

# DENTAL TRIBUNE

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## News in brief

### New appointment

The British Dental Association has welcomed the appointment of Andy Burnham as the new Secretary of State for Health. Mr Burnham replaces Alan Johnson, who has accepted the role of Home Secretary.

John Milne, chair of the British Dental Association's (BDA's) General Dental Practice Committee said: 'The BDA offers its congratulations to Mr Burnham on his appointment and looks forward to working with him and his team.'

Professor Jimmy Steele's Review of Dentistry, which has just been published, provides an opportunity for real improvements in dentistry. We look forward to considering its proposals and looking at how the delivery of NHS dentistry can be improved for patients and practitioners.'

### Dental honours

The British Dental Association's director of policy and professional services, Linda Wallace has been awarded an MBE and Eric Stanley Nash, formerly postgraduate dean at the dental school at University Hospital of Wales, Cardiff, has been awarded an OBE. Both awards were for services to healthcare and were announced in the Queen's Birthday Honours List.

### Access research

Nine out of 10 people who tried to see an NHS dentist in the last two years were successful, according to the consumer organisation *Which?*

Helen McCallum, *Which?*'s director of policy and communications said: 'The common belief is that NHS dentists are as rare as hens' teeth, but it's not nearly as difficult to find one as most people think.'

In its survey, 68 per cent of people had tried to make an appointment with an NHS dentist in the past two years. Of these, 88 per cent were successful.

The British Dental Association (BDA) claims the research which shows three million people could not get an appointment, highlights the well-publicised problems some patients face accessing NHS dental care. John Milne, chair of the BDA's General Dental Practice Committee, said: 'Many patients still face problems attempting to access NHS dental care and this research highlights inequalities in access, a problem that must be tackled imaginatively. That means thinking beyond numerical measures of access to consider the kind of care patients receive.'

www.dental-tribune.co.uk

## News & Opinions



### More emergencies?

The number of people seeking emergency NHS dental treatment has risen in the last year, but 'these figures should be put into perspective', says Health Minister Ann Keen.

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## Practice Management



### Future planning

If you want to attract new patients to your practice or let your business achievements be known, you really need to implement a public relations plan.

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## Money Matters



### Retirement funds

Now is the perfect time to consider your financial options if you want to reap the benefits from your pension fund in the next five years from now.

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## Clinical



### Hard graft

As the bone-augmentation debate continues, Ali Abdellatif highlights the arguments for and against grafting, and looks at some of the different types of grafting systems.

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## GDC issues swine flu advice

The General Dental Council has issued advice to dental professionals, after the World Health Organisation declared a global flu pandemic following an emergency meeting.

The UK's Health Departments have also issued detailed advice and guidelines.

The World Health Organisation (WHO) director general, Dr Margaret Chan said: 'We have evidence to suggest we are seeing the first pandemic of the 21st century. However, she added: 'Moving to pandemic phase six does not imply we will see increased in deaths or serious cases.'

A pandemic is declared on geographical terms as the virus spreads.

The swine flu (H1N1) virus first emerged in Mexico in April and has since spread to 74 countries.

Official reports say there have been nearly 30,000 cases globally and 141 deaths, with figures rising daily.

There have been more than 1,500 cases in the UK and Britain recently saw its first death from the virus, after a 38-year-old mother who had given birth prematurely, died in Glasgow. She was said to have underlying health problems.

The Government has been stockpiling antivirals such as Tamiflu and has ordered vaccine, some doses of which could be available by October.

There is some concern that the virus may mutate and become more virulent during the colder months of winter.

In a statement, the General Dental Council (GDC) said: 'You may be asked to provide treatment

at specialist centres, to continue providing treatment to non-symptomatic patients in your practice and/or to take part in other forms of healthcare delivery.

As a healthcare professional, you should act ethically in this difficult situation. GDC guidance emphasises your professional duty to put patients' interests first, taking account of your health and safety commitments to your teams.

If you are asked to do something which is outside your normal area of practice, you need to be sure that you are competent to do it and check that you are covered by indemnity.'

However, it also warned: 'As health professionals, you should not let your own state of health put patients at risk. If you become unwell you should follow appropriate advice including any local measures which may be in place.'

The Department of Health (DH) has also issued its own guidance and has advised dental professionals that all patients should be screened for symptoms of flu before attending the practice by telephone and again on arrival at the practice.

Treatment of infected patients should be limited to pain relief and should avoid aerosol-generating procedures where possible and infected patients should be segregated from well patients.

Where infected and well patients are seen at the same practice, a separation by space and/or time is essential.

Good general hygiene measures are of prime importance in containing the infection.

The DH recommends that an adequate supply of tissues, waste bins and hand-cleaning facilities is readily available.

