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THE PARTNERSHIP GROUP MODEL

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Alarm raised over oral health of elderly Brits

RCS predicts sharp rise of dental conditions in over 65-year-olds

By DTI

LONDON, UK: Oral healthcare in older people needs drastic improvement, leading dentists in the UK have said, as almost one in five Brits over the age of 65 are currently suffering from an urgent dental condition. According to a new report published by the Royal College of Surgeons (RCS), at least 1.8 million of over ten million in this age group live with dental pain, oral sepsis or extensive caries in untreated teeth.

Conditions could become even worse in 20 years, when it is estimated that almost one in two will have severe dental conditions, the report also predicts. While adult oral health has seen significant improvement over the last 40 years, according to the RCS, too little is currently being done to help older people to maintain their oral health.

It asserted that government, health services, local authorities, care providers and regulators have to step up their efforts to improve access to dental services for older people.



The RCS estimates that almost one in two people over 65 will have severe dental conditions in 2040.

"As well as causing pain and making it difficult to speak, eat and take medication, poor oral health is linked to conditions in older people such as malnutrition and aspiration pneumonia," commented Prof. Michael Escudier, Dean of the Faculty of Dental Surgery at the RCS. "We need to work together to ensure improvements in oral healthcare for older people." In addition to improving access

to oral healthcare for the elderly, the RCS recommended oral health training of key health professionals in acute and community care settings, such as nurses, junior doctors, pharmacists and geriatricians. It also suggested that social care providers should train their staff about oral health issues and ensure that oral health is covered by those services in their initial health assessments.

Further measures should include the development of policies for hospitals to minimise denture loss and increased efforts to monitor and measure older people's oral health, the RCS added. "Dental health needs to be viewed as

part of older people's overall health, with health professionals and social care providers being trained to recognise and deal with problems," Escudier said.

AD

Ten thousand NHS places announced for Wales

By DTI

CARDIFF, UK: Up to 10,000 new NHS dental posts are planned to be created in Wales, the national government announced on Tuesday. As part of the investment, over £0.75 million will be given to the Cardiff and Vale University and Aneurin Bevan University health boards, it also said.

Overall, the Welsh government has pledged to spend an additional £1.3 million in this regard. In a press release, Health Secretary Vaughan Gething said that the effort is aimed at developing new and improved NHS dental services across Wales, particularly in places with higher

needs and neglected areas, such as specialist paediatric dental services.

"The investment in specialist paediatric dentistry will help improve NHS dental treatment and care for those children who are affected by dental disease," he said.

In addition to increased spending, the government said it plans to introduce a clinically led dental e-referral management system and fund courses and training for people who intend to work as dental care professionals.

According to national statistics, Wales falls significantly short

of dentists per capita among all of the home nations. While it welcomed the investment, the British Dental Association said it is insufficient, as millions are taken away from dentistry each year owing to tough contract targets.

"This money represents just a quarter of what's been taken out of the system each year. Creative accounting does not constitute new investment. The best thing the Welsh Government could do is commit to ensure all money set aside for dentistry is actually spent on improving the oral health of children and adults in Wales," said Katrina Clarke, Chair of the BDA Wales General Dental Practice Committee.



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Britain's Silver Generation



Collaboration meets creativity

British Society of Paediatric Dentistry invites to 2017 conference in Manchester

MANCHESTER UK: Collaboration between clinicians, healthcare officials and researchers will be the theme of this year's annual conference of the British Society of Paediatric Dentistry in Manchester, the organiser has said. At the event, a number of renowned speakers from all over the country will present scientific developments resulting from trials or inter-hospital collaborations they are involved in.

Treatment of children with complex needs for which collaboration is essential will be particularly in focus of the conference. Latest insights in that topic will be given, among others, by Healing

Foundation director and University of Manchester professor Kevin O'Brien, who will start off the event with his talk "Working together to keep it simple – complex problems in complex children."

Innovative and creative concepts in caries prevention and management will be provided by Dr Sondos Albadri and Yang See Chau from the Northern Alliance collaboration as well as Prof. Marie Therese Hosey from King's College in London. Drs Mechelle

Collard from Cardiff and Joanna May from Manchester will further

provide an paediatric perspective on why collaboration is essential in management of children with cleft disorders.

Other highlights include a session with the Chief Dental Officers from Scotland, Wales and England, Margie Taylor, Colette Bridgman and Sara Hurley, who will look at oral health initiatives across the home nations.

The three-day conference, which will be held at the Lowry Arts Centre in Salford Keys in Manchester, takes place from 19–22 September.

"It's the first time in 20 years that the BSPD conference has come back to Manchester and, as an organising committee, we plan to showcase both a great city and some very exciting creative collaborations," said BSPD president Claire Stevens. "What we hope is that all our delegates will experience the buzz of being in Manchester and hearing first class speakers but at the same time, they leave feeling refreshed and relaxed by the well-being activities that we have lined up."

