

DENTAL TRIBUNE

—The World's Dental Newspaper • United Kingdom Edition—

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News in brief

Late payment

The Department of Health (DoH) said news of the Review Body's recommended contract increase (of 3.8 per cent) came too late to be included with the April payment, but should be paid at the end of May, backdated to April 1. The net rise, after expenses is 2.2 per cent, but is not paid directly to associates, as it depends on what arrangement is in their contract with the practice.

Less taxing

All small businesses including most dental practices can now write off the first £50,000 of equipment, bought after April 6, against their tax bill in this tax year. Following the last budget, the advice comes from The Association of Specialist Dental Providers.

Oral cancer

Edinburgh-based Kenny Richey who was recently released after spending 21 years on death row in an American jail has been diagnosed with oral cancer. He said: 'After spending 21 hellish years in prison I thought I had been given another chance at life.'

Banking fees

Royal Bank of Scotland Business account holders, including dentists are to pay fees from June 2. The bank said it is merely 'bringing them into line' with their one million other business customers as well as arrangements at other banks.

ADA mystery

The executive director of the American Dental Association (ADA) Dr James Bramson has left his post in a hurry together with chief operating officer Mary Logan. ADA President Mark J. Feldman is serving as the interim executive director and will lead the hunt for a replacement.

Leeds outreach

Chief dental officer, Barry Cockcroft, has opened the first dental outreach teaching unit in Leeds at inside a community health centre. Students qualifying as dentists, dental nurses or dental hygiene therapists will train together. Special care community dental services are also provided in an adjoining unit, allowing a wide range of dental care to be offered.

News and opinions



Award winners

The profession waited with baited breath last month to find out who had won what at the glamorous Dental Awards.

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News and opinions



Beautiful cover

The Dental Defence Union (DDU) has introduced special indemnity insurance for dentists offering cosmetic work

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Practice management



Great expectations

An individual has the right not to have their personal details disclosed without their consent but how far do you go?

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Ortho Tribune



Going legal

An increasing number of claims and complaints involving orthodontics means this is an issue the profession cannot ignore.

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UK medical experts back periodontal report

Medical experts are urging dentists and physicians to work closer together in a bid to improve and understand patient health.

The news follows the latest clinical evidence from a new report which examines the association between periodontitis and systemic conditions.

A UK group of cardiology, endocrinology and periodontology experts found a potential link between periodontitis and an increased likelihood of CVD.

They also discovered that periodontitis is also often more severe in subjects with diabetes mellitus - a group already at increased risk for cardiovascular events.

The Potential Impact of Periodontal Disease on General Health represents the first time a broad group of UK experts has convened to explore the growing body of research into this important area.

On reading the report Dr Tony Jenner, deputy chief dental officer for England said: 'The Department of Health (DoH) launched *Delivering Better Oral Health—An evidence based tool kit for prevention* in September 2007. This document intended for use throughout dental care services aims to provide practical evidence-based guidance to help promote oral health and prevent oral disease.

'We welcome this new report and it reinforces the current drive for greater emphasis on prevention of ill-health and reduction of inequalities of health by the giving of advice and application of evidence-informed actions.

'It is important that the whole dental team, as well as other healthcare workers, give consis-

tent messages and that those messages are up to date and correct. This literature review does however identify a lack of prospective studies at this point in time linking periodontal disease with CVD and until such studies have taken place we should be cautious in attributing a causal effect'.

Dr Ray Williams, a USA periodontist at the University of North Carolina School of Dentistry and lead author of the report, said: The promotion of good oral health, as part of better overall health care should be seen as a natural extension of current healthy lifestyle messages around diet, exercise and the cessation of smoking, which are designed to help reduce the burden of CVD and diabetes.'

Periodontitis has attracted much interest as a potential risk factor not only for cardio-vascular disease (CVD) and diabetes, but also for its association with adverse pregnancy outcomes, respiratory disease, kidney disease and certain cancers.

The interaction of oral health and general health has been recognised in the dental profession for a long time, but doctors especially those in general practice do not recognise the link.

