

QUARTERLY MAGAZINE FOR DENTISTS

Practice News

JUNE 2018

THE STANDARD

YOU'VE BEEN LOOKING FOR



The Campbell Clinic

Happy new year and welcome to the first edition of The Campbell Clinic newsletter.

Now winter is over we can finally start to look forward to some sunshine and those summer days.

In this edition of The Campbell Clinic's newsletter we will start by discussing a case study surrounding the topic of digital dentistry, how it is applied through implants and immediate surgery.

We have a research department at the clinic and so we have included a research update from our research coordinator Dr Kath Hare PhD.

Throughout the year we like to take out General Dental practitioners from across the East Midlands, to get to know them and say thank you for their referrals to our practice. Since our previous newsletter we have taken them to two events, details of which you will find in here.

As always, we have included an update from our Academy, what we have going on and the opportunities available.

New for 2018, the Campbell Clinic have devised a new study club called Peer Review. So far, we have

held four of these, including an edition of our Case Study evening. These are showing to be a huge success, the benefit of these are extraordinary for many reasons, which we have included in our newsletter as well as details of how to book.

We have a new member of staff at the clinic which we have decided to share with you who has made a huge change to the clinic for the better, details are inside.

We hope you enjoy reading this and thank you for taking the time out.

As always, thank you for your referrals and support of the clinic; it is greatly appreciated.

Kind regards

Colin

If you no longer wish to receive this newsletter please email hayleyedwards@campbell-clinic.co.uk to be removed from our mailing list.

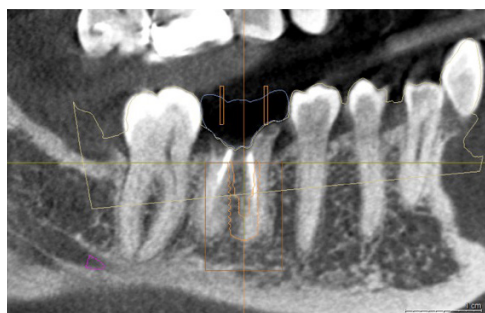
Thank you.



ve been looking for

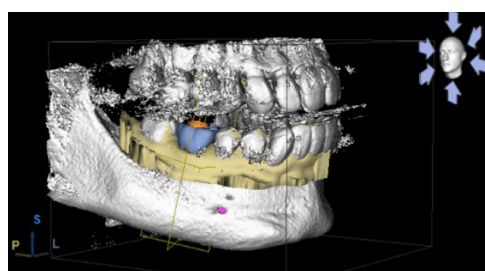
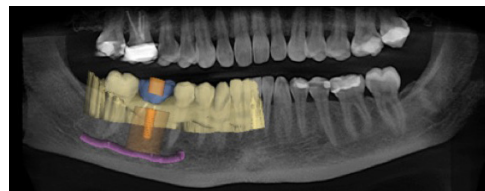
An innovative digital dental implant treatment approach

A 42-year-old female attended the practice with a fractured lower right first molar crown on a root filled tooth requesting options for possible treatment.



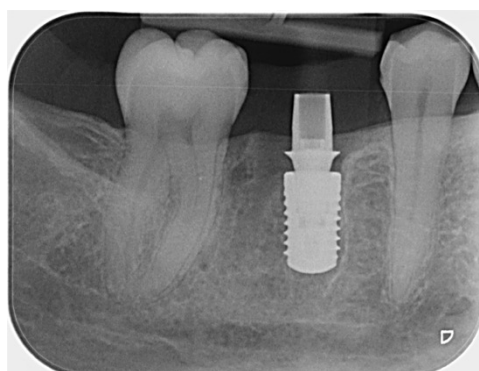
As is always the case at the practice all options were considered and offered to the patient who decided to proceed with a dental implant reconstruction of the lower right first molar.

Thanks to advances in diagnostics and planning in implant dentistry we have been able to harness the use of immediate implant placements with guided surgery techniques in cases such as this over the past 3-4 years with significant success, and this case was planned on that basis. A CBCT scan was taken to provide full digital



planning with an intra oral scan used to provide diagnostic 'wax up' and inserted into the scan. This is a technique that we use at the clinic for almost every implant case allowing us to plan ideal position of implants based on a digital diagnostic 'wax up'.

The surgical procedure was carried out in December 2015 with immediate extraction of the retained roots of the lower first molar and placement of a single dental implant.



