Dental Tribune

The World's Dental Newspaper · United Kingdom Edition

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News in Brief

Fancy some Comet?
45-year-old Detroit mum Crystal Newman has a peculiar habit: she eats Comet, a bathroom kitchen cleaner. Reportedly, she would shake out the powder, mix it with water to form a paste and then eat it. Comet's warning label cautions: "May be harmful if swallowed or inhaled." "It tastes the way it smells. Leaves a metallically taste in your tongue," says Trent when he tastes the Comet. When asked if the cleaning product had done her any harm, Newman replied: " No issues, except for my teeth." Cosmetic dentist Demi Kasanis, gave Newman a new smile by replacing twenty two of her teeth with titanium implants. The implants reportedly cost her $75,000. "Her mouth was rampant with decay and infection. This is what eating Comet for thirty years can do," says Kasanis.

Listen with your teeth
Sonitus Medical, Inc., a medical device company that manufactures the world's first non-surgical and removable hearing prosthetic to transmit sound via the teeth, today announced that it has received FDA clearance for its SoundBite Hearing System. The FDA 510(k) clearance is the first for the company and the product. The SoundBite Hearing System was found to be safe and effective in two pivotal clinical trials, which supported the FDA clearance. One study evaluated the safety and efficacy of the SoundBite system over a period of one month in 28 patients. A second study evaluated the long-term safety of the device over a six month period in 22 patients. Key safety and efficacy measures evaluated in the studies included the SoundBite system's benefit and impact on auditory performance, improvement in speech intelligibility, oral health, and overall comfort.

Roaring pain
Root canals are hard on the patient. But if the patient is a lion, the root canal is perhaps even harder on the dentist.This was the case for Mumbasa, an African lion at the Brit Spaugh Zoo in Kansas, who after grabbing onto his fence he chipped an inch-long tooth. According to reports, zookeepers had 48 hours to save Mumbasa's tooth before the lion would lose it for good. The Zookeepers had to quickly assemble a team. The procedure was successfully performed.

News

Young and CROOKED
Teen films on dental hygiene hit the headlines

› *page 4*

Clinical

The point of perfection
Michael Sultan discusses root canal treatment

› *pages 13-14*

Clinical

The Inman Aligner II
Tif Qureshi discusses bleaching and bonding

› *pages 20-23*

Events

B2A celebrates success
Hope Dental Centre in sixth year

› *page 30*

Fluoride scheme gets green light

Judicial Review of fluoridation decision in Hampshire says process was not illegal

Fluoridation of Southamptons water was not an illegal process

The High Court has ruled that a health authority was not acting unlawfully in seeking to add fluoride to Southampton's tap water.

The proposal by South Central Strategic Health Authority (SCSHA) to increase the level of fluoride in water to one part per million, was given the go-ahead in February 2009 after research showed the move would significantly improve dental health. However, resident Ms Milner, who was backed by local anti-fluoride campaign groups, took legal action to challenge the decision, claiming that the SCSHA tried to illegally force the fluoridation of Southampton's water.

At a judicial review, Mr Justice Holman dismissed the legal challenge against the process. The judge expressed sympathy for people who disagreed with fluoridation but said there was no illegality in the decision-making process.

"It is not the law that fluoridation can only occur when a majority of the local population agree. Parliament has firmly entrusted area-specific decision making to the relevant SHA. This SHA have not acted unlawfully and no court can interfere with their decision."

During the hearing, Ms Milner's counsel David Wolfe had argued that residents would have "no choice" but to drink fluoridated water. Campaign groups, which backed the mother-of-three's case, said potential side effects range from bone cancer to thyroid problems and brown spots on the teeth.

However, the British Dental Health Foundation welcomed the High Court's decision and urged more SHAs to follow suit. Chief Executive of the BDHF, Dr Nigel Carter, said: "The verdict will be of a great benefit to an area where tooth decay amongst under-fives has been a problem. Though there has been opposition, robust scientific research supports the fact that fluoride significantly improves oral health and there is no evidence to suggest that it can have any negative impact on overall health.

The British Dental Association (BDA) also welcomed the decision. BDA Scientific Adviser Professor Damien Walmsley said: "The BDA is pleased with the result because it is likely to encourage consultation on similar schemes in other parts of the country where fluoride could help address the poor dental health of the population.

"A recent European summary of the latest scientific evidence reiterated the view that water fluoridation is a safe and effective method ofreducing oral health inequalities." DT

Understanding the impact of alcohol use

A new report launched today by the World Health Organisation (WHO) has stated that wider implementation of policies is needed to save lives and reduce the health impact of harmful alcohol drinking. Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to many more, and is increasingly affecting younger generations.