This could change with a recent expert report published in *Current Medical Research and Opinion*, which examined the potential link between oral hygiene, associated gum disease and other systemic diseases involving inflammatory processes such as CVD and diabetes.

The authors conclude that both doctors and dentists are encouraged in the report to educate patients on the importance of maintaining a healthy mouth for the sake of their general health.

The infectious and inflammatory burden of chronic periodontitis is believed to have an important systemic impact on overall health. The exact reasons are unknown, but may be the result of oral bacteria entering the bloodstream and/or the systemic inflammatory reaction produced in response to the oral bacteria.

The idea that oral infection and inflammation within the mouth can reach distant sites and organs in the body, or the 'focal infection theory', was a popular concept in the 1920s but interest waned.

Compelling reports from Finland in 1989 linked CVD and periodontitis, and there has been a major effort to elucidate the rela-



Medical experts finally acknowledge there is a link between periodontitis and systemic conditions

tionship of oral health to general health The emerging position of periodontal disease in cardiovascular and metabolic disease research has been recognised by the World Heart Federation and by the American Diabetes Association congress committees as a topic for inclusion within recent and forthcoming international congress programmes. [1]

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Dental Award winners celebrate in style

The dental profession turned out in style earlier this month with black ties and posh frocks to hear who won what award at this year's dental awards.

Held at The Royal Lancaster Hotel in London's West End, there were entrants from across the country including Lanarkshire, Sheffield, London, Northern Ireland and Cardiff.

TV star Fred MacAulay compared the event, whipping the profession into a mood of humour and joviality with neck-breaking speed.

The traditional categories for the profession were joined this year by a new award, Product Innovation, which for the first time introduced the dental trade into the event. The inaugural award was won by Dental Design for its e-touch device, with the other finalists comprising Dentsply's Orafix anaesthetic and Optergo's prism loupes.

The most surprised winner of the evening was Mary Newing MBE, who was thrilled to be the recipient of the Outstanding Achievement Award for her long years of service to the profession through her role as Editor on Dental Practice.

This year was the tenth anniversary of the Dental Awards, and it celebrated in style by the surprise appearance of Tenors and Divas Incognito, who helped swing the 500-strong assembled guests in celebratory mood with renditions of classical aria and singalong favourites.



Hassan El-Nashar was delighted to win Dentist of the Year



The team support winners from El-Nashar Dental Care makes sure DTUK's Joe Aspis enjoys the moment!



Lovely Mary picks up her well earned Outstanding Achievement Award

Commenting on the event, chair of the judging panel and editor of co-organisers The Probe Lisa Townshend said: 'The awards evening was a fantastic night. I'd like to commend everyone who entered, but special congratulations go to all of our winners – you set an example of professionalism and care for your patients for us all to follow.'

The Dental Awards 2008 was organised by Purple Media Solutions Ltd and the British Dental Health Foundation (BDHF). The event was sponsored by Denplan, The Dental Web, Software of Excellence, Sunstar and The Wrigley Company.

• The Winner in each category were:

1. Dentist of the Year

Winner: Hassan El-Nashar – El-Nashar Dental Care Ltd, Newton Abbot, Devon
Highly Commended: Dave Thomas – Thompson & Thomas, Sheffield

2. Hygienist of the Year

Winner: Alison Lowe, Cardiff,
Highly Commended: Debbie Bell – Surrey
Highly Commended: Sharon Ross – White Dental Spa, Alderley Edge, Cheshire

3. Team Support

Winner: El-Nashar Dental Care Ltd – Newton Abbot, Devon
Highly Commended: Smile Essential – Leicester
Highly Commended: Woodseats Dental Care – Sheffield
Commended: Thompson & Thomas – Sheffield

4. Oral Health Promoter of the Year

Winner: Pat Taylor – Forest Primary Care Centre, Edmonton, Enfield
Emma Clithero – Rutland
Jill Allbutt – Fenton, Stoke on Trent

5. Practice Environment

Winner: All Saints Green Dental Clinic – Norwich
Highly Commended: The Smile Suite – Clifton, Bristol
Commended:

Fergus & Glover – Aberdeen
Commended: The Dental Spa – Shrewsbury

6. Dental Nurse of the Year

Winner: Jacqueline Milizia – Park Road Dental Practice, Peterborough
Highly Commended: Kirsty Barber – Thompson & Thomas, Sheffield

7. Dental Receptionist of the Year

Winner: Lynne Lambert – The Smile Suite, Clifton, Bristol

8. Practice Manager of the Year

Winner: Cheryl Lawrence – Park Road Dental Practice, Peterborough
Highly Commended: Kate Carr – Stubble Lane Dental Centre, Sheffield
Highly Commended: Sue Bird – The Smile Suite, Clifton, Bristol

9. Dental Therapist of the Year

Winner: Lisa Bottrill – Ipswich

10. Dental Laboratory of the Year

Winner: Knight Dental Design – Plumstead Common, London

11. Best National Smile Month Event

Woodseats Dental Care – Sheffield

12. Technician of the Year

Winner: TJ Nicolas, The Implant and Ceramic Centre, Miserden, Gloucestershire

13. People's Award for Patient Care

Winner: Alastair Hayes, Tidworth Dental Centre, Wiltshire

14. Overall Team of the Year

Winner: Oral Health Team NHS Lanarkshire

15. Outstanding Achievement Award

Winner: Mary Newing, MBE

16. Product Innovation

Winner: Dental Design, e touch [DT](#)

Children still waiting for ortho treatment



Hundreds of children are still waiting for orthodontic treatment

Hundreds of children in north Cumbria are still waiting orthodontic treatment after services became too full. At the start of the year the backlog was almost at crisis point with 1,000 patients on the waiting list. But the primary care trust (PCT) has announced that two new centres, in Penrith and Cockermouth, have already helped to reduce that to 400.

PCT managers are now confident this backlog will soon be cleared and that changes to the way the service is run will prevent similar problems in the future. However, the new system does mean that the Cumberland Infirmary, Carlisle, will no longer be the first point for new orthodontic patients. Instead they will have to travel to one of the new centres – something some parents in Carlisle may not be able to afford. [DT](#)

Extra dentists for Anglesey

The local Anglesey health board (LHB) announced two new contracts to bring extra dentists to the west and east of the island – giving access to local treatment for another 4,000 patients. Back in January 2007, a mere third of Anglesey residents had access to an NHS dentist – forcing patients to travel as far as Liverpool to get treatment. The

shortage saw a protest group collect more than 1,000 signatures in just days to voice anger at the massive hole in services. Anglesey LHB chief executive Lynne Joannou said: 'These additional contracts should help to stabilise the provision of NHS dental services and improve access for members of this community. Work goes on to continually im-

prove the situation and the oral health of the population of Anglesey.' The local Welsh Assembly member Ieuan Wyn Jones said: 'The situation has improved but of course the provision in Anglesey has historically been far worse than in most parts in Wales and more needs to be done to increase access and ensure more NHS dental places'. [DT](#)

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Editorial comment

Joining forces

Periodontal disease maybe a 'silent' disease but it is a disease that needs radical attention from all. It's far too easy to delegate the dis-ease to hygienists, but clearly the responsibility is too heavy for one pair of shoulders. So who to blame? Well it's no good pointing the finger at one sector is it; For this is an issue that needs the help from dentists, primary care trusts (PCTs) and all equivalent bodies.

Unsurprisingly periodontal disease is barely recognised in the new contract, and with hygienist treatments costing £50 a go, this is a problem that's not going anywhere. On top of that, getting an appointment with a local hygienist is like getting a ticket for Glastonbury. If you don't call way before the plaque builds up, you have to pole-vault the walls to get an appointment.

So with two-thirds of the adult population suffering some form of periodontal disease we could all be donning gummy smiles pretty soon at this rate.

Nevertheless it is a preventable disease which does need the active involvement of the patient. But it takes *effort* and *dedication* so we have to be realistic. How many of us can really be bothered to floss day in and day out, followed by a thorough gurgling of aggressive mouthwash? It's just another chore on the 'to-do' list that most people are just too tired to cross off.