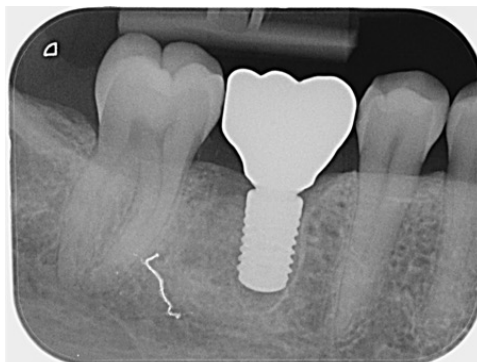
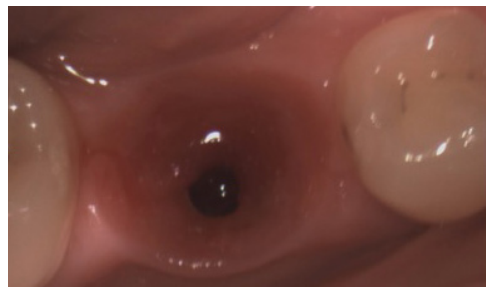
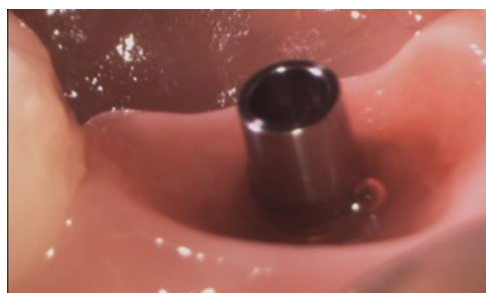
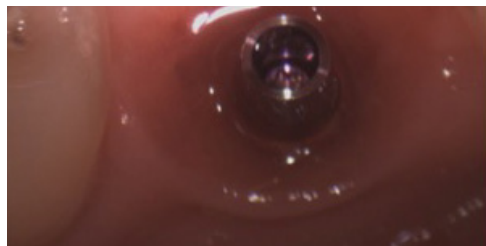
Most interestingly in this situation is that in previous immediate implant techniques the distal socket of the molar site would require some form of graft material to fill the void before primary closure was achieved but in this instance, we were able to seat an implant abutment immediately in the implant and provide an intra oral scan to collect the data of the position of the implant. From this, we can design the



full implant crown and mill this, on sight, in a temporary material. This material is then cut back to a 33% crown as a custom healing abutment and inserted into the site.

This then allows healing of the socket to take place around the new emergence profile of the crown together with acting as a barrier over the existing socket allowing bony healing.

Following 6 weeks of healing an excellent emergence profile has been achieved and the final implant crown is fitted.



Note from the x-ray; the excellent bony contour and healing around the implant and the excellent shape of the implant retained crown.



This picture shows the implant abutment used (variobase from Straumann) together with a Sirona scan body which is used when the intra oral scan is carried out to capture the information for the implant crown.

This case was carried out without any form of conventional impression taking technique and appointments were reduced dramatically due to the placement of an immediate 'provisional crown' which is cut back to 33% allowing us the opportunity to construct the final crown as the patient attends back for an exposure appointment.

Interesting in restoring implants?

If you're interested in this type of procedure of restoring dental implants please contact The Campbell Academy. We regularly run subsidised courses for referring General Dental Practitioners to learn to restore straightforward dental implants in their own practice and even provide much of the diagnostic work in the lead up to dental implant placements.

For more information please contact The Campbell Academy and we would be happy to help.

www.campbellacademy.co.uk
info@campbellacademy.co.uk

CASE STUDY

This case that I have presented is my wife's immediate implant. During the process of treatment, we also had some fun with the blog by writing her a personalised consent letter which I'm sure we would actually like to write to some of our patients - The slightly more demanding text for the consent letter is here. Hope you find the fun in it like we did.



Dear Mrs Campbell,

It was a pleasure to meet you in the practice today to discuss possible options for replacing the fractured tooth in the lower right part of your mouth which has resulted due to all the sweets and rubbish you ate when you were in your early teens.

