

Dentistry 2000 — Two sides of the same coin

Dentistry 2000 marked the first time that the BDA conference and Dental Showcase were housed under one roof. Stephen Hancocks, commissioning editor for the BDJ gives one view whilst Fiona Stuart-Wilson — Editor of Dental Business — considers another.



The Birmingham NEC aerial view

Dentistry 2000 was a first. It was planned as a first and worked well as a first. The first large dental gathering in the UK of the new millennium and the first time that the annual BDA Conference and the eighteen-monthly BDTA Showcase events had been combined.

The need to incorporate the previous two events into one inevitably made some modification necessary to both, but it also provided the opportunity for many other dental organisations to hold their meetings as part of a huge celebration of as many aspects of dentistry as possible.

So, as well as the 'usual' format of BDA Conference scientific and clinical sessions there was a large number of meetings given under the banner of 'partner sessions' in

which the various groups within dentistry were able to give their presentations. This included the different members of the dental team as well as specialist groups and societies and provided, as a result, a rich and fascinating tapestry of dentistry as it is being practised in the UK today.

For the participant it also made for the complex logistics of how to see as much as possible and how to prioritise the sessions to attend and those which, sadly, had to be missed. Such is the way with any large conference of this type.

Is the patient listening?

On Thursday, the Main Session began with the question, 'Is the patient listening?' and explored the way in which the dental team

and the oral health care industry communicates with patients and customers. However, what I found interesting about many of the clinically oriented sessions throughout the three days was that they showed a great deal of evidence that the profession had been listening. Listening to the expert advice and research on clinical techniques but also to the ways in which clinical treatment has to be considered not in isolation but as part of the lives of each individual patient.

The early indication that this was to be a recurring theme came in the sessions held by the British Society for Behavioural Sciences in Dentistry and The British Society for Disability and Oral Health. In the first, the speakers explored the ways in



Stuart Robson (right) hands over the presidency of the BDA to Bill Allen at the Presidential Meeting.

which we can all work to understand patients' behavioural and psychological difficulties and enable them to cope better with routine dental care. In the second, many practical considerations were discussed concerning the treatment of patients with specific disabilities in terms

of their general welfare as well as the ways in which dental treatment planning needs to be tailored to their special requirements and circumstances. This can be demonstrated in attention to even the smallest detail such as the careful writing of referral letters ensuring that items like social history and caring arrangements are fully explained. These make an appreciable difference to considerations such as transportation, appointment times and ability to comply with home care routines.

Science in action

Clinical treatment does however have a huge debt to pay to research and perhaps nowhere more so nowadays than in periodontology in which so many exciting developments are occurring. Philip Ower in the partner session of the British Society for Periodontology outlined the way in which research has gradually narrowed the focus on the microorganisms thought to cause periodontal disease. This has enabled the development of very specific diagnostic tests, some of which are available for chairside use, as well as appropriate biotechnical solutions for prevention and therapy. The need for continual awareness of progress internationally was also underlined with the quoting of various



prevalent problem of root caries. This pragmatic look at the inescapable differences between specialist restorative private practice and community dentistry and their respective clientele made for fascinating listening. It showed that in each case, careful treatment planning and co-operation with patients as well as carers could ensure that all patients were able to receive the best and most appropriate care. This might be true whether using, for example, custom made trays for self-application of chlorhexidine gel or the

of appliances to reduce or eliminate snoring and sleep apnoea, for example, requires questioning the patient carefully over a range of lifestyle issues including body weight, alcohol consumption and dietary intake as well as sleeping patterns. Not what one might consider traditional areas for clinical dental intervention but patently necessary to ensure a good clinical outcome. Other session reflected the need for knowledge of lifestyle factors, such as in the area of the dental team intervening in smoking cessation programmes for patients.

In another very practical area, throughout the three days of Dentistry 2000, the Society of Advancement in Anaesthesia in Dentistry (SAAD) ran sessions on basic life support skills, awarding over 300 certificates over the duration.



New BDA President Bill Allen with Branch and Group Presidents.

A slice of dental history

The Lindsay Society, for dental historians, ran a fascinating programme looking at old techniques brought to life. These included the use of gold foil, the advantages of standing at the chairside and the use of springs in denture construction which led

summaries from European and World Periodontal Workshops.

