

DENTAL TRIBUNE

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News in Brief

To have & to hold

True love may be the key to a long and happy marriage – but being a dentist helps, too, according to new research. A paper that correlates occupations with divorce and separation rates, published this week in the *Journal of Police and Criminal Psychology*, reveals that dancers and choreographers, bartenders, massage therapists and telephone operators are most likely to split up. Those looking for a life of fidelity and loyalty, however, should marry agricultural engineers, optometrists, dentists, members of the clergy and podiatrists. Dr Michael Aamodt, an industrial psychologist and professor of Industrial and Organisational Psychology at Radford University in Virginia, has invented a formula to work out the likelihood of success for a marriage, based on the percentage of people in 449 occupations who had been in a marital relationship, but were no longer with their spouses. Using census information, Aamodt rated professions and trades according to their likelihood of achieving a successful marriage. His study found that chefs and mathematicians shared a 20 per cent chance of getting divorced or separated. Despite their long hours, or perhaps because of them, chief executives had only a 9.81 per cent chance of experiencing marriage breakdown, slightly above pharmacists, dentists and farmers.

New Modules Launched

After the success of *Communication in Dentistry: Stories from the Practice*, Smile-on in association with Dental Protection Ltd (DPL) have launched the next three modules of this flexible approach to dental training. Modules four to six of *Communication in Dentistry* consist of: Module four: Complaint handling and dealing with difficult patients; Module five: Consent and communicating choices; Module six: Recording communications. The cutting edge technology and informative content offers users a flexible approach to promoting effective and reliable working systems to help practices enjoy greater success and safeguard themselves from legal action. Smile-on is proud to support all dental professionals by offering flexible education and accessible learning to help build fulfilling and successful dental careers. For more information please call 020 7400 8989 or email info@smile-on.com

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Incorporation

James Shedlow discusses the pros and cons of incorporating your practice

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HTM 01-05 battle continues after BDA claims

British Dental Association calls for evidence to be examined by NICE

The British Dental Association (BDA) has made the bizarre claim that the Department of Health's (DH) chief dental officer has refused to publish documentation on contamination he has already committed - in a letter to the *British Dental Journal* - to publishing if required.

In a letter to the DH, the BDA has renewed its 2007 request for a full review of the evidence-base for the HTM 01-05 guidance document on decontamination in dental surgeries.

The BDA claims that three areas of the guidance have been amended before printing the document, which includes permission to use potable water for the rinse stage of decontamination. The BDA claims this is a climb-down from the previously intended requirement for reverse osmosis and freshly distilled water.

The association also objects to an increase in the period during which instruments can be stored after processing in a validated vacuum sterilizer, from 30 to 60 days.

It also draw attention to the revision of the requirement of two sinks for decontamination, to allowing two bowls in a single unit.

The association claims that concern about these changes has been heightened by a 'consistent failure' by the DH to publish references for the document's evidence-base.

BDA executive board chairman, Dr Susie Sanderson, said: "It is telling that changes to the content of HTM 01-05 have had to be made already. The changes expose the uncertain evidence base on which the document is founded and will be a cause of great concern to dentists. These doubts can only be exacerbated by the failure of the DH to publish its evidence base for the document.

"To establish that evidence base the BDA believes the guidance must be looked at in detail by NICE."

Dr Barry Cockcroft, chief dental officer for England, said: "Improving patient safety is a priority for the DH and we make no apology for updating our guidance to make sure dentists have the most up-to-date scientific advice available. The document must reflect the latest knowledge and needs to be up-to-date. We will therefore be constantly refreshing it.

"As the BDA is aware, we have already committed to publishing the list of references for all our latest evidence at the earliest opportunity."

He stressed it was a living document, which was updated to reflect changing evidence.

He added: "The knowledge base has moved on in the first two areas mentioned by the BDA.

"Regarding point three, this is not new guidance, it has just been re-positioned within the document.

"In addition, the BDA were also members of the expert working group and commented on working drafts over quite a long period of time."

He said the clinical section of the guidance had been available online since October 2008.