During that time, you were also a bit wild and didn't always brush your teeth, I imagine that at that stage your mouth was quite minging and you gave no regard to the future health of your mouth or otherwise. As a result of that I had to provide a sub-standard crown to this area after it has been root filled approximately six years ago and, due to the combination of your neglect and my inability to provide reasonable restorative work in dentistry, the crown broke leaving retained roots which were a bit stinky and made us all go a bit "eurrrgh" when you came into the practice.

I am writing in this letter the options I discussed for your treatment but of course, we never mentioned those and I have merely put this here to protect myself from dental regulators who I am extremely scared of and therefore write copious and enormous consent letters in a vain attempt to try and protect myself.

I fully understand that this consent letter will be turned around should there be any difficulty and be used against me. The detail in the consent letter which actually be the noose with which I am hung.

I also appreciate that if there are any significant complications relating to this that this document will be used in divorce proceedings to prove that I am not fit to be a father and to ensure you get 75% of my assets.

Following the examination and x-ray examination of your rancid, rotting root stump in the lower right part of your mouth I washed my hands. I will ensure that I wear a mask and goggles at all times when I see you for treatment to avoid that horrible halitosis smell that I have to put up with from your neglected lower right first molar.

I have recommended provision of a dental implant because, if truth be told, it's the only treatment that I can actually provide and I resent having to pay for anyone else at the practice to provide any other treatment. I have made up various stories about not cutting down adjacent teeth or the fact that you won't like a denture or a gap but, if truth be told, I'm a clinical hammer and implants are the nails that I use.

My plan at this stage is to bring you into the practice to remove the roots and place an immediate dental implant using a guided surgery technique to achieve immediate primary stability in a good restorative position followed by production of a custom healing abutment which is digitally designed and milled within the practice. This will ensure exceptional emergence profile in the area as the tooth heals, reduce appointment times for you and the best possible crown fit and soft tissue health following completion of your treatment.

It's obvious that you will not understand the last paragraph I have written because I don't understand it either but I think it sounds extremely credible and full of large medical terms which, although confusing for both of us, make me feel quite important and I feel it's more likely to get you to uptake the treatment.



With that said, your treatment plan is listed below. If you have any questions regarding this please don't contact the practice at any time as I will be far too busy to speak to you on the telephone. Please don't send any emails as my staff will not identify them and they'll be left in an inbox for a prolonged period of time leading to some sort of dental complaint. Please do not attend the practice yourself to ask questions and please only make an appointment to attend for questions which I will try to keep as short as possible and delegate to any other member of staff.

Treatment Phase One – Diagnostic Phase

An opportunity for me to delegate some of the work to other members of the team in the practice so that I can have a coffee in my office. This involves various aspects of digital dentistry that I have little understanding of but that my staff tell me are extremely good because it doesn't take them an awful lot of time and allows them to also have a coffee.

On completion of this I will review all of the digital material with my technician Mark who will then tell me how I should proceed because he is better than me. Clearly, he doesn't have a dental degree so I can pretend to be more important than him.

Treatment Phase Two – Hygiene Phase

After the planning stages of treatment, you will undergo the hygiene phase with my hygienist at the practice in order to brush your teeth with a toothbrush which you should have been doing before and if you had been, would have led to retention of your own teeth and no need to have a dental implant in the first place. We will of course charge you for this.

Treatment Phase Three – Tooth Extraction

I plan to extract the tooth at the time of implant placement because to be entirely honest I have taken lots of teeth out now and I can't be bothered doing it in a separate appointment. I 'might as well' keep all the rubbish in one slot so we'll do it all at the same time. I once read somewhere that immediate implants were a good idea but I've never checked any literature on this and couldn't tell you whether they work better or worse than normal treatment planning. I did see a guy with bleached blonde hair and extremely white teeth present at a conference and he sounded really credible. I couldn't pronounce his name but his pictures look great and therefore I have tried to copy his treatments without having any understanding of his situation and whether it relates to mine in any way.

Treatment Phase Four – Implant Placement

I'll place a dental implant following extraction of the tooth but I intend to keep the description of that very short because my fear is that I will frighten you if I tell what it's really like and you won't buy the treatment.

Treatment Phase Five – Restorative Phase

We will immediately restore this with a custom healing abutment but again, I have no understanding of that and my technician will provide the help for that. I will attempt to pay the technician as little as possible for that so that I can keep the majority of the money in pretending that my expertise has been heavily involved in this and it's all about my 'intellectual property'.

