

## News in Brief

### Tobacco ban victory

The Major League Baseball (MLB) and the Major League Baseball Players Association have taken a historic step and have made up an agreement which will see the end to seeing tobacco at ball games. They have announced that under the new agreement, big-league players, managers and coaches will no longer be able to carry any form of tobacco products on them either during games or at any time that fans are in the ballpark. The move comes as a great way in helping protect the health of big-league players and millions of young fans who look up to them. Those involved in the agreement will be prohibited from using smokeless tobacco at autograph signings, television interviews and team-sponsored appearances; the restrictions will also be put in place at any function where players and the teams meet fans. The restrictions will take effect in 2012.

### Drilling down into the roots

A new centre dedicated to improving dental care and our understanding of oral disease through world-class research is being opened at the Newcastle Dental Hospital and School of Dental Sciences at Newcastle University. The new director of the Dental Clinical Research Facility, Professor Philip Preshaw said; "These new specialised facilities have the latest equipment including operating microscopes for advanced surgical procedures and will allow us to run cutting-edge research and clinical trials." Based within the Newcastle School of Dental Sciences and Dental Hospital, a collaboration between Newcastle University and The Newcastle upon Tyne NHS Foundation Hospitals Trust, the facility has four new dental surgeries and is supported by three research laboratories.

### Smiles all round

A Dundee orthodontic practice has been voted the best specialist dental practice in Scotland. Beam received 'Best Specialist Practice' award at the Dentistry Scotland Awards 2011 at Gleneagles Hotel. The practice was also voted 'Highly Commended' in the 'Best Team' category. The awards recognise outstanding achievements and excellence within the country's dental and orthodontist practices.

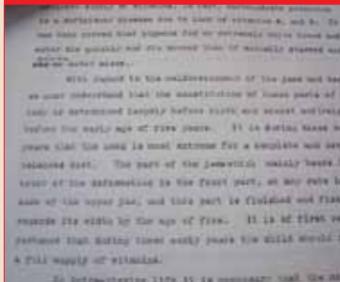
## News



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## Feature



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## Practice Management



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# A positive step forward

## New consultation on the potential relaxation of restrictions on HIV positive health workers launched by Dept of Health

Following a review by a group of leading experts, a consultation into relaxing the restrictions placed on the work that can be undertaken by HIV positive healthcare workers has been launched by Chief Medical Officer Dame Sally Davies.

For some time the current regulations on HIV positive healthcare workers have been deemed as out of date, especially when you take into account the current standards of infection control and advances in medicine.

However, the Expert Advisory Group on AIDS, the UK Advisory Panel of Healthcare Workers Infected with Blood-borne Viruses and the Advisory Group on Hepatitis have examined jointly evidence around the risk of HIV transmission from healthcare workers with HIV to patients. They found that there have been no reported transmissions of HIV from healthcare workers, even though there have been investigations involving 10,000 patients who were tested for HIV. They concluded that the risk of HIV transmission from a healthcare worker who is undiagnosed and untreated is extremely low, even for the most invasive procedures such as open cardiac surgery.

Dame Sally said: "Patient safety is always our top priority. Our knowledge and understanding and the treatment

of HIV have all developed enormously over the last 25 years. It is right that we now consider our current guidelines to reflect what the science is telling us about the risk of HIV transmission from healthcare workers with HIV to patients.

"There are currently around 110 healthcare workers with HIV [in England] who might be affected by the current restrictions. We need to ensure that the guidelines and restrictions imposed are evidence-based and achieve a fair balance between patient safety and the rights and responsibilities of healthcare workers with HIV."

Dentist Allan Reid, who lost his job after he was diagnosed with HIV in 2007, spoke to *Dental Tribune* about his take on the issue: "I'm really happy to see that a sensible evidence-based approach is finally going to be adopted at last...however, my own feelings are that it comes far too late and is long overdue. This evidence on the role of anti-viral treatment on reducing transmission risk to essentially zero for all dental procedures has been known about for years and certainly since the last DH review back in 2005, when there was a missed opportunity to change the policy at that time, in line with most other EU countries and the US.

"My opinion is that prejudice, discrimination and pan-

dering to misinformed public opinion was the driver for that missed opportunity back in 2005. In the meantime, between then and now, myself and other dentists and healthcare workers in the UK have had to not only come to terms with our HIV status, but as a result of the policy, been plunged into poverty, had our livelihoods taken away from us and all that includes: homelessness, loss of dignity

and self-respect, victimisation and facing subsequent prejudice and discrimination when trying to rebuild our shattered lives when looking for alternative employment... for all this I am absolutely furious.