Dr Cockcroft continued: "The new guidance has essential quality requirements, which are not

much greater than the existing requirements defined in the BDA's own guidance document. However the aim is to move towards best practice as defined in the new document"

Over the last five years, the DH has introduced a Clean, Safe Care Strategy, resulting in cleaner hospitals and significant reductions in MRSA and *C. difficile* infections. [DH](#)

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World Diabetes Day lights up the London Eye

Gum Disease Linked with Diabetes

Clinical guidelines recently released by the International Diabetes Foundation (IDF) emphasise the importance of periodontal health for people with diabetes, which affects about 246 million people worldwide.

World Diabetes Day (WDD) on November 14 shone a spotlight on the condition, with iconic buildings such as the London Eye, lit up with the blue WDD circle logo.

Founded by the IDF and the World Health Organization (WHO) in 1991, WDD aims to raise awareness of diabetes. This year sees the first of a five-year campaign addressing the growing need for diabetes education and prevention programmes.

The new IDF oral health clinical guidelines support research which suggests that the management of periodontal disease - which affects the gums and other supporting tissues around the teeth - can help reduce the risk of a person developing diabetes and can also help those with diabetes control their blood sugar levels.

The IDF guideline contains

clinical recommendations on periodontal care, written in collaboration with the World Dental Federation (FDI). These encourage health professionals look out for symptoms of periodontal disease such as swollen or red gums, or bleeding during tooth brushing and to educate patients with diabetes about the implications of the condition on oral health.

“Educating people about the risk factors of diabetes and promoting action to encourage early diagnosis, is vital in tackling the worldwide diabetes epidemic,” said Sir Michael Hirst, president-elect of the IDF.

Samuel Low, associate dean and professor of periodontology at the University of Florida College of Dentistry, also emphasised prevention.

He said: “Everyone should maintain healthy teeth and gums to avoid periodontal disease, but people with diabetes should pay extra attention.

“Periodontal disease triggers the body’s inflammatory responses, which can affect insulin sensitivity and ultimately lead

to unhealthy blood sugar levels. Establishing routine periodontal care is one way to help keep diabetes under control.”

He added: “I know that these clinical recommendations will be helpful for those professionals who work with and treat people with diabetes. I also encourage the medical and dental communities to work together to provide the best possible care for our patients.”

In the UK alone, diabetic diagnosis has increased from 1.4 million in 1996, to 2.5 million in 2008. By 2025, there are predicted to be more than four million people with diabetes in the UK. It also is estimated that there are around half a million people currently living with undiagnosed type 2 diabetes in the UK.

Viggo Mortensen is UK & Ireland vice-president of global healthcare company, Novo Nordisk, which helped sponsor WDD. He said: “As a world leader in diabetes care, we are truly committed to defeating this disease. Promoting greater awareness of the risk factors for diabetes and encouraging best-practice sharing in diabetes prevention and management is key to achieving this.” **DT**

BDTA prize winner

David Tomkins was the lucky winner of the holiday for two to the luxurious Caribbean Island of Barbados.

The official Showcase prize draw, provided with compliments of the BDTA, was designed to link in with the Showcase 2009 ‘Treasures of Dentistry’ theme and was open to everyone who registered in advance for tickets to the event and attended on one or more of the exhibition days.

David is a dentist at Prescot House Dental Surgery in Merseyside and was ‘gobsmacked’ when he received the news of his win.



Tony Reed draws the winning ticket

Tony Reed, executive director at the BDTA, said: “Thousands of visitors entered the prize draw which proved popular with visitors. We originally developed the ‘Treasures of Dentistry’ theme to conjure up images of clear blue skies, white sandy beaches and bring a little sunshine into November at Dental Showcase. I’m

sure David will experience all of this on the trip and thank you to everyone who entered the draw.”

Put the dates in your diary
BDTA Dental Showcase 2010 takes place at ExCeL London, 14-16 October 2010. For further information, visit www.dental-showcase.com. **DT**

Podcast helps dentists under investigation

Dental Defence Union (DDU) members facing a General Dental Council (GDC) investigation now have extra help on hand in the form of a newly launched podcast.

Entitled, *A letter from the General Dental Council*, the podcast offers practical advice for members, during what could be one of the most stressful times of their professional lives.

DDU dento-legal adviser Leo Briggs, who is interviewed on the podcast, said: “This is particularly timely, because last year, there was a 20 per cent increase in the number of complaints about dental professionals considered

by the GDC at Stage 1 of, Fitness to Practise, compared to 2007.

“While only a handful of complaints will reach a, Fitness to Practise, panel, we believe that it is helpful for dental professionals in this position to have some understanding of the process and how they can give themselves the best chance, by seeking expert help from the outset from their dental defence organisation.

