

# DENTAL TRIBUNE

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## News in brief

### Devastating loss

An orthodontist from Reading was on the Air France jet, which is thought to have crashed in the Atlantic.

Dr Jose Souza, and his French girlfriend, Isis Pinet, were among the 228 passengers on board the plane, French authorities have confirmed.

He had been in Brazil visiting his family.

The 35-year-old had worked at Reading Orthodontic Centre since 2005 after training as a dentist in Rio De Janeiro. A statement from the practice said: 'The staff at The Orthodontic Centre are devastated by the news. Our thoughts are with the family and friends of our highly respected colleague. He will be greatly missed.'

Before moving to the UK, Dr Souza studied for a post-graduate diploma in paediatric orthodontics at the University of Paris and the Eastman Institute of Paris.

French aviation officials said they may never find the flight data recorders of flight AF 447.

The plane was heading from Rio to Paris when it disappeared over the Atlantic Ocean.

### Fluoride toothpaste

The prescription of high concentration fluoride toothpaste by dentists rose by 237 per cent, following on from the 139 per cent rise in the previous year, according to the NHS Information Centre. The chief dental officer, Barry Cockcroft said: 'The use of these products is one of the recommendations in the Department of Health's evidence based prevention toolkit and demonstrates that we are beginning to influence and encourage a more preventive approach to disease management.'

Figures also revealed that the prescription of antibiotics has fallen, particularly the amoxicillin sachets and powders (down around 45 per cent) which have long been used as prophylaxis against infective endocarditis prior to dental treatment.

Dr Cockcroft added: 'This is subsequent to the revised NICE guidance which recommends that such prophylaxis is unnecessary. This is clear indication that dentists are changing their practice in response to the NICE guidelines.'

## News



### Talking politics

How much more turbulence can NHS dentistry really take? Neel Kothari discusses the recently revealed Tory party pledges.

▶ page2

## Practice management



### Dream creation

There will always be a debate between buying an existing practice and constructing a 'new build' from the ground up.

▶ page13

## Money matters



### Recession proof

If you need to look at the fundamental concepts that every practice owner needs to focus on in 2009, this is for you.

▶ page14

## Clinical



### Canal problems

Do you know whether the whole root canal in question appears patent or sclerosed? Jonathan Murgraff has the answers.

▶ page18

## HIV scare for thousands of patients

Thousands of patients in Bristol and Bournemouth have been informed they could be infected with HIV or hepatitis because a dentist failed to sterilise his instruments properly.

**'Infection can only happen if infected blood from one person gets into the bloodstream of another patient'**

The patients affected have been sent letters telling them about the potential risk of blood-borne infections after a dentist was found to have been following poor infection control measures.

NHS South Gloucestershire, NHS Bristol and NHS Bournemouth and Poole have said the risk to patients was very low.

Patients are being asked if they wish to attend a special clinic where they can have blood tests for HIV and Hepatitis B and C.

The dentist, a man who has not been named, worked at Frenchay Dental Practice in Bristol between January 2005 and July 2007, and at the East Street Dental Practice in Bristol for two weeks in December 2007.

He moved to another surgery in Bournemouth in January 2008.

The alarm was raised by staff at the Bournemouth surgery where the dentist worked as a locum.

He has been suspended pending an investigation by the General Dental Council.

In Bristol, 5,000 patients, who were treated at the two surgeries while the dentist was there, have been sent letters.

Director of public health at NHS South Gloucestershire, Dr Chris Payne, said that the risk is 'very very low' and added that there has never been a documented case in the UK of blood-borne viruses being passed from one patient to another in a dental practice.

In the letter to patients he said that infection 'can only happen in the rare event that a small amount of infected blood from one person gets into the bloodstream of another patient and the risk of this happening in dental care is very low indeed.'

Health bosses have refused to name the dentist, who has now retired, or the other surgery in Bournemouth.

NHS Bournemouth and Poole has defended its decision to wait months before alerting patients that they could have been exposed to HIV or hepatitis.

It claimed that it had taken some time to identify patients who were potentially at risk and if it had contacted patients sooner, tests may have missed infections, which can incubate in the body for up to six months.

In another HIV-related case, allegations were made back in April that a dentist has been treating patients in south London despite being HIV positive.

General Dental Council rules mean that the dentist was legally obliged to inform bosses of his illness.

However he failed to do so and continued to work at a clinic in Lewisham where he treated both NHS and private patients.

On being found out, the surgeon, was immediately told to stop work and was no longer seeing patients.