"I had to go through a GDC hearing in my case because I chose not to disclose my 2007

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HIV diagnosis and continued to practice, working in an area of London that has some of the highest HIV rates in the UK. I did this because I knew that I did not pose a risk to my patients and I wanted to continue to provide the excellent standard of care and dental treatment that I always had. I also did not want my own life completely ruined by what was, in fact a pretty simple diagnosis of an increasing common, but easily treatable viral condition.

“By this proposed change in policy at last, I now feel completely vindicated in how I handled my own diagnosis and in my decision to contin-

ue to practice. This change in policy is the first step for me and dentist like me who had to endure what I went through to claim back our dignity and professional lives.”

Chairman of the Expert Advisory Group on AIDS, Professor Brian Gazzard said: “I welcome this consultation. Our careful review of the evidence suggests that the current restrictions on healthcare workers with HIV are now out of step with evidence about the minimal risk of transmission of infection to patients and policies in most other countries.

“This risk can be reduced even further if the healthcare worker is taking effec-

tive drug therapy for HIV and being monitored by HIV and occupational health specialists.”

Sir Nick Partridge, Chief Executive of HIV and sexual health charity Terrence Higgins Trust, said: “It’s right to review these restrictions in the light of modern evidence...We know far more now about HIV and its transmission than we did when these rules were made.”

Dental Protection also welcomed the announcement. Kevin Lewis, Dental Director said in statement: “The introduction of effective antiretroviral therapy in the 1990s combined with the absence of any proven trans-

mission in the dental setting makes it totally unfair to continue to force members of the dental team to quit their chosen profession. Apart from the huge financial and personal consequences, these skilled clinicians are removed from the workforce that currently struggles to provide sufficient access to dental care for the growing UK population.

“The changes to the regulations proposed by the Department of Health are a logical step that restores fairness for these members of the dental profession as well as safely managing the dental needs of the population.”

The consultation in-



vites views from the medical community as well as the public on whether current restrictions should be maintained or how the expert group’s findings could be implemented effectively. The consultation runs until 9 March 2012. Visit [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_131532](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_131532) [DT](#)

## Businesses say goodbye to health and safety rules

News the Government is planning to slash health and safety red tape for small business as early as January has been welcomed by the Forum of Private Business.

Employment Minister Chris Grayling announced this morning that Government will begin immediately with a wholesale revamp of UK health and safety legislation – binning more than half the rules and regulations currently in force over a three-year period.

He also signalled a ‘sooner rather than later’ approach, with the first rules removed from the statute book within a few months.

From 1 January he also announced a new ‘challenge panel’, allowing businesses to get the decisions of health and safety inspectors overturned immediately if they have got it wrong.

The announcement follows today’s publication of the Löfstedt Review into health and

safety legislation, commissioned by the Employment Minister in March. It recommends health and safety law should not apply to self-employed people whose work activity poses no potential risk of harm to others. If implemented, the changes would benefit around a million self-employed people.

Health and safety regulations will also be reduced through combining, simplifying and reducing the approximately 200 existing regulations. The report also makes recommendations to ensure that employers are not held responsible for damages when they have done all they can to manage risks.

The Forum’s Senior Policy Adviser, Alex Jackman, said: “We have waited a while for the results of the Löfstedt review, and now they are here we’re not disappointed.

“There are recommendations that will see a tangible difference to the shop floor, but also a

wider acknowledgement for the needs of health and safety to be a shared burden with staff as well as employers.

“The Forum of Private Business has long been calling for such a shared responsibility and welcomes this first step in a national debate.

“Civil action against businesses is a huge issue for our members, and many over-compensate where health and safety is concerned. Not only does this unduly raise the cost of compliance – disproportionately so for the smallest businesses – but it also raises the expectations of employees should personal injury unfortunately befall them.

“We welcome moves to redress the imbalance we currently have where employers can be successfully prosecuted despite having taken all reasonable steps to protect their employees.

“Finally, at a European level, the report identifies the need

to engage early with Europe on health and safety issues. Whilst this is hardly an earth-shattering new conclusion, the planned 2013 EU review of health and safety makes it essential,” he added.

Earlier this year Forum research found small firms increasingly spending extra time and money on complying with employment legislation. The study carried out with members suggests the cost of compliance is a staggering £16.8 billion – or £14,200 per firm on average.

“Complying with health and safety regulations has become a serious burden for business and a major barrier to growth,” added Mr Jackman.

“That this Government is finally taking action to streamline and improve the system is brilliant news for SMEs who have for too long been drowning under a sea of needless rules and regulations that were ineffectual and over bureaucratic.