“The good news is that 89 per cent of complaints considered by the GDC investigating committee in 2008 - in which DDU in-house lawyers assisted members - did not proceed to a, Fitness to Practise, hearing.”

The podcast covers important advice relevant to GDC complaints and investigations. This includes calling the DDU advice line soon after receiving a letter from the GDC and acknowledging it promptly. Dentists are also advised to contact the DDU if they are asked to give comment or answer criticisms during the investigation process, as the union has an expert team of dento-legal advisers and lawyers to support and advise members throughout.

If contacted by journalists, the DDU advises dentists to contact the union first before responding to media queries.

For a copy of the podcast, log onto: www.the-ddu.com **DT**



The podcast covers important advice relevant to GDC complaints and investigations.

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Editorial comment

Cross-infection controversy - HTM 01-05

HTM 01-05 has seemingly been causing much controversy amongst the profession. Conspiracy theories abound; it's a con perpetrated by the washer-disinfector manufacturers wanting to sell more equipment, a regulatory minefield designed to drive more dentists out of business, part of an alien invasion plot and other theories have been touted (*ok, maybe I made the alien one up - Ed*).


It may not be a conspiracy, but HTM 01-05 is certainly causing controversy. These latest claims

by the British Dental Association of non-publishing of the evidence base for the guidelines by the Department of Health will keep the 'he said/ she said' argument going for some time!

Love it or loathe it, disinfection and decontamination guide-

lines are here to stay and dentists should do their best to be ahead of the game in terms of best practice within the limitations of their individual surgery setups.

In lighter news, dental professionals make for great marriage material! Research published in

the Journal of Police and Criminal Psychology doesn't give reasons beyond the formula used to work out the data, but I have my own theories - the uniform, unlimited access to Lido-caine, exotic CPD trips involving activities such as skiing or golf... 

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

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

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Edinburgh practice on OH mission

Edinburgh practice Stamford Street Dental Care has launched a dental health campaign by distributing 3,000 cards with top dental tips.


The brainchild of surgery owners, Yann and Gilly Maidment and their team, the campaign aims to reduce restorative treatment in the practice. The Maidments estimate that more than 100 people a year take advantage of their Relief and Rescue, package for non-registered patients who need to see a dentist urgently.




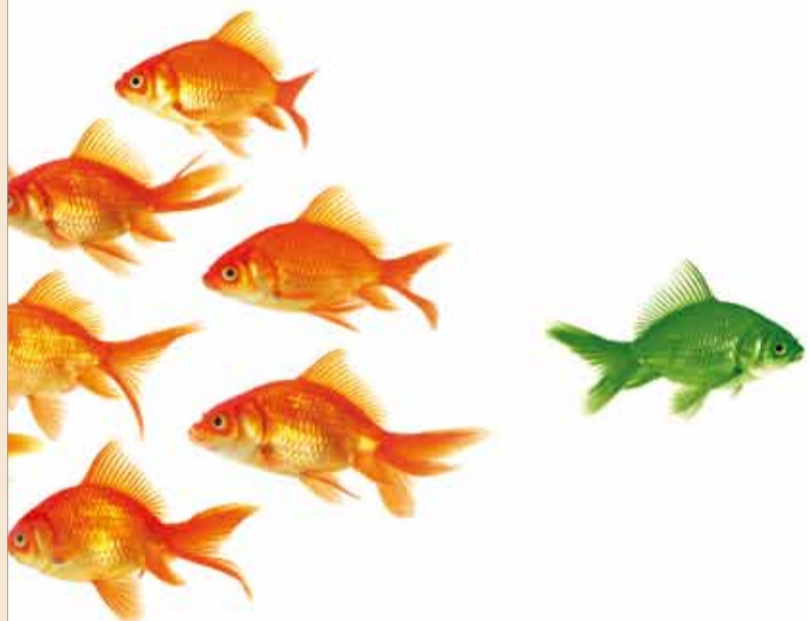
Gilly and Yann Maidment

Mrs Maidment said: "When we realised how many patients we were seeing who wished they had been better informed, we decided it was time to take pre-emptive action and reach out into Edinburgh homes and workplaces to get people thinking how they could improve their dental health."