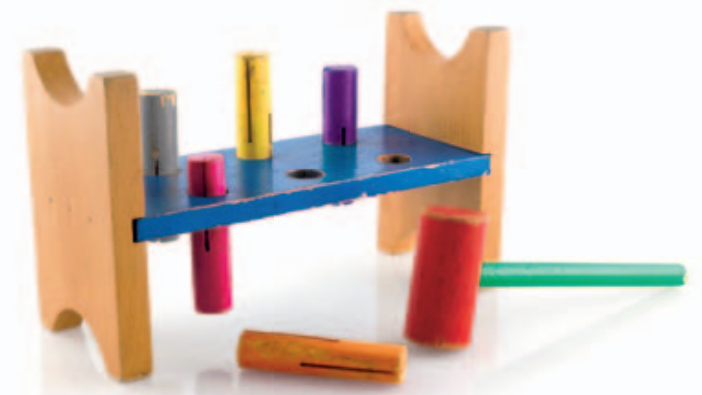
Lewisham Primary Care Trust said: 'As soon as we were made aware of allegations about a healthcare professional we took urgent and immediate action. The healthcare professional is no longer seeing patients and we have set up a helpline for patients who may have concerns.'

GDC guidelines for dental professionals stipulate that anyone who believes their own health condition might put patients at risk is advised to 'take action'. This includes seeking advice from colleagues, professional or defence organisations.

The council advises all dentists to 'put patients interests first and act to protect them.'

The dentist had been working as a family dentist in Glasgow in 2005 when he was exposed by a tabloid newspaper for posing on a gay sex website. He then moved to south London but failed to inform his bosses he had HIV. **DT**

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# Conservative dentistry

Is there a glitch in the matrix? Is history repeating itself? How much more turbulence can NHS dentistry take? Just a few questions Neel Kothari ponders in light of the recently revealed Tory party pledges



*Like a well-built German car, the old system managed to work after years of heavy mileage*

In the run up to our next general election, all political parties are gearing up for the mother of all fights. Like always, NHS dentistry proves to be an interesting political football with media headlines announcing problems with dentistry resonating true within the fear-fuelled minds of the general public. Finding holes within any system is possible if you search long enough, but with the new dental contract you don't have to look hard. The old system had many problems, but like a well-built German car, still managed to work after years of heavy mileage. While change and reform are an inevitable part of life, the question we have to ask ourselves is are we better off with the devil we know?

Back in 2006, the transition to the new dental contract probably couldn't have gone any worse. Rather than a ripple in the pond we ended up with a turbulent rollercoaster and widespread criticism of the new dental contract. Opposition parties and patient organisations have publicly made their disdain for the new dental contract clear, but despite widespread condemnation little has changed since its introduction. With an upcoming general election, the polls tell us (at the time of writing) it is likely we may see a change in government and with this a change in direction for NHS dentistry. While I agree things need to change, I find myself thinking 'here we go again' and questioning what exactly do we have in store with another government?

## Tough times ahead?

In my last interview with Mike Penning (Tory health minister) it was clear that he had a good understanding of the prob-

**'Finding holes within any system is possible if you search long enough, but with the new dental contract you don't have to look hard'**

lems facing NHS dentistry. But what I really wanted to know was what changes a Tory government plans to make and the rationale behind why they have come to these conclusions? As I seem to remember, when the last set of changes were made there was a distinct lack of transparency between policy makers and dental professionals, as well as any form of trialling to test the effectiveness of changes prior to rolling them out nationwide. So when the Tory party recently unveiled a list of pledges for NHS dentistry this got me questioning, is there a glitch in the matrix? Is history repeating itself? And how much more turbulence can NHS dentistry take?

## What they pledge

The Tory plans, which are outlined in a document entitled

Transforming NHS dentistry, include commitments to improve access to dental care, scrapping the unit of dental activity, reintroduce formal patient registration, reward preventative care given by dentists as well as enabling dentists to charge a fee for failed attendance and fixed quotas for newly qualified dentists. The document also sees the Conservatives pledge to properly pilot any reforms. The white elephant in the room is that the document does not mention exactly how dentists are going to be paid.

Whilst I agree many of the above points will help, as an NHS dentist I have to question the value of pledging to scrap a system before an alternative can be put forward. With an economy in recession and strict limits on public spending any government will find financing reforms difficult, so if there is to be another overhaul of the system, how much will it all cost? And how

much of this burden will be passed on to NHS dentists?

The biggest surprise must surely be the introduction of a five-year fixed NHS quota to newly qualified dentists. With Mintel (a leading market research group) predicting downward growth of the cosmetics market at least until 2012, it is clear that the mass exodus of younger dentists to the private cosmetics industry may no longer be a problem for any successive government. But the problem is not that newly qualified NHS dentists choose not to work for the NHS, rather that they feel they cannot provide good quality work under the NHS, they cannot set up their own practices any more under the NHS (therefore having more control with their working practices) and they don't see a viable secure future within the NHS. Also let us not forget NHS dentists now have little control over how much dentistry they can provide under the NHS, it is now up to PCTs.

