

today



Inside today

You will find an overview about the ADX14 Sydney dental exhibition, new developments and trends in the world of dentistry as well as information on dental products and the industry.

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Interview

Planmeca has recently made a significant equity investment in the US-based high-tech medical device company E4D Technologies. Vice-president at the Planmeca Group and acting CEO for E4D Technologies Tuomas Lokki sheds light on this new venture.

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Dental products in focus

The ADX14 Sydney dental exhibition will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of dental medicine.

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ADX booms in challenging times

Record numbers expected as Australia's largest dental exhibition opens in Sydney

Despite another decline in sales of dental materials and equipment in Australia last year, the organisers of the country's largest dental exhibition have reported that they have sold out all available booth space for this year's ADX14. They also said that they expect a record number of dental professionals to attend the show, which will be held at the Sydney Exhibition Centre @ Glebe Island this weekend.

Exhibitors are showcasing the latest dental products from Australia and overseas at ADX14, including new materials and solutions for an improved workflow in dental practices and laboratories. According to the Australian Dental Industry Association (ADIA), which

stages the biennial event, many of these products will be available to dentists in Australia for the first time. Particularly in focus are Den-

tal CAD/CAM and new digital practice solutions, which have become common in many dental practices. Visitors will be eligible for dis-

counts offered by several manufacturers for on-site purchases.

In addition to the industry showcase, the event will feature an extensive continuing professional development programme, which is supported by dental associations and suppliers of dental equipment from Australia and abroad. These seminars are free to visitors and will cover a wide range of dental topics, including oral surgery, implant dentistry and practice management. Well-known oral health care professionals from universities in Australia and other countries will give presentations on issues in aesthetic and preventative dentistry, such as restoration with new ceramic materials, over the course of three days.

"There is no mistake about it: this is the event that provides dentists and allied oral health care professionals with the best opportunity to see more, buy more and learn more," ADIA CEO Troy Williams commented.

According to him, the upcoming ADX14 is shaping up to be the largest edition ever in the short history of the event, which has seen increasing two-digit participation since it was first held in 2008. The latest edition in 2012 in Sydney attracted slightly more than 6,000 dental professionals, according to ADIA figures, which the association expects will be exceeded this year by another



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AD

Useful information

Contact information

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E-mail: adx.sydney@adia.org.au

Admittance

Entrance to the exhibition as well as the CPD sessions is free.

Opening times

- Friday, 21 March 2014: 10 a.m. – 6 p.m.
- Saturday, 22 March 2014: 10 a.m. – 6 p.m.
- Sunday, 23 March 2014: 10 a.m. – 3 p.m.