The Scottish 2008 health survey showed that 56 per cent of adults over 65 had no teeth, with 41 per cent of Scottish adults reporting dental pain in the previous ten months. It acknowledged that Scotland's oral health is poor compared to other European countries, exacerbated by poor diet, poverty and tobacco use.

Tips include keeping sugary snacks and drinks to mealtimes. The advice is based on the Department of Health report, *Delivering Better Oral Health* - the evidence-based prevention toolkit of 2007. 





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Access contracts 'risky' claims Dental Committee

The new Department of Health's (DH) template contracts for dental access funding are 'unnecessarily complex', which makes them 'risky and inappropriate for dental practice', according to the BDA's General Dental Practice Committee. (GDPC)

The DH's national dental access programme wants to ensure

that by March 2011, anyone wanting NHS dentistry can access it in a reasonable time. Through the PCT procurement framework, the DH aims to support PCTs participating in the programme to commission NHS dental services to deliver 'fair, robust and competitive procurements'. To this end, the DH has produced best practice guidance and template procurement documents, which will need

'This special dental access template, will help us to move further and faster in improving access and quality of dental services.'

PCTs' input to make them appropriate for their requirements.

However, although taking up a 'PDS Plus' contract is not mandatory, John Milne, GDPC chairman, said dentists should exercise great caution before making a decision to do so, despite changes made by the DH.

He said: "Although it must be

an individual business decision, we advise dentists to think very carefully and seek advice before taking on one of these contracts, as the dangers of breach are rife and the consequences of breach may be very damaging to practices.

"The GDPC, advised by specialist lawyers, has spent more than four months explaining in detail to DH why its proposed contract was unsuitable, one-sided and unsafe for practitioners. "The first version, based upon a medical model, was wholly unacceptable and we advised members not to sign it. While DH has made some significant changes, we still do not feel that the contract is acceptable."

The GDPC is of the opinion that fundamental new provisions, such as the payment mechanism, the need to comply with new key performance indicators and the 'dental care assessment' of patients should have been developed and piloted in conjunction with the wider profession through the implementation of the Steele review.

Mr Milne added that the contract still incorporates too many controlling provisions, which could lead to intrusive micromanagement. He said: "Practices will need to devote considerable resources to managing the contract and ensuring that requirements are met. For most practices, this will require a dedicated contract manager and for the contract value to reflect the risks and extra work required"

The final version of the, 'PDS Plus', template agreement for dental access procurement runs to approximately 50 pages and 17 schedules.

Chief Dental Officer for England, Dr Barry Cockcroft said: "The NHS has made a commitment that everyone who wants access to NHS dentistry can get it by March 2011. To support this, PCTs have had significant increases in resources with an additional £380m of funding over the last two years taking central dental funding to a record £2,257m.

"To ensure we improve people's access to NHS dentistry, we have developed a template agreement that PCTs can use to commission new services. The agreement will allow PCTs to count the number of new patients as well as the amount of work that dentists do, and enable them to reward dentists for the quality of the services they provide.

"This doesn't replace the current NHS dental contract system, which is working well. But this special dental access template, will help us to move further and faster in improving access and quality of dental services. **DT**

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View of the Mouth – Oral Cancer

Dental Tribune talks to Professor Stephen Porter about the dangers of oral cancer and an innovative diagnostic technique, with the potential for speedy diagnosis and referral for patients

In the UK, about 3,500 patients annually are diagnosed with oral cancer, of which 900 are fatalities. Elsewhere in Europe there has been a six-fold rise over the past 40 years among young adults with the most frequent tumour of the mouth - oral squamous cell carcinoma - (OSCC) with numbers predicted to rise.

Prof Stephen Porter confirmed that although oral cancer had a fairly low public profile, it was increasingly common. He said: "OSCC is possibly the eighth most common cancer worldwide and thus more common than diseases such as cervical malignancy."

Researchers from the UCL Eastman Dental Institute and the University of Surrey are conducting a study over the next year on the potential efficacy of dielectrophoresis, a non-invasive technique of diagnosing oral cancer. Prof Porter explained: "If successful, this new technique would provide a simple and quick means for a dentist or doctor to determine whether a lesion in the mouth was potentially cancerous."

"It could lead to a chairside test for potentially malignant disease, which would give an immediate result and lead to early referral."

The technique's methodology uses a brush placed over a suspicious oral lesion to collect cells, which are then examined in the laboratory to detect any changes in electro-physiological properties.