## Setting a standard

I applaud any government pledging to 'properly pilot' reforms and hope this sets the standard for the future. With the high media profile NHS dentistry has, let us hope any proposed changes have an overall positive impact on the system rather than just scoring political goals. Sure the taxpayer has funded vast sums of money to educate dentists, but would it not be a dangerous precedent asking newly qualified dentists to work a minimum of five years within the NHS; what if the local PCT does not have the funding? Does this then mean any dentist wishing to have PCT funding will automatically receive it? How will this all be regulated? And what happens if PCTs run out of money?

While I am keen to learn more from any party floating

ideas about proposed changes to the system, something still leads me back to my first question, are we better with the devil we know?

While the new dental contract may be constructed upon pillars of sand, these pillars are still standing and I am interested to find out if the phrase "radical overhaul of the system" actually turns out to be a slight tinkering of the system based on what the government of the time can actually afford.

One thing that is absolutely clear – we are still a long way from any concrete plans, but let us hope policy makers learn from the mistakes of the past and this time round actively engage the profession when developing and implementing reform. [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 post-graduate certificate in implantology at UCL's Eastman Dental Institute, and regularly attends post-graduate courses to keep up-to-date with current best practice. Immediately post graduation, he was able to work in the older NHS system and see the changes brought about through the introduction of the new NHS system. Like many other dentists, he has concerns for what the future holds within the NHS and as an NHS dentist, appreciates some of the difficulties in providing dental healthcare within this widely criticised system.

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## BDA calls for 'quality care'

The British Dental Association has called on the Department of Health to focus on quality of care when it looks at the recommendations of Professor Steele's review of NHS dentistry.

The British Dental Association executive board chair, Dr Susie Sanderson, addressed the 2009 British Dental Conference and Exhibition at Glasgow's Scottish Exhibition and Conference Centre, and said she was optimistic that the voices of dentists and patients, which seem so often to have been ignored since the new contract, will now have a chance to be heard.

Dr Sanderson welcomed the 'ambitious, open and consultative nature' of Professor Steele's review, and urged the Department of Health to interpret the re-

view's recommendations 'in a way that allows the ingrained professionalism that we learn in dental schools, and that is willingly expressed in our everyday practice, not to be abused under the guise of achieving value for the public purse.'

She also praised the Review team's 'apparent insistence on

independence and determination to deliver a really worthwhile report that properly addresses the very obvious problems in dentistry in England', but warned that 'the extent to which the report's findings are accepted and implemented by government will demonstrate its true commitment to the process.'

Professor Steele has been leading the independent review into NHS dentistry in England.

The review team, which was appointed in December 2008, has been investigating why there are variations in access to dentistry in England and how the NHS can deliver continuous improvements in the quality of care.

Members of the independent review team for NHS Dentistry are Professor Jimmy Steele, chair

in Oral Health Services Research at the School of Dental Sciences in Newcastle, Eric Rooney, consultant in Dental Public Health at Cumbria PCT, Janet Clarke, clinical director of Salaried Dental Services, Heart of Birmingham Teaching PCT and Tom Wilson, director of contracts, Milton Keynes PCT.

The results of the study, 'A Review of NHS Dentistry in England' will be published this summer. [D](#)

## Simply the best



From left to right: Brian McKenna, Editor of Computer Weekly; Phil Metcalfe, Head of IT at Denplan; and Paul Briggs, Group Publisher of Computer Weekly.

Denplan, the dental payment plan specialist, was named 'Best of the Best' at this year's Best Places to Work in IT awards.

The awards are organised by Computer Weekly and are designed to recognise companies that show commitment and innovation in their efforts to provide stimulating, enjoyable and productive workplaces for their IT professionals.

Denplan won the Business and Professional Services category, as well as winning the Best of the Best award for companies with over 200 employees.

Phil Metcalfe, head of IT at Denplan said: 'The team here at Denplan could not be more delighted with these awards. The Best Places to Work in IT award is especially important to us, as it uses employee surveys to determine the winners. Denplan were short-listed for the award in 2008, so to come back with two awards in 2009 is a real bonus for us and is a testament to all the hard work and commitment we put in.' [D](#)



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# Man escapes jail after 'tooth rage'

A man who was said to have sworn and waved a chair above his head at staff after he was refused emergency dental treatment, has been given a community service order.

Martin Pearson, from Chorlton, Manchester, asked for treatment at Manchester Dental Hospital, last July.

Manchester Crown Court heard that when he asked to see a manager, a row broke out and he was thrown out by security and afterwards arrested.

The 58-year-old, admitted a charge of affray at Manchester Crown Court and was given a community service order, with supervision, for 12 months.