“Common sense should be at the heart of all health and safety legislation and today appears to herald the beginning of the end for pointless red tape. This should save employers money and make for a fairer, fit-for-purpose system with an emphasis on personal responsibility.

“Moving forward, we wish to see these proposals implemented as soon as possible, taking into account the current progression of impacting work in other areas of Government, notable changes to the Local Better Regulation Office and reforms of ‘no win no fee’ agreements.

“Many businesses have positive views of the benefits of health and safety, but the proposals today will, once implemented, go some way towards reducing the wider perception that small businesses have on health and safety and make it harder to litigate when employers are not at fault.” [DT](#)

## Care regulator ‘struggled to deliver’

A report by the National Audit Office has suggested that the CQC has “struggled” since its creation two years ago, with only 47 per cent of planned reviews carried out between October 2012 and April this year.

According to the BBC, the report states that it has been a “challenging period” for the regulator, with disruption, mistrust and confusion for both the public and healthcare providers; however, the regulator is now believed to be “on track”.

In its report the NAO stated that the registration process failed to “go smoothly” and recruitment constraints caused staffing problems.

In conclusion the NAO decided that the CQC had so far failed to achieve value for money, with both the Department of Health and the CQC to blame.

Publishing this latest report, Amyas Morse, head of the NAO, was quoted in a BBC report: “Against a backdrop of considerable upheaval, the

CQC has had an uphill struggle to carry out its work effectively and has experienced serious difficulties.

“It is welcome that it is now taking action to improve its performance.

“There is a gap between what the public and providers expect of the Care Quality Commission and what it can achieve as a regulator. The commission and the Department of Health should make clear what successful regulation of this critical sector

would look like.”

CQC chief executive Cynthia Bower was quoted saying: “Not everything has gone smoothly, but we have learned, reviewed what we do and made changes.

“We are a young organisation and we are still evolving - but I firmly believe that we are making real progress.”

A Department of Health spokesman said it was currently reviewing the CQC; it was further reported that the

findings of its review would be published in 2012.

In the BBC report Margaret Hodge, chair of the House of Commons public accounts committee, said on the NAO report: “The findings are deeply worrying and highlight significant failures that put patient care at risk.

“There has been too much focus on box-ticking and not enough on crossing the threshold and assuring the quality of care.” [DT](#)

## Editorial comment

Hi and welcome to the last issue of *Dental Tribune* for 2011!

It has been a big year for the dental profession; and a rocky one too. Regulation went up, income went down, Groupon threatened to bring the profession into new levels of disrepute and the GDC's dirty laundry was peeking out of the washing basket.

Away from the headline-grabbing doom and gloom, there

## Review looks at CPD impact

The General Dental Council (GDC) has published a new study that takes a closer look at the impact Continuing Professional Development (CPD) has on dentistry.

The GDC is currently carrying out a review of its mandatory CPD requirements for all its registrants and findings from this study will make a contribution to the review.

The study looked at a range of academic literature about CPD in dentistry and other healthcare professionals. It was prepared for the GDC by a team from the Faculty of General Dental Practice (UK) and is the most up-to-date and comprehensive review of literature about CPD in dentistry from the regulatory perspective.

The aim of the GDC's CPD review is to develop an approach to CPD that is fit for its future regulatory requirements and supports registrants in getting the most out of their learning and development. It will also enable appropriate CPD requirements to be woven into a proportionate scheme of revalidation in due course.

Some of the insights highlighted in the study include:

- Repeated learning is likely to be more effective
- Personal Development Plans and appraisal can support effective CPD decision-making and participation
- Reflection is a core aspect of making CPD effective
- CPD should be driven by individual needs
- The blending of different learning approaches is likely to have a positive impact

You can email any questions or comments about the CPD review and your CPD experiences to: [CPDReview@gdc-uk.org](mailto:CPDReview@gdc-uk.org)

were also many positives. An RAF dentist was honoured after saving a woman's life when her car plunged into a river; whitening regulation came a step closer to clarity after regulation amendments were proposed at the EU; new technologies and research allowed for better understanding of many oral conditions and after 20 years

in the wilderness there is hope for HIV+ healthcare practitioners as the Department of Health launches a consultation into the removal of restrictions on working practices.

Suffice it to say, there hasn't been a dull moment this year and the team at *DT* have relished the challenge that keeping our readers up to date brings.

Although we won't be print-

ing for a few weeks (Issue 1 is due out January 16th, 2012), we won't be putting our feet up for Christmas just yet! There is always plenty to do in the world of dental publishing...

From everyone here at *Dental Tribune*, wishing all of our readers a relaxing and peaceful holiday season... Merry Christmas! 