Approximately six weeks later we will provide a final crown in this area which is made from a material that I don't really understand but I saw a really credible British Prosthodontist present about it at the British Dental Conference and therefore I have decided to use it myself without any further investigation.

A few quick warnings about undertaking this treatment which I'll ask you to sign below:

We might have to provide a bone graft.

The material to be used here might be:

- *Your own bone.*
- *Somebody else's bone.*
- *An animal's bone.*
- *Various other types of animal bone.*
- *Broken plates from a Greek restaurant.*
- *Part of the Great Barrier Reef.*
- *Some stuff made by Unilever near Liverpool as a waste product from washing powder.*
- *Some crushed peanut scrapings out of the bottom of an old Tesco peanut bag.*
- *A material a guy came into the practice and gave me for free. He told me it was definitely related to bone material although he did used to work for a vet.*

I may also have to use a type of membrane related to your bone graft but I really have no idea what these are made of. You can rest assured though that I have bought the cheapest one.

There is a significant risk of nerve damage related to a lower implant placement. If this becomes apparent during surgery I will utterly panic. You will see me sweating and my hands will shake. I will ask for the air conditioning to be turned on and my focus will become so directed at you that all I will lose all concept of time. It's possible that I may stare at the operating site for up to 60 minutes without doing anything. Following that it's likely that I will take five – seven small periapical radiographs before placing the implant in any event because I'm worried that if I don't I won't get paid.

If you have a numb lip following this or permanent pain related to this it is of course your fault because you should have brushed your teeth when you were a teenager.

Your implant may fall out after I do this. I will maintain that my early survival rates are extremely high but I don't actually count them so I don't know. I indulge in an enormous amount of 'cognitive dissonance' where I automatically delete a complication when it arises and therefore am convinced that I don't have any.

I will pretend that I've guaranteed the implant for you and will replace it but I will do everything I can to talk you out of having it replace should it fall out.



Finally, many other things might go wrong in relation to the provision of this treatment but there's really no point in me explaining these to you here. Despite how extensive I might make this consent letter and despite the fact that I might get you to sign it in multiple places we all know that the signature is not worth the paper it's written on. My advice to you, should something go wrong, would be to just say that you didn't understand the consent letter because it was:

1. *Too short.*
 2. *Too long.*
 3. *Too simple.*
- Too complicated.*

Any credible lawyer will be able to take that on in a civil action legal case or through a regulator and make sure I get hung out to dry. In all honesty, I have no protection whatsoever so getting you to sign a consent letter is probably a worse action on my part than not getting you to sign one. So, sign it if you want.

My team and I very much look forward to seeing you (no we don't) when you next attend for treatment. Please don't bring anyone with you as the practice is too small for guests.

My very best wishes

Colin Campbell
BDS FDS RCS

(lots of other letters that not even the profession understand)

(some title about being an assistant tea boy for the Vice President of an association somewhere in the country which sounds credible but nobody understands) (award winner of many self-nominated awards which I wouldn't have won had I not been the only person to pay a £5000 for my team to attend) (visiting professor at the University of the Post Office)



RESEARCH AT The Campbell Clinic

In 2016 The Campbell Clinic expanded to include a research team. In a building that was already nearing capacity, and without a source of research income, this may have seemed to some a crazy idea. This article explains a little of the thought behind this, and the benefits we hope it will bring our patients.

The work that takes place at The Campbell Clinic has always placed priority on excellent patient experience and achieving the most appropriate and best possible outcomes for those we treat. Our research studies aim to assess current practice in dentistry, particularly implant dentistry, in order to study patient satisfaction and long-term treatment outcomes. These findings will help us understand the level of care we currently provide and ultimately use our own scientific evidence to inform clinical decisions.

It is important for us to stress to our patients that at no time does this impact on their care and choice of treatment. In fact, this was an important part of our ethical approval - we have been approved by a research ethics committee to undertake research as long as work does not involve any change to routine patient care. Instead, our research involves collecting anonymised data from patients who are undergoing routine treatments, and storing that data until we have enough information to draw some reasonable conclusions. We have to ask patients for their consent to use data for research purposes, and if

a patient chooses not to give consent this doesn't affect their treatment.