Standard infection-control procedures must be adopted for all patients (infected and well) and should include hand hygiene, PPE (with FFP3 respirators for patients with flu), decontamination of equipment and environment, and the safe disposal of waste.

Uniforms should not be worn outside of the practice and be taken home in a tied plastic bag for laundering.

Protective plastic aprons are recommended to limit contamination of clothes.

**'Good general hygiene measures are of prime importance in containing the infection.'**

The DH also warns that in England and Wales, dentists may fail to deliver their contracted number of Units of Dental Activity.

The guidance recommends that contractual payments continue with no penalties if providers have done everything within their powers to comply. [DH](#)

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## Smile-on showcases training for nurses

Smile-on, a leader in health-care education, showcased its new training package in dental nursing education to delegates at the British Dental Association conference.

DNNET II is designed to help train dental nurses studying for the National Certificate or NVQ level 3 in Oral Health Care Dental Nursing and as an update for established nurses.

The complete training package offers important information for nurses to gain a General Dental Council-recognised qualification, which is crucial since the introduction of the statutory register for dental care professionals.

The 15-module programme uses a blend of media (audio, video, animations and interaction) to engage, encourage and increase retention of the material and explores

subjects such as anatomy, oral medicine and pharmacology, oral health, dental disease and treatment support for endodontic, restorative, prosthetic, periodontal, orthodontic cases and extractions and minor oral surgery.

A spokeswoman for Smile-on said: 'Delegates agreed the benefits of the programme were impressive, offering a flexible educational update for established nurses and the best curriculum, by leading experts with real life scenarios, preparation advice for examination and registration and all the tools to make a fulfilling and successful career for training dental nurses.'



For more information on DNNET II, call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com).

## Global network links dentists

An 'innovative global network, aiming to unite dentists of Indian origin from all over the world, was launched at the British Dental Association conference.

Dentalghar, which means the 'home of dentistry', was created by the visionary Professor Raman Bedi who joined forces with the market leader in healthcare education Smile-on and Henry Schein Minerva to bring Dentalghar to life.

Professor Bedi was the Chief Dental Officer of England from 1 October 2002 to 1 October 2005.

Dentalghar aims to link thousands of dentists who share common values.

All members are able to contribute to polls, surveys and articles and professionals will have 24 hour access to new perspectives, fascinating insights and the chance to discuss their experiences and receive advice.

Professor Raman Bedi, who hopes that Dentalghar will become a 'major force in the industry' said: 'In dentistry, proportionately speaking, we have more worldwide dentists of BIPS (Bangladeshi, Indian, Pakistani, Sri Lankan) origin than

our medical colleagues, and so this factor gave rise to the momentum for starting Dentalghar. Dentalghar is not only an arena to meet and discuss issues, but also to create opportunities whereby many of us outside India can think about how we can give something back to our country of origin.'

A spokeswoman for Smile-on said: 'Dentalghar offers an invaluable opportunity for dental professionals to join a global network and explore the latest news, case studies, interviews, special offers and charitable events.'



Professor Raman Bedi

Professionals looking to study abroad will also find outstanding information on work permits, visas and qualifications and there is also an excellent opportunity to win bursaries and to contribute to volunteering in the UK and all around the world. Delegates at the conference agreed that this innovative online community would give professionals from all walks of life a voice that would be heard by thousands.'

For more information on Dentalghar, visit [www.dentalghar.com](http://www.dentalghar.com) or to discuss the range of flexible educational programmes available from Smile-on call 020 7400 8989 or email [info@smile-on.com](mailto:info@smile-on.com).

## 'Take risks' urges entrepreneur

Millionaire and entrepreneur Charon Gill advised dentists to 'throw caution to the wind' at this year's British Dental Association conference.

The guest speaker admitted that 'going to see a dentist is scary enough, but opening my mouth to 1,000 dentists is traumatic!'

He added: 'Are entrepreneurs born or bred? I don't know, but all I wanted was to be successful to

make my grandfather proud of me.

'I needed £6,000 to start my own business so I went to the Bank of Scotland – they gave me £3,000, but I needed £3,000 more; I got it eventually and the deal was done. My advice is to do the deal first and you'll find the money later – it's out there somewhere.

'If you want success you have to throw caution to the wind one day,

and never be shy – talk about your business because if you don't, no one else will.'

When asked how to 'mitigate the risks' in the recession, Gill said: 'Now is a challenging time with the credit crunch, but every situation creates opportunity. If you're not sure about it do a business plan so you know where you want to be – it's like a road map. Evaluate it on a weekly basis and make sure you stay on the right track.'

## Paralympian offers inspiration

Five times Paralympian and medallist Marc Woods gave dental professionals the 'insight to achieve beyond their expectations' at the conference held by the British Dental Association.