The Global status report on alcohol and health analyses available evidence on alcohol consumption, consequences and policy interventions at global, regional and national levels. It stated that:

• Nearly 4 per cent of all deaths are related to alcohol. Most alcohol-related deaths are caused by alcohol result from injuries, cancer, cardiovascular diseases and liver cirrhosis.

• Globally, 6.2 per cent of all male deaths are related to alcohol, compared to 1.1 per cent of female deaths. One-in-five men in the Russian Federation and neighbouring countries die due to alcohol-related causes.

• Globally, 320 000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 9 per cent of all deaths in that age group.

Endorsed by WHO's Member States in May 2010, the Global Strategy to reduce the harmful use of alcohol was to promote a range of proven effective measures for reducing alcohol-related harm. The measures include taxation on alcohol, reducing availability through allowing fewer outlets selling alcohol, raising age limits for those buying and using effective drink-driving measures.

Nearly 4 per cent of all deaths are related to alcohol

Pioneering partnership between Smile-on, Free State

In a groundbreaking agreement, the Central University of Technology, Free State, South Africa (CUT) has joined forces with UK-based leading provider of blended learning resources Smile-on Ltd for the provision of a range of the company's resources to support CUT's educational vision.

The contract was signed by Noam Tamir, CEO of Smile-on and Jeanné Oosthuysen, Lecturer and programme manager at CUT, at the recent Clinical Innovations Conference South Africa. This will see five of Smile-on's leading educational resources being integrated into CUT's dental programme: The Bleaching Business, Communication in Dentistry: Stories from the Practice, Key Skills in Primary Dental Care, Clinical Photography, and Dental Nursing Education for Tomorrow (DNNET).

Commenting on the news, Ms Oosthuysen said: "The vision of CUT is to be a globally connected African university of technology that focuses on the needs of Southern Africa and supports graduates for citizenship with skills and competencies in appropriate technologies.

"For me, learning is a way to interact with the world – it is a lifelong process. As modern-day educators, we are constantly faced with this challenge to adapt and change in order to broaden our horizons and expertise. CUT and the University of the Free State are the only higher educational institutions in the central region of our country. The lack of a School of Dentistry in the Free State presents a big challenge, as CUT is offering the only training in dentistry from the central region of South Africa. This problem has been addressed by cooperative links and support systems that has been established with international experts in this field of research and education in dentistry.

"Resources in dentistry, dental education colleagues and other support systems are often only available at dental faculties in Johannesburg, Pretoria, Cape Town and Durban. This challenge is the reason for wanting to be involved with Smile-on and being a pioneer of blended learning for dental assisting in South Africa." Noam Tamir, CEO of Smile-on commented "At Smile-on we share the vision of connecting our peers to a global network and we are delighted that by working together with CUT we can help bring much needed resource to this region." DT

L-R: Desiree Hutchinson (Smile-on South Africa), Noam Tamir (CEO Smile-on), Jeanné Oosthuysen (Lecturer and programme manager at CUT)

Mercury negotiations

The FDI Mercury Task Team, led by the FDI President Elect, Dr Orlando da Silva, participated in the second session of the United Nations Environment Programme Intergovernmental Negotiating Committee (INC 2) to prepare a global legally binding instrument on mercury that took place in Chiba, Japan from 24-28th January.

The FDI's team is working in close co-operation with members of the International Association for Dental Research to articulate to the INC that dental amalgam currently constitutes an important element in maintaining and protecting global public health, as reflected in FDI General Assembly Resolution on Dental Amalgam (GA 2009) and Dental Amalgam Motion (GA 2010).

Importantly, FDI made an intervention at the INC 2 plenary session highlighted strategies that phase up effective prevention for dental caries and associated health programmes that we believe will result in the phase down of restorative materials, including dental amalgam. This will lead to the reduction in the use of all dental restorative materials and ensure optimal oral health, particularly for those most disadvantaged and in need of treatment. DT

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

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

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

Editorial Assistant
Laura Hatton
Laura.hatton@dentaltribuneuk.com

Design & Production
Ellen Sawle
ellen@dentaltribuneuk.com

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

Tribunal by day, happy couple by night

A wife has told reporters that she is still "happily married" to her dentist husband - despite suing him at an employment tribunal.

Helen Hutcheson, 46, claimed that her husband, John Hutcheson, had promised her that she would be paid £3,000-a-month when she became a full-time member of staff; however, he had failed to keep his promise and when she was eventually taken on at the clinic in August 2009 she was paid a wage of £1,500 a month.

Helen originally began working at the Rosemount Dental Clinic in Aberdeen in 2008 after agreeing to work unpaid for a year to show she was worth employing, however, she quit and launched legal proceedings for unfair dismissal. Even though the case was made against her husband, the mother-of-three says the case has not affected her relationship with her husband.

Although Helen had worked for her husband for ten months, the judge at the tribunal in Aberdeen ruled that there was not a formal contract before that and as a result her claim was thrown out.