Some of the areas we study include:

- **Long term maintenance of dental implants** – looking at patient response to setting targets for improving oral hygiene and hence implant care.
- **Implant complications and failure rates** – for example at what stages different complications might occur (this is particularly important to us as it will support our 10-year guarantee).
- **'Quality of life'** – the same questionnaire is given at different stages of implant treatment to see how the results of treatment impact on different areas of life.

Research is without doubt a long-term commitment. We know it will take some time to gather sufficient data from which to draw meaningful conclusions, but our work is already impacting on our practice. As a result of implementing a research culture we have fine-tuned data capture, terminology and reporting to ensure standardisation throughout the practice. Old audits have yielded surprising and useful information when revisited with a different viewpoint, and we are certainly not short of ideas for new studies. As our research has expanded so has our team, now comprising of a research coordinator, research clinician and research nurse as well as support from the rest of the practice. This combination of a non-clinical research coordinator and clinical staff with protected research time means we can ensure research processes are consistent

throughout the practice, so that we can make the most of the data we collect.

Finally, if you want to read more about our journey into research we recently decided to share our experiences more widely - you can read our publication 'Initiating research in a private dental practice' in the British Dental Journal here: <https://www.nature.com/articles/sj.bdj.2018.228>

INCOGNITO SYSTEM AT The Campbell Clinic

OUR NEW ORTHODONTIC SYSTEM

We are pleased to introduce Incognito, the lingual brace system to The Campbell Clinic.

Incognito – the invisible brace system

Andrew Flett, our Consultant Orthodontist is now a certified provider in this high-tech brace system.

The Incognito Brace System harnesses the hidden nature of aligners with the precision and efficiency of traditional train-track braces on the front surfaces of teeth. The Incognito System is a fully customised system, placed on the inside surface of the teeth, providing a truly invisible fixed system.



Each bracket is cast in gold and customised to each individual patient. Every archwire used is also individualised to each patient's bite and treatment goals.



Incognito – Lite system (left), Full (Right)

A few reasons to consider Incognito Brace treatment at The Campbell Clinic are as follows:

- Full digital design and insertion. No messy impressions needed. Scans of teeth taken before braces are designed, so you can visualise how treatment will progress before it happens!
- Braces fitted to the inside surface using a precision tray, which reduces overall chair time.
- Brackets on the inside surfaces of the upper and lower teeth mean that the brace treatment is completely invisible from the front of the patient's mouth.

- All brackets individually tailored and low profile to allow for maximum comfort.
- Full customisation of bracket and wire can provide precise and efficient treatment results in good time.



Cutting edge digital design and production from start to finish

We offer 2 types of Incognito Appliance at The Campbell Clinic. Full Incognito for comprehensive correction of a bad bite (malocclusion) or Incognito Lite to provide quicker aesthetic alignment of the upper and lower front teeth.

For further details on this treatment please contact The Campbell Clinic or visit our website, there you can find details of how to refer patients that would be interested.

“It’s Behind You!!”



So, last December in 2017 we took some general dental practitioners and their families to see **Cinderella** at The Playhouse theatre in Nottingham; I think we can speak for all that attended that it was a fantastic night and a great way to kick start the Christmas festivities.

We arranged a private area at The Playhouse Bar and Kitchen, just next to the theatre, for us all to meet with a glass of mulled wine on arrival; we later found out this was the first time the bar had made this from scratch and were actually thankful to us for trying it!

It was a great success and many of the practitioners including Colin brought their children along for the experience.

The Playhouse provided us with some pizzas in the interval to fill our bellies that had been laughing out loud during the first half of the pantomime.

We would like to take this opportunity to thank all of those that attended, it really was a great evening and great to engage with you all.





We also took a group of practitioners to see Michael McIntyre in March. We first went to Annie's Burger Shack where it was great to interact, catch up and have some amazing food.

We later went over to the arena where we hired out a private suite with waiter service to watch the show.

It was a great night and a great way for us all to come together.

The social events that we run give us the opportunity to meet our colleagues from across Nottingham and beyond to get to know them and for them to get to know us. We're a private practice in Nottingham with many specialist colleagues as well as a consultant and clinicians with exceptional interest in specific areas; it's nice to express this to colleagues and other parts of the dental community to assure we can come together and help for the benefit of our patients.

It's also a great opportunity to say thank you to our referring practitioners for all that they do!

These nights are amazing and an incredible way to come together and get to know each other. It's something we will continue to take part in again and again, so watch this space!