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

Or email: [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)



The BoD brand will offer a range of business support services to all UK dentists. As a BoD member, you will have access to the best rates for these services, including delegate costs for attending any events organised under the BoD brand! To become a member, please see contact details below.

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**So, you're a manager?** with Fiona Stuart-Wilson / John Shepherd

Location: **Newbury** Date: **28/02/2012**

**Recruiting the right people** with John Shepherd

Location: **Newbury** Date: **28/03/2012**

**Developing and managing your team** with John Shepherd

Location: **Newbury** Date: **24/04/2012**

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For further details and to book your place please visit...

[www.businessofdentistry.co.uk](http://www.businessofdentistry.co.uk)  
or call: 0845 003 0048

## Events to help your practice succeed

We have created a jam-packed calendar, to get your cogs turning and galvanise you into action! Focused on the business of dentistry, these events can help your practice become a more efficient and profitable business.

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**The perfect front desk** with Emma John

A one-day intensive workshop for practice managers and team members, designed to encourage a front desk team to be more effective and develop team ethos.

**Treatment coordination for profit** with Laura Horton

Understanding the role of a Treatment Coordinator (TCO) will help you understand who to put into this role and why the position is important for a 21st century dental practice.



**Creating a 'WoW' customer journey** with Les Jones, Simon Tucker & Richard Collard

Les Jones, Editor of BoD Magazine, teams up with Simon and Richard from Medenta to deliver an inspirational, hands-on event that will help you develop new ideas for 'WoW' customer experience.

**The perfect front desk** with Emma John (Full day)

Date:	Location:	Cost:	BoD Cost:	5 hrs verifiable CPD
23/02/12	Bristol	£200	£120	
20/03/12	Leeds	£200	£120	

**Treatment coordination for profit** with Laura Horton (Half day)

Date:	Location:	Cost:	BoD Cost:	2.5 hrs verifiable CPD
22/03/12	Manchester	£100	£60	
17/04/12	West London	£100	£60	

**WoW customer journey** with Les Jones & Medenta (Full day)

Date:	Location:	Cost:	BoD Cost:	5 hrs verifiable CPD
18/04/12	Birmingham	£200	£120	
16/05/12	Manchester	£200	£120	

Refreshments will be included

# The nightmare of Christmas time

Our modern-day Christmas can put a strain on most people. It's supposed to be a time of happiness and celebration but for those already struggling financially, the 'festive' season can be hard to bear, heralding even further stress and hardship.

With the burden of debt, rising living costs and the added pressures and expectations at Christmas time, dentists who are unable to work really struggle to get through the cold winter months. Especially for those with families, who are elderly or suffer from ill health.

The BDA Benevolent Fund helps UK dentists and their families during difficult times such as these by offering vital support through grants and interest-free loans.

Funded entirely through the kindness of those in the dental profession, the Ben Fund could not exist without your help.

The annual Christmas Appeal is an important source of income for the charity. So while deciding on Christmas presents for your loved ones, please remember your colleagues by giving generously - your valuable support will help provide comfort, security and peace of mind.

For more information please call Sally Atkinson on 020 7486 4994 email [dentistshelp@bt-connect.com](mailto:dentistshelp@bt-connect.com) or go to [www.bda-benevolentfund.org.uk](http://www.bda-benevolentfund.org.uk)

All enquiries are considered in confidence. The BDA Benevolent Fund is a registered charity no 208146 [DT](#)



The Benevolent Fund aims to help out dentists in need

# BADN outstanding contribution to dental nursing award 2011

The 2011 BADN Outstanding Contribution to Dental Nursing Award, sponsored by WR Berkley (Europe) Ltd, was presented to Fiona Ellwood at the sixth Honours and Awards Dinner at the Chancery Court Hotel, London on 24 November 2011.

Fiona started work as a dental nurse in 1985 and became a BADN member when she qualified in 1986. She is currently a Director of the Dental Busi-

ness Academy and leads their educational sector.

Over the last 15 years, Fiona has been developing educational programmes for student dental nurses on a national level and is currently developing international programmes. She is also a valued member of the mentoring development team and a key skills assessor for the Faculty of General Dental Practice, and a member of their Editorial Board, as well as BADN's Regional Coordi-

nator for the East Midlands. Fiona is an Internal Verifier and an Assessor; a member of the Institute for Learning, the Institute for Verifiers and Assessors, and the National Oral Health Promotion Group, as well as a BADN Fellow. She is also a consultant/training advisor for dental corporate IDH.

BADN President Nicola Docherty, who presented the Award to Fiona, said "I am delighted to recognise Fiona's contribution to dental nurs-

ing, and particularly to dental nurse education, over the last two decades. It is dental nurses like Fiona, who give freely and willingly of their time and expertise, who are the future of our profession. I should also like to thank WR Berkley, providers of indemnity cover to BADN members, for their generous sponsorship of this award."

