78% of GDPs say dental awards are unprofessional
WDGC triumph in transatlantic battle

2012’s Ryder Cup teed up a fascinating encounter between the dental golf teams of the United States and Scotland.

In November the Western Dental Golf Club sent a team to West Palm Beach in Florida for a match against the United States Dental Golf Association. Just like their professional counterparts they upset the form book and returned with the winners the magazines?

So first of all “who are we?”

The current Clinical Director at Glasgow Dental Hospital is Kevin Jennings and he is assisted in his role by the Clinical Leads team: Christine Goodall (Oral Surgery), Paul McLaughlin (Paediatric Dentist), myself in Restorative Dentistry and Gill Smith in Oral Medicine.

The biggest change to the NHS specialist service recently has been the adoption of the GDC subspecialties of Restorative Dentistry namely: Endodontics, Fixed and Removable Prosthodontics and Periodontics reflecting the specialist nature of the treatments planned and executed as part of the secondary care service provided at GDH.

What we do

As alluded to the raison d’être of the NHS at GDH is to provide access to specialist services for patients from Glasgow and further afield as a regional centre for specialist oral and dental care. As a secondary care referral centre we are bound by the Scottish Government’s Referral to Treatment 18 week guarantee so in common with medical colleagues we are under constant pressure to achieve this.

Current outpatient wait time as of 26 February 2013

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Key staffing changes

As most of you will no doubt be aware the saddest recent news at the Dental Hospital was of the passing of our colleague John McCrossan. Many of you will have fond memories I am sure of John and his loss has been deeply felt at the Dental Hospital and far beyond.

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Rehabilitation is under way in the rolling programme of enhancements to the clinical and non-clinical environment at GDH as both staff changes and changes to the facilities are keeping everything fresh for Spring and hopefully keeping us fit for purpose. Find out more about what’s happening at the GDH by reading the Dental Mirror’s latest edition at www.gla.ac.uk/media/media_292845_en.pdf.

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Tel: 07711893676
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Tel: 020 7889 6754
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New products and techniques and a new date for study day 2013

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Are the only guaranteed winners the magazines?

4 Expert Tuition
The new MJDF session begins in June. Are you ready to further your career?

Welcome to the spring 2013 edition of CPD Scotland. It’s been a busy few months for the Faculty in Scotland.

In November we supported the Ben Walton Trust to raise awareness of mouth cancer in the under 45s. In December we celebrated 20 years of the Faculty nationally at our annual study day. In 2013 we bring the world’s leading independent dental expert to Glasgow and in June begin new MJDF tuition study groups. Read on for more about the Faculty and news of what’s happening with our friends, colleagues and partner organisations.

News from Glasgow Dental School

Lee Savarino, Clinical Lead for Restorative Dentistry

As the season changes to spring, as always in a big establishment, there are also many changes at Glasgow Dental Hospital – the second largest dental school in the UK.

So first of all “who are we?”

The current Clinical Director at Glasgow Dental Hospital is Kevin Jennings and he is assisted in his role by the Clinical Leads team: Christine Goodall (Oral Surgery), Paul McLaughlin (Paediatric Dentist), myself in Restorative Dentistry and Gill Smith in Oral Medicine.

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STUDY DAY 2012

At Study Day 2012 we marked the 20th anniversary of the Faculty nationally with our largest-ever event in the company of endodontic and oral cancer experts. In a year when FGDP(UK) Scotland put its head over the parapet in the dental award debate, it’s no wonder the day then ended with fireworks!

MJDF tuition begins in June

The MJDF study group programmes in Glasgow and Edinburgh are designed to give you a broader and more comprehensive understanding of the topics and skills covered in part 1 and 2 of the exam. Every year we guide up to 30 candidates through the process and have success rates of between 90 and 100%. The MJDF examination is organised into spring and autumn diets. You need to take the MJDF over two diets so in Scotland we offer tuition to take Part 1 in October 2013 and part 2 in May 2014.

In 2013, our induction evening will be on Friday 14 June. When you sign up for our course you’ll gain all the information and support you need from experienced tutors. The induction evening in June is followed by study evenings starting in August which focus on passing part 1 of the exam in October. You then qualify for free attendance at our annual Study Day in November, before resuming course work in January to pass part 2 in May 2014.

The tutors who run Scotland’s MJDF groups are practising dentists who have all gained the MJDF qualification. We understand what it’s like to have to juggle work and study and so we have tried to tailor the course to be of maximum benefit to you. Our Glasgow team in 2013 is led by Bruce Hogan.