Pearson claimed he could not afford private treatment and said that 'he was driven to the edge' as every time he went to get NHS treatment he was turned away.

'When I went to the dental hospital I was having a problem with an infected loose tooth. The infection had spread from one

side of my mouth to the other and I had a big abscess over my eye.

'I had terrible shooting pains in my gums and blisters on the roof of my mouth - but they wouldn't treat me.

I got a manager out and she just stood there with her arms folded.'

He claimed it was the fifth time he had been turned down at the dental hospital.

Pearson then asked a friend to help who pulled the tooth out with pliers two days later.

The judge said that the offence had been committed in a temper, partly caused by Pearson suffering from toothache.

A spokesman from Manchester Dental Hospital said: 'The Dental Casualty Department provides emergency treatment to prevent the patient's oral health from deteriorating significantly until they can make an appointment with their dentist, but does not provide a routine dental health service. Non emergency patients are referred on to their own dentist.' □

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## Children in Doncaster get free oral health care packs

Thousands of children in Doncaster have received a free oral health care pack in a bid to get them brushing their teeth twice a day.

More than 24,000 children aged between four and 11 have been given a free pack, which included a toothbrush, fluoride toothpaste, a reward chart and sticker and a timer to make sure they spend enough time cleaning their teeth.

The project is being funded by NHS Doncaster and is being rolled out in partnership with Doncaster Council.

Tony Baxter, director of public health at NHS Doncaster, said: 'Oral health in Doncaster continues to give cause for concern with surveys showing that dental decay levels of children in the borough are higher than the national average. Also, those children living in areas of deprivation experience higher dental decay levels than those children living in more affluent areas.'

He added: 'This public health campaign will reach all Doncaster children from reception classes to year six and encourage them and their parents to develop good dental health practices.'

Our key message is brush twice daily with a fluoride toothpaste, cut down on how often you have sugary foods and drinks and visit the dentist regularly, as often as he or she recommends.' □

# Study to tackle tooth decay in children

A team of researchers is to carry out a £2.87m study looking at the most effective ways of treating tooth decay in children.

Dr Gail Topping, Dr Nicola Innes and Dr Jan Clarkson from the University of Dundee will lead a UK-wide research team working with researchers from universities in Cardiff, Dundee, Glasgow, Leeds, London, Newcastle and Sheffield assessing the benefits of three different methods for treating tooth decay in baby teeth with cavities.

The research, which has been commissioned by the National Institute for Health Research Health Technology Assessment (NIHR HTA) programme, will

look at: conventional fillings (numbing with local anaesthetic injections then drilling away decay before placing a filling in the cavity); biological treatment of the decay (sealing the decay into teeth with filling materials or undercrowns, generally without the need to use injections or dental drills); and using only preventive techniques recommended in national guidance (better tooth-brushing, less sugar in the diet, application of high fluoride varnish and fissure sealants) to stop the decay.

They will also ask children what they think of the different types of treatments.

Dental decay is one of the most common childhood dis-

eases, with over 40 per cent of children in the UK already experiencing obvious decay in their primary (baby) teeth by five years of age, and this statistic has remained largely unchanged for the past 20 years.

Only around 12 per cent of obviously decayed baby teeth in five year olds are treated with fillings, while the vast majority are left untreated, and dental extractions remain the most common reason for children in the UK to receive an out-patient general anaesthetic.

The £2.87 million study will involve children aged three to seven who already have decay in their baby teeth but have no toothache or abscesses.

Participating dentists will be from general dental practices throughout the UK where children, who attend for regular dental care, will be invited to take part.

In addition to the preventive treatment for all children in the trial, they will be randomly assigned to one of the three treatment groups.

The children will be asked to rate on a special scale, any discomfort they felt during each treatment, and asked about what they think of the different ways of treating their teeth.

All children in the trial will be seen by their dentist up to four times per year and checked for

any problems which require care.

'Treatment for decay in baby teeth varies widely across the UK and there is, as yet, no conclusive evidence for the most effective approach to its management,' said Dr Topping.

'This trial will enable a clear recommendation to be made regarding the important question of how decayed baby teeth should best be managed in primary dental care,' she added.

The project is due to start in October.

For more details about this project visit [www.hta.ac.uk/1783](http://www.hta.ac.uk/1783)

## BDTA appoints new president



Edward Attenborough



Karen Turner

The managing director of Attenborough Direct has been appointed as the next president of the British Dental Trade Association.

Edward Attenborough will take over from the current British Dental Trade Association (BDTA) president, Simon Gambold, on 1 January 2010.

Karen Turner, managing director of Dentafix, has been put forward as the next vice-president. She will also take up the role from January 2010.

## Chief dental officer opens new NHS practice in Bradford

An NHS dental practice in Bradford has been officially opened by England's chief dental officer.