PEER REVIEW WITH The Campbell Clinic

Back in 1997 during Colin's Vocational Training after three years working in the hospital service Colin began to feel somewhat isolated in his practice in Ilkeston despite the fact he was doing VT training on a Friday out of practice.

At that time, his then Principle introduced the concept of peer reviews. It was new and funded by the government where dentists could get together to meet up and discuss different subjects and cases. The peer review group that was introduced was a wonderful group of people who were all very committed to providing high quality care for patients with a broad range of skills across the Profession.

In 2010 at The Campbell Clinic we reinvigorated the concept but called it a Study Club and for 2 years it was a roaring success with 40 people turning up monthly over 2 separate evenings to discuss different subjects, topics and cases; but it ran out of steam and the numbers dropped. Everywhere we looked everybody seemed to be doing study clubs and the concept became diluted.

As is always the case with these things though they need reinventing and reinvigorating to continue to be successful. So, we decided to do this for 2018.

With that in mind we have now launched 'Peer Review with The Campbell Clinic'. Our study club with a difference.

It's long past the time when we should

be getting together with our colleagues regularly to be able to talk about cases, problems with running dental practices or just being a dentist and sharing our woes and learning from each other.



This has now been running since February 2018.

One of the delegates who attended our Peer Reviews have said "Having attended the first interaction of the Campbell Clinic Peer Review group meetings and thoroughly enjoyed the informative content this new version has stepped up the game. The Campbell Clinic provides a comforting "hug" of likeminded practitioners who are all going through the same ramping up of legislation and downward pressure from the GDC, CQC and litigators."

They go on to say, "It feels like under the Campbell Clinic umbrella there is a gathering of practitioners who can share their thoughts and experience in an open non-judgmental surrounding. It feels ok to say things have gone wrong or a less than

perfect outcome was achieved. I believe we learn more from failure more than we do from success, a collective sharing of failure in a non-judgmental environment is healthy for the profession".

A second Peer Review attendee says "the Peer Review was a fantastic evening, meeting peers and discussing relevant topics on an open platform. I would rate the Peer Review with The Campbell Clinic as excellent as it brought together a group of passionate dentists to discuss and learn about relevant aspects of working in and providing dentistry. I will definitely be attending a Peer Review evening again and would encourage any dentists to do the same".

Our first Peer Review back in February brought Chris Barrow to the stage with his presentation titled 'Winter is Coming' where he discussed and investigated the changes in circumstances in dentistry.

He discussed the impacts that will occur all the way across dentistry from dental teams to associates to principles and the prices of practices; but more importantly tactics and strategies as to how we will survive this as a group and prosper.

Our March Peer Review was Colin and his GDC case. In 2015 Colin spoke to the British Dental Conference about his experiences of a GDC case, he wanted to bring this to the Peer Review group to talk openly and honestly about this case, the GDC and how this affects the dental profession.



After our second Peer Review, we decided as a group that a Case Study evening would be something that would be beneficial to those attending.

And so, a Case Study evening will be held every other month during the Peer Review event for attendees to bring cases, treatment plans and queries to the group to discuss.

Our first one of these was held at Brewhouse Bar and Kitchen on Trent Bridge in April. This event was very successful. The informal set up meant that delegates could discuss with peers their queries regarding treatments, options and possible outcomes.



Our next Case Study evening is due on June 27th. You can find all the details of the dates of these as well as our Peer Reviews with specific subjects on The Campbell Academy website at www.campbellacademy.co.uk or contact Hayley at hayleyedwards@campbell-clinic.co.uk

As you can see our Peer Review topics are varied and cover most subjects throughout dentistry month by month. Some of these include Intra Oral Scanning, Endodontics and Oral Surgery Updates. You can see all the topics on The Campbell Academy website, where you can also book your places.

For those interested and attendees of our Peer Review we also have a closed Facebook group where you can discuss cases on an open platform to hear others opinions and possible treatment plans. It's a great way to come together as a profession for the benefit of ourselves, our careers and most importantly our patients.

We do ask for a small payment of £20 to attend these events to secure your booking. This money is directed to Bridge2Aid, a dental charity well known for helping those in East Africa to gain access to emergency dental care. These events will help us, but also those who benefit from Bridge2Aid.