Important dates in 2013-14

You need to apply to sit part 1 on 7 October 2013 by Friday 26 July. You need to apply to sit part 2 towards the end of May 2014 in March 2014. To guarantee your place for the study group you need to sign up for our induction night on Friday 14 June as soon as possible! In previous years we have been fully subscribed with a waiting list.

To secure your place in Glasgow, please contact Andrew Miller at events@fgdpscotland.org.uk, or Bilal Aslam at bilal.aslampervez@hotmail.com. For more information about the Edinburgh study group please get in touch with Mark McCutcheon at mccutcheonm7@aol.com.

What you get for your Glasgow study group membership

• Expert tuition at study evenings and dedicated practical days under exam conditions.
• A free place at the 2013 FGDP(UK) Scotland study day with Gordon Christensen.
• Free membership of the Glasgow Odonto Society for 2013-14.
• Access to all of the essential MJDF resources on our online Moodle page.
• Reduced rates at FGDP(UK) Scotland events in 2014.

Find out more about the study groups in Glasgow and Edinburgh, and how to survive the MJDF, at www.fgdpscotland.org.uk.
Dental Awards - the report

In 2012 FGDP(UK) Scotland joined the growing debate into the proliferation of dental awards and the effect they are having on the world of dentistry. Many of our colleagues supported our position but the organisers of the awards contacted us to say that they feel the awards are popular with dentists. At our annual study day in 2012 we asked a sample of dentists to vote (anonymously using keypads) and give us their opinion. The result was overwhelming against the awards. So we decided to investigate further. Here, we take a look at how one of the awards operates but there are plenty more cash cows milking dentists across the UK.

Who runs the awards

The Dentistry Scotland Awards were set up in 2011 by Finlayson Media Communications. FMC is a publishing company. It is not run by dentists. It is also the self-styled ‘leading provider of dentistry awards in the UK’. We estimate that profits generated by the Dentistry Scotland Awards Ceremony could run into five figures. This is based on 106 published entries @ £50, 20 tables @ £2,500 and six sponsors @ £1,000. Estimated running costs are £20,000 which means FMC could generate £40,000 of clear profit from the event.

Who enters?

28 dental practices are listed as entering the 2012 awards ceremony. There are about 1,500 dental practices in Scotland. So 0.18% of Scottish dental practices enter yet the organisers claim that the “awards are very popular with dentists”. There are an ever increasing number of awards. Practice of the Year North, South, East and West, Best Private Practice, Best NHS Practice, Most Attractive Practice. …More practices leave with an award than don’t. A bit like the school sports day.

Nominations and judging

Practices nominate themselves with 250-2,000 word submissions and a couple of testimonials from patients/staff members. The testimonials are not verified. There appear to be no other checks such as practice visits, DRO reports, GDC status. How can the judging panel make an objective decision using such meagre information? What criteria are used for the judging process? The magazine editors and staff also judge. Do they have the required knowledge of running a dental practice to do so?

They are some dentists on the judging panel. These dentists may be offered all expenses paid trips to the same plush hotel where the awards are held. Their egos are massaged when they’re told how important they are and have been selected to judge the Practice of the Year Awards. We have seen the emails. One can only assume that these individuals have not thought too much about the whole process and the damage these awards ceremonies are doing to the profession. A lot of question marks hang over the nomination and judging process.

Why are there so many awards?

FMC run at least six similar award ceremonies around the country. Why do they need to have so many versions of the same thing? Simply, to make as much money as possible. The biggest is the Dentistry Awards in London each year. The same formula is used in each case. We estimate that profits from these awards ceremonies runs into the £100,000s bracket. There are likely to be more awards in future from other providers. There can clearly never been enough ‘best dentists’ in Scotland.

Patient Care

There is often comment from editors and some of the winners that these awards improve patient care. There is absolutely no evidence to support this argument. The awards appear to be total bluster, based on self-selection and very dubious nomination/judging processes.

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In conclusion

Based on all of this, one cannot help but feel that the profession is being exploited by a slick money making machine. Being a profession with no formal business training (there is still no business module on any undergraduate course in the UK), we are sometimes naive as to what is going on in the world of business around us. We get taken in by the likes of FMC, business coaches and marketing gurus. They are playing on our insecurities. The only people who benefit are the magazines owners, certainly not the patients.

Ultimately, the profession is unwittingly being led down avenues by companies who are not governed by our professional ethics. The profession needs to take the lead on this or else we suggest that it will only get worse.

Moving the debate along

FGDP(UK) Scotland has encouraged the debate and now it’s time for others to get involved and have their say – for or against the awards. Get in touch with us at events@fgdpscotland.org.uk or visit our Blog at www.fgdpscotland.org.uk and let us know what you think. Then the profession’s opinion may decide the fate of the dental awards.