The Dinner, organised by the BDA and sponsored by the BDTA, included the presenta-

tion of awards by several dental associations - Peter Davey received a Fellowship from the Dental Technologists Association, Terry Abbott was awarded the British Dental Trade Association Award, and Gail Marsh was added to the British Association of Dental Therapists' Roll of Distinction - together with numerous BDA awards including the 2011 BDA Good Practice Scheme Good Practice of the Year, which was awarded to Osborne Dental in Newcastle. [DT](#)

## A denture holiday

We've all heard about the Lakes being the Adventure Capital of the UK, and adventure holidays. However, Cumbria is about to be known for another very special type of holiday - Denture Holidays.

Dental entrepreneur Chloe Booth and business partner Matthew Burnell have opened the doors at Grange Denture Centre to local people, but also hope to attract the attention of holiday makers.

The duo are already looking after the local resident's dentures and offer home visits to those who are unable, or find it difficult to leave the house.

However, they have had visitors popping in to repair a denture that has broken whilst away from home, and so the idea of the 'Denture Capital of the UK' has been born!

"Grange Over Sands is a holiday hot spot for many people, and some even choose to take a coach trip to this beautiful sea-side resort," said Chloe. "We are well connected with some of the hotels and bed and breakfasts in the area, and together will enhance tourism opportunities for local businesses."

"We believe that if some of Grange's visitors can use their time not just to enjoy the scenery and shops of Grange,

but to look after their mouth at the same time, it would be a very valuable trip indeed.

Many denture patients aren't aware of the options that are open to them these days, and if the pleasant trip and denture re-vamp can be complimentary to one another then it's time well spent," said Matthew.

Matthew's expertise in making dentures has already attracted clients from as far away as Spain, and his sights are set globally, hoping that antipodean visitors will take advantage of his proudly Cumbrian service: "I'd be absolutely thrilled to see a Cumbrian-made denture taking a flight to Oz!" [DT](#)

## The bone maker

Researchers at Washington State University have used a 3D printer to create a bone-like material structure that can be used in dental work and orthopaedic procedures; it has even been reported that it can be used to deliver medicine for treating osteoporosis.

According to reports, the bone-like material acts as a scaffold for new bone to grow on; when its job has been fulfilled, the "scaffolding" dissolves with no apparent ill effects.

The researchers spent a year enhancing a 3D printer that was originally designed to make metal objects, however, using inkjets, layers of powder about 20 microns deep and

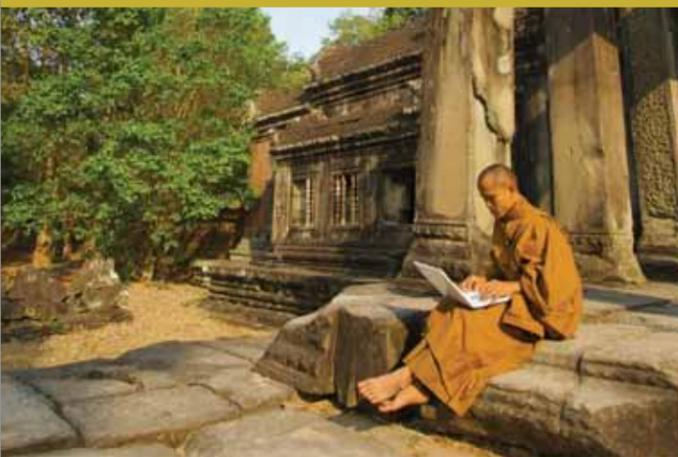
by following directions from a computer, the printer is able to create a scaffold which after a week is able to support networks of new bone cells.

The authors have reported the material's success in the journal of Dental Materials; according to Susmita Bose, co-author and a professor in WSU's School of Mechanical and Materials Engineering the development goes further than this however, and she states that it will be possible to create custom order replacement bone tissue in a matter of years!

"If a doctor has a CT scan of a defect, we can convert it to a CAD file and make the scaffold according to the defect," Bose said in a report. [DT](#)

# The World's First Online

## MSc in Restorative & Aesthetic Dentistry



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# It wasn't supposed to be like this

When you qualified from dental school they didn't tell you about the stress some of you would face. They didn't tell you about the high suicide rate. They didn't warn you about the treadmill, about burnout and about how dealing with Bureaucrats can sometimes feel like bashing your head against a wall.

Of course many of you qualified years ago, before the UK became one of the most litigious countries in the world. And all of a sudden you wake up one morning with the stark realisation that the equa-

tion has changed.