The new dentistry@BD4 practice in Bradford, which has the capacity to treat 11,500 patients across Bradford and Airedale, was opened by Dr Barry Cockcroft.

A spokesperson for NHS Bradford and Airedale said: 'People on our local dental database are initially being offered places at the new Bradford practice.

There are currently about 21,000 people on the database but, in our experience, nine out of 10 people who are offered an NHS place simply do not respond or no longer need a place because they have found one themselves. This obviously frees up places so more people across the district can get the care they need.'

The centre, which saw its first patients in May, is the second of

three new NHS dental practices to open in the area.

Helen Hirst, director of service development at NHS Bradford and Airedale, said: 'I'm delighted that this new dental practice is open for business as it will give thousands more people access to NHS dentistry and improve their oral health for the long term. We have worked closely with dentistry@ to get this practice up and running in a location which previously did not have a local NHS practice.'

NHS Bradford and Airedale is committing an extra £1.5m each year to set up and run these new practices because we believe investment in NHS dentistry is so important. Increasing access to NHS dentistry is a key priority for us and this new practice will help many more people get the care they need.'

The new practice will still leave around 9,500 people in Bradford and Airedale on a waiting list for NHS dental care.

## DCPs must record CPD

This summer, the General Dental Council is asking thousands of dental care professionals to fill in returns for their Continuing Professional Development or CPD. CPD is a good way of showing patients how committed dental care professionals are in keeping their skills and knowledge up-to-date.

Every dental care professional who registered with the General Dental Council before 30 July last year is being asked to state how many hours of Continuing Professional Development they have completed in the first year of their CPD cycle.

Dental care professionals who registered after this date do not have to fill in a return form until August 2010.

A spokeswoman for the General Dental Council (GDC) said: 'We're trying to make the CPD return as easy as possible. As well as paper forms which you will be sent and can return to us, this year we are launching an alternative service to enable professionals to fill in their details quickly and accu-

rately online. If you need advice about this, you will be able to use a special telephone helpline and email advice service.

Letters explaining the process in more detail are being sent out in the first week of August.'

As well as the declaration to the GDC, professionals have to maintain their own records, with certificates to prove they have completed verifiable CPD activity.

The GDC carries out audits of this at the end of each five year cycle.

GDC registration development manager Sarah Arnold said: 'We're frequently asked for advice about how best to complete continuing professional development.

It's important to remember you don't have to pay out for expensive courses.

You can use team activities you organise yourself for example.

If you can't find events near you, you can also explore online courses. Our website [www.gdc-uk.org](http://www.gdc-uk.org) has lots of information about the kinds of activities which count towards CPD. It's also got examples of a recording form and a verifiable activity certificate you can take a look at.'

By law, dental care professionals must do and keep records of 150 hours of CPD over every five-year cycle. At least 50 of these hours must be verifiable CPD.

To be verifiable CPD, the activity must have concise educational aims and objectives; clear anticipated outcomes; quality controls (i.e there must be an opportunity for you to give feedback on what you think of it) and registrants must obtain and keep documentary proof of attendance/participation from an appropriate third party.

For more information email [gdcregistration@gdc-uk.org](mailto:gdcregistration@gdc-uk.org) or call the GDC Customer Advice and Information Team on 0845 222 414.





## Lava chairside scanner goes live

Dental product manufacturer, 3M ESPE, recently held a live demonstration of the organisation's latest innovative product, the Lava chairside oral scanner, to an audience of laboratory owners. The day long event, which was attended by the company's authorised Lava design centres, was a great success, according to a spokeswoman for 3M ESPE.

Jeff Lavers, vice president of 3M ESPE, led the event.

He began with a short presentation on the future of digital dentistry and commented on the way in which 3M ESPE was aiming to deliver futuristic impression techniques to the dental profession by introducing advanced digital workflow methods - thus creating stronger working part-

nerships between dentists and laboratories.

David Claridge, area sales representative for 3M ESPE, followed the talk from Mr Lavers with a discussion about the way in which the digital workflow solution would benefit both lab and dentist and how the Lava chairside oral scanner (COS) product would revolutionise the way impressions are taken within the UK and Ireland.

The afternoon session kicked off with a two-part, live demonstration of the Lava COS from digital trainer, Barry Chidlow, who has extensive technical knowledge of the product, closely accompanied by Dr Rakesh Jivan from Euston Place Dental Practice in Leamington Spa, who carried out the scanning procedure on a phantom head.

In the first instance, Barry explained the wand's many technical features.

With a total of three sensors, 22 lenses and no less than 192 LEDs, which can take a total of 20 frames per second live video recording whilst capturing a total of two million data points throughout the mouth, 3M ESPE's resident technical expert was able to illustrate the advanced technology and investment that 3M had carried out in producing the Lava COS.