The figures in this article are based on information which is freely available on FMC’s awards websites. Where estimated numbers are given these have been based on the costs of organising a range of similar events.
Modified Reciprocation

Evolution of Revolution

Will McLean is Senior Clinical University Teacher in Restorative Dentistry at the University of Glasgow. Here he discusses the evolution of endodontic drilling techniques and how taking a reciprocal approach may be the way forward.

One of the key goals of root canal treatment is the disinfection of the root canal system, this is achieved via chemomechanical means. This later term was coined to describe the process of mechanically preparing the root canal system to allow the introduction of irrigants enabling maximal effects over the largest surface area. Due to the complexities of canal anatomy, we cannot achieve complete mechanical cleaning. Recent studies demonstrate even within the main canals, rotary instruments can achieve as little as 50% preparation of the canal walls. This ineffective mechanical debitage is compounded by the presence of fins, isthmuses and lateral canals making up the secondary anatomy of the root canal system.

Effective irrigation with appropriate irrigants – Sodium hypochlorite/EDTA – is essential to approximate the goal of canal disinfection.

From hand-driven to mechanical

Having stated how ineffective mechanical preparation of the canal is, at present some preparation is still necessary in canals to allow us to deliver irrigant solutions. The earliest use of instruments designed specifically for use in the root canal system dates back to the late 18th Century. Hand instrumentation has been the mainstay of root canal preparation and even today maintains a prominence. Mechanically driven instruments, although becoming a key tool over the last two decades in the endodontic armamentarium, are not new; the “revolution” is a development albeit a significant one of a concept that dates back to the earliest days of modern endodontics, the Gates Glidden drill we are all familiar with was introduced in 1885.

The introduction of Nickel Titanium (NiTi) metallurgy to endodontic instrument manufacture offered many potential advantages over stainless steel instruments including greater flexibility and resistance to deformation. The market for NiTi Rotary instruments is significant, with multiple systems offered to the practitioner each claiming advantages over the competition.

The disadvantages of these systems have been in some cases complexity, and in many cost. It has been considered for some time that the “Holy Grail” in mechanically driven instrumentation is the single file system. This has proved elusive in rotary instruments due to the mechanics of rotary motion and the inherent risks associated with attempting to engineer a file that does all – instrument failure and failure to respect canal anatomy.

Fatigue and deformation

Rotary instruments fail via two mechanisms, flexural fatigue and torsional fatigue. The latter occurs when the instrument engages the canal wall and continues to rotate. The instrument initially undergoes elastic deformation, a phase in which it will return to its original state if the torque applied is removed. If torque continues to be applied the instrument will undergo plastic deformation, a state in which it will not rebound to its original conformation.

If deformation continues failure will ensue. The point between elastic and plastic deformation is known as the elastic limit, if the instrument in use does not reach this critical point until later in use, deformation will be delayed and the instrument will have an extended working life. In his landmark paper Ghassan Yared described the use of reciprocation to delay taking a NiTi instrument to the elastic limit.

The evolution of reciprocation

Yared described the use of a ProTaper™ FX file in a reciprocating handpiece. Previously, reciprocation in endodontics had described a motion with equal clockwise and anti-clockwise motion. In Yared’s paper, a Modified Reciprocation was described (originally outlined in an unpublished thesis by Thompson, 2006) in which clockwise and anti-clockwise motions were unequal, the effect of this is that after a number of reciprocations the file will undergo a complete revolution. It was concluded that reciprocation led to an increase in time to failure for the instrument and this movement/file combination was a genuine opportunity to realise a single file system for canal preparation.

Following this initial work, two systems have come to market. WaveOne™ developed by Dentsply and Reciproc™ developed by VDW. WaveOne is based upon the ProTaper™ file architecture and Reciproc on MTwo™ file architecture. One key difference from their rotary counterparts is that the principal movement is in an anti-clockwise direction and cut in a counter-clockwise direction. Both files are manufactured from M-Wire™ technology (thermomechanically treated NiTi) to improve strength and resistance to cyclic fatigue.

Evidence building

These files are sold with the promise of single file canal preparation, of course this is not essentially achievable as hand files are still required to establish the length of the canal using an apex locator and to gauge the apical diameter. Another occasion when multiple files (in this case WaveOne/Reciproc) are required is in the preparation of multi-rooted teeth, where canals of differing sizes are encountered.

There is a body of evidence developing to support the mechanical advantages of both WaveOne and Reciproc.