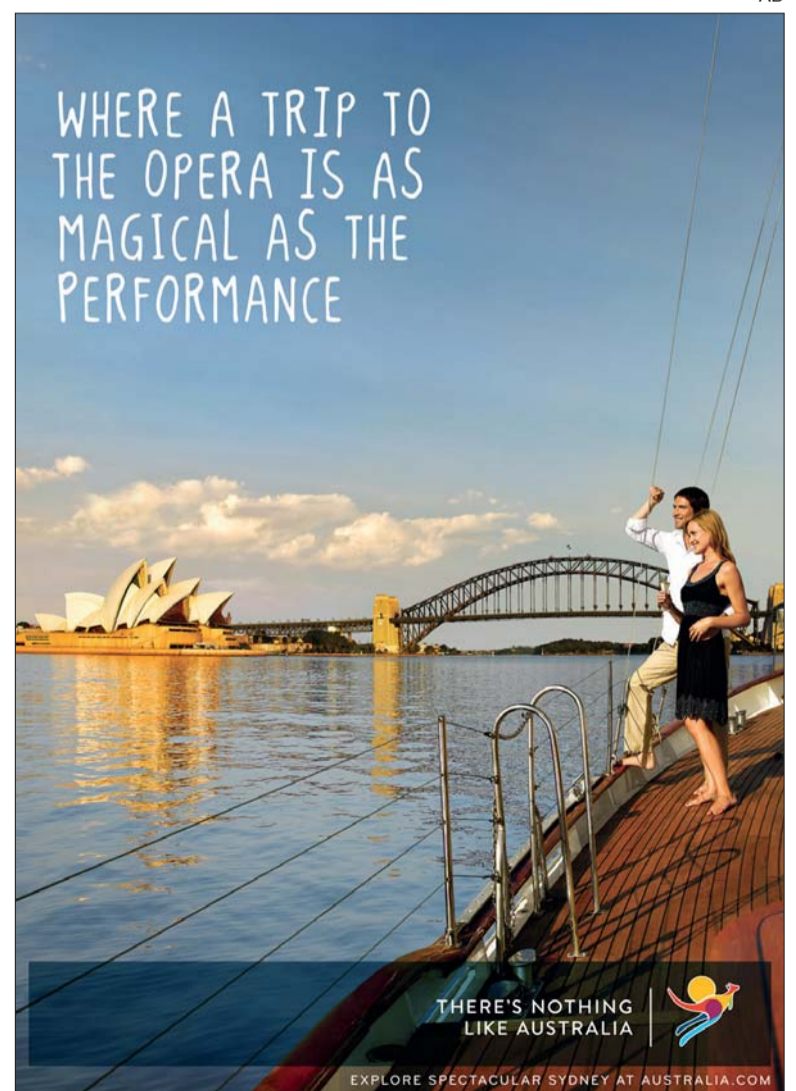


Transport & Parking

Parking at Sydney Exhibition Centre @ Glebe Island is limited. Free special event transport provides easy access to it on exhibition days. Regular scheduled ferry services are also operating from Darling Harbour, with regular scheduled shuttle bus services from Central Station.

Emergency numbers

Police, Fire, Ambulance: 000



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“Oral health promotion training is a tick-box exercise”

An interview with Stacey Bracksley, Melbourne

■ Despite being taught at university level, there is little information on the effectiveness of oral health promotion programmes in dental education, according to La Trobe University teaching fellow Stacey Bracksley. At ADX14 Sydney this Friday, she will be presenting the findings of a recent review on this matter, which she authored as part of her PhD. *today international* had the opportunity to talk to her about the reasons for this lack of data and the importance of increased efforts to train dental students adequately in this area.

today international: Ms Bracksley, your paper is currently under review by a scientific journal. Could you tell us a bit about your findings nevertheless?

ent ways. One dental programme used a hospital setting, where the students were interns providing oral health education to patients, whereas another dental and oral health course had a rural outreach programme.

It has been demonstrated that little evaluation of the health promotion training within these courses is taking place or may be taking place but not published, with only one of the papers using students' personal accounts for evaluation. In some cases, health promotion was tacked on to other components in the course. Not one of the studies included evaluated the outcomes of the health promotion training concerning the students' knowledge, both short and long term.

smoking is bad for them is largely ineffective, but when we introduce a range of programmes, including legislation, community attitudes, regulations and settings, there is improvement in smoking rates.

While it is good that students are gaining some exposure to health promotion within their degrees, working at the individual level alone will never be as effective as using a range of strategies.

So we know little about what effect these programmes can have on future dental professionals. Do you consider oral health promotion to be a relatively new concept, and if so could this be one of the reasons for the lack of information?

“...the ethos of dentistry itself is still very much centred on individual-treatment care...”

Stacey Bracksley: The aim of the review was to establish what has been published concerning health promotion training in dental schools internationally. There is a dearth of research and this was demonstrated by the inclusion of only four published studies, which were from Australia, Brazil, Canada and Belgium. It was interesting that the health promotion content was delivered in very differ-

There are many health promotion frameworks that are used internationally as best practice but they were not widely applied in studies. Health promotion needs to include a spectrum of activities, from individual-based to community-based activities. What was found was that they are too focused on individuals, which has been shown to be ineffective. Using smoking as an example, we know that just telling people that

I would disagree that oral health promotion is a relatively new concept. The Ottawa Charter for Health Promotion (an international framework used to prevent noncommunicable diseases) developed by the World Health Organization has been around since 1986. Campaigners like Prof. Aubrey Sheiham from the University College London School of Life and Medical Sciences have also been talking about the importance of oral health promotion for decades.

I think there are a number of reasons for this lack of data. For example, oral health promotion has taken some time to be accepted and implemented into higher education. One of the main obstacles however is that the ethos of dentistry itself is still very much centred on individual-treatment care, rather than a holistic approach. This is deeply ingrained in the culture of the profession, making it difficult to implement oral health promotion.

Dentistry is also firmly rooted in the medical model of health, which does not fit well with the underpinning ideas of oral health promotion.

Why is training in oral health promotion generally needed in dental education?

In Australia and similarly in other countries, there has been a push to focus on prevention of diseases rather than a reactive approach to treating them. Dental diseases have been highlighted as preventable and costing a substantial amount of money to treat. With this push towards prevention, we will need trained dental professionals to undertake these prevention efforts.

I think that by not providing oral health promotion training to dental professionals a key aspect of the



overall picture is missing. It is like training students in one aspect of health care and leaving out the rest. Dental professionals need to be trained in dental procedures, but they also need to see the bigger picture of a whole person and how the environment affects their patient. Oral health promotion training can provide students with this holistic view.

Despite international efforts like World Oral Health Day in March, oral health promotion still appears to play a minor role in daily practice in general. Is there any evidence that increased oral health promotion has an impact on disease rates for example?