If you would like to book onto any of these Peer Reviews or Case Study evenings you can do so by going to The Campbell Academy website at www.campbellacademy.co.uk



This blog of Colin's was posted back in March 2018 but is somewhat of a memorable post. We wanted to share this with you.

10 Years Ago Today

I find this hard to believe.

Roughly 3,500 days ago this evening, I was sat in my living room in the same position I am now producing this blog.

10 and a half years a VT and then an associate for the same husband and wife, Principles in a majority NHS practice in Wollaton, Nottingham and Derbyshire.

I had entered the practice in August 1997 as a VT after three years of hospital work, experience and academic examination taking.

I'd started on a standard NHS VT treadmill but doing oral surgery from 12:30-1pm as a 'treat' on a Monday. I also managed to negotiate to do a day case list in oral surgery on a Tuesday morning at Derby Royal Infirmary.

I had become a VT trainer and had taken responsibility for 6 VDP's over a time when the practices between them had 20.

I had become chair of the Local Dental

Committee and Secretary of East Midlands British Dental Association. I had secured a place in the first ever Personal Dental Service (PDS contract) with an oral surgery contract in the UK.

I had started a dental implant service in 1998 and by the time I sat in my living room on the 6th March 2008 I was placing 250 implants per year, providing a large oral surgery contract and had 3 associates, even though I was an associate.

The purpose of sitting in my living that night was to have a meeting with my two bosses (the Husband and Wife).

They had come to my house, I thought, to discuss with me our impending negotiations for a further oral surgery contract with Nottingham Primary Care Trust. The meeting for which was the following week. It was actually supposed to be only him, so when they turned up together at the house he said to me "I bet you're surprised my wife is here too?". I wasn't really, but I would be now.

My son (youngest of three children) was 3 months old and we had just come through a significant health scare with my wife and

son which may have changed my thought processes at that time (but I don't think so).

So as the four of us (my wife, myself and my bosses) sat in my living room on the 6th March 2008 he told me that he had sold the practices to IDH and would I mind signing this contract to tie me in to IDH for the next 18 months.

Isn't it funny that sometimes these moments in your life are absolutely crystal clear; this one still is.

There was silence for a few minutes... and then my son started to cry upstairs in his cot.

I used that as a perfect opportunity to excuse myself and go to see him, my wife told them when I was out the room that there is no chance that I would work for IDH.

They laughed.

IDH were taking over the practices on the 1st April – 3 weeks later and everything had to be sorted out prior to that. Much happened in that 3 weeks, I'll tell you about

it if we're ever together, I'm happy to talk about it but the shortened version is that I spoke to IDH for about 4 seconds, I was offered a little bit of money to stay and handed my notice in on the Friday before they took over on the Monday.

I walked away from what seemed like lots into a vacuum which seemed to be filled with not very much.

I was never ever more wrong in all my life.

Recounting this to someone this week, we agreed that it's necessary in everyone's life to be lying on the ground with their teeth smashed out every now and again (metaphorically) and that's what happened. I thought I'd lost everything, my oral surgery contract, my implant referral practice, the ability to support my family and the friends that I had worked with.

The first thing that came were the thank-

yous. There were a lot of those and I still have them all.

They were from people I had helped, some of whom I didn't even realise I had helped.

Last week on the Business Course I wore a Paul Smith scarf that one of my friends and colleagues brought for me to say thanks at the time. It's very precious to me that scarf and it only comes out the drawer on rare occasions. It always reminds me of where it came from.

The next thing that came were the job offers and opportunities. Some of them actively created by myself, some of them completely out of the blue.

Finally, it was the re assurance from family, friends and colleagues that all will be well and in the end, I will always be able to find a job.

The places I have been, the things that I have done, the people I have met and the experiences that I have had in the last 10 years have been beyond any dream or expectation than I could possibly have imaged as a younger man.

The 6th March 2008 seemed like a dark

day. Every 6th March since then has been a celebration and an anniversary.

Sometimes, lots of the time, it's really, really hard to see the wood because there are far too many trees in front of your face.

Blog post number: 1573

Paul Lyons



**Dental
Practitioner**



As David Cohen, the clinics endodontist, has reached his 70th birthday and is still going strong providing our endodontic service we decided it was time to give him some assistance; and with that we are very proud and excited to announce the start of our new endodontist Paul Lyons, a long-term friend and colleague of Colin's.