However, the significance of this condition cannot be ignored. And although most of the studies reviewed are small scale, there is emerging, compelling evidence of the link between periodontal disease and systemic conditions such as diabetes and cardio-vascular disease. With the increase in obesity, the numbers diagnosed with type-2 diabetes have also risen.

For many years dentists have recognised that diabetics have poorer periodontal health. The key to this new research is that improved periodontal health can lead to better general health. For example, a reduction in periodontal disease for diabetics can lead to a small, but significant improvement in the patients' blood sugar levels.

When diagnosed with type-2 diabetes patients are sent to an optometrist to check for signs of diabetic retinopathy, a condition which can lead to blindness. This (free) check is repeated annually. Yet how many

that this assessment is repeated annually?

The answer in both cases is probably none; Even with exceptions the patient has to find a dentist, plus an extra £50 for the hygienist the following week.

So the time is here now where dentists and doctors should join hands to work this one out. And it's a good time too for PCTs to offer diabetics free annual assessments. Enough said. [DT](#)

A genuine reward

There is something to be said when it comes to winning a 'kosher' award for being an exceptional professional (see page two). The Dental Awards continue to grow from strength to strength and is the only respected event that deserves a whopping applaud. Year after year The Dental Awards are presented in only the best venues, followed by quality cuisine and first

class entertainment. This year Fred MacAulay's humour was infectious, while the tenors and divas set a moving atmosphere which was just impossible to ignore. Well done Purple Media Solutions and big congratulations to all you winners. [DT](#)

Penny Palmer
DTUK editor

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Denplan rolls out Excel for Children

Denplan launched its Excel accreditation programme for children in Manchester earlier this month. The programme was developed with advice and assistance from Profes-

sor Raman Bedi, former chief dental officer for England who spoke at the launch.

Last year Denplan developed the new programme specifically

aimed at the oral health needs of children. It was successfully piloted by 45 practices. *Denplan Excel for Children* has two objectives; that when the children turn 18 years-old they will have no cavities and will be confident they will require no major restorative treatment as adults.

Denplan Excel for Children sits alongside Denplan Excel (for adult patients) as a component within this clinical governance programme. Commenting at the launch, Roger Matthews, Denplan's chief dental officer said: 'Recognising that children have different oral health needs from adult patients and drawing from latest research in the field, *Denplan Excel for Children* aims to re-define children's oral health care by offering support and guidance to dentists on the best approach to children's dentistry and also to influence parents in choosing the best dental care for their children. It has been welcomed by the profession at a time when children's oral wellbeing is never far from the headlines.'

The programme is simple and easy to use in general practice – acting as a support to dentists' current activities. It consists of a number of unique elements, including The Oral Health Score for Children and The Oral Wellbeing Score for Children.

The Oral Health Score for Children lets dentists provide a personalised treatment plan for each child based on more than the presence of active disease, and will allow children and their parents to more accurately monitor the changes in their oral health over time.

The Oral Wellbeing Score for Children is made up of four components measuring dental anxiety, oral health quality of life, oral health awareness and oral health confidence.

Together, they provide the dentist and parent with a comprehensive analysis and monitoring tool for children as well as providing the clearest ever indication of the state of their dental health – something adults have been able to do with the Oral Health Score in recent years.

Denplan's Excel for Children also includes an ongoing paediatric dental education programme for the whole dental team (and is CPD verifiable), allowing practices to keep up to date on the latest research and best practise in paediatric dentistry.

Asked at the launch whether the programme had any relevance to the millions of children treated under the NHS, Roger Matthews said: 'I would be happy to discuss it with any primary care trust that approaches me'. [D](#)



Gingivitis, if left unchecked, may lead to periodontitis. Emerging scientific research is associating periodontitis with other diseases, such as cardiovascular disease, diabetes and stroke^{1,2}

"Over the last decade, mounting evidence from epidemiologic studies suggests that periodontitis... may be an independent risk factor for atherosclerosis and CVD."