And yet there are many of us who still love our dentistry. We treat and employ great people. We love our jobs and we love our lives, and the natural challenges that appear in the path of our lives only make us stronger.

So where are you, right now? Do you see the CQC as an excuse to up your game? Or do you see them as an all powerful Ogre stalking the realm of the Dental folk? Do you do five minute check-ups, or do you spend the time you need to build rapport with your patients?

It's never about the system. It's how you react and work in the system. It's never about the situation; it's how you react to the situation.

You might feel you are in a dark place right now, overburdened with regulation, hit financially by the recession, your work suffering from self-doubt or disillusion. And what you need to remember is that it's often in your darkest moments that your true character emerges. There can be no light without the dark, and even the bleakest winter is always followed by summer. Life's great-

est opportunities usually come wrapped up in what seem like impossible situations. Trust me, I know.

Of course, sometimes we need a little help. Recently 30 of some of the top names in UK dentistry came together to collaborate in a book called "Messages from Dental masters". In this book are 30 never before seen articles, ranging from advice to stories of self discovery. They have agreed to share their knowledge on how dentists can improve their working lives. The book contains such well-known names as:

Chris Barrow  
Ellis Paul  
Paul Tipton  
John Renshaw  
Kevin Lewis  
Barry Oulton  
Raj Rattan  
Sheila Scott  
Amarjit Gill  
And many more.....

There is another reason for the book of course. 40 per cent of all profits will be split equally between the BDA Benevolent Fund and the Dentist health Support Trust. Want to know more? Visit [www.GDPResources.com](http://www.GDPResources.com) today **DT**

## We had a good day. With Sirona

Amid much anticipation Sirona Dental Systems recently opened the doors to the brand new Centre of Excellence, training facility, showroom and offices, based close to Heathrow with easy rail and road links.

Terry Patuzzo Sirona's MD explained what a huge step forward this is for the company to show their range of equipment including Sinius Treatment Centres, digital x-ray, CEREC and hygiene systems, in working order to enable training and product demonstrations as well as lectures and hands-on courses

for dental surgeons and their staff at the bright, airy Centre of Excellence. The Company are actively encouraging dentists to visit this new facility, whether they are new or existing customers, to broaden the professions' knowledge of Sirona Dental Systems innovations and solutions.

During the opening ceremony the delegates had the opportunity to listen to Dr Quintus Germishuys a London practitioner who explained how Sirona has helped to grow his practice. He believes that Sirona has changed the way that

he practices dentistry through their innovative products and made reference to the future of dentistry being digital.

The President of the BDTA, Mr Tony Reed, made the point that member companies are subject to quality control and that it's important for dentists to look carefully at dental companies before investing to ensure that the company and the service it provides are up to scratch. Sirona is a company that certainly passes rigorous testing.

Jeffrey Slovin, President

of Sirona Dental Systems and Thomas Scherer Vice President explained how the company are continuing to invest despite the economic times with a staggering 6 per cent of the company's

revenue invested in R & D. They feel that the UK is an important market for Sirona and congratulated Terry and his team on the opening of the Centre of Excellence in the UK. **DT**



The new centre of excellence

## Managers achieve ILM management qualification

A record-breaking 72 dental practice managers and dentists have achieved an Institute of Leadership and Management qualification with UMD Professional Ltd in 2011.

The successful candidates all achieved a qualification awarded by the ILM, either through attending a workshop-based course or studying via

distance learning. They will be presented their certificates at a ceremony in London in January 2012.

These exceptional results highlight the continued success of UMD Professional in providing effective business and management training for dentists and managers.

Fiona Stuart-Wilson, Direc-

tor of UMD Professional said: "We are delighted to be celebrating the achievements of all those who have worked so hard for their qualifications, and congratulate everyone on their success.

The high number of candidates this year demonstrates the increasing importance that

managers and dentists place on having a management qualification and the benefits that this brings to their practices."

UMD Professional has more Level 5 and level 7 Diploma in Management regional workshop programmes starting in the New Year, and continues to offer a distance learning option

for those studying for the Level 5 and Level 7 qualifications. A limited number of grants are still available for the Level 5 and Level 7 Diploma courses in some areas; for more information please contact Penny Parry at UMD Professional on 020 8255 2070 or by email: [penny@umdprofessional.co.uk](mailto:penny@umdprofessional.co.uk). **DT**

## Endo course

Many GDPs lack confidence in their ability to provide good quality endodontics and would love the opportunity to be more proficient in their ability to save teeth and offer consistently high standards of endodontics to their patients.