More information about the event is available online at www.bspdconference.org. For the first time, delegates will have access to a new mobile application, which provides easy-to-find information about the conference and the programme. Health and well-being activities for delegates will also be offered during the three congress days.



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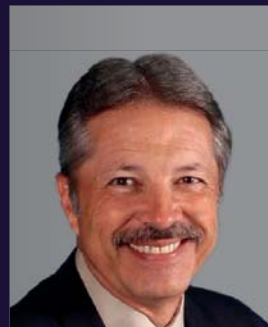
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GDC announces warning after suspension over fake dental products

BY DTI

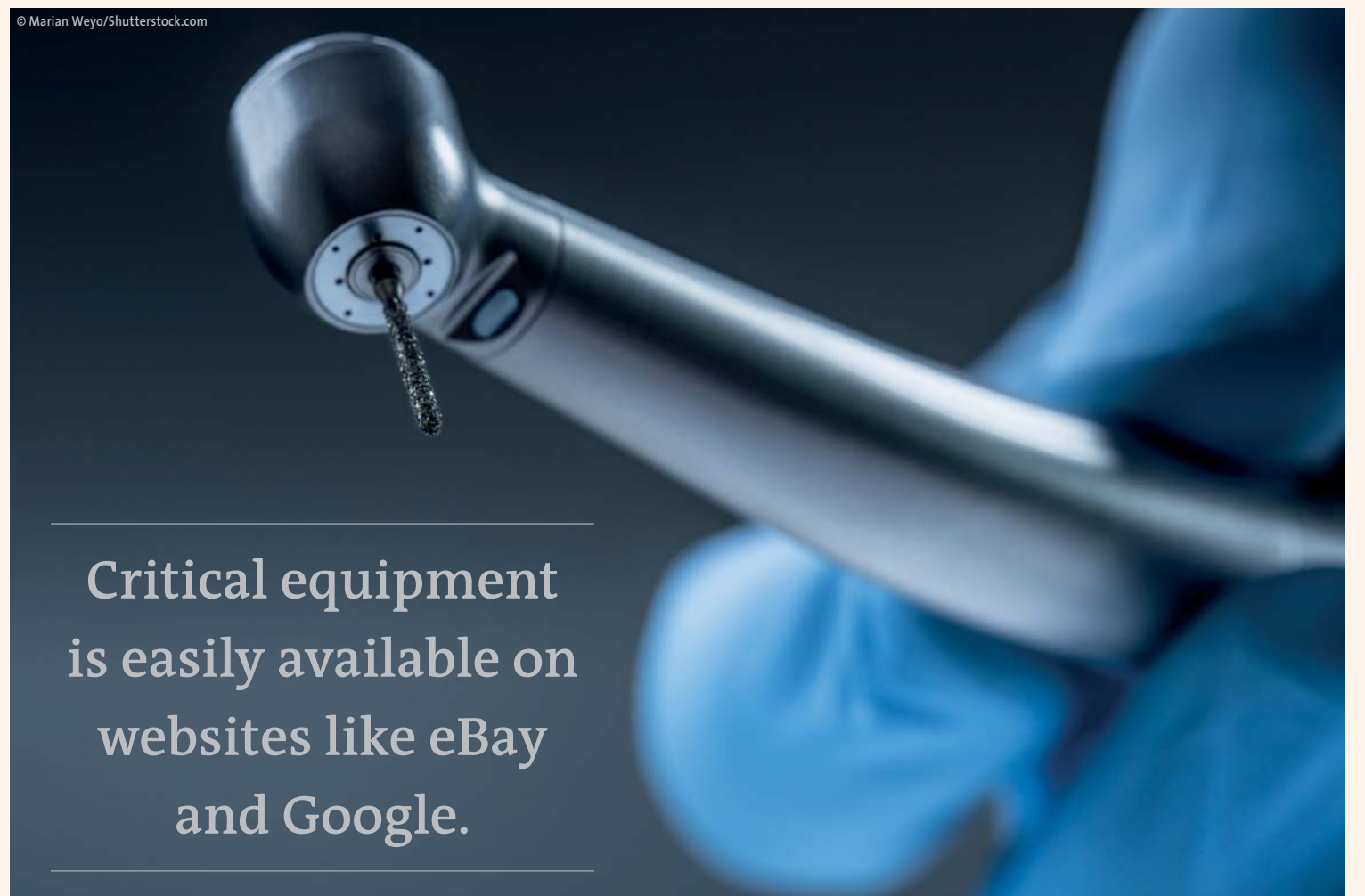
LONDON, UK: The General Dental Council (GDC) has strongly advised dental professionals in the UK not to buy products from sources that are not compliant with existing standards and regulations. The warning comes after a dentist from North West England was suspended recently for repeatedly having bought counterfeit dental handpieces online.