Prof Porter said studies were investigating ways of encouraging people to change behaviour that increases the risk of oral cancer. He said although the main risk groups are those who smoke and/or drink alcohol, there is increasing evidence that sexual lifestyle may also play a role in increasing risk.

Heavy smokers have a six-fold greater risk of oral cancer. In addition, alcohol acts synergistically with tobacco, which means that people who drink and smoke heavily are 24 times more at risk of contracting oral cancer. Therefore, early diagnosis is crucial."

He commented that poor oral hygiene is also a possible contributory factor, although the precise impact of alcohol-containing mouthwashes remains uncertain. Additional risk factors include a diet with a lack of fresh fruit and vegetables.

"The difficulty is that many who are in a risk group are also economically deprived and do not readily access health care, perhaps especially dentistry."

He added: "Other less common factors which may predispose to mouth cancer include immunologically-mediated disease such as oral lichen planus and rare genetic disorders, for example, Fanconi's anaemia. A small number of people do however develop mouth cancer without having any of the aforementioned risk factors. This suggests that subtle, perhaps genetically-driven, factors may influence the development of this tumour."

Prof Porter said it is vital to run any oral cancer screening programme hand-in-hand with an education programme on risk factors. But he warned: "Any education programme must be targeted at the groups at greatest risk of mouth cancer. The difficulty is that many who are in a risk group are also economically deprived and do not readily access health care, perhaps especially dentistry."

"Therefore, this group may well miss out on programmes centred around health care providers. It would therefore seem better to screen people in more public locations such as supermarkets."

"Education is difficult. Already cigarette packets have warnings about oral cancer risks, and in Scotland there was a national campaign on mouth cancer. Any educational package must be simple and target those at greatest risk. It would seem sensible and cost effective to 'piggy back' education on oral cancer into programmes allied to smoking, drink and sexual lifestyle."

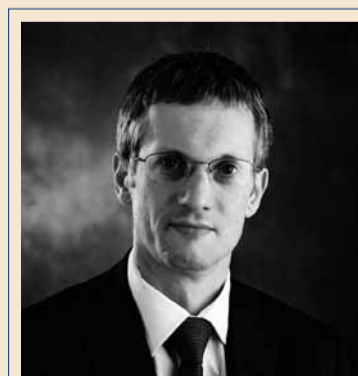
Although diagnosis of mouth cancer is generally based upon clinical detection by a dentist or doctor confirmed by biopsy of the lesion, Prof Porter said many patients presented with late and therefore extensive oral disease, so overall five-year survival rates could be as little as 50 per cent.

He added: "In addition, patients have a one in five chance of developing new tumours in the mouth or upper airways, hence lifelong clinical review is important."

Prof Porter sees dielectrophoresis as a potential warning to at-risk groups to change their lifestyles, but he said: "Lifestyle changes do not cause an immediate reduction in the risk of oral cancer. It may take 10-15 years for the influence of tobacco upon the mouth to diminish. So we would hope that the technique will detect the changes that precede the actual development of mouth cancer."

In some cases it is hoped that the technique could prevent an oral lesion from developing further. Prof Porter explained: "If the lesion is potentially malignant then it could be removed and the patient regularly reviewed. But there is a 30 per cent risk that it could return. However, early detection and treatment would avoid the possibility of cancer developing. The exact influence of cessation of tobacco and/or alcohol upon the risk of future disease is unclear, but certainly if the patient continues with these activities, the risk of future disease is unlikely to fall."

A final word of warning: "Even if the lesion is cancerous and is treated appropriately, there still remains a one in eight chance of the patient developing further potentially malignant or malignant disease." DT



Prof Porter is the director of UCL Eastman Dental Institute and an honorary consultant in oral medicine, who is qualified in both medicine and dentistry.

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Lingual orthodontics on Euro stage

This group of specialists has evolved from a select study club to a respected group, which is hosting a major European event in London next year.

BLOS chairman, Rob Slater, is an orthodontic specialist as well as a member of the organising committee for the European Society for Lingual Orthodontics meeting in July 2010. He regards lingual orthodontics as one of the most important dental developments of the century.

He said: "We had Edgewise at the start of the 20th century, Begg in the 1920s, Straightwire in the 1970s, aligner systems in the 1990s and now lingual today"

He added that more and more general dental practitioners are recommending orthodontic treatment to patients who needed gaps closed or opened, prior to a course of restorative treatment.