According to a British Dental Surgery Association survey, the figure that Helen was promised was "many times higher" than the average wage for a branch manager in Scotland.

Both John and his business partner Karen Robertson denied such an agreement had been made. DT

Editorial comment

"As I write, there is considerable turmoil in the profession over the upcoming GDC meeting where the Council will decide whether or not to rescind the use of 'Dr' as a courtesy title by dentists. This is quite an emotive subject for dental professionals, with conversations flowing from all channels about the move either demeaning the status of dentists, or being against the use of Dr to be at the level of surgeon, and every degree in between!

For me, I find the inconsistent use of 'Dr' to be the confusing issue. When speaking to dentists (I do that sometimes you know!) I never know whether to use 'Dr', 'Mr' or 'Oi' – though I do find that 'Oi' works best.

Before I go, I can't let this week go by without mentioning the YouTube video by NHS Northamptonshire. For those not in the know, this is a two-minute viral video spoofing the classic 'vampire in the bedroom' scene with the twist of bad oral hygiene. Although it was released in November 2010, it seems to have captured recently the imagination of the tech-savvy dental fraternity. 'True Blood' it isn't, but is it an appropriate approach to get young people interested in visiting the dentist? Go to http://www.youtube.com/watch?v=hxHzhNajwZU&feature=youtube_gdata_player and see what you think." DT

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,
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Or email:
lisa@dentaltribuneuk.com

ARF x 36k

The General Dental Council has successfully processed 36,962 annual retention fee (ARF) payments from its dentist registrants.

The deadline to pay the fee for 2011 was 31 December 2010. Nearly 5,000 of those who paid used the regulators' eGDC website www.eGDC-uk.org.

This allows users to:
• Log their Continuing Professional Development (CPD) hours;
• Update their registered address or complete a Direct Debit instruction online;
• Access their Annual Practising Certificate information;
• Have control over many of their registration responsibilities 24/7.

886 dentists were removed from the register for not paying their ARF – so far 171 applications for restoration to the register have been received. 514 dentists voluntarily requested that their names be removed.

If a dentist missed the deadline to pay their ARF they will need to apply to be restored to the register. Practising while not registered is considered illegal practice and the GDC will take action through the criminal courts. Dentists who want to return to the register must:

• Complete a form to apply for restoration
• Have a medical examination and provide a character reference
• Pay a fee of £696 – which includes the ARF
• 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 when their name was removed 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.

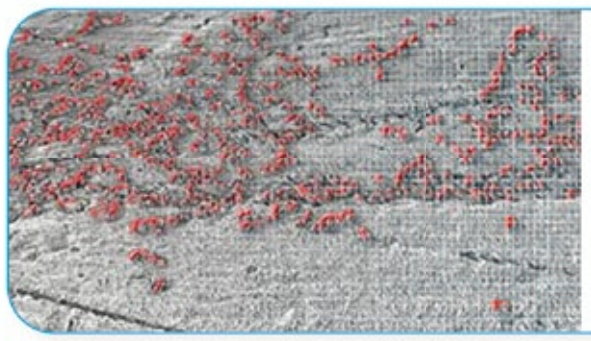
Further information can be found at www.gdc-uk.org or by calling 0845 222 4141. DT

NEW

40% of denture patients are concerned about denture odour[1]

Yet many denture wearers fail to keep their dentures clean[2].

That's because brushing dentures with ordinary toothpaste can scratch denture surfaces[3]. And scratched surfaces can lead to bacterial growth[4] leading to denture odour.



Scanning electron microscope (SEM) images at 240 minutes confirm a significantly higher build up of Streptococcus oralis on denture materials previously cleaned with ordinary toothpaste vs. a non abrasive solution[5]

Poligrip denture cleansing tablets effectively remove plaque and tough stains[6] without scratching[3], to leave dentures clean and fresh. Poligrip Total Care denture cleansing tablets also kill 99.9% of odour causing bacteria.

Recommend Poligrip denture cleansing tablets to help your patients control denture odour

References: 1. GlaxoSmithKline data on file, 2010. 2. Dikbas I et al, Int J Prosthodont 2006; 19: 294-8. 3. GlaxoSmithKline data on file Study L2630368 2006. 4. Charman KM et al. Lett Appl Microbiol. 2009; 48(4):472-477. 5. GlaxoSmithKline data on file Study NPD/EU/062/07 2008. 6. GlaxoSmithKline data on file Study USNPD 016 and CS5244.

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Young and CROOKED

An engaging short film geared towards the younger generation is making headlines. CROOKED, now available on DVD, is a light-hearted tale of Samantha, a 12-year-old girl who is obsessed with losing her last baby tooth, (which happens to be crooked). Her fascination lies with her determination to get the perfect smile...and, of course, win the heart of the new boy at school.