As a gold sponsor of the British Dental Association conference, the dental manufacturer, Philips, hosted a seminar by the Paralympian Marc Woods.

Diagnosed with cancer at 17, Mr Wood had his leg amputated. He became an international swimming champion and has represented Great Britain in five Paralympic Games.

He now works as a leadership coach and motivational speaker.

During the seminar he talked about the importance of taking personal responsibility and how everyone in the team (from principle to the cleaner) has a part to play.

He also emphasised the importance of involving each person in the practice and developing smaller and broader teams.

Mr Woods' seminar was preceded by a Philips-hosted seminar and interactive quiz by Mike Lewis, professor of oral medicine entitled 'The mouth is the window of the body. What can you see?'

This looked at the important role, dental professionals can play in the early diagnosis of systemic disease, and how this can impact on patient outcomes.

Philips also launched its first ever Sonicare for Kids at the con-

ference – a toothbrush aimed at children aged four to 10 years of age.

The new brush is based on the core Sonicare technology but incorporates a number of innovative new elements.

A spokeswoman for Philips said: 'Validating studies conducted amongst children aged between four and 10 years of age,

significantly longer than a manual brush so improving their brushing compliance along with their plaque removal.'

Past Hygienist of the Year Mhari Coxon said: 'In my practice, I often see paediatric patients who have caries because they simply are not removing enough plaque from their teeth, and parents are surprised and frustrated because they've tried



Philips' first-ever Sonicare for Kids put to the test

found that Sonicare for Kids removes more plaque than a children's manual toothbrush, and this was found to be up to 75 per cent more in hard-to-reach areas.

Thanks to the in-built timer and quadpacer with its musical tones indicator, the children trialling the brush also used it for

to teach their children how to brush effectively.

With Sonicare for Kids, parents can provide their children with a fun way to start achieving exceptional results now and as they develop, providing effective brushing habits for a lifetime of good oral care.'

### International Imprint

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## GDP UK round-up

Tony Jacobs shares the most recent snippets of conversation from his ever-growing GDP UK online community

**G**DPUK members have been busy turning their attention to a clinical topic: one colleague was auditing his radiographs and wanted to define the term 'coned off' when examining a film. Other colleagues joined in, commenting on the criteria for examining radiographs written for general radiography. They talked about what happens when examining say, a leg, suggesting that it is difficult to miss the limb with the beam, whereas taking a periapical to show all of a lower third molar in a gagging patient with a large tongue is another matter. Perhaps the guidelines and requirements for an audit should be rewritten for dentistry and not based on other parts of the body that are easier to access?

Professor Jimmy Steele's around-the-country road-show has been followed in some detail on GDP UK. GDP UK members have been present at each meeting and have written personal reports of the events. The general gist of each meeting is the same, but the nuances and what is said are different each time. Attendance overall seemed to be quite low, considering the great malcontent, and this being a well advertised way to have one's say to someone writing a major report. There was some criticism of the location and timings of the meetings, but most dentists remain busy working to reach those UDA targets.

### About the author



#### Tony Jacobs,

52 is a GDP in the suburbs of Manchester, in practice with partner Steve Lazarus at 406Dental ([www.406dental.com](http://www.406dental.com)). He has had roles in his LDC, local BDA and with the annual conference of LDCs, and is a local dental adviser for Dental Protection. Nowadays, he concentrates on GDP UK, the web group for UK dentists to discuss their profession online, [www.gdpuk.com](http://www.gdpuk.com). Tony founded this group in 1997 which now has around 7,000 unique visitors per month, who make 55,000 visits and generate more than a million pages on the site per month. Tony is sure GDP UK.com is the liveliest and most topical UK dental website.

How the forthcoming Steele report may be read and used by the politicians was talked about. The report might or might not be published around the time of the LDC conference in mid June. If

the report wishes to keep UDAs, this will be a vindication for the politicians. If the report advises scrapping the system, this will be delayed until after the next election.

Other matters concerned the forum. How does a dentist dispose of an old s-ray head unit? Normal waste? Landfill? Scrap metal dealer? They can leak oil, and have a hefty lead lining – the answer was that most firms supplying a new article will dispose of the old one.

Some original research caught the interest of GDP UK posters when it was reported that the most common name for a dentist in the USA is Dennis – the

headline reading 'Dennis the Dentist'.

The newspaper reporting this story found it to be hilarious, but this did not raise a laugh here in Britain, probably due to the fact that we pronounce every letter in the word 'dentist'.

And on a final note, the forum saw a topic titled: Yorkshire dentist injecting patients with Ecstasy... it's called Eee bah gum. [\[1\]](#)

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## Focus must shift when treating children

A clinical lecturer from Dundee Dental School has challenged the traditional way of managing dental caries through prevention and described a new way of looking at children's dentistry, in a presentation to the British Dental Association conference and exhibition.