Dye BA et al. *J Clin Periodontol* 2006; 32: 1189-1199.

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References: 1. Scamman F. *Compendium* 2004; 26(Suppl 1): 19-25. 2. Dye S et al. *Compendium* 2004; 26(Suppl 1): 26-37. 3. Annamalai G et al. *Dev J* 2004; 24: 103-107. 4. Lindhe J et al. *J Clin Periodontol* 1993; 20: 523-534, supplemental report online. 5. Gendler-Selby F et al. *Am J Dent* 1997; 8 Suppl No. 51B-56. 6. Embery G et al. *J Dent* 1991; 4: 172.

*vs. military fluoride toothpaste.

The therapeutic indications set out in this Summary of Product Characteristics for Colgate Total include the reduction of dental caries, improvement of gingival health and reduction of periodontitis – it does not include the treatment or prevention of other diseases, such as cardiovascular disease, diabetes or stroke. The scientific information provided in this SPC is based on the following references:

1. Scamman F. *Compendium* 2004; 26(Suppl 1): 19-25. 2. Dye S et al. *Compendium* 2004; 26(Suppl 1): 26-37. 3. Annamalai G et al. *Dev J* 2004; 24: 103-107. 4. Lindhe J et al. *J Clin Periodontol* 1993; 20: 523-534, supplemental report online. 5. Gendler-Selby F et al. *Am J Dent* 1997; 8 Suppl No. 51B-56. 6. Embery G et al. *J Dent* 1991; 4: 172. 7. *vs. military fluoride toothpaste.*

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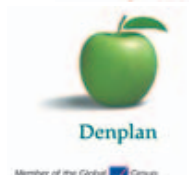


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Friday, September 5th 2008

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AM	Dr. Sascha Jovanovic Dr. Roland Glauser	<input type="checkbox"/>
PM	Dr. Didier Dietschi Prof. Dr. Fernando Maravankin	<input type="checkbox"/>
Evening buffet	Drinks, buffet and music by the Royal College of Music with barbeque in the Physic garden	<input type="checkbox"/>

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Beauty therapists and hairdressers are undertaking tooth whitening treatments

British Dental Bleaching Society will launch soon

A new society the British Dental Bleaching Society (BDBS) will be launched on June 6. As demand for tooth whitening increases in the UK, issues concerning the products used in the treatment are leaving dentists confused. The problems focus on which concentrations can be legitimately applied to the surfaces of teeth and who can actually provide tooth whitening services to patients.

As the tooth whitening products are classified as cosmetics, other professionals, such as beauty therapists and hairdressers are undertaking these treatments. To stop this loophole, the General Dental Council (GDC) has stated that only registered dentists should undertake tooth whitening for their patients. The new society will gain clarity for dentists. It is to lobby for a

change in the law so that dentists can undertake the treatment in a lawful manner using the appropriate bleaching materials.

Reluctance amongst some dentists to provide treatment has resulted in some patients seeking treatment from non-dental practitioners or purchasing over the counter kits from catalogues and the Internet. Many of these kits can cause damage to the enamel. The BDBS will address these issues to educate dentists so that they can treat patients in the most appropriate way with excellent whitening results. The general public will also be protected from rogue traders providing tooth whitening.

For further information please email Linda Greenwall at l.greenwall@btconnect.com, or call 0207 7070 www.bdbbs.co.uk

DDU introduces insurance for cosmetic procedures

The Dental Defence Union (DDU) has introduced special indemnity insurance for dentists who want to offer botulinum toxin and non-permanent resorbable dermal fillers to patients' lips or face, but excluding the neck.

The new insurance supplement, for existing members, was introduced in response to the growing popularity of cosmetic procedures over the last decade and the number of dentists wishing to undertake such work.

Rupert Hoppenbrouwers, Head of the DDU, said: 'Over the past decade the nature of dentistry has changed, with a greater

emphasis on improving the aesthetic appearance of the teeth and face. An increasing number of dentists are now providing cosmetic procedures, such as botulinum toxin and dermal filler injections, in addition to other aesthetic procedures such as tooth whitening and veneers.