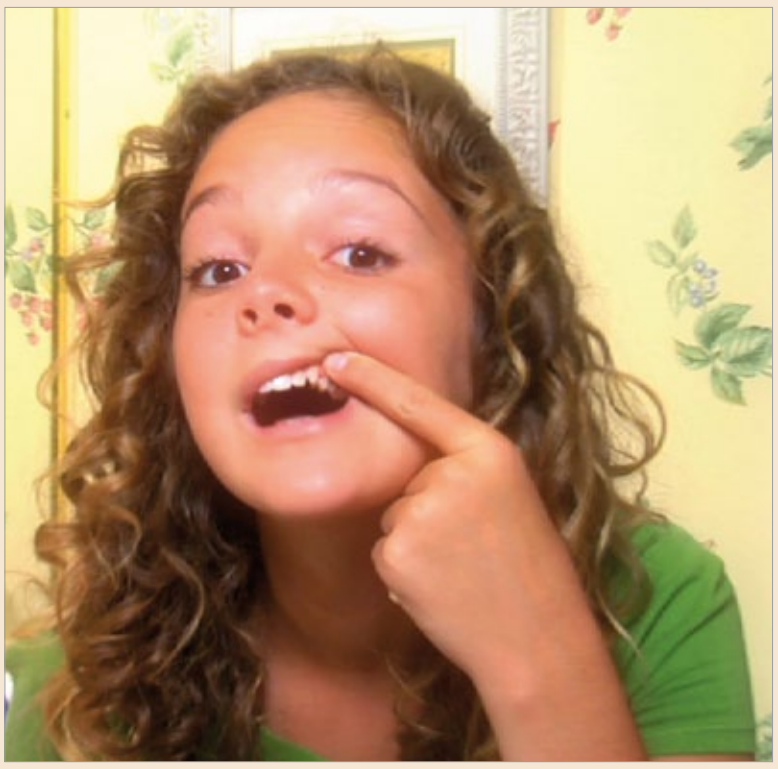
Throughout the film, Samantha provides subtle but constant encouragement to turn brushing and flossing into a daily habit; throughout her time at school she brushes her teeth after lunch, and happily visits the dentist. And although the films goal is dental hygiene education, CROOKED becomes a balance of information and teen entertainment.

The idea for CROOKED occurred when a man who had experienced serious health problems approached Florida filmmaker Todd Thompson and his Orlando-based production company, Stars North. The man's hope was that Thompson could create an educational film that was entertaining and would teach the importance of dental health to young audiences.

The result was CROOKED, a 17-minute film that stars Kendall Ganey (The Little Princess, Ace Ventura Pet Detective), Bo Mitchell (October Road, Eastbound and Down) and introduces Sarah Grace Ackerman and Justin Garcia.

Featured in the 2011 American Dental Association® Catalogue, CROOKED is available online at www.dentalmovie.org or www.amazon.com.

Reports have stated that a percentage of sales from the film will be donated to National Children's Oral Health Foundation: America's Toothfairy®, a nonprofit organisation dedicated to delivering oral healthcare to underserved children. For more information, please visit www.ncohf.org DT



Films on teeth are fast becoming a popular choice for educating children © Stars North

Tooth loss linked to breast cancer

A new study suggests that women may be more than 11 times more likely to suffer from breast cancer if they have missing teeth and gum disease.

The study carried out by the Karolinska Institute in Sweden on over three thousand patients, showed that out of the 41 people who developed breast cancer those who had gum disease and loss of teeth were 11 times more likely to develop cancer.

As this appears to be the first study presenting such findings, Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, believes more needs to be done in order to confirm the results.

Dr Carter said: "If future studies can also testify to the link between missing teeth and breast cancer, more has to be done to raise public awareness on the issue. The British Dental Health Foundation has a history of campaigning for better oral health, and the findings presented in the study indicate another clear link between your general and oral health." DT

The study was carried out in Sweden

Teeth the Musical scoops global film prize

The team who made a 13-minute film to get kids brushing their teeth is off to Canada this weekend having just won the 'Best Education Award' at the Picture This Film Festival (PTFF).

PTFF is a competitive and exhibition festival, which features films that are about disability and films on any subject that were produced, directed and written by people with disabilities. *Teeth the Musical* DVD has already scooped the 2010 Patron's Prize at the National Oral Health Promotion Group annual conference, adding to the 2010 Education Business Award from Somerset County Council.

JUMPcuts animated film 'Teeth the Musical' was produced with and for learning disabled young people.

Travelling to Canada will be member of the cast and Bridgwater College student, Freddie Wolfman accompanied by film-maker Tom Stubbs, part of Biggerhouse Film, who together, with registered charity Somerset Film, makes up the JUMPcuts partnership.