Dr Nicola Innes said the focus when it comes to treating chil-

dren, needs to shift from invasive treatment of the deciduous teeth to limiting experiences that could lead to dental-induced anxiety in the future. Too often intervention in childhood, she said, can result in the development of poor attitudes to dentistry in adulthood.

To mitigate against this, Dr Innes argued that the dental pro-

fession should aim to allow children to reach adulthood with an intact dentition, free from caries and restorations with the individual having the motivation and skills to care for their own oral health with a positive attitude to dental care. She described this approach as rational and evidence-based.

Managing caries in deciduous molars should therefore aim to

minimise the risk of pain and sepsis, Dr Innes said, and instead of using a drill or extract approach, preformed stainless steel crowns could be used. She described what was involved in the so-called "Hall" technique, details of which can be found at: [www.scottishdental.org/?o=1404](http://www.scottishdental.org/?o=1404)

Managing the primary dentition in this radical way needs to

take parents, the child and the dental team on board. The three-pronged approach to affect change for the dental team involves changing attitudes and priorities, maximising prevention as well as biological caries management.

Commenting on the views expressed, Andrew Lamb, BDA Scotland Director said: 'This was a fascinating presentation and will challenge the preconceptions and attitudes of those who heard it.' [BDA](#)

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## Vintage posters promote oral health



The British Dental Association has unveiled a series of vintage posters and postcards promoting oral health at its conference in Glasgow.

The posters and postcards feature designs produced by the Ministry of Health between the 1930s and 1960s.

A spokeswoman for the British Dental Association (BDA) said: 'This exclusive series, uses a combination of eye-catching vintage illustrations and photographs to emphasise the value of good oral health and nutrition in a fun and novel way.'

Divided into two groups, the first set of images combines vibrant, iconic graphics to add impact to taglines such as 'Teeth matter!' and 'First teeth are important'.

The second group is made up of a collection of photos depicting a variety of domestic 'vignettes' in black and white, which highlight dental health tips and link healthy teeth to good looks and better living.

The 12 images in the series were selected from the BDA museum archives and are available either individually or as a set.

Prices range from £5 for a set of 12 postcards, to £195 for a full set of 12 posters. Framing options are also available.

Further details are available via: <http://www.bda.org/shop/mus/a4indiv.aspx>. [BDA](#)

## Talking is key to success

Communicating with patients is essential for the wellbeing of dental practices, business coach and psychologist Sheila Scott advised delegates at the British Dental Association conference and exhibition.

Ms Scott's entertaining presentation concentrated on good communication with patients, recognising it as one of the most important activities in dental practice.

'The power of patient questionnaires should not be underestimated,' she said. 'They can be really powerful when used to find out what patients want from the practice and their dentists. Too often they are used only to find out about what patients think about the practice.'

Ms Scot who runs a consultancy service for dental practices described the types of questions that can elicit useful information and get patients to reveal more about what they want from their dentist.

From a recent survey of 1,745 patients, she identified the following attributes as the most important issues for patients: trusting a dentist (90%); ensuring healthy teeth and gums (77%); being seen quickly/emergency care (77%); sterilisation/patient protection (76%); general cleanliness/hygiene; skills of the dentist.

If the above are in place, the least important factors are: convenient appointment times; cost; skills of the hygienist; treatments for appearance; being seen on time.

The dental health examination is vital for the patient – and is the main reason for attending a practice in the first place. However, this activity is often viewed by the dentist as the most boring or least interesting.

Sheila Scott urges dentists to make more of the examination and to involve the patient at every stage – using language that the patient understands, helping them to assume responsibility for their dental health more easily.

She also pointed out the importance of discussing the cost of treatment early. Patients, she said, only get worried about how much it costs when they don't know. Once they have been advised of the cost, they can concentrate on what the treatment involves. **DT**

## Denplan gets a makeover

Dental payment plan specialist, Denplan, unveiled its new, refreshed brand at this year's British Dental Association conference.

The Denplan apple that has become so familiar among the profession and patients alike remains, but there is now a new strapline – 'at the heart of dental care'.

Denplan hopes that the new look and feel will be clearer and easier to understand and has been designed to work harder for practices.

Commenting at the launch, Sarah Bradbury, Denplan marketing communications and brand manager said: 'The Denplan brand has come to symbolise ethical, professional and quality dental care.'

Patients recognise and expect these values of Denplan practices. The Denplan portfolio of business services has expanded greatly over the years offering far more

than payment plans and our new strapline clearly demonstrates the value-added services we offer.'

As a platinum sponsor of this year's British Dental Association (BDA) conference and exhibition in Glasgow, Denplan chose the conference as the platform to introduce the updated look.