'The DDU is constantly working to provide the best possible defence and dento-legal services to our members. This is why I am delighted, on behalf of the DDU, to be able to offer this insurance in response to members' requests and in the interests of patients.'

The supplement, which was introduced on 1 April this year, is



Rupert Hoppenbrouwers: I am delighted to offer this insurance in response to members' requests and in the interests of patients.

only available to dentists and evidence of adequate and appropriate training will be required. Dentists wishing to extend their membership to include these procedures should contact the DDU membership department on 0800 085 0614. www.ddu.co.uk

Dentists offer Botox and fillings

A growing number of dentists are offering Botox injections alongside routine dentistry says cosmetic lecturer Dr Bob Khanna. On average one in four dentists are now able to offer Botox injections, as well as anti-ageing fillers and facial peels, a survey found. Botox is offered between £150 and £1,000, fillers for £200 to £2,200 and skin-peels from £125.

Commenting on the shift, Dr Khanna said: 'Dentists' training in anatomy, and sterile good-

practice made them preferable to backstreet beauty salons for this sort of procedure.'

Dr Anoop Maini, a London dentist, said that about a quarter of his workload now involved treatments such as Botox and fillers, mainly for women aged between 40 and 50. He tells patients, 'I can give you the teeth of a 35-year-old, but unless you have work to remove the wrinkles around your mouth, you will still have the face of a 50-year-old'. www.dentaltribune.co.uk



Some female patients like the fact that their botox bills are labelled as dental.

Online forum prioritises research into primary care dentistry

A new online forum designed to identify the priorities for research into primary care dentistry was launched at the British Dental Conference and Exhibition earlier this month.

The online discussion forum will allow dentists to voice their opinions on clinical issues and scenarios encountered in everyday

practice and get definitive responses on questions they need answers to.

As well as providing participating practitioners with the best available evidence about topics in an easily accessible format, the forum will also identify the research priorities of practitioners in everyday practice.

Comprehensive literature searches and evaluation of topics raised will be carried out, with the results fed back to participating dentists.

Recurring themes will be noted and used to determine priority areas for research funding from the British Dental Association's Shirley Glasstone Hughes Trust research fund.

The forum is at www.primary-caredentistryresearchforum.org and a link to the forum is available on the BDA website. www.bda.co.uk

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Wrigley's highlights the attitudes



New research shows that one in five people do not have a dentist, with 50 per cent blaming lack of access, 43% blaming cost, with 28% of patients too scared to visit.

The survey, rolled out by Wrigley's Orbit Complete and the British Dental Health Foundation (BDHF) shows the attitudes of more than 4,000 adult consumers and 100 dentists.

The results showed that 56 per cent of people use NHS dentists compared to just 23% visiting private practitioners.

Paying for dental treatment is a major negative factor said the survey, with a quarter of consumers expecting to pay more than £30 for treatment.

Nigel Carter, CEO of the British Dental Health Foundation said: 'Since the last dental census of this size took place nearly a decade ago, consumers are recognising that dental health is important, however it is still too low down on the health agenda, and in particular there is a level of ignorance about how oral health can be linked to overall health. Looking after your oral health is inexpensive and easy; regular check-ups, using a toothpaste containing fluoride, brushing between your teeth and chewing sugarfree gum that contains xylitol, are proven to benefit dental health and should be just as much a part of your regime as going to the gym or eating your five a day.'

Meanwhile The Wrigley Company launched two new flavours to its Orbit Complete range of sugarfree chewing gum with xylitol. The two products, strawberry and lemon and lime are to go on sale from April this year.

Commenting on the new products, Alexandra MacHutchon, communications manager for The Wrigley Company said: 'We are very proud of our oral healthcare products and their benefits related to maintaining good oral health.'

She added: 'Chewing Orbit Complete sugarfree gum with xylitol when it is not possible to brush is a great way for patients to look after their teeth when they are on the go. It is proven to help reduce plaque and help reduce the risk of tooth decay. We are really excited to be able to offer the same benefits in sugarfree fruity flavours and

hope that this will encourage more people to chew Orbit

Complete to look after their oral healthcare.'