According to the UK regulator, the 32-year-old purchased risky equipment on an internet auction website at least three times. It was seized earlier this year during inspections by the Medicines and Healthcare products Regulatory Agency (MHRA) at his practice in Preston in Lancashire. After his hearing in July, he will not be able to practise dentistry for three months, the GDC said.

"This case shows the importance of dentists and dental care professionals adhering to the standards around compliant dental equipment," Jonathan Green, GDC Director of Fitness to Practise, commented. "Non-compliant equipment endangers the health of both the patient and those using it and it is vital that all items meet safety requirements."

"As set out in our Standards for Dental Professionals, all members of the dental team must understand and follow the law and regu-

© Marian Weyo/Shutterstock.com



Critical equipment is easily available on websites like eBay and Google.

lations in this important area, which go to the heart of patient protection. They must always put patients' interests first," he added.

According to MHRA, which regulates all medical devices in the UK, over 10,000 individual pieces

of non-complaint or counterfeit dental equipment are seized in dental practices per year. To counter the worrying trend, the agency has been running an awareness campaign in partnership with the British Dental Industry Association since 2014.

"Dental patients are entitled to expect quality care, including the standard of the instruments and devices used by dental professionals. It is vital that dentists and dental staff buy equipment from bona fide suppliers and avoid non-compliant or counterfeit de-

vices. I urge all dental professionals to be cautious of seemingly cheap devices which may be unfit for purpose and potentially dangerous to patients and the staff that use them," Head of Enforcement at MHRA, Alastair Jeffrey, said.

Dental students charged with terrorist offences

BY DTI

LONDON, UK: Local newspapers are reporting that a dental student from Plymouth will have to stand trial for terrorist offences in London this month. The individual, Abdu-rahman Kaabar, originally of Upperthorpe in Sheffield, is accused of three offences of possessing records of a kind likely to be useful to a person committing or preparing an act of terrorism and four offences of disseminating terrorist publications.

It is understood that the 22-year-old is a UK citizen of Libyan descent and is studying dentistry at Plymouth University. He was arrested in August by South Yorkshire Police after an investigation by the North East Counter Terrorism Unit (NECTU). Kaabar has been remanded in custody and will appear before the Old Bailey in September. He pleaded not guilty to the charges, according to court documents.

It is unknown whether the arrest is connected to the arrest in June of another dental student from Sheffield, who was charged

for the early attack planning of a terrorist attack and will stand trial in November. The 24-year-old, who is originally from Huddersfield in West Yorkshire, was arrested in his flat after the NECTU was tipped off about suspicious behaviour. He is accused of having engaged in the preparation of and having possessed material that could be useful in preparing an act of terrorism.

The arrests are the latest in a number of counterterrorism activities after the devastating terror attacks of recent months. However, they are not related to any recent incidences, like the Manchester Arena bombing or the Westminster Bridge attack in London, NECTU officials said. According to the Home Office, police in the UK arrested a record number of terrorist suspects last year and an estimated 3,000 persons are still under observation by authorities nationwide.

South Yorkshire Police Assistant Chief Constable David Hartley said, "If you have any concerns around any suspicious activity, I would encourage you to please call the confidential Anti-Terrorist hotline on 0800 789321."

Nurse from practice with largest recall suspended for life

By DTI

LONDON, UK: A dental nurse working for a Nottingham dentist responsible for the largest recall of patients in NHS history has been suspended from practice indefinitely. The decision came after a hearing by the General Dental Council (GDC) in August after her initial suspension in 2016.

The nurse was accused of having put patients at risk by failing to ensure that an adequate standard of cross-infection control was maintained at the practice in which she worked in 2014. According to the GDC, she has not engaged with the regulatory body to remedy her failings and does not wish to practise as a dental nurse again.

"I feel I have let myself down as a dental nurse as well as my patients, although I would never intentionally do anything to put their health at risk. We were a very busy

practice and I often felt it was almost impossible to meet CQC [Care Quality Commission] standards at all times due to the amount of patients coming through the door," she stated in a letter sent to the GDC.

The nurse's former employer was removed for reasons of misconduct owing to 55 allegations of failure to maintain basic standards of infection control or prescribe antibiotics without a thorough assessment of patients' needs. As a result, more than 22,000 patients were offered a recall for blood tests owing to the risk of exposure to infection in 2014.

The dentist's actions were revealed by a whistle-blower, who recorded some of the failings on video. The filmings showed that he did not change his gloves or surgical mask and wiped his hands on his trousers instead of washing them, among other gravely hazardous practices.

Controversy regarding Trump spills over into dental industry

BY DTI

SOUTH JORDAN, USA: CEO and founder of Ultradent Dr Dan Fischer has written an open letter calling on Americans to turn their backs on the Trump presidency. In response to Trump's reaction to the tragic events in Charlottesville, Virginia, on August 12 and 13, the full-page letter in *USA TODAY* has now caused the already maxed-out political turmoil to spill over into the dental industry.

