.

5. Your dreams and expectations - If your internal thought consensus is that you cannot become rich, then chances are you will not. On the other hand, you can "think and become rich", the philosophy advocated by best-selling author Napoleon Hill. Sooner or later we will get what we expect.

6. Fear of failure - The late South African Prime Minister JC Smuts said: 'A man is not defeated by his opponents, but by himself'. Many of us are self-sabotaging. John Maxwell writes: 'There are three types of people in the world - the 'wills', the 'will nots', and the 'cannots'. The first accomplish everything. The second oppose everything. The third fail at everything. Fear attacks us, wastes our energy and makes us captive. The greatest chance of failure is created by the fear of failing.

7. Your perspective on problems - Maxwell says we may view problems as normal/abnormal; soluble/insoluble; temporary/permanent; controlling us/challenging us; making us bitter/better; stopping us/stretching us. If we can stand back from a problem and look at it objectively, then we have a good chance of dealing with it with a positive attitude. One can be a "failure", or "a success who sometimes fails" - depends on your perspective.

8. Develop a problem-solving mentality - Embrace each problem as an opportunity. Problems are wake-up calls for sustained creative thinking, and the pulling together of all available resources (including other people). By focusing on the mission ahead, one can generate a number of possible solutions and then choose the most workable.

9. Worrying about problems that haven't yet happened - Studies show that 95 per cent of fear is baseless. Mark Twain wrote: 'I've been through some terrible things in my life, a few of which actually happened.' Has it ever happened that you have felt the world and its galaxy was about to descend on you, and then, when you have had time to make intelligent inquiries, found it not to be of substance? While it is of major importance to take as much care as possible to pre-empt problems, worrying about an un-occurred event will actually expend a great deal of energy leaving less available for when - or if - the problem actually occurs.

10. Overcome discouragement - We have all tried something that has not worked, and it is easy to feel discouraged or to be discouraged by others. Either way, the outcome of being discouraged is to feel that you want to give up the task. It is said that 90 per cent of those who fail are not actually defeated - they have simply quit. So, give up or get up - banish discouragement to where it belongs: alongside negative perceptions and fear of failure. [DT](#)

About the author

Adrienne Morris is a highly trained success coach whose aim is to get people from where they are now to where they want to be, in clear measured steps.

Ed Bonner has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. For a free consultation, or a complementary copy of *The Power of Ten* e-zine, email Adrienne at alplifecoach@yahoo.com or Ed on bonner.edwin@gmail.com, or visit www.thepowertoten.co.uk.

‘Surprisingly relaxing experience!’

Dental Tribune speaks with Baldeesh Chana about her upcoming webinar

The latest series of webinars to be broadcast by Smile-on in association with Dentsply Academy begins this month, kicking off on the evening of September 27th with Baldeesh Chana and Sarah Murray discussing Root Surface Debridement - mechanical instruments versus ultrasonic.

Bal and Sarah are no stranger to the webinar format, having presented a lecture in last year’s Dentsply series. This year the duo are looking to give an overview of available instruments for root surface debridement and to evaluate the efficiency of these methods. Bal explains: “We’re really looking forward to presenting another webinar, this time reviewing the evidence available for different methods of debridement and techniques which can be used.”

The CVs of both speakers is very distinguished. Sarah is dually qualified as a Hygienist and a Therapist and comes from a clinical and educational background. She also graduated with a Masters Degree in Primary Health & Community Care from the University of Westminster in 1997. She currently teaches students studying to become dental hygienists and therapists both at Barts and The London School of Medicine and Dentistry and the University of Essex. She was awarded the title Hygienist of the Year in 2007.

Bal qualified in 1992 at Barts and The London School of Medicine and Dentistry formally known as The London Hospital, where she is now Deputy Principal Hygiene/Therapy Tutor. She also works part time in a general dental practice. She is currently Chair of The British Association of Dental Therapists, and represents BADT on a number of boards. She is also a DCP Inspector for the General Dental Council inspecting DCP training courses. Bal was recipient of The Dental Therapist of the Year award in 2006.