Tom Stubbs said to reporters: "This is a great honour and a fantastic opportunity for Freddie and I to present our film to an international audience, to fly the flag for Somerset creative business and he talent of disabled film-makers."

Working with fellow Calgary winners Purple Field Productions, the film-makers are supported by the local branch of AC Mole and Sons, and Aardman Animation, who generously donated an original Wallace and Gromit drawing signed by Nick Park to help fund the visit.

Teeth the Musical is suitable for learning disabled audiences aswell as for primary school students and is available on DVD from www.jumpcuts.org.uk.

A Bristol-based senior dental officer said to reporters earlier this week: "I have never seen anything like *Teeth the Musical* anywhere else. It is absolutely fantastic in all respects." DT

'Proportionate and effective' approach

The vast majority of those who work in health and social care are committed individuals with a strong sense of professionalism who aspire to deliver the highest standards. However, where there is poor practice or behaviour that presents a risk to the public, it is vital that swift action is taken, whether by employers, or by national regulatory bodies.

The regulatory system is becoming increasingly complex and expensive and requires continual Government intervention to keep it up to date. The Government must move to a proportionate and effective system that imposes the least possible costs and complexity, while maintaining safety and confidence for patients, service users, carers and the wider public.

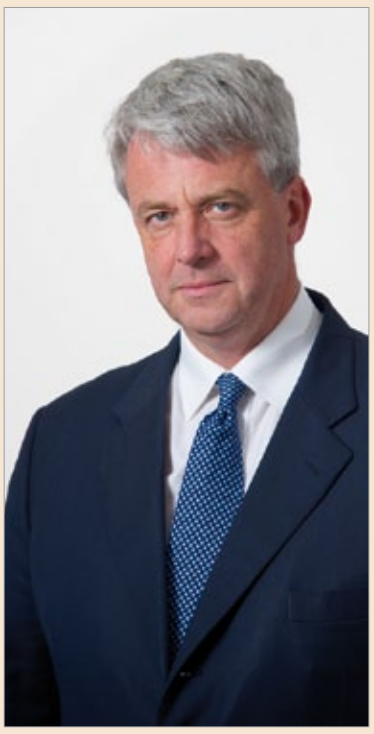
Recently, Health Secretary Andrew Lansley presented 'Enabling Excellence' to Parliament regarding this debate. He said: "Regulation of healthcare workers and social workers makes an important contribution to safeguarding the public, including vulnerable adults and children. But we need an approach to professional regulation that is proportionate and effective.

At the moment, most processes - such as registration, investigation and complaints - that regulators need to have are set out in 'rules'. Devolving powers to the regulators will give them greater freedom to define their own processes without approval from the Privy Council or Department of Health. Voluntary assured registration is intended to improve standards and drive up the quality of care without imposing the costs of mandatory regulation.

The Council for Healthcare Regulatory Excellence (CHRE) will set the standards for registers and accredit organisations meeting its standards, meaning the public and employers would be able to easily identify what register a worker belongs to.

The abolition of the General Social Care Council forms part of our wider programme of social care reform which will deliver a more independent model of regulation and strengthen the social work profession. The Council for Healthcare Regulatory Excellence will also become more independent and self-funding. They will review the efficiency of all regulators, with a view to reducing the overall costs of regulation.

The Health Secretary also announced to Parliament today that herbal medicine practitioners will be regulated from April 2012. The four UK health departments have agreed that the Health Professions Council (HPC) should hold a statutory register of practitioners who supply unlicensed herbal medicines to people to enable the supply of herbal medicines to continue after 30 April 2011. DT



Andrew Lansley

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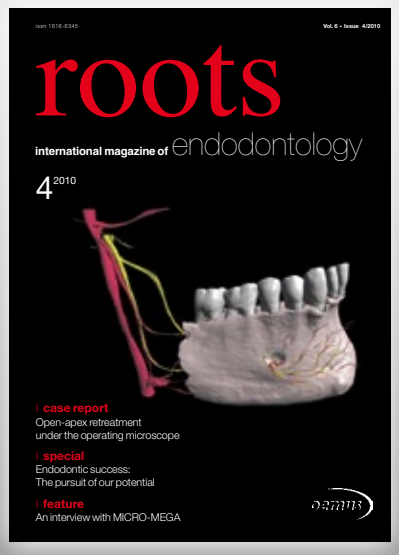

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GPS to map bat teeth

Biologists at the University of Massachusetts Amherst have "mapped" the topography of bat teeth. The clever use of GPS technology has been designed in order to better understand how toothy ridges, peaks and valleys have evolved to allow different species to eat everything from hard-shelled insects to blood and nectar.