In his opening sentence, Fischer wrote: "As the founder and CEO of Ultradent Products, Inc., a proud American manufacturer that employs over 1,400 Americans and exports 65% of what we manufacture, I feel it is my duty and obligation to make my voice heard."

dentists turn their backs on Ultradent products. This was however rebutted by individuals suggesting they triple their supplies to counter any revolt.

In the letter, now published on turnyourbacks.org, a site hosted by Fisher, he concludes by writing: "For those of you who support this person or who don't feel comfort-

able that it is correct to 'turn your back,' you too are my fellow Americans, and I equally defend your right to freedom of speech. Do as your conscience dictates."



Dr Dan Fischer

AD



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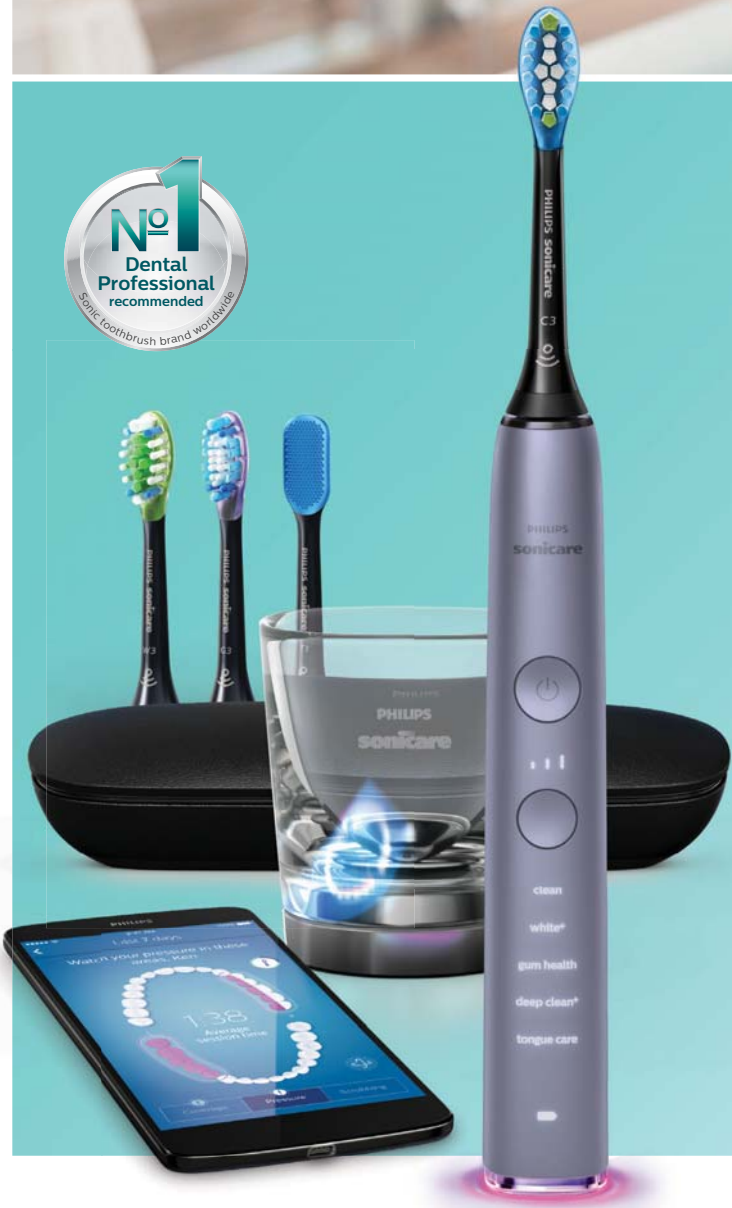
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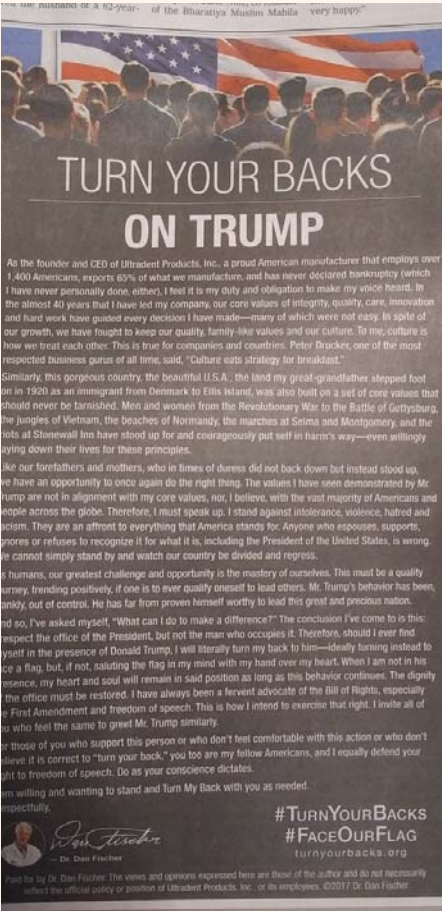
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Pointing to Ultradent's core company values of "integrity, quality, care, innovation and hard work" as guiding his leadership of the company, Fischer felt compelled to voice his disapproval at what he describes as an "out of control" Trump, going as far to say "should I ever find myself in the presence of Donald Trump, I will literally turn my back to him."