Getting the balance right

A good example of the ways in which these two approaches to dentistry ie: the learning from research and the application to the real world of patient compliance, was provided by Edwina Kidd. In one of the sessions jointly hosted by the British Dental Hygienists Association and British Association of Dental Therapists, Professor Kidd described the differences in approach that two practices might have to take when treating the increasingly

equivalent application by carers using other formulations and delivery systems.

Technique sharing

Next door, the BDA Private Practice Committee was holding its session entitled 'Hot tips'. This enabled individual practitioners to share various techniques and experiences with their colleagues and produced a rich variety of presentations. Once again though, the influence was apparent of taking those matters into consideration which, in the past, we might have regarded as 'non-clinical', when planning clinical treatment. The provision



The Society of Advancement in Anaesthesia in Dentistry (SAAD) session at Dentistry 2000.

to lively debate and an example of the latter technique in current practice for a disabled patient! The British Dental Health Foundation meanwhile ran a short festival of old dental health education footage entitled 'Erratic Dental Films' which amazed and amused the audience in turn as they realised just how far we have traveled in our knowledge and presentational skills in a relatively short time.

Health and safety

Consideration of health and safety was given prominence in the session on air abrasion technique, a partner session by the British Association of Dental Air Abrasion. Here, the particle size of the aluminium oxide particles was stressed as crucial for both the efficiency of the system and the welfare of the staff operating the equipment. Good personal masking and careful high-speed suction were emphasised as being key elements. However, once again the use of the technique in providing painfree dentistry as a service to patients was high on the agenda.

Saturday morning's main session concerned itself with 'Endodontics for the general dental practitioner' and gave a thorough and extensive review of the subject which was beautifully presented and illustrated throughout. While the basic principles of the specialty remain the same the cleaning and subsequent filing of the root canal system — the materials and techniques available have progressed considerably. These now permit, for example, instruments to negotiate bends in canals far more easily than ever before. Similarly, the use of apex locators has revolutionised the ability to prepare and fill

canals right up to the apex, overtaking the previous and long-standing advice to stop one millimeter short. How long before that shows up at a Lindsay Society session on 'old' techniques?

make very good 'Tomorrow's World' presenters — possibly future candidates for further 'erratic film' festivals!

Once again, the theme turned to considerations in the placing of restorative non-clinical materials; these included



L to R: Dennis Carroll and Marilyn Orcharton received rolls of distinction and Professor Robin Basker received the Tomes medal.

Lifelong Learning

With the General Dental Council announcing the details of its Lifelong Learning programme for Recertification for the Dental Profession at the Conference, it was appropriate that the afternoon's main session was chaired by GDC President, Professor Nairn Wilson. Enigmatically entitled 'Tomorrow's World' contributions were made by various world authorities via video. This gave not only an intriguing insight into, for example, restorative materials but also the national approaches of the presenters. Indeed, it seemed clear that some dentists would

political will, economics and patient preference affecting declining amalgam use on 'safety' as well as aesthetic grounds.

Elsewhere, the British Homeopathic Dental Association demonstrated practical techniques and case histories, while the British Dental Acupuncture Society (BDAS) offered to stick needles in me! However, the BDAS reported growing interest in this field from both patients and practitioners as the thirst for knowledge of alternative therapies increases. The use of acupuncture for the relief of painful musculoskeletal conditions, such as TMJ disorders, is well established but its use as an adjunct to conventional anaesthesia and even in controlling dental nausea continues to garner interest.

The event

One aspect that made Dentistry 2000 a valuable event was the juxtaposition of the conference sessions with the extensive exhibition. This meant that equipment described could be seen and handled just a short walk away, and usually from more than one manufacturer, allowing practitioners to balance price, quality and service before purchasing. The ready availability of the two elements served to ensure one of the most comprehensive dental shows that we have ever experienced in the UK. While it is impossible to cover all the various sessions and individual events in a single article such as this, the overall impression was that Dentistry 2000 had brought home the goods it promised, The Millennium Celebration for Oral Care. I hope another millennium does not pass until we see another.