Researchers could characterise the topography of the bats' molars in a way similar to how geographers characterise mountain surfaces

Using a method based on geographic positioning systems, the researchers could characterise the topography of the bats' molars in a way similar to how geographers characterise mountain surfaces. The researchers calculated a measure of dental complexity that reflects how "rugged" the surface of the tooth is and were able to illustrate a trend from relative simplicity of the shearing molars in insect eaters and omnivores to high complexity of the crushing molars in fruit eaters.

Working with field-collected bat skulls, researchers Sharlene Santana and Betsy Dumont of UMass Amherst, with Suzanne Strait of Marshall University, W. Va., compared the structure of molars across 17 species of the New World leaf-nosed bats that specialise in a variety of different diets (insects, fruits, and a combination).

They found that the molars of fruit-eating species had sharp outer edges that likely allow them to pierce tough fruit skin and pulp. By contrast, the molars of insect-eating species were less complex, possibly because of their smoother shearing surfaces. The study is published in the Feb. 16 online issue of the journal *Functional Ecology*. DT

Sweet taste of HPV cure?

New scientific research from New York based Cacao Biotechnologies is uncovering potential new applications for the antioxidant-rich cacao beans, which could spur an innovative approach to treating human papillomavirus (HPV), a precursor to oral and cervical cancer.

There are existing vaccinations for the HPV virus, however, they only effective against a small number of high-risk, cancer-causing HPV strains and are not free of serious side effects including convulsions and paralysis. As stated in the research article, "Vaccination will not cure someone who is already infected with the virus, so even with massive public health education campaigns, HPV will not soon be eradicated because it is so widely spread in the adult population."

According to Penny Hitchcock, Chief of the Sexually Transmitted Diseases Branch of the US government's National Division of Microbiology and Infectious Diseases, further research on topical microbicides and effective vaccines is critical.

Building on the work of Cacao Biotechnologies' co-founders Drs Mark Guiltinan and Siela Maximova of Penn State University, scientists Dr Randall Murphy and Daniel Preston of Cacao Biotechnologies developed a suite of epicatechin-based super antioxidant compounds from cacao. The research article stated that based on the shape and an analysis of cocao molecules some epicatechin oligomers should have strong antiviral properties. Testing proved their theory correct and they had developed an antiviral compound specifically powerful against HPV. DT

B2A 2011 golf tournament

The Bridge2Aid (B2A) 2011 golf tournament is on and the team are delighted to announce that the hugely popular and now annual event will be held at Hankley Common Golf Course, in Farnham Surrey on August 30th, 2011.

Voted the 50th best golf course to play in the UK by *Golf World Magazine* and soon to host the Open Championship pre-qualifying competition in June, Hankley Common provides the perfect setting for B2A's tournament this summer.

Starting the day with a light breakfast, followed by 18 holes and topped off with a delicious three course lunch, prize giving and a special auction with a round of Golf at the prestigious Loch Lomond up for grabs – this year's tournament is set to be the best yet! If you're a budding golfer, keen to host a day out for your team or simply looking to support the charity, there are now 25 teams available to book in one of Surrey's finest golf courses.

A team of four can be booked now for just £488. For more information on the day or to book your team contact Stuart Thompson now on 01483 304944. DT

Hankley Common will host the B2A summer tournament

Walking in a webinar wonderland

Elaine Halley on deadlines, daughters and the bread-and-butter of dentistry

The time has flown past since my last blog – but I am happy to report that I did manage to get my final six cases for Unit 3 Anterior Aesthetics in and complete on time. This sounds so straightforward when I write it now – and does not reveal the reality which was that despite my best intentions, I was still texting my treatment co-ordinator last Saturday to ask her 'how do I export the patient chart again?', and snapping at my family on a Sunday afternoon to the tune of 'I just need peace to get this DONE....and then I can play with Barbie, test you on your geography and paint your nails (not all the same child I hasten to add!)' Thank goodness the Six Nations started the following week or I would have had no hope of playing the 'Go and ask Daddy' card...

We also had a January deadline for the end of Unit 6, which was a final assignment based around designing a clinical research project. I must admit, that as a general practitioner, I have found the research unit the most interesting but also the most challenging. I particularly found this final assessment to be a challenge – I guess with years of experience and because restorative dentistry is my bread-and-butter, I have plenty to say in the case reports under the 'discuss your use of materials and justification', and 'discuss what could have gone better or you would have done differently' always leaves me with a torrent of justifications for the end result I see before me.

'Define your structured search making use of MESh terms and Boolean Operators' leaves me a little less than verbose. I did try – I went back through my notes, re-listened to webinars but still I found my writing in this area felt a little like my 10-year old daughter's sentence construction. Something along the lines of 'And then I would...' Being as this counts for 60 per cent of my Unit 6 mark – we'll have to wait and see!