This heart-on-sleeve call to action from Fisher has not been met with open arms from all corners of dentistry, with some loyal Trump supporters who work in the industry suggesting via Facebook that Americans and

DTI introduces new international magazine on prevention

By DTI

MANCHESTER, UK/LEIPZIG, Germany:

How can the importance of prevention be communicated to dentists and their patients, and how can dental practices become even more profitable through prophylaxis? A new publication, *prevention—international maga-*

zine for oral health—provides information, products and business models for those practices interested in expanding their prophylaxis offerings. Dental Tribune International (DTI) has published the first edition in time for the FDI World Dental Congress in Madrid in Spain, and dental professionals can already

read the magazine on the DTI website.

Oral science has advanced to such a degree that dentists have a good understanding of biofilm, caries and periodontal disease. Yet, while dentists have all the tools and knowledge necessary to prevent disease, interdisciplinary col-

laboration between preventative and restorative dentistry has only just begun, particularly regarding diagnosis and treatment. Communication with and motivation of the patient remain critical in achieving long-term health, while new devices and protocols have yet to enter prophylaxis-focused dental practices.

The editors of the new *prevention* magazine agree that preventative dentistry needs to become an integral part of every dental practice. They also agree that dentists should adopt a general health approach to caring for their patients, seeing them multiple times per year for prophylactic treatment and saliva or blood tests. Ideally, they should also refer patients to other medical doctors when necessary and themselves receive referrals from other doctors when their expertise is required. Dentists would then be considered medical practitioners specialising in oral health. This role shift would involve changing the patient's view of dentistry and oral health through education, motivation and repetition.

A new approach to oral health

Against this background, the *prevention* magazine adopts an interdisciplinary approach to oral health. The English-language publication covers a range of related topics, including oral hygiene and prophylaxis and new aspects in oral and general health. *prevention* also presents the latest research on primary, secondary and tertiary prophylaxis. Owing to its interdisciplinary and educational focus, the magazine reinforces the relationship between dentistry and other medical disciplines.

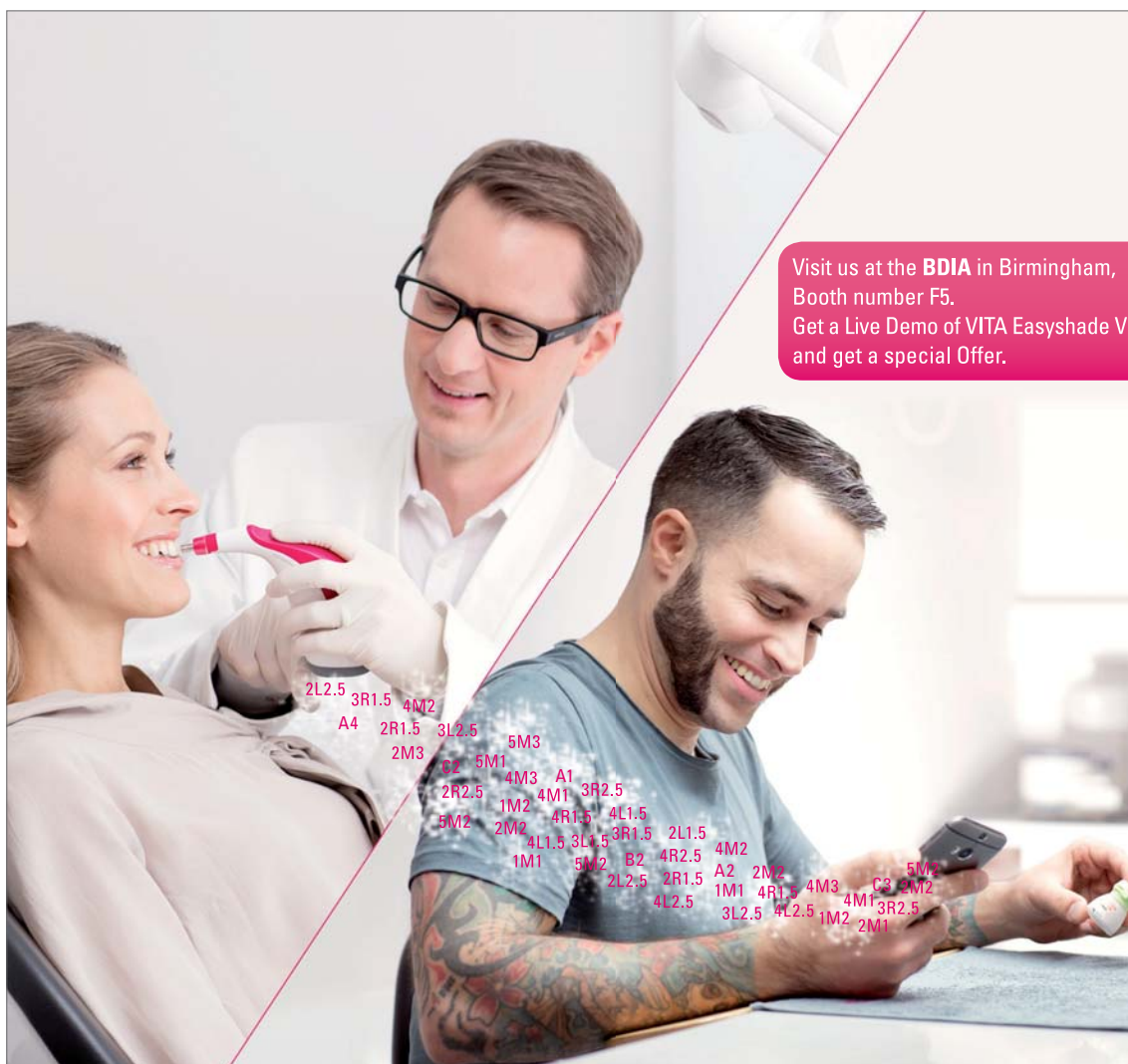
prevention also provides a new approach to magazine content and design. Unique lifestyle articles with full-page photograph galleries, inspirational interviews with key opinion leaders and advertorials are combined with case reports, event previews and reviews, and business and product news.