There is evidence to support oral health promotion. One of the major oral health promotion efforts was and still is water fluoridation; this has been attributed to a decline in caries rates. Using history to demonstrate the effectiveness of oral health promotion, we know dental caries rates peaked in the 1960s and then a decline in rates was seen from the late 1960s until the early 1990s in industrialised countries. Although the decline cannot be credited to any single cause, it is thought that factors such as dietary changes, daily use of fluoridated toothpaste and the use of systematic (water) and topical fluoride may have all played a part in decreasing caries rates. All of these factors that contributed to the decline are oral health promotion efforts.

If we look to other success stories in population health, like the decreasing smoking rates, it was health promotion that made the difference. A whole of community approach using solid health promotion theory was taken towards smoking, with strategies such as legislation, smoking bans and taxation on cigarettes making the difference.

Should dental schools generally be required to offer more oral

health promotion in their degrees?

In Australia and other countries, health promotion is a competency for dentists and oral health therapists (hygienists and therapists). Therefore, health promotion training does occur to some extent in these courses. In theory, graduating dental professionals should be able to understand oral health promotion and be able to apply this knowledge in the field.

However, there needs to be evaluation of this training in my opinion. At this stage, this oral health promotion training is often a tick-box exercise: it just has to be somewhere in the course to meet this competency. There appears to be little regard as to whether the students' understanding of health promotion is adequate and whether this will lead to long-term application once they have graduated. What I would like to see are dental professionals who have a solid understanding of things like the social determinants of health and have the ability to take these into account when treating patients.

Are dental schools adequately prepared to teach oral health promotion?

To some extent, dental schools are prepared. In Australia, this training is actually happening and it differs between schools as to who delivers this training, either dental professionals or public health professionals.

However, I think for oral health promotion training to be successful it needs to be integrated into the whole course and not separated from the clinical content. It must also be monitored and evaluated. At this stage, I do not think that this is being done adequately, so there is definitely room for improvement.

Thank you very much for the interview. ◀

AD



Sydney—An ever-shifting kaleidoscope of experiences

A welcome by Lord Mayor of Sydney Clover Moore

■ Welcome to our harbour city! Sydney is a vibrant, eclectic, hospitable and beautiful place that we



Lord Mayor of Sydney Clover Moore

are proud to call home. By attending ADX14 this year, you are joining the almost three million visitors who come to Sydney each year.

Beautiful parks, clean and lively streets, and a rich and diverse culture make our city an ever-shifting kaleidoscope of experiences. Peo-

today page 1

17 per cent increase in visitors. In order to make it easier to reach the event, free shuttle train services are supposed to take visitors directly to the venue, Williams said.

Dental equipment manufacturers and dealers in Australia currently face a challenging environment, as annual sales of dental products declined in the last fiscal year for the third consecutive time. The market value of consumables and laboratory products in particular suffered from the effects of the global financial crisis and cuts to public dental services made by the previous Australian government, a recently published report by ADIA states. Significant growth was only observed in the over-the-counter products segment, such as toothpaste and toothbrushes, which grew by almost 4 per cent in 2013.

Although sales have declined, Williams said that newest data from his organisation's Australian Dental Industry Business Condition Survey revealed considerable optimism about the coming year with most of its members to expect modest growth in sales in 2014. Impulses for growth are also expected to come from increased public funding for dental services by the new government as well as from the implementation of a new regulatory body for medical devices, which is going to replace the Therapeutic Goods Administration during the course of this year.

The total market for dental products, including over-the-counter products, in Australia was worth almost A\$2 billion last year, substantiating its position as one of the top markets for dental products and equipment in the Asia Pacific region. ◀

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be filled with art for the nineteenth Biennale of Sydney, and you can also enjoy the great exhibitions and activities that are part of our Living in Harmony Festival.

I wish you a memorable and rewarding stay. ◀

AD



Researchers evaluate implementation of rapid oral HIV tests in dental practices

HIV infections in Australia jumped by 10 per cent last year, according to recently published figures from the University of New South Wales. A group of researchers from Sydney have recently started investigating whether dental practices and pharmacies could help stop the further spread of the virus by diagnosing more people who are infected and not aware of it through rapid oral HIV testing.

The trial, conducted in collaboration with the University of Sydney's Faculty of Dentistry, Western Sydney Sexual Health, and Sydney School of Public Health, is currently being conducted in the states of New South Wales, Victoria and Queensland. It seeks to examine knowledge of HIV, attitudes towards people living with HIV and the willingness of Australian dentists to conduct rapid HIV testing, lead researcher Dr Anthony Santella from the Sydney Medical School told *Dental Tribune Asia Pacific*. He said that studies on

the willingness of dental patients to accept such testing were also begun recently.

Depending on the test results, the team will further investigate how to implement them in practices that operate in neighbourhoods with high HIV prevalence rates in cities like Sydney. This step is anticipated for next year.