The web platform now lets us keep track of our marks across all the completed units. We had our introductory webinar for Unit 4 where the rest of the year was mapped out. Part of the webinar was carried out by Wolfgang Richter who outlined some of the subjects that will be covered under Posterior Aesthetics. Fiona Clarke let us know about some changes to the course – we have four case reports to do in this unit which are not due in until September, but need a 500-word 'defence' in addition to our case reports. There was something about a complex case with 1,000 words to write but all will be revealed at the next residential in June. Eddie Scher is heading that up so should be good – but a few webinars to get through first. Posterior aesthetics – both direct and indirect. Luckily, I have just taken bitewings for a team member who shall remain nameless – and I may be able to get two or even three posterior quadrants of restorative work from her!!

We haven't had a webinar for several months – I knew I was missing something in my life...! DT

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A-dec Dental UK Ltd
Austin House, 11 Liberty Way, Nuneaton, Warks, CV11 6RZ. Tel: 024 7635 0901 Fax: 024 7634 5106 Email: info@a-dec.co.uk

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Do's and Don'ts

David Brewer discusses raising finance for practice purchase

It is a tough time at present for many associate dentists with a double whammy of the poor economic climate and increased practice costs putting the practice profits under increased pressure – and one area the practice owner can make savings is on the percentage share paid to associates.

The days of standard 50 per cent paid to associates are no more with 40 per cent and lower becoming increasingly common place.

Practices can make savings on percentage shares

With continued uncertainty over future UDA values and further NHS cut-backs life is only going to become even more challenging for the associate and it is little wonder that more associates than ever before are looking to become masters of their own destiny by considering practice purchase

However...the days of obtaining easy money from the banks simply because you are a dentist are long gone.

The banks are taking a much more critical approach to any funding requests and it is therefore essential that when approaching them for funding that you get it right first time – if you are ill prepared and the bank initially declines your proposal it is then very difficult to overcome that initial decision - all the more important therefore to engage the services of an expert BEFORE you speak with your bank.

'The banks are taking a much more critical approach to any funding requests and it is therefore essential that when approaching them for funding that you get it right first time'

Here are a few do's and don'ts to ensure your proposal has maximum chance of a positive outcome:-

DO ensure you approach your bank well in advance of any proposed purchase.

DO NOT leave it to the last moment. It can take up to three weeks just for a basic lending decision due to the banks ever more in depth assessment process. If a property valuation is needed you could potentially double this time.

DO ensure you have up to date financial information to present to the bank (associate

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accounts, bank statements etc).

DO NOT present your bank with accounts which are two years old and a big pile of monthly schedules and expect them to add them up (that is one guaranteed way to annoy them).

DO have an up to date CV detailing all relevant professional and clinical experience (the banks will be looking for a good spread of experience ideally covering a number of practices).

DO NOT forget to include details of managerial experience on your CV (the banks will be looking critically at your CV to provide them with confidence that you can both manage the practice/ staff).

DO ensure you detail all relevant information on the application forms – especially if you have savings (it does not mean you need to put all available savings towards the purchase; however banks are more inclined to lend to people who already have savings and have demonstrated ability to save)

DO NOT try to hide any existing borrowing you have. Ensure everything is detailed as the bank will only find out later when it undertakes its in-depth credit searches

DO undertake your research of the local area and find out why current owner is selling

DO NOT go to the trouble and cost of preparing a detailed 50-page business plan. Most banks will simply not read it and most of the time it is not needed. A brief summary of your purchase proposals and proposed working arrangements post purchase should suffice – together with an outline profit/loss forecasts which you/your advisor can normally prepare by using the vendor's accounts as a starting point.

DO decide as early as possible in the process if you are to purchase in your sole name or as limited company. If freehold property involved again advise ASAP if this is to be owned in own name, joint with spouse or limited company. Another sure fire way to annoy the banks is to make a change re ownership structure at last minute. Your accountant will be best placed to provide advice.

DO NOT leave the legal process to chance. Especially if there is an NHS contract involved ensure you use a solicitor who fully understands the process.

DO expect the bank to want you to put down a contribution towards the purchase. Obtaining 100 per cent funding is rare nowadays so expect to put down between 10 to 20 per cent of the purchase price.

DO NOT accept the first offer from your bank - make sure you shop around to obtain comparisons (If your bank knows you have only approached them they **WILL** offer less attractive rates/fees)

DO engage the services of an independent firm to liaise with the banks on your behalf – both to package your proposal to maximise chance of a positive result but also to negotiate terms.