For the first edition of *prevention*, interview highlights include conversations with opinion leaders from the European Federation of Periodontology and the International Federation of Dental Hygienists. The publication will be distributed at all major international dental congresses and exhibitions. In addition, e-newsletters on prevention will be sent to prophylaxis-focused practices worldwide.

DTI would like to thank advertisers Curaden, EMS, Dentognostics and Andjana for supporting the first edition through advertising and the provision of unique content. From 2018, *prevention* will be published twice a year with a print run of 4,000 copies. An e-paper edition of the magazine is available free of charge via the DTI online print archive. Dental professionals can subscribe to the magazine via subscriptions@dental-tribune.com.

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B. Full-strength BruxZir zirconia formulation in molar crowns at 6 years of clinical service

1. Fracture at 6 years of full-strength BruxZir zirconia = 0%. The BruxZir cases received minimal tooth preparation (<1.0mm occlusal reduction with a slight chamfer margin), RMGI cementation, and subjects with bruxing/clenching habits.

2. Full-strength BruxZir zirconia molar crowns at 6 years show:

- Most durable of 118 white materials in clinical trials performed by this lab in the past 40 years
- Transformation toughening that stops cracks as demonstrated by scanning electron microscopy
- Tolerates minimal tooth preparation
- Tolerates bruxing/clenching
- No negative influence on occlusion over 6 years (no changes in muscles, joint, or local tooth mobility)
- Low biofilm retention
- Zero debonds at 6 years with simple wash/dry after try-in and RMGI cementation (*RelyX Luting Plus; 3M*)
- Esthetics adequate, but not excellent
- Excellent biocompatibility
- Receives some wear from all types of dental materials and from enamel; receives more wear than it delivers on opposing dentition (per measurement and monitoring of wear facets over 3 years: Christensen, RP, et al, J Dent Res Vol #93(A): #186275, 2014.)

3. Indications for full-strength BruxZir zirconia:

- Posterior tooth restoration
- When minimal tooth preparation is desired
- Bruxing/clenching patients
- Those engaged in accident prone activities, ie: athletes
- When maximum longevity is preferred over optimal esthetics
- Multi-unit all-ceramic restorations

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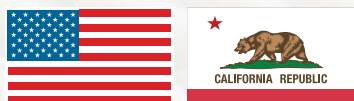
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A future path for entrepreneurial dentists

By Dr Mitesh Badiani, UK

It is easy to generalise, but I think that most people would agree that we live in changing—and challenging—times. While technology is moving on apace, pushing all aspects of work and life forward and changing the way that we do even the most ordinary of things, uncertainty lingers over the future of our government, economy and commerce, not to mention the foot-dragging negotiations of Brexit or the numerous and frightening affairs overseas. It is difficult to predict which way things will go, whether you look at them a micro or a macro level.