The second stage of the demonstration was carried out by Dr Rakesh Jivan.

Utilising help from audience members to coat the teeth on the phantom head in a light powder dusting, Dr Jivan went on to demonstrate the wand's practical use.

He guided it around the mouth of the head, from lower to upper arches, showing live, 3D, real-time on-screen footage of the teeth on a touch screen (similar to a desktop computer) for everybody to view.

In Dr Jivan's opinion, the Lava COS will make a massive difference to communication between dentist and patient thanks to the instant feedback and touch-screen 3D views.

As the demonstration continued, laboratory owners were asked to wear the 3D glasses that had been supplied to witness the 3D effects of the on-screen image and view at first hand the accuracy of the scan.

According to Steve Nelson, 3M ESPE's laboratory trainer, laboratories need at least two hours initial training followed by completing approximately 10 practice cases with a further five cases which are processed for restorations in order to check the digital output blends perfectly into the current production process.

For more information, contact 3MESPE on: 0845 602 5094, or visit [www.3mespe.co.uk/lavacos](http://www.3mespe.co.uk/lavacos) or email [3mespeuk@mmm.com](mailto:3mespeuk@mmm.com)

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For further information visit [www.3mespe.co.uk/godigital](http://www.3mespe.co.uk/godigital) or call 3M ESPE on 0845 602 5094 to speak to a member of the digital team.

\*3M Internal Data

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### Steps eliminated at the dental surgery:

- Tray selection
- Material dispensing
- Material setting
- Material disinfection
- Packaging
- Shipping impression

**3M ESPE**

# BOS conference explores a decade of change

This year's British Orthodontic Society's conference features the keynote Northcroft Lecture, exploring how orthodontics has changed over the past decade.

The conference is being held on 13-15 September in Edinburgh with a pre-conference course on 12 September.

The keynote Northcroft Lecture will be presented by Professor Birte Melsen, who will pose the question 'How has the spectrum of orthodontics changed over the past decade?'

Professor Melsen is professor and head at the department of Orthodontics at the school of dentistry, University of Aarhus. She also works in private practice in Lübeck, Germany, where she focuses on adult orthodontics.

In 2000, she received the Knighthood of Dannebrog 1st degree.

Professor Melsen has written more than 300 publications in the fields of growth and development on human autopsy material, bone biology and clinical studies on implant methodologies.

In recent years, her special interests lie in the fields of skeletal anchorage; virtual imaging, adult orthodontics and stem cells.

She lectures internationally, and particularly in South America where she is actively involved in fundraising for street children.

In her Northcroft Lecture for the BOS Conference, she will explore how three aspects have a significant impact on orthodontics; the distribution of patients, the focus on 'fast food orthodontics', and working brackets and intelligent wires and finally the skeletal anchorage.

Firstly, the orthodontic population is comprised of an in-

creasing number of adult patients, many of which are characterised by a degenerated dentition. These patients require orthodontists to have a thorough knowledge of tissue reaction, bone biology and biomechanics, and the ability to generate custom made appliances with predictable force systems to enable well defined, patient-specific treatment goals. Secondly, the marketing of appliances are, to an increasing degree, leading the orthodontist to out-source important aspects of treatment.

Brackets and wires are being presented as the solution to all problems with advertisements dominated by metaphysical terms such as 'intelligent design' 'working brackets' and 'intelligent wires', so reducing interest in evidence-based treatment approaches.

In addition, skeletal anchorage has a potential to widen the spectrum of orthodontics enabling treatments which could not be achieved with conventional appliances. However biomechanical knowledge is mandatory if the system is not to be abused. Professor Melsen will attempt to summarise the importance of these three factors on orthodontics during her lecture.

The conference programme line up will also include Dr Mithran Goonewardene who will be talking about the 'Interdisciplinary management of complex dental problems taking in orthodontics and periodontics'. Dr Clarke Colville will provide a 'Scientific evaluation of Invisalign and discuss some of its clinical applications' and the double act of Kevin O'Brien and Jonathan Sandler will tackle 'Self Ligation'.

Adrian Becker will talk about the 'Accurate positional diagnosis of impacted teeth' and then double up with Stella Chausha to talk about 'The anatomy of failure'.

A pre-conference Damon course will take place with Alan

Bagden as the keynote speaker and he returns to the main conference stage to present 'A comparative study of canine distalisation using interactive edge-wise twin brackets and conventional single brackets' after which Philip Benson will talk about his 'Experience of treating Class I, Division II malocclusions using two different methods'.

Stella Chausha will return to present her findings on 'Impacted maxillary canines with lingual appliances'.