"Evaluations would also need to be done to explore whether it is cost-effective to implement rapid HIV testing in the dental setting versus other settings," Santella added. "Assuming it is cost-effective, we would then explore reimbursement mechanisms so dentists and possibly other dental professionals could bulk bill the government for the test."

Rapid HIV tests have been available to medical practitioners in Australia since late 2012, but the country has been slow to implement them. The OraQuick

ADVANCE Rapid HIV-1/2 Antibody Test developed by US com-

pany OraSure Technologies and used in the trial has not yet re-

ceived approval from the Australian Therapeutic Goods Administration. It has been available to dental practitioners in the USA since early last year, when it was approved by the Food and Drug Administration. The latest studies suggest that rapid HIV testing in dental practices could increase testing frequency among regular testers, as well as testing rates.

According to the Kirby Institute at the University of New South Wales, about 25 per cent of HIV cases in Australia are undiagnosed. In total, more than 31,000 infections were reported in 2011, with almost every second one occurring in New South Wales. ◀◀



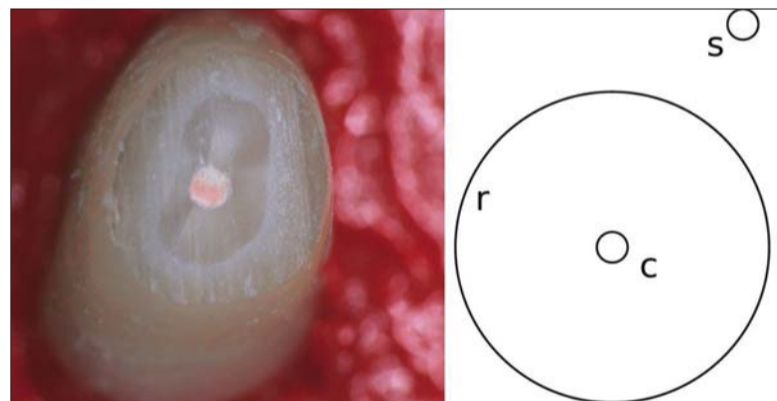
• The OraQuick test can detect antibodies to the HIV virus with an oral swap. (Photo courtesy of OraSure Technologies, USA)

Aussie study suggests dentists are prone to visual illusion

Objects in a mirror appearing to be farther away than they are is a common illusion encountered by car drivers around the world

every day. Misleading visual perception of an object could also be the reason that dentists sometimes drill larger cavities than nec-

essary to fill a tooth or prepare a root canal, a team of psychologists and dental researchers from Australia and New Zealand has suggested.



• Cavities made by the participants of the study were often made too large, which could be due to the Delboeuf illusion, which makes enclosed areas appear smaller than they actually are when seen in a larger context. (DTI/Photo courtesy of Robert P. O'Shea, Australia)

In clinical field tests involving eight practising endodontic specialists from New Zealand and conducted in 2002 and 2006, the researchers found that dental professionals tend to fall trap to the Delboeuf illusion, which makes enclosed areas appear smaller than they actually are when seen in a larger context. In their case, a cavity drilled into a tooth appeared to be smaller when the surrounding tissue was in range of the parameters of the illusion, leading to more healthy tissue being removed at the expense of patients.

The researchers said in the report that it remains unknown whether dentists are aware of this when drilling but recommended that their findings be incorporated into the early stages of clinical training to decrease the risk of cracking or perforating the root end due to having removed too much healthy tissue. It should also be extended to other fields of health-care treatment that could be affected by visual illusions, they added.

"When operating, health-care providers try to save as much healthy tissue as possible. It is important to know that their eyes can deceive them into removing more healthy tissue than necessary," lead author of the study and psy-

chology expert from the University of Southern Cross in Australia Prof. Robert O'Shea commented.

Named after its creator, Joseph Remi Leopold Delboeuf, a Belgian scientist, the illusion was first documented in 1865. It has been reported to be used by restaurants to trick customers regarding the size of their dishes by using smaller plates, among other things.

For the latest study, more than 20 extracted and root-filled teeth were treated by each participant, who had not been informed about the parameters of the illusion. The participants were asked to remove as little tissue as possible when preparing the teeth and to use their usual hand instruments. ◀◀

More female dentists in Australia

The number of dentists in Australia has increased, as well as the number of women working in the field in particular. Today, more than a third of dentists registered in the country are female, according to an employment report released by the Australian Institute of Health and Welfare (AIHW) in January.

"While dentistry is traditionally a male-dominated profession, the proportion of female dentists rose from about 35 per cent to almost 37 per cent between 2011 and 2012," said AIHW spokesperson Dr Adrian Webster.