Things are no different in dentistry. Disruption is afoot with the old, closed-door approach being slowly replaced by transparency and patient choice. New clinical indicators will increase the pressure to achieve higher quality and outcomes framework scores, and new regulations will ensure that the 'rogue traders' who occasionally blighted the name of the service – as they have so many others – can no longer gain a toe-hold, let alone a foot. All this change creates fertile ground for the entrepreneur, and yet they still face a perennial problem with financing their ambitions.

It is an unfortunate fact, but at the heart of any business is money. Whatever ethos drives a company, whether in the charitable sector, healthcare, public services, retail, or a brand within the FTSE 100, it can get nowhere without sustainable funding. This is a problem increasingly faced by dental practitioners, especially those looking to expand their business.

Ask around, and few dentists will say that they originally em-

“The partnership group model is the ideal compromise.”

barked upon their chosen career because they wished to go into business. There are far quicker and easier ways to do that. However, for those with a passion for the science, skills and service of dentistry, private practice offers the opportunity to take control and provides that invaluable commodity time. It might also mean specialising in one niche area, diversifying practice offerings or expansion through the creation of a portfolio of practices. Each of these options requires funding,

but while traditional business loans can be accessible to the single practice owner, the entrepreneurial dentist with an eye on expansion will soon discover the necessity of looking elsewhere in order to finance their plans.

The pitfalls of independent dental practice portfolio growth

Developing a small portfolio of dental practices brings particu-

lar challenges when it comes to securing sufficient funding. Despite the fact that they are free from the restraints that often bind practices that are part of corporate chains, independent practices with multiple outlets face their own issues. Not only do they tend to be too big to sell when retirement beckons – because who can secure that kind of funding? – but it can be next to impossible to raise the finance for further growth or investment. If you cannot find the funds to run a prac-

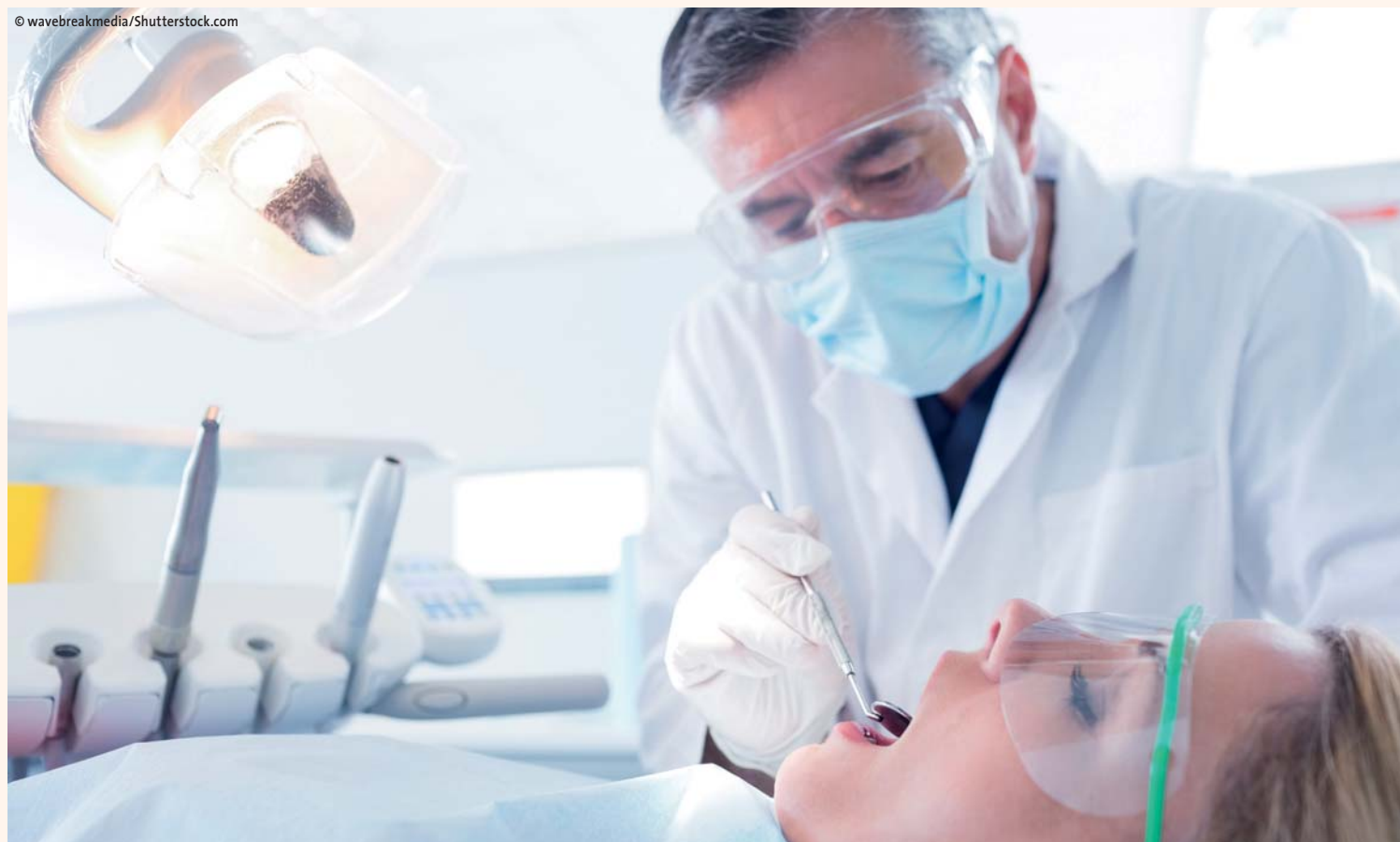
tice well, there is no point in running one at all.