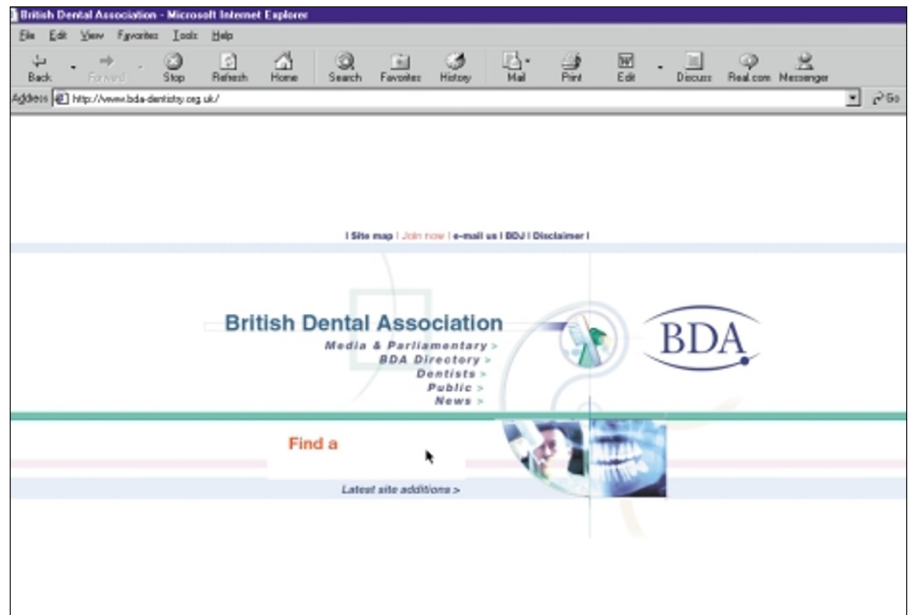
The creche at the exhibition

Fiona Stuart-Wilson considers another side:-

Dentistry 2000 was indeed bigger, brighter and better than ever. The sheer scale of the trade exhibition was surprising, even to the initiated. The new millennium seemed to have brought with it a vibrancy and optimism about the business of dentistry to trade and profession alike. The whole concept of Dentistry 2000 was, however somewhat different. For the first time for many years, the well-known dental showcase and the BDA conference were joining forces to provide the ultimate vehicle for UK dentistry. It was dentistry displaying its proudest feathers for the mutual benefit of both aspects of the business, trade and profession (though not alas for the public). On that basis, I was expecting some common themes to emerge, an integrated message about the future of an honourable profession and an ethical trade, communicated through the showcase exhibitors, and the speakers at the conference itself. I was also hoping for new messages, innovative angles and perhaps even a little controversy. Was I disappointed?

Something old, something new...

Well, yes and no. Events of this size and scale are by their very nature bound to be like the curate's egg — good in parts. I did discover common themes and I also discovered that there was something of a mismatch between



The BDA website

dental equivalent of Martha Lane Fox, but there were a large number of enthusiastic exhibitors extolling the virtues of their particular e-business. The stands also seemed full of eager dentists and managers happily signing up to...well, what were they signing up to? A number of dot-coms seemed to choose to launch their e-businesses at Dentistry 2000 (and what better place?). Exactly what was being launched and the real benefits to a dental business owner were at this stage less clear. The concept of a dental e-marketplace, and an attractive website design and home page were seductive, but the real substance and the tangible benefits (in terms of clearly defined services or real suppliers) behind it were less easy to grasp. Distribution channels alone, even in this e-era, do not make a business. For some dot-com business funders too, dentistry is only one of several vertical markets being penetrated. One of my colleagues attending the exhibition described the scene as 'dot-com flim-flam'. At the time of writing, some are feeling a little bruised by the roller-coaster ride of e-businesses, such as lastminute.com, on the stock market. Is e-dentistry a bubble waiting to burst? I suspect not, but I wait with interest to see how all of the dental e-businesses fare in the coming months. The dental dot-com race may be a little like the Grand National — you do not expect all of the runners to finish. However, one thing is clear, e-business is here to stay. That most dental suppliers will need to do e-business to stay competitive is also clear. That most dentists will need to embrace e-commerce at some point is also non-negotiable. How that 'e' will be enabled is only a little clearer following Dentistry 2000.