Along with the refreshed brand, visitors to the Denplan stand were also refreshed with a choice of ice creams in celebration of the launch.

Managing director, Steve Gates, added: 'Denplan has been at the heart of dental care for over 22 years and our brand identity now clearly reflects this.'

As an organisation, we understand the need to be innovative and to continually review how we are portrayed to the outside

world. I see this as a wholly positive exercise for Denplan, our member practices and their patients.' **DT**

## Dental Protection launches DPLXtra

The professional indemnity organisation, Dental Protection Limited, has launched a new practice programme at the British Dental Association conference in Glasgow.

The DPLXtra programme is designed to encourage good practice, and a team approach to risk management.

Practices of any size can join the DPLXtra programme by paying an annual registration fee which reduces in cost according to the number of Dental Protection members in the practice.

Benefits of the programme include reduced subscriptions for individual Dental Protection Limited (DPL) dentists, hygienists and other dental care professionals working in the practice, and free DPL indemnity

for all dental nurses (or dental technicians) working within the practice – not only for negligence claims, but also for General Dental Council investigations and other professional challenges.

There is also automatic indemnity for all reception, management and administrative staff employed by the practice, in respect of professional matters (including data protection).

Practices will also receive a practice-management resource created by Dental Protection in conjunction with Croner Consulting.

The free subscription to this web-based service provides updated guidance for the practice team on the various employment, legal and regulatory matters affecting them.

Kevin Lewis, dental director at DPL said: 'The enormous response to DPLXtra and to Dental Protection's greater presence in Scotland was overwhelming. The enthusiasm displayed at the BDA conference directly after the official opening of Dental Protection's new offices in Edinburgh, left me wondering why we haven't had a permanent base in Scotland earlier.'

Hugh Harvie, head of Dental Services Scotland, said 'DPLXtra offers terrific value – especially when you take into account the many additional benefits available to the practice team.'

He added: 'The web-based management tool alone will make it popular with practice owners and managers throughout the UK.' **DT**

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## Taxpayer foots £13m emergency bill

More than 22,000 people in Britain were admitted to hospital for emergency dental treatment last year, according to the NHS Information Centre.

The statistics, obtained by the Conservatives from the NHS Information Centre, show a total of 22,058 people had to be admitted to hospital for emergency dental treatment in 2007/08 – an increase of one per cent on the 21,801 admitted in the previous year.

Another 1,101 people were admitted to hospital after being

referred by their GP – a rise of five per cent on the previous year.

The data also revealed that in some parts of England, people were more likely to be admitted for emergency dental treatment than in others.

Those residing in Liverpool were 14 times more likely to do so than those on the Isle of Wight.

The Conservatives estimate the cost of emergency admissions to the NHS is around £13 million a year.

Shadow health secretary Andrew Lansley called the figures ‘further evidence of Labour’s appalling failure on NHS dentistry’.

He added: ‘For years now, many people have been simply unable to see an NHS dentist and almost a million more have lost access to their dentist since Labour’s new contract was introduced in 2006.’

However, Health Minister Ann Keen said: ‘While we want to see emergency admissions kept to a minimum, these figures should be put into perspective.’



‘Data shows an increase of just 257 patients in a year (one per cent) admitted to hospital, compared with the 36 million courses

of treatment that dentists delivered in the same year, an increase of 937,000 courses of treatment over the previous year.’

## Recession hits dentists

The number of dentists seeking financial help has risen as the credit crunch takes hold, according to the British Dental Association’s Benevolent Fund.

Last year, the Fund saw a 50 per cent increase in applications for financial assistance over the previous year, and this rise continued in the first three months of 2009.

More than half of regular beneficiaries live on means-tested benefits, and following a particularly cold winter that required the provision of extra fuel grants, the Fund is appealing for extra donations.

The Fund’s expenditure exceeded income by £44,000 last year, and all indications are that the number of applications will keep on rising.

The Fund, which is wholly dependent on contributions, provides grants to help supplement incomes, cover basic expenses and even replace vital household goods including beds and cookers.

For more information or to donate to the Benevolent Fund, call Sally Atkinson on 020 7486 4994 or email [dentistshelp@bt-connect.com](mailto:dentistshelp@bt-connect.com).

## GDC welcomes law change

The General Dental Council has welcomed a change in the law that allows dentists to request an emergency supply of a prescription-only medicine.

The issue arose after a practising dentist was asked by a patient for a prescription of antibiotics from their local pharmacist over the telephone.

The dentist was told by the pharmacist that they were not allowed to issue a prescription via a telephone request from a dentist under any circumstances.

After being alerted to the incident, the General Dental Council (GDC) contacted the Royal Pharmaceutical Society of Great Britain (RPSGB) which said it understood dentists have never been legally able to request an emergency supply of medicine.