The report also revealed that 97 per cent of employed den-

tal therapists, 95 per cent of employed dental hygienists and 85 per cent of employed oral therapists in 2012 were female, while dental prosthetists were much more likely to be male, with women making up

only 15 per cent of this group. With regard to age distribution, there were more men than women across all age groups except in the youngest (20-34 years), with the most men in the 45-54 age group (1,874), followed by the 55-64 age group (1,844).

Overall, 19,462 dental practitioners were registered in Australia in 2012, of whom 14,687 or two thirds were dentists. The report also showed that 1,600 (8.3 per cent) worked as dental hygienists, 1,276 (6.6 per cent) as dental therapists, 1,161 (6 per cent) as dental prosthetists and 738 (3.8 per cent) as oral health therapists. ◀◀



(DTI/Photo Franck Baumann)

Roland DG Australia expands into dental business

Roland DG Australia, a provider of milling and 3-D engraving technologies, has opened a 3-D and dental creative centre at its headquarters in Sydney. The facility was established to strengthen the company's position in the dental and manufacturing industries throughout Australia, New Zealand and the ASEAN region.

The new facility is mainly focused on Roland's Easy Shape Dental Solution and the DWX range of dental milling machines, including the DWX-50, which was specifically designed for dental laboratories and technicians for the production of dental prostheses, including crowns, bridges and abutments, and the DWX-4, which was released last October as the world's smallest dental milling machine by the company.

The facility was officially opened at the company's 25th anniversary event in November.

In addition to a vast range of equipment set up for live demonstrations and product development, the facility has an adjacent training room equipped for interactive training sessions and seminars. An array of application samples are also on display, the company stated.


Roland DG Corporation, which has its headquarters in Japan, is a global manufacturer of inkjet devices, milling and engraving devices, 3-D scanners, and a number of other products. The company entered the health care market only recently by introducing milling machines designed for creating dental prostheses.

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Unveiling management programmes

The importance of learning how to structure and organise a dental business

By Dr Toni Surace, Melbourne

■ Let's face it, when we think of investing in learning and improving our practices, it is usually to help us keep up with the latest clinical techniques and technology. So why would you bother investing valuable time and money in devel-

and take away my ethical responsibility of doing what was best for the patient. I could not possibly become one of those practices after all. I had sworn to an oath on my graduation that I would always do what was in the patient's best in-

I had thought and that many dentists are perfectionists, become burnt out or suffer from overwhelm.

An exciting revelation was that I could be a dentist and have a life,

I knew I had the intelligence to work out systems to make my practice run more smoothly and if I did a little advertising I would attract more patients and hopefully make more money. What I was short on though was time. I finally



Dr Toni Surace



Management programmes can improve communication skills. (DTI/Photo Tyler Olsen, Canada)

oping skills to run your business, especially if you have placed that burden on someone else, such as your staff or practice manager?

I used to think this way. It took a while to change my mind and now I am happy to share my honest perspective as a principal dentist on what a dental management programme really is all about. Firstly, I am going to tell you what it is not about. It does not involve abdicating the responsibility of running your practice to someone else. It is not about bold, brash American-style marketing campaigns, and pushing patients to accept treatment. It is also not about persuading patients to pay for dentistry they do not want and cannot afford. To my great surprise at first, it is not about unethical diagnosis of treatment, selling dentistry or pushing patients to have crowns.

All of my preconceived ideas created the image of a marketing machine that would destroy my relationships with my patients

terests and I still stand by this today.

So what is it about? To my amazement, I found that a management programme is all about

relationships, becoming a respected leader and providing superior customer service to patients. I also found that it involves me to a great extent. It helped me manage my battle with depression and anxiety, and it helped me foster better relationships with my staff, friends, and family, but most importantly with myself. I discovered I was not as unique as

something I had not experienced for years. I am eternally grateful for the skills it helped me develop. I was also fortunate to have my husband, who had his own unrelated business, be part of this jour-

ney and his business benefited greatly as well. I know it sounds amazing, life-changing and too good to be true. I wish I could say it is easy and all of it is done for you, but to be honest, it takes a great deal of effort. Going through a programme involves change and moving out of your comfort zone, two things at which I was not terribly good.

bit the bullet and departed with some of my hard-earned dollars and joined the dark side. Firstly, I learned the business skills we all should know and did not have the opportunity to learn at university.

I learned to run my business by the numbers: to look at monthly key performance indicators, to have annual plans and budgets, and to make all decisions for the practice based on whether the practice could afford it and not on emotion. This way, I could confidently agree to purchasing a new piece of equipment and not be worried about the repayments. It

was such a nice change from working hard, paying all the bills and taking home what was left over for me and my family. My staff also learned how the business ran, which helped me explain why hours needed to be cut at times, why they could not receive a pay rise every year and why we needed to reach our daily targets. It helped us all work towards a common goal and be on the same page.