The new strawberry and lemon and lime flavours of chewing gum will be accredited by the British Dental Health Foundation (BDHF), together with the existing Orbit Complete sugarfree products. [DT](#)



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Playing a bigger game for the future

You've got to make a concerted effort to step back and make time to plan your business's future. Simon Hocken offers some tips

Sometimes ask our dental clients if they have ever considered whether the 'game' they are 'playing' (professionally and personally) is 'big enough' for them. Evidence suggests it might not be. I can often see the look of weary resignation in their eyes and the frustration in their voice as they describe the circumstances and choices that currently make up their professional and personal lives.

Their frustration and resignation at playing too small a game can also come from lack of business and financial success, an unfulfilled life at home or in their community. When I coach clients to envisage, 'raising their game', be it towards better clinical skills, more business success or more personal fulfilment, their eyes light up with ambition and at last, I am working with an excited and energised dentist.

Changing times

Dentistry, dental practice and the 'business of dentistry' is changing fast. Rapid change always creates many opportunities and the good news for 'game raisers' is that your time has come. What's more, the public's perception of dentistry and dentists is changing too. No longer do they see dentistry as being about pain relief, restoring teeth and prevention. Thanks to the media's (and our) obsession with looking good and makeovers, some of our clients are beginning to regard dentistry as a, 'look-good, feel-good' service, sitting comfortably alongside many other health and beauty services.

There are many opportunities for early-adopters and a lot of our work at Breathe Business in 2008 is around creating new business models for our clients. Some of them are finding opportunities by

questioning the status quo. For example:

For many years, dentists who work together in the same practice (as expense-sharing partners or associates) have behaved like market-stall holders, sharing the cost and benefits of a covered market, while running micro-businesses which effectively compete with each other for patients (and sharing any profit generated by their hygienists). We believe this business model has always been ineffective and is no longer financially successful for the practice owners or robust enough to compete with corporate dentistry.

More free time?

Some of our clients are becoming interested in the possibility of leveraging their time and their businesses. It is stressful to be the main or even the only fee earner in

your business. Going on holiday or even on courses can feel like a rare luxury. Building a business where you are just one of several fee earners eases this situation and frees up time for business development and leadership. Changing your role and leaving the fee earning to your team in order to concentrate on building your business is another path for the dental entrepreneur.

Here are just three examples of clients who are creating opportunities for themselves by raising their game:

1. The dentist who wants to open a new cosmetic practice in a rapidly expanding residential commuter belt adjacent to a big city. She has found some premises in a new retail development (which are perfect) and she is busy writing a business plan, agreeing finance and a lease, working with an architect, an accountant and a branding agency on: design, cash flows and budgets, branding, marketing and recruitment etc... All while holding down her current job as an associate!
2. The dentist who is evolving his leafy suburban London practice from a private, centre of excellence, family dental practice into a practice that still maintains a group of existing, "family patients" while creating a facility that attracts patients who want complex, cosmetic and restorative rehabilitations. To deliver this, he has recruited a team of specialist dentists who will supply implants, endodontics, periodontics, orthodontics and cosmetic dentistry. We are helping him with his time management, developing unique practice key performance indicators, branding and communications, marketing and sales, motivating his team etc...
3. The dentist who owns a successful, award-winning general practice who has just hired his replacement. He has given up fee earning to concentrate on opening a second practice in a nearby city centre. He intends this practice to become a franchise model so that the successful business can be replicated across the area. We are helping him get the business model and the business plan right before we help him look for finance and start recruiting his new management team.

Ways to succeed

These dental entrepreneurs are all playing a bigger game and they will all need strategies and tactics to help them succeed. Here are my top ten:

1. Limit the time you spend doing clinical dentistry (to a maximum of 28 hours per week) and put a boundary around it.
2. Get up an hour earlier.
3. Give yourself time in every day to think bigger than just the doing and the delivery of clinical dentistry.