With this in mind, Dr Richard Kahan (former Eastman CPD Endodontic Course Director),

recently launched a mentoring programme of GDPs so that they can improve their skills at a specialist practice and really enjoy their endodontics.

Only eight places are available on the programme and applications are now being invited via [www.endoacademy.co.uk](http://www.endoacademy.co.uk) You'll have to be quick though – the closing date is 31st January. **DT**

## Research and patient empowerment

The release of important health data will stimulate medical research and enable patients to take informed decisions about their care, the Department of Health has said.

As outlined in the Chancellor's Growth Review, new world-first data services will help to drive improvements in care. The UK is uniquely placed as being one of the few countries to have a universal 'cradle to grave' health system boasting some of the most detailed, anonymised informa-

tion on patients. The UK has the potential to lead the world as a location for data-enabled health research, with direct benefit to patients, via the Clinical Practice Research Datalink.

For the first time services provided by the NHS Information Centre for Health and Social Care will link datasets from GP and hospital care, providing health service, pharmaceutical industry, academics and other professionals with unequalled levels of information about the journeys

of patients through the care system and the outcomes of different treatments.

Alongside this boost to medical research, patients will be able to see new data on GP performance on NHS Choices website this December, helping them make informed choices about their healthcare. Further data on GP prescribing will be published which information providers can use to inform patients, supporting them as they make decisions about their own care. **DT**

# British inspiration that's simplicity itself

*Dental Tribune* talks to the inventor of the KwickScreen, Michael Korn



Kwick screen with floral print

As CQC regulations start shaping dental practices across the country and decontamination rooms and various spaces are required in a range of medical environments, an innovative product – titled the KwickScreen – has sent a buzz through medical sphere as it claims to fulfil these needs. Already it has generated a buzz of interest from dental suppliers, and with its colourful and unique design, the

KwickScreen looks set to stay. Michael Korn, the brains behind the idea, came up with the product whilst studying industrial design and engineering at the Royal College of Arts. During several visits to hospitals throughout his course, Michael noticed the lack of space that was available for isolating infected patients; there were also problems arising with single sex accommodation and a lack of side rooms to help curb the

spread of infection. But most of all there was a general need for dignity and privacy in the hospital environment. To help fix the problem that so many hospitals were experiencing, Michael set about inventing a portable, retractable room divider that was flexible, easy to clean and could divide a room efficiently and easily, eliminating the need for a side room.

“The idea was to divide

a room up effectively without using a wall or a divider because the need for space changes all the time; so the product needed to be flexible, portable and easy to use.

“I played around with various items, such as bending tape measures back and forth, and was eventually inspired by the movement of a frog’s tongue; flicking out and retracting. The design was based on this inspiration.

“So I went looking for a suitable material to use and I came across a British invention called RolaTube. The material, which is invented and manufactured by RolaTube Technology, is a portable, lightweight material that remains rigid over long distances. We knew it had to be good because it had been used in space on satellites! We then found a manufacturer based in Corby, and with them we’ve developed the current product.”

With the material and manufacturer located, the KwickScreen could start taking shape into a fully portable and retractable partition. The final product has screens that are two metres high and can be pulled out to anything up to 3.5m wide; in effect Michael has created a flexible yet physical barrier that can be stationed between patients whilst in hospitals, decreasing the rates of cross-touching between neighbouring bed-spaces which causes cross-infection.

“When it’s retracted back in on itself it’s just a tiny column that can be stored in a storeroom or can be put to the wall.” Michael added.

Although the KwickScreen was initially designed to increase each hospital’s capacity to treat infected patients and create areas of space for privacy, it was soon noted that there was another market in which the screen had a place.

“We started selling the KwickScreen to hospitals and then after a talk at the Royal Society of Medicine dentists started getting in touch. Most of them had space issues in the practice; they wanted to have private areas or they needed sterilisation rooms and from selling to hospitals we’ve now started selling to dentists. We’ve stumbled on a

brilliant market!”

Dentist Andrew Bain, whose enthusiasm is helping create interest from other dental professionals, spoke to *Dental Tribune* about the way in which he is seeing the KwickScreen being integrated in the dental practice.

“We’ve only just started using it in dentistry but already we’ve got a dentist down in Brighton who, after having issues with building compliance, is using the screen to create a separate decontamination area. He’s got a Grade I listed regency house that has very restrictive building regulations, so the KwickScreen is a nice compromise in creating a ‘separate’ decontamination room. It not only brightens up the room with its cherry blossom design, but it hides away all the autoclaves and disinfectors!”