This is a journey your team embark on as well, and through which they develop personally and professionally. Initially my team were not all committed. A few staff members resigned. In the past, this would have been devastating for me, but I soon learned that this was a fabulous opportunity to obtain the support I really needed from my team. I learned how to hire and train staff to be an engaged and empowered team member, something I had never experienced with my previous team. Not only did I grow, but so did my team. Personal and professional growth is something that anyone who puts in the effort in a management programme will experience. It is this personal growth that is worth more than financial gain for me.

To watch members of my team grow, develop and become more passionate about the practice and their roles was worth more to me than the money that followed. These employees have become loyal staff members and continue to work with me in my practice. They have become family.

Of course, joining a management programme will help you reach your financial goals and will help you structure and organise your business. For me personally, it was important that I create more time, more time for my patients, more time for my young family and for me, and more time to work on my business. I was able to cut down my days dramatically. I went from working more than five days a week clinically to working three days between 10 a.m. and 2 p.m. (school hours) and still earning the same amount of money.

Obviously, it took some time to reach this stage. Now I run my practice remotely. I perform clinical dentistry about one day per month and the rest of the time I have a highly trained and enthusiastic team attending to my pa-

“Personal and professional growth is something that anyone who puts in the effort in a management programme will experience.”

FRI, 21.03

- **10:00 – 11:00** | Sabine Nahme
 Clinical and diagnostic advantages before, during and post endodontic treatment to investigate the root morphology in 3-D
 Live Lecture
- **11:00 – 12:00** | Dr. Marius Steigmann
 Implant Placement and Treatment in the Aesthetic Zone - Part 1
 Recorded Lecture
- **12:00 – 13:00** | Dr. Rana Al-Falaki
 An Overview of Minimally Invasive Periodontal Surgery Using Er,Cr:YSGG Laser Technology
 Recorded Lecture
- **13:00 – 14:00** | Dr. Hom-Lay Wang
 MBP Socket Augmentation
 Recorded Lecture
- **14:00 – 15:00** | Gilles P. Chaumanet
 Lasers in Oral Implantology
 Recorded Lecture
- **15:00 – 16:00** | Sabine Nahme
 3-D imaging solutions for powerful diagnostic value without guesswork
 Live Lecture
- **16:00 – 17:00** | Prof. Lorenzo Breschi
 Adhesive systems: Overview, Evaluation, Development
 Recorded Lecture
- **17:00 – 18:00** | Dr. Marius Steigmann
 Implant Placement and Treatment in the Aesthetic Zone - Part 2
 Recorded Lecture

SAT, 22.03

- **10:00 – 11:00** | Dr. Marius Steigmann
 Implant Placement and Treatment in the Aesthetic Zone - Part 3
 Recorded Lecture
- **11:00 – 12:00** | Sabine Nahme
 3-D imaging solutions for powerful diagnostic value without guesswork
 Live Lecture
- **12:00 – 13:00** | Didier Dietschi
 Ultra-conservative smile and aesthetic rehabilitations: indications, limits and clinical procedures
 Recorded Lecture
- **13:00 – 14:00** | Prof. Dr. Roland Frankenberger
 Preparation techniques and luting of all-ceramic restorations - What are the key issues?
 Recorded Lecture
- **14:00 – 15:00** | Dr. Derek Mahony
 Early interceptive orthodontic treatment for the general dental practitioner
 Live Lecture
- **15:00 – 16:00** | Sabine Nahme
 CBCT-assisted treatment planning, implant placement and prevention of surgical failures. Confident surgery, powerful tools
 Live Lecture
- **16:00 – 17:00** | Stephane Browet
 Fibre reinforced composites ... a real break-through
 Recorded Lecture
- **17:00 – 18:00** | Dr. Ed McLaren
 The "BFEP": Bonded Functional Esthetic Prototype a little PSD
 Recorded Lecture

SUN, 23.03

- **10:00 – 11:00** | Dr. Marc Geissberger
 Quarterbacking Difficult Cases in Restorative Dentistry
 Recorded Lecture
- **11:00 – 12:00** | Sabine Nahme
 Clinical and diagnostic advantages before, during and post endodontic treatment to investigate the root morphology in 3-D
 Live Lecture
- **12:00 – 13:00** | Prof. Andre Pelegrine
 Dr. Luiz Antonio Cosmo
 Soft Tissue Regeneration - The State Of The Art With a Clinical Approach
 Recorded Lecture
- **13:00 – 14:00** | Didier Dietschi
 Ultra-conservative smile and aesthetic rehabilitations: indications, limits and clinical procedures
 Recorded Lecture
- **14:00 – 15:00** | Dr. Marius Steigmann
 Implant Placement and Treatment in the Aesthetic Zone - Part 4
 Recorded Lecture

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today page 6

tients. I still take home \$450,000 to \$500,000 per year as a passive income and it feels great.