Finance as an isolated issue needs methodical research, backed up by a comprehensive action plan and supported by a wide-ranging business plan. However, while practice owners and managers may wish to spend significant time looking for and securing funding, the practices bring other demands, including profit and loss (P&L), existing financial management, compliance, and of course, the small matter of delivering outstanding patient care, which will always be first and foremost for any reputable dental practitioner.

That commitment to patient care will also require time spent on hiring a team who share your philosophy, and delivering a training package that ensures that every member of the team shares the same ethos when it comes to the delivery of clinical excellence.

All of this takes time, even before you have moved on to compliance, an area not to be neglected but which is incredibly time-consuming. Compliance is often cited as the number one concern for dentists. Time must be spent ensuring your practice meets the regulations and interpreting the guidelines to ensure your practice is fully compliant.

It should also go without saying that staying on top of both P&L and financial management is imperative to the continued suc-



cess of any business, dental practice or otherwise. Without a firm grasp on your existing finances, you cannot consider an expansion, no matter how entrepreneurial your spirit. Not only would your search for funding become exponentially more difficult, but in the unlikely event that you did gain financial backing you would simply be throwing good money after bad.

With so many demands on their time and their finances, how can today's generation of entrepreneurial dentists keep moving forward and find the cash that they need to meet existing demands and fund future expansion, without compromising on outstanding patient care? There has not been a sustainable funding model, and it has been stifling those dentists with the vision to take their practices forward.

The difficult balancing act between clinical excellence and corporate expansion

While it might not be the path that they originally expected to follow, for some dentists – including myself – the non-clinical aspects of dentistry can hold as much interest and satisfaction as one-to-one patient care. There is a certain pleasure in seeing a practice flourish and grow, and for those with an entrepreneurial bent it can lead to ideas of expansion not just for the business opportunity, but for the challenges it brings. But once again, there comes the issue of funding.

After much time following the traditional financing routes, I came across Dentex, a UK partnership group for the dental profession, which allowed me to follow my interests without losing my autonomy. At my practices, we have always taken pride in the fact that we are one of the few dental practitioners outside of the large cities able to deal with the majority of our patient's requirements in-house, with no need for external referrals. My wish was to maintain, and if possible expand, my existing practices into a small portfolio.

Aside from access to real-time financials and the investment I required to facilitate my plans, Dentex's partnership model has enabled me to gain insights from a cross-practice comparison of financials, highlighting where I could make savings, or further investments, without hampering the services we have become known for.

The centralisation of all other elements of running the practices, such as cash flow, advertising, P&L, training, compliance, maintenance, has also liberated funds that would otherwise have been wasted through duplication of administration. And on a personal

note, I have been freed to spend time pursuing my charitable interests and mentoring.

Some of my colleagues who are less focused on growing their own portfolio of dental practices have used the partnership model to unshackle themselves from aspects of practice admin in order to return to the clinical focus that originally fuelled their passion for dentistry, while others have taken

the opportunity to slip into semi-retirement.

Work-life balance has always been a difficulty for practice owners. As any small business owner will attest, 'switching off' at the end of the day does not come easily when there is always something to be done. Having the safety net of being part of a wider group of dentists and being able to offload the aspects of the business that

bring you less satisfaction means that you can wave goodbye to your last patient, confident that everything that should be done has been done. Days off lose their anxiety.

This new way of collaborating has meant that I have the freedom to pursue my own path while gaining support in areas such as financial responsibility and compliance. Dentists do not want to be

tied up in red tape, but they do want the autonomy to decide what is best for their patients and their practice. The partnership group model is the ideal compromise.

Dr Mitesh Badiani is a Regional Partner at Dentex, as well as Clinical Lead at Devon Dental Centre of Excellence and Plymouth Dental Centre of Excellence, with over 20 years of dental experience.

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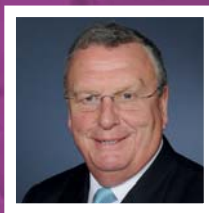
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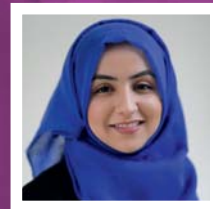
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