Daljit Gill's talk on 'Smile aesthetics' will be followed by two presentations by Bjorn Ludwig; the first on 'Mini Implants, state of the art, current developments and perspectives', the second on 'Adult treatment – the future of orthodontics – treatment for grown ups'.

The clinical lecture programme will be supplemented by a political session to be addressed by a number of politicians as well as Sue Gregory, the deputy chief dental officer.

There will also be a day aimed at primary care trusts and secondary health authorities on orthodontic commissioning.

This will explore the justification and scope of orthodontics; the background and principles of the PDS contract; orthodontic monitoring and BSA reports; handling practice sales and retirements; referral management; the benefits of local managed clinical networks and dealing with orthodontic tenders and re-commissioning.

For the first time there will also be two day-long programmes for orthodontic nurses and technicians run in parallel to the main conference.

**Orthodontists, dentists with a special interest in orthodontics, nurses and technicians can register early to ensure their places by visiting [www.bos.org.uk](http://www.bos.org.uk)**



## Tribune correction

Dental Tribune UK would like to apologise to Breathe Business for publishing the incorrect contact details. Breathe Business is a unique leading coaching and consultancy company which specialises in working with dental principals and their teams in order to develop and grow their practices. Founding partner Dr Simon Hocken BDS. Acc. has a wealth of experience as a successful private dentist, practice owner and business coach. The company helps clients recog-

nise developing trends, increase turnover as well as find the perfect balance between their personal and professional lives. Among an innovative portfolio of services, Breathe Business runs a business planning retreat for principals and their partners designed to help them get clear about what they want in both their business and their life.

For more information contact Breathe Business 0845 299 7209 [info@nowbreathe.co.uk](mailto:info@nowbreathe.co.uk)

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# The Dental Directory Today

**Dentistry, in the hands of its most outstanding practitioners, is an art. It requires innovation, vision and excellence. The Dental Directory sees its work as Britain's leading dental dealer in precisely the same way.**

**D**entistry, in the hands of its most outstanding practitioners, is an art. It requires innovation, vision and excellence. The Dental Directory sees its work as Britain's leading dental dealer in precisely the same way.

The market leader with around 50% of the current consumables market, The Dental Directory has remained fully independent, wholly British; family owned and is the largest full-service dental dealer in the UK. Playing a vital role in the dental industry, The Dental Directory provides a broad product range, competitive pricing and quality of service unmatched by any other dental dealer in Britain.

Above all, The Dental Directory offers next-day service with an impressive 99 percent reliability record, and makes no extra charge for this.

Mike Volk, The Dental Directory's sales and marketing director: 'We at The

Dental Directory have as our credo a vigorous determination to provide exactly what the dental profession needs: the best prices, the widest range of products, free next-day delivery, and no minimum order level.'

In the UK today there are around 22,000 dentists working in more than 9,400 practices, just under 700 of which are owned by corporates. The Dental Directory is trusted to supply any one of 26,000 dental products to Britain's front line dentists on a next-day, best-price basis whilst maintaining a 99% reliability record in deliveries.

Today, The Dental Directory employs 256 people full-time across its four UK sites, with its headquarters at its extensive premises in Witham, Essex. The vast Dental Directory team includes personnel in warehousing, distribution, IT, accounting, human resources and purchasing functions.

The Dental Directory prides itself on the cus-

tomers care that has been a key part of the service since its inception.

All the organisation's resources, service excellence, dedication, product knowledge, product range and financial reliability are devoted to just one aim: giving customers the best service at the best price.

## **Trust The Dental Directory**

During the month of January 2009, The Dental Directory delivered a total of 3,215,000 individual products to its customers - that's close to 146,000 individual products a day, covering more than 2,300 deliveries to dental practices around the UK every single day of the week.

The organisation's ultra-modern, high-tech,







management systems and works closely with manufacturers and its own suppliers and haulers to ensure that next day despatch and delivery schedules are always maintained.

Dental supply remains a dynamic business sector that requires companies to respond quickly to technological and clinical advances and react to the increasing commercial pressures that have affected dental practices over the last decade (and are certain to continue).

100,000-square foot warehouse facility at Witham is the result of an investment of more than £5 million. The organisation is currently in the process of expanding its order-picking locations by a further 20,000 square feet, with an additional 20,000-square foot facility for bulk storage and dispatch coming on-stream in the next few months. These new facilities represent a further investment by The Dental Directory of more than £2 million.