4. Take steps to maintain your confidence and self-belief. Avoid people who want to trash your ideas.
5. Think about and audit your unique skills and abilities
6. Decide what other resources you will need – time, people, money
7. Find the right people with the right knowledge and skills to help you
8. Create enough investment/investors
9. Set a time scale(s) for raising your game and do what it takes to stick to it
10. Make sure that every week you take some action to progress your game.

In my experience of both being a dentist and coaching a lot of dentists, what gets in the way of playing a bigger game is not having sufficient time to stop and make the changes. Some dentists believe they sell their time and spend far too much of it practising dentistry and not enough time thinking, focusing, planning and implementing. Then, paradoxically, because they are by nature, perfectionists, they become scared to take action because they are obsessed with getting it right.

Here's what to do

1. You may decide to play a bigger game by expanding your clinical skills to meet the new market place in dentistry.
2. You may decide to play a bigger game by leading your business and getting it working effectively and expanding it.
3. You may decide to play a bigger game by changing your business

Whatever you decide, now is the time for you to get off the dental hamster wheel and play a bigger game. **DT**

About the author




Simon Hocken BDS


is an accredited coach who specialises in working with dentists and their teams to create top practices. He runs Jump Coaching and works in partnership with Chris Barrow at The Dental Business School. Recently voted one of the top 50 influencers in dentistry, he works with around 40 practices every month to help them become and stay a top practice. You can contact him at simon@jumpcoaching.com

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Being economical with the truth is not always the best way forward

Abuse of information

The seventh in a series of articles on managing information

I remember an event that took place at my practice some years ago. One of my patients was an affable, mild foreigner in his mid-fifties who owned a guest-house in the 'hood. He was a regular attendee, and his wife usually came in with him. We were all disappointed when he and his wife informed us that they were going to live abroad. Only a couple of months later, he returned alone to have an implant placed, and we were surprised by how many months he seemed to want take over the treatment.

Eventually, the treatment was completed and he returned to his wife. A few months later his wife arrived and requested a copy of his records so that she could check the financials. Fortunately, my receptionist declined to provide her with a copy of the clinical records. She demanded to see me, and then accused me of being in collusion with her husband because I would not provide her with data she requested. I was mystified until I learned that this mild affable middle-aged man was a veritable lothario who was having an affair with the hotel house-keeper, and had used the extended dental experience to justify his absence from home. She called us both names that made my staff blush. She threatened to take me to the Council and to the Government. Fortunately she did

nothing, and we saw neither of them again. But it could have been different.

The purpose of the Data Protection Act is to protect the

‘She called us both names that made my staff blush’

rights of individuals not to have their personal details disclosed without their consent. An individual has the right not to have their personal information disclosed to anyone, not even to a parent or spouse, without their prior consent.

Keeping things quiet

Hand in glove with data protection is confidentiality. I quote from *Dental Protection Ltd's 2007 Annual Review*: ‘Confidentiality is a principle that is all or nothing. It can only exist if we meet the patient's absolute expectation that none of the personal information they have supplied about themselves within the professional relationship will ever be disclosed without their explicit consent.’ They state further: ‘This duty extends to all members of the dental team and includes both

clinical and non-clinical staff for whom the dentist has a vicarious liability. That duty also extends to the way that we store and eventually dispose of those paper and computer-based dental records.’ In most countries patients have the right to access information kept about them.

Tell a lie

There are times when every dentist or a member of his staff is guilty of perambulating on the outskirts of veracity. This is not exactly telling lies, but its not telling the truth either. A good example of this is when a patient phones and is told you are on a course. The fact that it is a golf course that you are on is definitely not the message you wish your patient to receive, whereas being on a course implies dedication to continuing education. We can also perambulate on the outskirts of veracity when we tell our patients that a crown could last for life or tooth whitening can last for up to three years. Both statements are true, but the likelihood is they will not. Being economical with the truth is not a good way to keep your patients informed. Quoting one set of data that supports your case while neglecting to make known another of which you are aware that does not is bad medicine.

You can contact Ed at bonner.edwin@gmail.com or edwin@gmail.com



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