UK registered dentists were excluded from an amendment made to the relevant legislation in November 2008 (Medicines for Human Use (Prescribing EEA Practitioners) Regulations 2008), allowing practitioners in many other EU countries to do this.

A spokeswoman for the GDC said: ‘This anomaly prompted us to contact the Department of Health. It told us the legislation was amended in May this year and is now active in the UK. This means UK registered dentists can now arrange for the emergency supply of prescription-only medicines.’

‘The GDC would like to remind dentists however that they shouldn’t request an emergency supply of a prescription-only medicine without examining the patient first.’

## Calling BRONJ patients

A two-year national study on patients with avascular necrosis of the jaws is to be carried out by the Faculty of General Dental Practice (UK) in partnership with the British Association of Oral and Maxillofacial Surgeons.

The UK-wide new patient registration study for patients with avascular necrosis of the jaws, including bisphosphonate-related osteonecrosis (BRONJ),

is relevant to all who diagnose and treat patients with avascular necrosis of the jaws/BRONJ.

The study will look at patients referred to oral and maxillofacial departments and dental hospitals in England, Wales, Scotland and Northern Ireland during the period from 1 June 2009 until 31 May 2011.

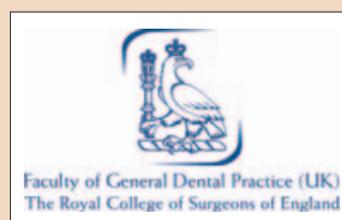
The clinical leads for the study are Professor Simon Rogers for British Association of Oral and Maxillofacial Surgeons (BAOMS) and Dr Nikolaus Palmer for the Faculty of General Dental Practice (FGDP UK).

The project is web-based and data will be recorded via the following link and all documents,



including the protocol, patient consent and patient information forms, can be viewed and downloaded from: <http://web.rcseng.ac.uk/bijn-research-project/>

All those who would like to participate in the study, please contact the BRONJ Project Manager, Amrita Narain on 020 7869 6750 or email [bronj@rcseng.ac.uk](mailto:bronj@rcseng.ac.uk)



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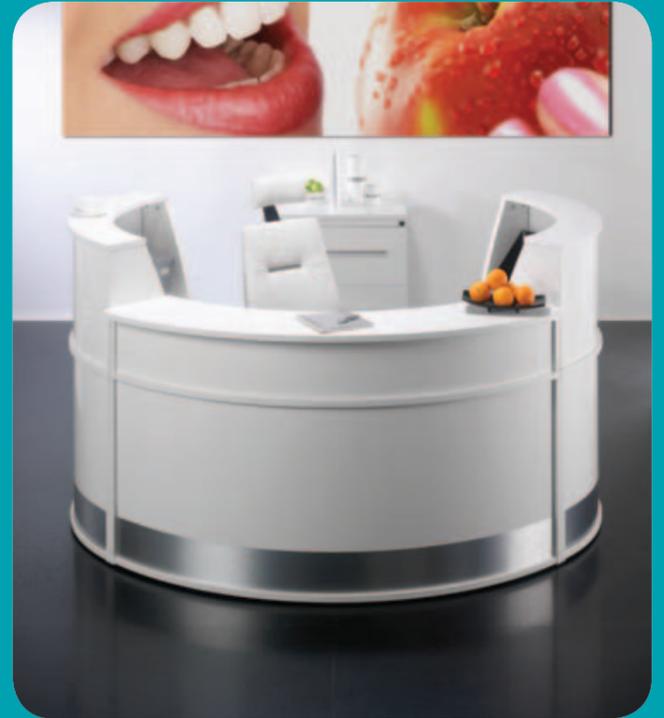


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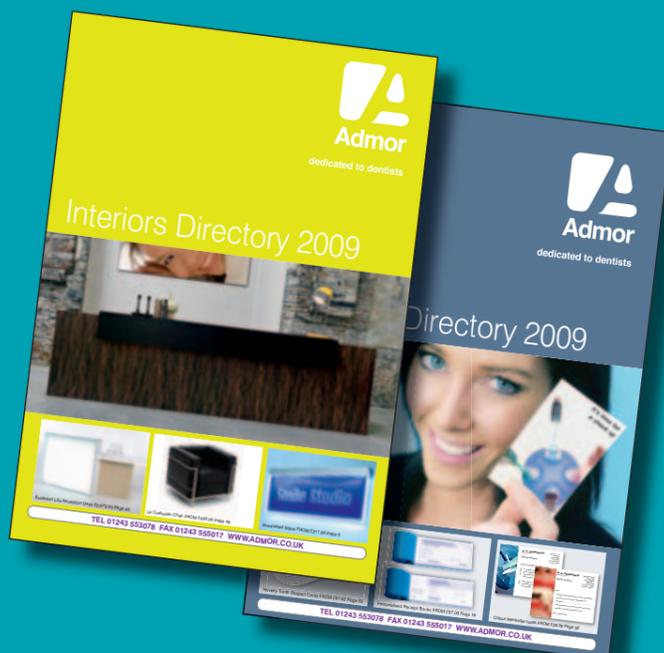
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Millfield Community Nursery with dental hygienist, Kay Pounder (left), cluster manager for Extended Services, Kris Heskett (centre) and dental nurse, Kelly Lloyd (right)