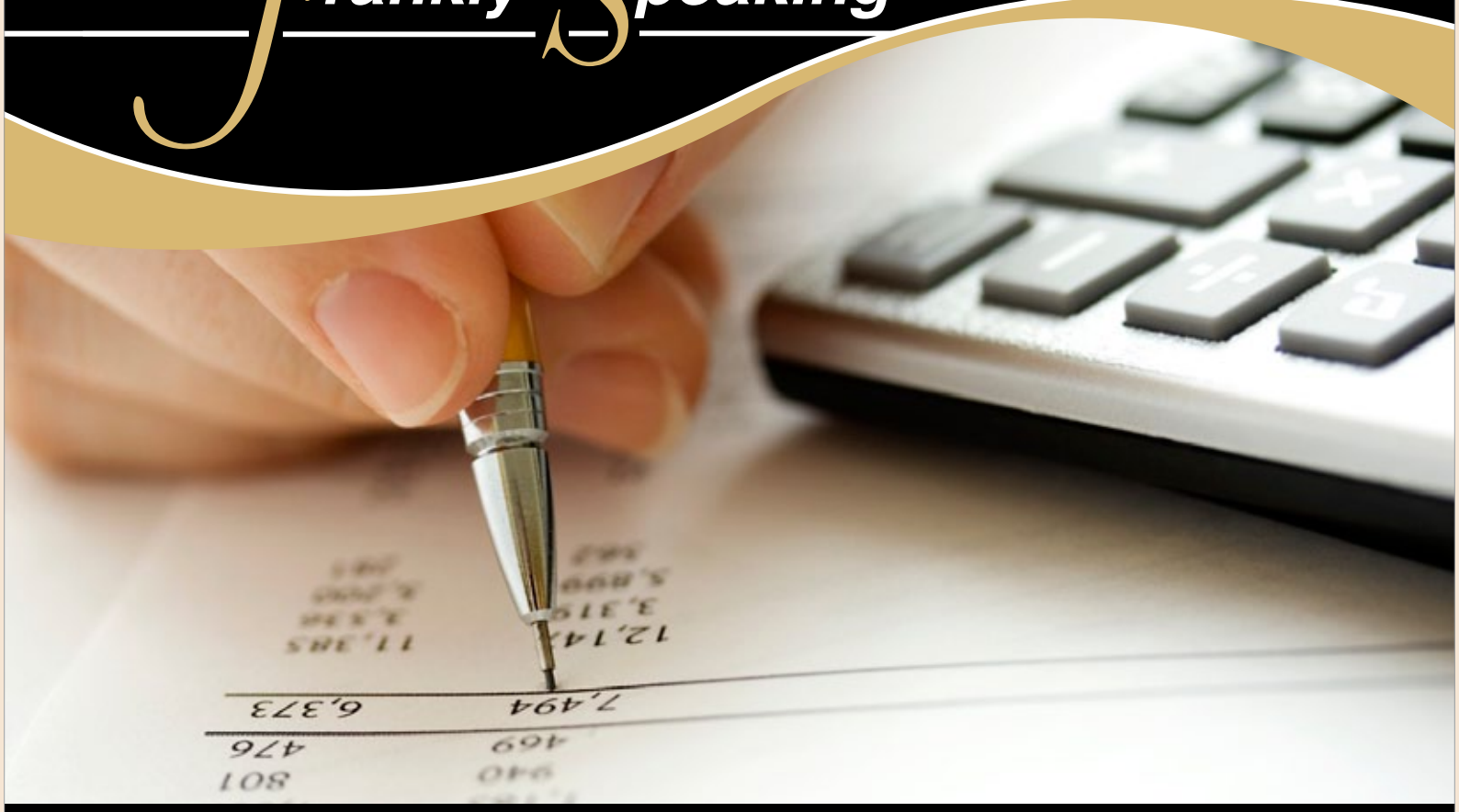
REMEMBER the bank staff are tasked to maximise income for the bank – most dentists are very good at their day job but not when it comes to negotiating. Let the experts negotiate with the banks on your behalf – ultimately you will be the beneficiary securing more attractive terms which may not have been available if you approached the bank direct.

Finally... **DO** remember to take a short holiday before you purchase (you will need it...) and DO enjoy becoming a practice owner - it is certainly not an easy ride however ultimately much more rewarding and you are in control of your future DT

About the author

David Brewer joined Frank Taylor and Associates in the role of healthcare business development manager in 2010. He has worked with the dental profession for more than 15 years arranging finance and banking arrangements. He can be contacted on 07817 758548 or david.brewer@ft-associates.com. Frank Taylor and Associates has a specialist finance division, Loan Hunter that arranges loans for practices. For more information, call 08456 123424

Frankly Speaking



Raising Finance?

DO engage the services of an independent firm to liaise with the Banks on your behalf – will ensure proposal is packaged for best chance of a positive response and also to negotiate best terms.

DO ensure you provide an accurate summary of your current position including all savings and existing borrowing.

DO ensure your CV is up to date with particular focus on any past Managerial experience.

DO expect the Bank to want you to put down a contribution towards the purchase.

DO undertake your own research of the local area and find out why the current owner is selling.

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