Their experience as lecturers has definitely helped them to adapt to the format of the webinar, as Bal explains: “When we first did the webinar last year we were both very apprehensive, but it was a surprisingly relaxing and enjoyable experience! The technical team were great and it didn’t feel strange presenting to only a webcam because of the interactivity of the delegates writing questions in to us and being able to see them on screen.

“I think what also helped is the format we chose to do the presentation in. Working as a

pair was really nice as it helped to break up the lecture and it gave us both a chance to spend time reading the questions and comments coming in as the other continued with their part of the presentation. We hope this year to deliver our webinar in a similar way.”

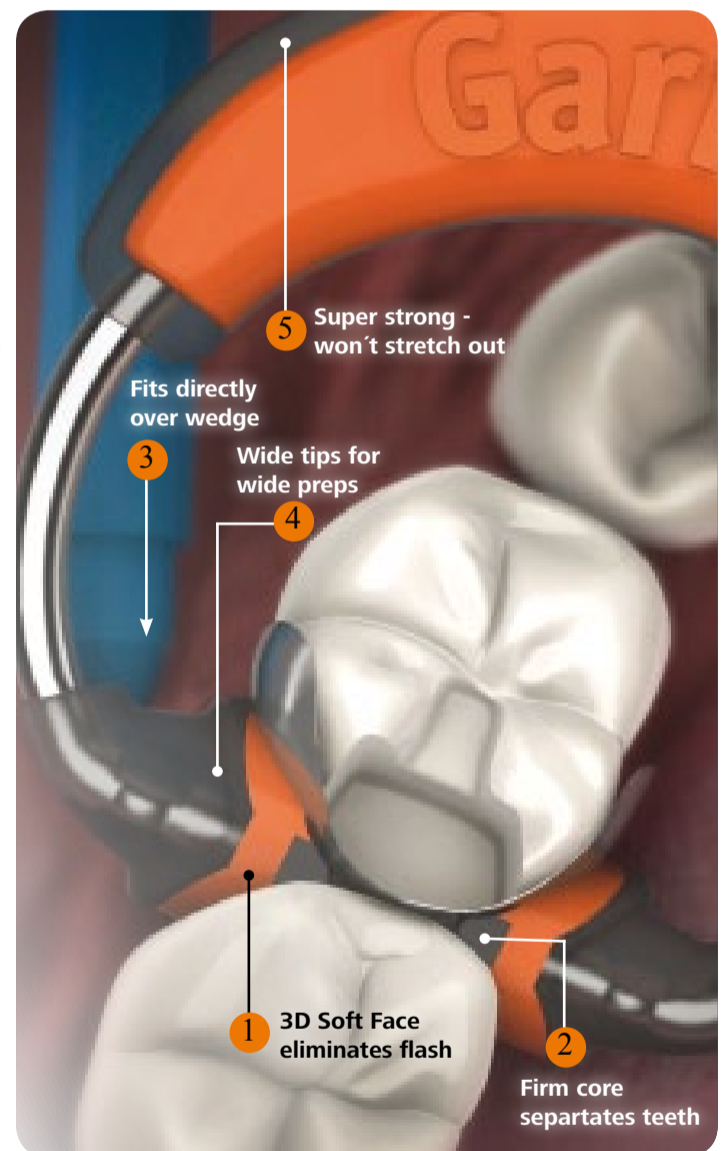
So who does Bal think will benefit most from their presentation this month? “It’s really a subject that the whole team could benefit from, but we expect that many of the delegates will be dentists, hygienists and therapists. Last time we were surprised at

how many dentists had signed up, and I feel that dentists would be the ones to benefit most as this subject is not one they would have covered in depth before. Hygienists and therapists will have covered this in their training, and this presentation will help to give

an update in that knowledge.”

To find out more about the Dentsply Academy series or to book your place on this or any of the webinars, go to www.dentalwebinars.co.uk or call 02074008989. [DT](#)

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web: www.prestige-dental.co.uk