Rob Slater The British Lingual Orthodontic Society (BLOS) is spearheading the rising demand for lingual orthodontics in the UK.

He added: "Dentists have refrained from suggesting orthodontics in the past because they knew their patients wouldn't tolerate looking like a teenager. But when the appliances can be fitted behind the teeth, it's a different story. BLOS members are already seeing more referrals from dentist colleagues."

He said the newest systems

on the market had overcome previous mechanical challenges.

"Overjet reduction is easier with lingual and overbite reduction can also be more effectively achieved."

BLOS members have made links with orthodontists in Europe and further afield, which has led to joint meetings with the Italian counterpart to BLOS - Associazione Italiana Ortodonzia Linguale.

Mr Slater hopes that the transformation of BLOS from niche to national will be complete in 2010 and that lingual orthodontics will become established as part of the armamentarium of every ambitious orthodontic specialist.

For more information about BLOS, log onto: www.blos.co.uk or to find out more about the European meeting, go to www.eslo-congress.com DT

Compliance with decontamination rules

Dentists in Scotland must comply with new Scottish Government guidance on dental decontamination and ensure their validation is up to scratch, warns the UK-wide MDDUS.

All primary dental care practices received updated guidance from the chief dental officer for Scotland this month. These included information about the timescales for compliance with decontamination requirements, as well as other actions which need to be taken by December 2009.

Aubrey Craig, head of the dental division of the MDDUS, said: "It is welcome news that the other home countries are devel-

oping processes for decontamination in dental surgeries. Scotland has been the lead on this for a number of years.

"It was reassuring to see that Dr Margie Taylor, upon taking up her post as chief dental officer for Scotland, wished to gather information prior to formulating the guidance."

But he continued with a word of warning: "However, there is no way out for practitioners. They will have to comply with the guidance and ensure that their Health Board is fully aware of their plans."

The situation in England is different in that all dental practices will have to meet essential

requirements of the Department of Health's guidance on dental decontamination by April 2010 – twelve months after the publication of the HTM 01-05 guidelines. To assist practice owners, model protocols and audit tools have been included with the implementation of HTM 01-05.

It is anticipated that the guidelines will be adopted in Wales as well as Northern Ireland, but amendments will be applied in the province.

MDDUS advises that HTM 01-05 does not apply in Scotland as dentists there are in receipt of guidance documents from various organisations that provide advice on such matters. DT

Age equality consultation launched

To prepare health and social care services for new anti-age discrimination laws, the Government is calling for peoples' views on the likely implications.

The consultation asks for comments on the recommendations of a review into the implications for health and social care of new age requirements in the Equality Bill.

The Bill will ban age discrimination against adults in public services. This has particular implications for health and social care because age can be a factor

in decisions about some treatments and services. The Health Secretary, Andy Burnham has already signalled his support for implementing the new laws in 2012 when other sectors will do the same.

Sir Ian Carruthers and Jan Ormondroyd were asked by the Government to lead a review of equality in the NHS and social care. They found that:

- health and social care services should implement the new requirements in the same time as other sectors - 2012;
- no areas within health and so-

cial care should have wholesale exemption from the legislation;

- where possible, age as a criteria for assessing care provision, should be replaced by more pertinent and individualised evidence;
- local authorities review their assessment procedures; and
- all professional regulatory organisations review and, if necessary, revise their standards, codes of conduct and education programmes.

The consultation will close on 15th February 2010. Responses can be made at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_108887 DT

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Regular Brushing Could Keep Thinking Sharp

Maintaining good oral health could help keep thinking skills intact in the ageing population, according to an American study.

Researchers from Columbia College of Physicians and Surgeons in New York claim that gum disease can influence the functioning of the brain through

causing inflammation in the body, which they claim can be a risk factor in the loss of good mental functioning.

The study, which was based on adults aged 60 and above, found that those with serious gum disease were three times more likely to have trouble recalling a three-word sequence

after a specified period of time.

The research project also found that adults with the highest levels of the pathogen which causes gum disease, were two times more likely to fail three-digit reverse subtraction tests. They were also nearly three times more likely to struggle with verbal memory tests and

twice as likely to fail on verbal recall and subtraction tests.