## Dental team tackles fear factor

A dentist in Sunderland has been offering children special visits to reduce the fear factor and help break down the barriers that stop many from visiting the dentist.

As part of National Smile Month and to celebrate the surgery's 25<sup>th</sup> anniversary, David Vaughan Dental Care opened its

doors to two Sunderland schools with the aim of improving the children's oral health.

The visits, which were organised by Sunderland Extended Services and David Vaughan Dental Care, gave the children from Millfield Community Nursery and Diamond Hall Infants the opportunity to learn

about caring for their teeth in a fun and positive way.

After arriving at the dental practice in Pallion, the children were able to meet the surgery's team, including its dentist, hygienist, dental nurse and reception team.

A special role-play session with the dental nurse explained what happens during a visit to the dentist and showed the children what each member of the surgery's team does.

David Vaughan, the practice's dentist then showed the children how to care for their teeth properly, including how long to brush for, how much toothpaste to use and when to visit the dentist.

The surgery's hygienist talked to the children about how different foods can affect teeth, which are the best to eat and when to avoid certain foods.

Councillor Pat Smith, cabinet member for Children's Services within Sunderland City Council, said: 'Many people who are frightened to visit the dentist can trace their phobias back to perhaps an unpleasant experience as a child.

Through trips like these, it allows the children to become more familiar with the process involved with visiting the dentist in a relaxed and informal environment. By walking the children through a visit to the dentist and getting the children involved in fun role-plays, helps to make it easier when it comes to future appointments, while also showing them the dentist isn't a scary experience.'

Sheryn Vaughan, practice manager at David Vaughan Dental Care, hopes to organise other visits with Sunderland Extended Services so more children can benefit.

She said: 'Good oral health is extremely important to your overall health whatever your age and regular visits to the dentist are an essential part of this process. We decided to help host these visits as part of National Smile Month so the children could come into the surgery and have fun and hopefully will be more comfortable when their next appointment comes around.'

Following the trip, each child received a special oral health goody bag, which included a suitable toothbrush, toothpaste, a two-minute timer, a tooth brushing chart and dental-care literature for parents as well as a special certificate.

To help support the trips, Pauline Wright, oral health promoter for South of Tyne & Wear Teaching Primary Care Trust, will also visit each of the schools to further promote the importance of dental care and healthy eating. **DI**

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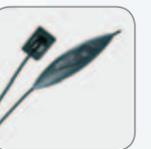
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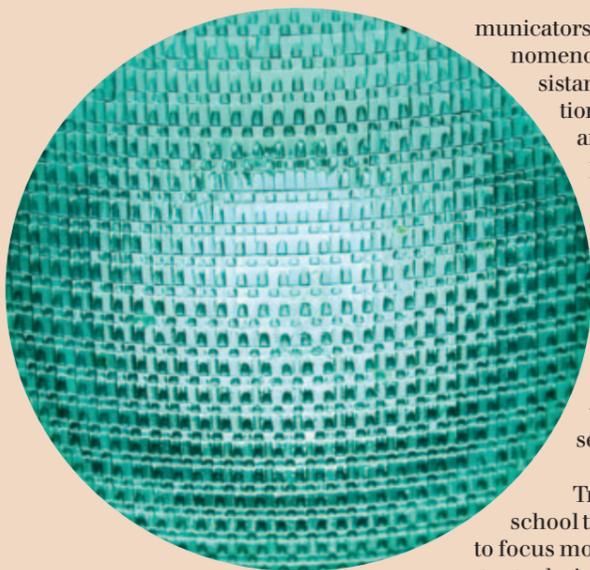
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# Green light case presentation: Get a yes every time!



## Introduction

Every practice can tap into the power of what I call Green Light Case Presentation. Persuading patients to say 'yes' to recommended treatment is perhaps the greatest challenge faced by dentists. You can explain, discuss and inform all you want, but if you don't motivate, you won't be successful, especially when presenting cosmetic and elective treatment.