### A look inside The Dental Directory's warehousing facilities

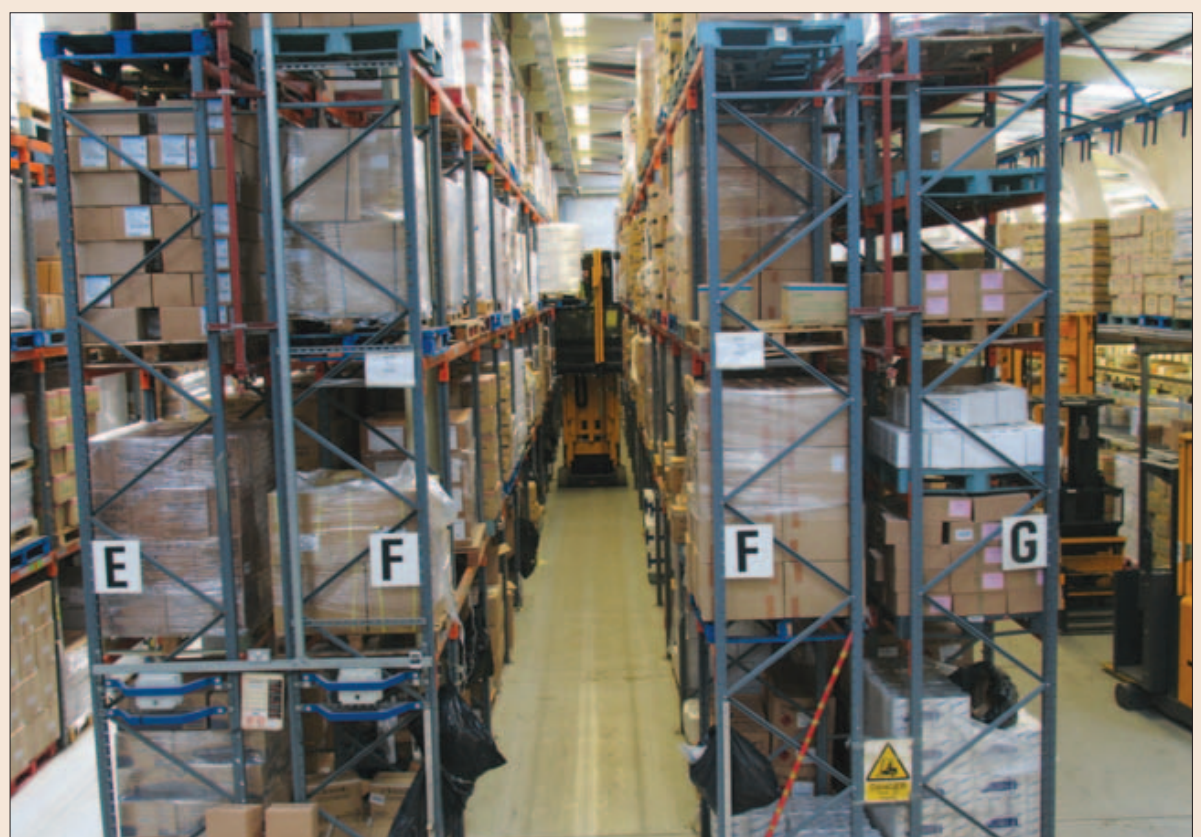
The facilities at Witham are second to none and a true reflection of The Dental Directory's commitment to the market. Orders taken are automatically transferred to the Warehouse Order Start Department for assembly and despatch. A special volumetrics program ensures that cartons are the perfect size for the contents. The highly sophisticated proprietary automated warehouse pick cycle process incorporates revolutionary digitised arm-bands to assist personnel. After a thorough packaging inspection, cartons are automatically sealed and

labelled. Six Citylink staff are permanently on-site to maximise the efficiency of The Dental Directory / Citylink delivery interface.

The high standard of quality control that The Dental Directory maintains is ISO: 9000-2000 compliant and the company is a dedicated Investor in People. Committed to continual training and development of personnel, at a purely commercial level The Dental Directory is devoted to quality throughout the organisation. This is the focus of the company's culture, its life-blood, and the reason for being in business.

The dedicated team of experienced buyers use bespoke purchasing management and supplier-profiling programs to ensure inventory levels are maintained to meet customer needs. The extensive inventory, compiled in partnership with leading suppliers, is based on supplier lead times, historical 'sales out' data and, above all, customer requirements.

Derek Nicholls, Operations Director at The Dental Directory says, "We constantly monitor our inventory and are able to modify it at short notice. Our approach to inventory, like everything we do, is



based around the requirements of the dental professionals who rely on The Dental Directory for all the equipment and materials they need".

The Dental Directory is an outstanding UK company and family business with its feet firmly grounded. The company continues to develop new, bespoke

The Dental Directory is as committed today as it has always been to maintaining the ultimate standards of customer care whilst moving ahead with the advances in the industry. The company believes that its outstanding success is founded on its vision and respect for customers and their needs. The Dental Directory knows that its success depends on your success.

**For more information speak to your Dental Directory Representative or call 0800 585 586 or visit us online at dental-directory.co.uk**