The greatest surprise of the management programme was that I learned to communicate better. This skill enabled me to develop deeper relationships with my patients, my staff and my family. The skills I learned are true life skills. I truly thought I was already an excellent communicator, but I had a

great deal to learn. I learnt the art of listening, something I had forgotten years ago. I had so much knowledge I thought I needed to use every opportunity; I had to impart this valuable information to my patients. It is amazing how much better my relationships have become now that I know how to listen. I thoroughly encourage you to try it. Instead of solving your patients' problems immediately, listen to them. Show you understand and care, and you will be amazed at their responses. I

learned all this through a comprehensive examination process, my case acceptance rates skyrocketed and I was able to perform the type of dentistry I wanted to do. Life became so much less stressful.

Well, those are the good bits. What is the downside of joining a management programme? Well, firstly, such programmes appear to be costly. Most are around A\$3,500 per month. I looked at this as being less than two crowns a month. I personally began doing

more than two crowns a day after a year in the programme. I had no idea how I was going to meet the monthly payments at first and this had prevented me starting. In all honesty, once the programme had begun, I increased my production immediately and I never thought about the monthly fee again. If the programme is not making money for you and you are doing all you have been asked to do, then it is not right for you to continue. Most programmes will allow you to drop out if this is the case, but I can

honestly say that if you complete the required work there is always improvement in your bottom line.

Secondly, it takes time and hard work. Eventually, you will have more time to do what you want but at first you need to make changes that require your attention and effort. The first six to nine months in particular are a time that you will feel like pulling your hair out on more than one occasion. It does get better; you just have to give it a chance.

The final challenging aspect, which got me out of my comfort zone, was the verbal skills I was taught. I struggled with some of the statements I was supposed to use. One day I just gave up and started saying the same things but in my own words and it was so much better. In Australia, we need much more of an Australian spin to the things we say to patients. I always say the verbal skills are the recipe, but you need to add your own ingredients to make it comfortable and yours. As Aussies, we do not like anything that sounds fake or non-genuine and we can detect it from miles away. It is important that the conversations you have with people are genuine and not forced or fake.

There are many other great reasons that make joining a management programme a good idea. Often, as dentists who practise on our own, we can feel quite isolated. Unless you have friends from university with whom you keep in touch or you are involved in other dental groups, you may never socialise with other professionals who face the same issues you do. It is amazing how even dentists in the same suburb can become friends and genuinely help each other with support, ideas and companionship, and in doing so share their knowledge and grow their businesses. The community spirit and opportunity to talk about difficult cases, patients and staff can all help ease the burden we all endure in being a practice owner. Why spend your time trying to reinvent the wheel when there are companies out there that have done it and proved it works in practices all over the world?

I must reveal that I have a bias towards Momentum Management. I found the programme so life-changing for me, I had to be part of it and help others to experience the same. With my own successful practice practically running itself, I now also had the time and financial means to purchase Momentum and continue the great work it has done for over 13 years. And yes, I can now use the famous tag line "I loved it so much, I bought the company!"

A Dental Science graduate of the University of Melbourne, Dr Toni Surace is a principal dentist and the Managing Director of Momentum Management in Melbourne. This Friday, she will be lecturing on the importance of marketing in dental practice as part of the ADX14 continuing professional development programme.

AD

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Patient expectations are changing

By Gary Smith, Melbourne

Business as it stands today is fast and ever-changing. Trying to build a more sustainable business while just keeping our heads above water is at times a somewhat challenging and time-consuming task. It is even more difficult if we do not understand the basic principles of practice management.



Gary Smith

Our health care industry is currently under tremendous pressure from the government, as well as the public and private sectors, to improve health care access and control escalating costs. Changes in legislation, regulations and reimbursement options are forcing our health care industry to address and address these issues. The delivery of health care is a business and, as such, is subject to the same market factors, risks and constraints as other service industries, which require sound business principles and techniques to survive and thrive.

What is shaping your future as a small or medium enterprise in dentistry? Besides changing dental practice patterns owing to governmental and private insurers' influences, it is new autonomies, as well as patients' demands and expectations. In the changing world in which we live at both work and play, we are continually challenged to come up with new ideas to ensure that we sustain a working environment that will benefit all financially and emotionally.

So where does the role of practice management fit into your daily life as a clinician? The role of practice management in your practice may be evolving and will require specific skills and knowledge to keep pace with the future. There are two types of knowledge we need to either acquire or learn: foundation knowledge and currency knowledge. Foundation knowledge is the acquiring of base knowledge concerning practice management. Your role in your practice has evolved and it will continue to evolve but will require specific skills and knowledge to keep pace with the ever-emerging external influences upon us. Currency knowledge is the information we require on a daily basis that influences us to make informed decisions on the running of our business. Without this type of knowledge, we cannot make these decisions, which may have either a

positive or a negative impact on the business we manage.