“Although he’s not going to reach best standards with CQC (because he can’t get a separate room), he has received some very positive feedback. And even though he is still waiting for a full inspection, they understand the building restrictions with which he is faced. Fortunately, there is a paragraph in the HTM 01-05 document which states that, if people cannot meet this best standard, then it will be understood. From the conversations they’ve been having, it seems like a good way of moving towards best practice.

“Of course, not every practice is going to want one as it won’t be suitable in every practice, but there are quite a lot of practices out there that will find it very useful. Some people have brought it for one purpose and have ended up using it for something else, like they’ve had an unsightly repair that they wanted to screen off. However, I think the three main reasons for having one are:

- Practices that are struggling with CQC regulations
- For orthodontic practices
- Sedations practices for recovery areas.

“It’s very flexible – you can screen off areas at right angles, double back on themselves and you can split a



Kwick screen bent

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room in two providing a space for recovery patients and normal patients. These are the main areas where I see it being used and – in the right practices – it will have a good use in dentistry.”

Apart from the contamination and space boxes that the KwickScreen ticks, the



Kwick screen in dentistry

innovative screen had another purpose, as Michael explained: “A screen can have pictures printed onto it, which is making them ever more popular. For example, the environment of the dentist’s treatment room is one where the look and feel of the place is important because there are patients that are fully awake and alert. Also how the waiting room looks like is important. With the KwickScreen you can have something printed on the screen that is calming and is easy to change so you don’t have to stick with the one design.

“We’re actually running a competition at the moment, which is based in the Royal College of Arts, where we’re asking people to design pictures to be printed on the screens. There’s also an external competition where people can submit their design and we print them. The competition should lead to some quite interesting ideas!”

As Michael explains, since its inception onto the medical market, the KwickScreen and its inventor have won several awards, both in the UK and internationally. To begin with, Michael was the UK winner of the UK Dyson award, and was also runner up for its international award.

“To be the UK winner is amazing, it’s prestigious. I’m really delighted, it was tough competition and as far as companies and people to be asso-



Kwick screen

ciated with and to be endorsed by, I don’t think I can get any better than James Dyson. He’s exactly what we’re about.”

If there are any dentists that are budding artists or photographers who wish to enter their pictures visit [www.kwickscreen.com](http://www.kwickscreen.com) and click on the art tab.

KwickScreen has recently undergone trials in the University College Hospital and the National Hospital for Neurology and Neuroscience in London, and has received very favourable feedback on both a microbiological and user level. DT

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# Stop the world, I want to get off

Michael Young answers the question: What else can I do apart from dentistry?

**M**y first article touched upon some of the reasons why dentists might be dissatisfied and disheartened with the profession, and offered some words of encouragement. This next article is for those who have made the decision to leave and for those who, for whatever reason, have to leave. It answers the question, "What else could I possibly do, apart from being a dentist?"

The first thing you must do is perform a SWOT analysis on yourself, that is, determine your personal strengths and weaknesses, and what are your opportunities and threats. Draw up a list of your transferable skills; be honest with yourself.

Dentistry is obviously a scientific discipline, so it is not unreasonable to suggest that a dentist could move with relative ease into another scientific field. A number of years ago I bumped into one of my contemporaries from dental school who, not long after graduating, had decided that dentistry was not for them. They retrained as a teacher and taught general science at a local college. They were happy with their choice. There are many science-based jobs that a dentist could think about doing, but perhaps in the current economic climate, now is not the best time to be looking for any job!

Dentists working in practice might want to simply free themselves from the hassle of a practitioner's life, but don't want to give up dentistry altogether. Making the sideways move into a dental school could be one option worth exploring, either as a teacher or as a researcher. However, nowadays universities have their own set of pressures, targets, rules and regulations. I was fortunate enough to work in two dental schools over 20 years ago, when the atmosphere was fairly relaxed.

You might be contemplating a complete change of career altogether. One career that seems to attract its fair share of dissatisfied dentists is the legal profession. Through my work as an expert witness I was able to dip my toe into the waters of the law; I speak from experience when I say that the grass is definitely not always greener. The law is often about conflict so you must be prepared for that and it is nearly always about money. The area I worked in was clinical negligence, most of which was funded by legal aid, which

the government now plans to radically cut. Imagine if instead of just having your fees tinkered with, as in NHS dentistry, they were stopped altogether!

I learnt that dentists and

lawyers inhabit totally different intellectual worlds. The legal profession is not like dentistry; lawyers are trained to extract information from documents, to ask closed questions, but above all, to win their argument no

matter which side they are on. An excellent solicitor or barrister will be able to present a good argument from both sides. When putting together their case they want answers to the particular and the general, the

empirical and the theoretical, the objective and the subjective. What you do as a dentist seems rather less certain when a good lawyer interrogates you. Your most difficult patients are pus-

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