The study, which was reported in the *Journal of Neurology, Neurosurgery, and Psychiatry*, was based on more than 2,350 men and women who were tested for periodontitis and completed numerous thinking skills tests as part of a national survey. **DT**

Dental Pessimism

A New Zealand study has revealed that people with a negative view of the world could be more likely to suffer from poor oral health, including decayed or missing teeth.

The findings came after the anxiety levels of 1,037 people were compared with their dental records.

Experts at the University of Otago, discovered that a quarter of participants could be classed as having anxious personalities, which included a fear of the dentist.

‘These people tended to be the glass-half-empty personality type’

Some were so scared that they would avoid the dentist altogether until the problem became so serious that treatment could no longer be avoided.

As a result, people who developed “dental anxiety” tended to have more tooth decay than those who were not concerned or worried about treatment.

Statistics showed that, compared to the average population, people who were very nervous about visiting a dentist, had double the average number of rotten or missing teeth and fillings by the time they were 52.


Professor Murray Thomson, who led the study, said: “These people tended to be the glass-half-empty personality type - people who, as a rule, would be anxious about other things, such as heights.

“Some in this group were also anxious due to bad dental experiences in the past. Usually, these people become more and more anxious through a vicious cycle of avoiding the dentist, to the point where their dental condition becomes much worse.

“They then require more unpleasant treatment options such as lancing an abscess, root canal treatment or a tooth extraction. This reinforces their dental anxiety and makes it even less likely that they will attend the dentist next time they have a problem.”

He said the study, published in the *Journal of Community Dentistry and Oral Epidemiology*, showed that if people avoided dental care, then in the long run they would be worse off, not only dentally but also in terms of their appearance, social interactions and quality of life. **DT**

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Home from home

In part two of this three-part series, Dr Solanki asks you to consider your practice image and what message it's giving to your patients

Many factors contribute to a successful marketing plan, but if we were to start at the very beginning there are a few things that firstly need to be addressed in order to establish that you are you ready to start marketing and pushing your services. Remember that you only have one chance to make a good impression.

How do you feel when you walk into your practice? Have you taken the time to sit in your waiting room and just look around? Possibly one of the most important things to consider is not only getting new patients, but also keeping them.

You won't be judged on your dental expertise, patients do not know about this; instead they judge you on the presentation of your practice. A significant sum of money will need to be spent so that your practice décor matches up to your aspirations. It is also worth noting that due to the Department of Health's HTM 01-05 Decontamination guidelines, infection control must also be considered. Compliance will soon be mandatory and a disorganised, cramped and cluttered surgery with cracked worktops, etc means even the strictest hygiene measures can easily be compromised and this will need to be addressed.

The extra mile

Either mandatory or self motivated, going the extra mile and putting on the fine touches will have patients feeling like a trip to your practice is like a visit to the health spa. Is the carpet new or old and grim? Is the seating comfortable and what year do the magazines date back to? Can patients get a cup of tea or a cold drink, and what about their other half? Do they have to sit in the car? The list goes on.

Your practice environment is what will have the most impact in the eyes of your patients and this does not only include the aesthetic appearance, this also includes how your patients are treated by your staff. Training your staff and spending time with all of the team will help you to ensure that they are working toward the same goal as you. Without one vision and one common goal that you and your team share, it is likely that it will fail.

How do your team currently answer the telephone? Do they listen attentively to all patient enquiries? Do they know enough

about the treatments on offer to answer a patients' question?

Once you have invested your time and money in making your

practice the kind of place that potential patients wish to visit, it is then the perfect time to investigate a marketing strategy and explore your future possibilities by encour-

aging growth for your practice and a steady flow of business for you and your team.

In the next part of this series, we will look at what kind of marketing options you have available, highlight the pros and cons of marketing and how to ensure that your budget is used as an investment back into your practice. [DT](#)

About the author



Dr Solanki studied medicine at the University of Oxford followed by a PhD, having come from a business-orientated family he followed his passion of starting up a dental marketing company with its strengths in online search marketing in early 2007. Since then, he has undertaken extensive search engine optimisation (SEO) training from some of the world's leading experts in this field and continues to do so. He offers advice on SEO, business consultancy and strategic marketing campaigns for his clients. He is also the founder of the world's most visited dedicated cosmetic dentistry website www.cosmeticdentistryguide.co.uk. Dr Solanki now offers dedicated marketing strategies for dental practices on a referral only basis.



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