Despite the tremendous advances in technology over the years, we should still continue to thirst for education and information. The legendary American baseball pitcher, Satchel Paige, once counselled the public with these words, "Don't look back; someone may be gaining on you." Without education, we will lose ground. The gaining of knowledge sets the blueprint for us to chart our own destiny. The skills needed in the past to be a successful owner/employer are not going to be adequate for the future. With the rapid evolution of health care practice management, successful practices, multidisciplinary teams, and of course all those new government compliance requirements and private health insurers' products, we are going to have to be at the cutting edge, and in many cases develop entirely new sets of skills, to cope with the environment we will be facing in the next number of years. These include risk management, productivity management, e-commerce, clinical services management and accreditation.

There are key areas for the person who is to manage the practice. This person is known as the practice manager. Associated with this developing role of practice manager, or the person performing the management role, are a number of responsibilities (Fig.1). The time devoted to each of these responsibilities will vary, depending on the requirements of the practice at specific times; however, all will be performed at some stage.

Practice management is about having to learn to use new tools and gather information that may or may not be currently on the horizon. The phrase "we don't know what we don't know" is very apt when it comes to practice management because generally in the health environment practice management is a new horizon. Practice management is a major force in allowing you to chart your own destiny. I ask you whether you can do it by yourself?

An experienced sailor once told me that you cannot navigate without a charted course. The ocean is too vast, too immense and too unforgiving. The same is true for our future. A fulfilling, rewarding profession is on the horizon, but without a map and a compass, we might sail right pass it. Over the past ten years, there has been a paradigm shift in health care. No longer is it good enough to simply be a great dentist. Today's patients expect to receive excellence in health care and health consumers are increasingly raising the bar when it comes to what they expect from their health providers, such as the level of service competing with the demands of a payment/reimbursement system. Similarly, the concept of a practice manager adding value to a health care practice has

been increasingly recognised as an essential component in the formula for the successful operation of any health-related business.

Today, practice managers undertake a wide range of practice management responsibilities, including human resources management, financial management, compliance, the patient journey, risk management and marketing. If you have professional, well-educated staff who are aware of the fundamentals of practice management and are looking after those aspects of your practice then congratulations: you are well on your way to meeting your patients' expectations of what they consider to be excellence in health care.

Now more than ever, practice managers are charged with the responsibility of reviewing and implementing processes in practices to increase efficiency and contribute to

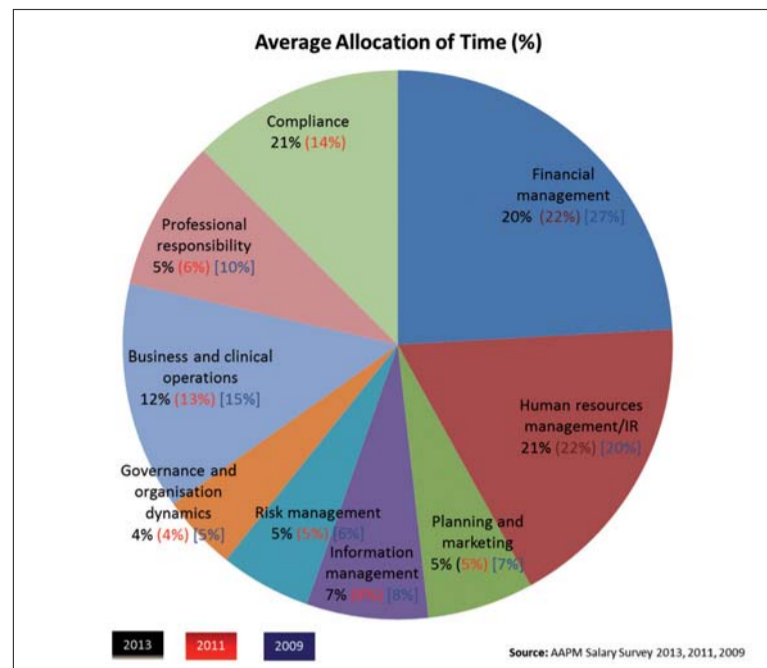


Fig. 1: Change in average allocation of time to practice management responsibilities.

patients' overall experience of excellence in health care. But, just like your clinical skills, practice management skills need to be continually refined through a combination of ongoing education, understanding of your health care discipline environment and the application of skills learnt on a daily basis. Re-

member, practice management is not my job; it is my profession. ◀

Gary Smith is a life member of the Australian Association of Practice Managers, a Melbourne-based partner association of ADX14 Sydney. He has been a practice manager for nearly 30 years.

AD

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