Good case presentation skills require understanding the patient's point of view while articulating your own treatment philosophy. Without the willingness to take this empathetic view, it is nearly impossible to positively influence patient behaviour and treatment choices. Once dentists understand the point of view of people in the chair, doctors have a far better chance of relating to each patient. When this happens, chances are far greater of having an influence on choices that patients make. This is what Green Light Case Presentation is all about.

Keep in mind that patients interpret each new experience through their past experiences, beliefs and values. The best com-

municators understand this phenomenon and break down resistance by using education, compelling stories and testimonials to help patients understand the benefits of treatment within their unique frame of reference. Customising information to meet each specific patient's viewpoint is the foundation of the finest case presentations.

True to their dental school training, dentists tend to focus more on the dispassionate technical and clinical features of cases. Patients, on the other hand, are far more concerned with lifestyle benefits. Therein lies the problem. When a presentation is heavily geared toward clinical aspects of treatment, patients will often lose interest. So don't get detoured by the technical details — stay focused on the patient benefits and let Green Light Case Presentation work for you!

## Green light essentials

Based on more than 23 years' experience consulting to the dental industry, Levin Group has found that practices observing the following guidelines experience superior levels of case acceptance:

**1. Educate the patient.** Patients should be educated about all of the practice's services, preferably during a hygiene visit. Typically viewed as nothing more than 'cleaning' by patients, the hygiene visit needs to be perceived as far more than that. Levin Group recommends calling this the 'periodontal maintenance and oral cancer exam appointment.' Typically, the hygienist has more time than the dentist does to educate patients who may need treatment.

**2. Emphasise benefits.** Patients will always want to know what the procedure will do for them. Remember that saying 'yes' to treatment is largely an emotional decision, particularly in elective treatment cases.

**3. Be prepared for questions and objections.** If patients are going to agree to spend time and money on services you recommend, they will understandably want to know more about certain aspects of treatment. Questions and objections should be anticipated, calmly answered and thoroughly explained. Many patients will share similar questions. Be sure to have well-prepared answers.

**4. Use targeted support materials.** Educational materials, such as brochures, should be available to reinforce services discussed with the dental hygienist and/or the doctor. Along with being educational, this material should be developed with the target audience in mind.

**5. Present financial options.** Many cases are lost during the discussion of fees and payment methods. Offices that understand how to guide patients through several financial options have a much higher case acceptance rate than others. Levin Group recommends these options: 10 per cent reduction for full payment, half at the beginning and half before completion, credit cards and third-party financing.

**6. Always follow up.** Any patient who has been presented a case and does not schedule for treatment should receive a follow-up phone call from the front desk staff the next morning. Many patients are extremely interested in having treatment and just need a slight additional prompt. By having a front desk staff member call, you have a much greater opportu-

## Provide a new patient orientation pack

Provide patients with excellent customer service by creating a New Patient Orientation Pack. This pack should include:

- 1. Office policies/services:** Describe your policies about appointments, emergencies and patient referrals. Provide a list of services offered.
- 2. Office philosophy:** Outline your practice's mission and vision.
- 3. Payment options:** Describe financial alternatives and how your financial co-ordinator works with patients to provide a better understanding of their payment options.
- 4. Staff biographies:** Highlight the doctors' and staff's educational and professional backgrounds.
- 5. Welcome letter:** Patients will appreciate a letter welcoming them to the practice.

— Roger P Levin, DDS

nity of the patient following through on a decision to have treatment.

## The Goal: trust

All of the preceding guidelines must serve one goal — gaining the trust of the patient. Without trust, getting the green light from patients is unlikely. Many dentists believe that all their patients have high levels of trust for the doctor and practice. Unfortunately, that confidence is conditional. Patients may find it easy to be confident in the restoration of a broken or decayed tooth, but that confidence does not necessarily extend to a larger case or elective treatment.

Keep in mind that patients have a specific vision of dentists. Many patients think of dentists as taking care of basic dental needs, not realising doctors are fully capable of providing larger or more comprehensive treatment as well. Since elective procedures still constitute only a small percentage of practice production, patients still view dentistry mainly as a need-based activity. Consequently, dentists must develop different styles of case presentation depending on the type of case being presented.

One recommendation is to schedule consultations during specific times of the day. Levin Group teaches scheduling as a system where consultations are placed in the mid-afternoon after most of the high-level treatment has already been completed for

the day. This allows the doctor to focus completely on the patient in an atmosphere relaxed enough to spend the necessary time to present the case, answer questions and work through objections.

## Summary

Green Light Case Presentation can help you get the case acceptance results you need to take your practice to the next level. Turn on the green light and transform your practice today! [▶](#)

## About the author



### Dr Roger P Levin

is founder and chief executive officer of Levin Group, Inc., a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists. For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry. Levin Group may be reached at (888) 975-0000 and [customerservice@levingroup.com](mailto:customerservice@levingroup.com).



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