Silent takeover

There were tried and trusted subjects, too. Setting up in practice was still a popular and valuable area for a number of dentists who attended this session. There were also old subjects with a new focus, such as ethical issues for dental practice managers. Such topics tend to be of perennial interest. An old favourite is also the 'tips and techniques' type session, and devotees of the handy hint were not disappointed — their tastes were also catered for in the conference. As might be expected, the emphasis on many of the business aspects of the conference were around the very particular issues facing a dental, rather than any other type of business. I was therefore surprised and pleased to see Lee Worthington in his session discussing the validity and usefulness of external quality standards, including Investors in People, for dental businesses. Dentistry, as the exhibition demonstrated, has been the subject of a quiet takeover. Bigger non-dental business is interested in the potential that dentistry has to offer; the funders of the dot-coms provide the evidence for that, as well as the entry into the marketplace of some of the larger corporates. It therefore surely makes sense to consider the application of business standards which apply to all businesses if dental businesses wish to stand up and be counted in the real world.

Branding dentistry

Interestingly, the dash for dot-coms was not reflected in the main conference proceedings. So, to less volatile matters, or so I thought. A great deal of time was devoted



Conference session sponsors

- 3M Dental
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what was being discussed at the conference and what was really happening in the exhibition hall. New and innovative ideas? Well, yes, but more of that in a moment. There were also some old ideas dressed up as new ideas, and some old ideas introduced to dentistry, where they were certainly new, and none the less relevant for that.

Dot-com madness

If I had to select a key theme for the exhibition, I have to admit it would be dot-com madness. Here for some was the new and innovative approach to the delivery of dentistry, its marketing and business, that I was looking for. There seemed to be no

at the conference to marketing matters, and the issue of branding in particular. Branding is not a new concept. (Walk along any supermarket aisle, spend an hour or so watching a commercial TV channel, or just look at the contents of your kitchen cupboards, and you will be made aware of the power of branding.) However, in dentistry it seems to be a big issue at the moment, and we were treated to lively debate by a variety of speakers with differing and compelling views as to whether this concept was a 'good thing' (or even possible). What for me was an interesting juxtaposition was listening to the theoretical debate in the conference, and watching branding in action in the exhibition hall. Marketing at heart is a customer-focused activity. When I first read the conference programme, I had concerns that the debate in this area would concentrate on product definition and how to use branding to promote dentistry, and in so doing lose the link

Dentistry 2000 facts & figures

- Over 14,000 visitors attended the Trade Show and more than 2,200 attended the BDA conference
- The Trade Show was the biggest ever with almost 290 stands (a record!)
- The sessions provided a year's worth of verifiable Continuing Professional Development

with identifying, defining and delivering customer requirements. In most of the exhibition, the focus on the needs and requirements of dentists, managers and relevant members of the dental team could be seen in sparkling clarity, in the design of stands and in the approach of some of the exhibitors.

Size doesn't matter

I was reminded of this at a press conference during the event. I had paused to consider



Above: The BDA/BDJ stand was always busy

what the dentist or indeed dental supplier of 1900 would have considered important. The marketing issues of branding, indeed the whole industry of marketing itself was in its infancy. Yet both tradesman and professional alike might have, in their own particular ways, pointed to the care of the individual client, customer or patient as being of paramount importance. Advertising might have featured in their thinking, but it was the way that they carried out the business of dentistry which may have meant success or failure to them. The glitziness and bright lights of the exhibition hall, the discussion about professional marketing techniques could not have been dreamt of. So I was interested when I heard the managing director of KaVo, (Richard Whatley), talk of his company's commitment to an area which, for them, was one of the most important areas of marketing. It was not branding, nor the size of the advertising spend in dental journals. It was good, old-fashioned customer care. How that customer care is identified and delivered has

changed beyond all recognition within the last 100 years. We even need to be reminded of its importance on a regular basis. However, here in the new millennium, has the wheel turned full circle? In the fight for dot-com survival, will it be the companies that best look after their clients and their real interests and requirements that survive? And did they take the opportunity of the exhibition to find out what those were?

Dentistry 2000 offered a unique opportunity for all attending to see new things, experience new ideas and methods and to learn. The scale of the show meant that the experience could be overwhelming, and I suspect those who learnt most had a clear idea as to what they wanted to gain from attending. The entire event for me represented a gateway to a new-look profession and trade, one that will not appear next year, or even the year after, but one which, if I were a betting woman, we will see within the next ten years. The changes have already begun, and I for one am looking forward to Dentistry 2001.



Left: Lord Colwyn and his jazz band