Paul and Colin have known each other for almost 20 years, initially from Paul's time as the principle at Cripps dental practice in Nottingham and also from their previous time together on the local dental committee.

Paul joined us back in October 2017 and has made a fantastic influence on the Campbell Clinic team. As part of our endodontic sector he's enabled us to see many more patients and dramatically decreased waiting times for our incoming referrals.

Paul has developed an extensive 32 years of experience in General Practice in the Nottingham area. After qualifying from Leeds University in 1986 Paul has since completed many postgraduate training courses to allow him to continue to update and develop his skills as a dentist.

He has completed research in effective pain management during endodontic treatment and uses the outcomes of this throughout his treatments; because of this he enjoys working with anxious patients and putting them at ease, a skill essential for all patients and treatments.

Paul is committed to providing care for all patients to the maximum benefit and optimum dental health, he's settled in well with The Campbell Clinic team and reflects the ethical and honest approach we desire towards our patients.

He is a member of the British Endodontic society and outside of work enjoys cycling, football and skiing.

The Campbell Academy



As well as The Campbell Clinic, Colin is a joint partner of the clinic's sister business The Campbell Academy. The Academy and The Clinic work closely together and so we thought it was a great idea to share with you an Academy update as we approach the second half of 2018.

2018 will see The Campbell Academy organise more courses than ever before with over 100 delegates attending a range of events throughout the year.

Our Year Implant Course, designed for delegates looking to be introduced to implant dentistry and arguably our blue ribbon course, is now into its 3rd edition with places already reserved at our 2019 event. Our Business Course, tailored for independent practice owners and organised alongside Straumann UK, is successfully into its 2nd edition. Throughout 2018 we will also host a number of Live Skills courses and Master Classes largely

on the subject of implant dentistry.

Alongside our long-standing events, 2018 saw the launch of our Year Two Implant Course which provides dentists who have a foundation of straightforward implant dentistry with a launch pad into more advanced and complex procedures. At the very start of the existence of The Campbell Academy we were entirely clear that we wanted a pathway for dentists to reach 50 implants per year or more; and to travel through the straightforward, advanced and complex implant scale. The Year Two Course is the next step in providing such a pathway!

An additional new event for 2018 is our first dental composite course which we are extremely excited to run for the first time with Jason Smithson. Based in Cornwall, Jason is an internationally renowned speaker so we are naturally delighted to be bringing his knowledge and expertise to our tribe of dentists at The Academy.

As a result of more courses being added to our programme, it has inevitably led to the need for expansion within the business. In order to accommodate the demands of a

growing dental academy we've continued to add to our fantastic faculty and are proud to say that we have expanded our faculty to include several previous course delegates who have either already completed or are approaching the end of the training pathway we provide. Again, this was always one of our aims when we founded The Academy and is something we hope to do more for future events.

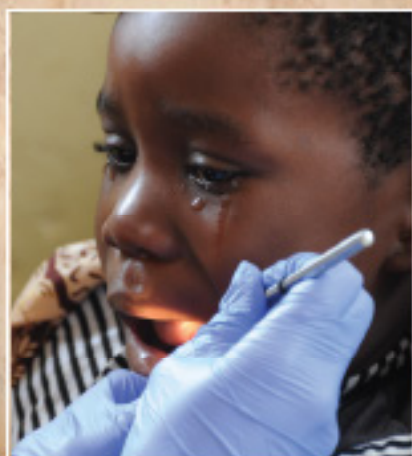
The next few years will undoubtedly be very exciting for everyone involved at The Campbell Academy. We will look to continue to provide high-quality and exciting training and grow a tribe of implant dentists who are dedicated and invested in their education allowing them to provide the very best care possible to their patients.

If you are interested in finding out more and the courses available at The Campbell Academy head over to our website www.campbellacademy.co.uk, follow us on Facebook or our new Instagram account, simply search thecampbellacademy.

WHAT IF YOUR CHILD had toothache and no hope of help ●



Its effects are **not mild** or inconsequential, they are **agonising, debilitating** and **inescapable**.



70%
of the world
has **no access**
to a dentist
but

£5 will give access to **emergency treatment**
for the **whole family** in East Africa

Visit www.bridge2aid.org/whatif to find out how you can help

0845 8509877 @Bridge2Aid Facebook.com/Bridge2Aid

Bridge2Aid is a UK registered charity no 1092481