Cyclic fatigue and torsional fatigue of WaveOne and Reciproc have been analysed. Reciproc demonstrated higher cyclic fatigue resistance and WaveOne higher torsional resistance. It was suggested that Reciproc and WaveOne may be suited to certain canal types, Reciproc may be best suited in curved canals due to its resistance to cyclic fatigue.

Specific benefits

WaveOne may be suited for use in constricted canals due to its ability to better resist torsional loads. The evidence clearly indicates a mechanical advantage to the use of these files, but how well do they achieve what is required? A key aim of canal preparation is to respect the original canal anatomy. Both WaveOne and Reciproc have been shown in vitro to respect canal anatomy.

There is evidence to support the use of a glidepath with WaveOne to minimise canal alterations. Both manufacturers highlight the reduced reliance on glidepath preparation at least in some situations. The fact that the use of hand instruments is limited in the protocols may well be a distinct disadvantage, as it does not allow the operator to develop an understanding of the anatomy of the canal system.

Canal cleaning caveats

There is very little information regarding the cleaning efficacy of WaveOne and Reciproc. It has been found that Reciproc performed less favourably with regards to isthmus cleanliness than the K3™ file system and the Self-Adjusting File™. The authors suggested this may be related to the shortened time of preparation, leading to a diminished period over which irrigants were active. Another study compared debris accumulation during use of Reciproc, WaveOne, MTwo and ProTaper. It was found that apically Reciproc performed better, with less debris accumulation. An in vitro study on the ability of Reciproc to effect bacterial elimination in oval-shaped canals demonstrated comparable results to other files systems studied. It was highlighted, that this ability was achievable provided apical preparation dimension and volume and time of irrigation were similar.

Reciprocation (both modified and true reciprocation) is part of my clinical practice. I find it a predictable and an efficient means of developing canal shape. I do not use modified reciprocation on every case and invariably develop a glide path and hence an appreciation of canal architecture.

Ultimately, I believe that practitioners should use a means of canal preparation that they are comfortable with and that they find predictable. Whatever is used, be it stainless steel handfiles, rotary NiTi or reciprocating NiTi, respect of canal anatomy during development of shape is paramount. If you decide to adopt reciprocation, remember, irrigation with sodium hypochlorite is essential. Any reduction in time taken to complete canal preparation should not lead to a shortened procedure time instead, an increase in time at which the irrigant is active apically within the root canal system.

If you would like to consult the sources Will McLean has referred to in his article, please go to www.fgdpscotland.org.uk where you’ll find the full text.
Cost-effective Practical Dentistry

The Edinburgh Odontochirurgical Society

The Royal Odonto-Chirurgical Society of Scotland (ROCSS) was founded in 1867 and was granted a Royal Charter by Her Majesty The Queen on the occasion of its centenary in 1967. Today it is the oldest dental society in the UK, still functioning under its original title and upholding its original objectives.

The Society held its first official meeting on 13 March 1867 and from those early beginnings has grown to provide evening meetings from November to March. These promote the highest ethical professional standards in dental surgery and topics are chosen to be of particular relevance to general dental practitioners.

Edinburgh Odontone meetings 2013-2014

Find out more about the Society at www.rcsed.ac.uk or contact Charles Osmond at chasosmond@aol.com to become a member.

14 November 2013 Professor Nairn Wilson: New therapy on the menu
12 December 2013 Professor Angela Walls: Geriatric Dentistry
9 January 2014 Members’ night
Yann Maidment: Dental Hypnotherapy
Charles Osmond: GHBs detection and assessment
13 February 2014 Professor Paul van der Stelt: Radiology
13 March 2014 Subject and speaker to be confirmed

Do you have a dental society, group or organisation providing quality CPD which you would like us to highlight?

Please get in touch with Andrew Miller at events@fgdpscotland.org.uk.

The Glasgow Odontological Society

The Glasgow Odonto Society’s aim is to bring relevant CPD to the dental profession with up to date input from local and national experts in their fields. Monthly meetings provide excellent content and allow time afterwards for you to chat with colleagues and pals over a bit to eat. GDPs can claim one half session of postgraduate education allowance for the lecture – not the food! which over a season of lectures can amount to a total claim of nearly £600. This is all available for an annual subscription of only £25 which makes this a very worthwhile investment. New members are welcome at any time.

What’s on offer

Among the Society’s 2012-13 lectures was: “Superbugs – coming to a practice near you?” presented by Professor Andrew Smith, Honorary Consultant and Senior Lecturer in Microbiology at Glasgow Dental Hospital and School. He gave an overview of the impact of antibiotic resistance and reported that it has been identified as the greatest risk to human health today.

The last lecture in the series was presented by Margie Taylor, the Chief Dental Officer for Scotland who enlightened us from the Scottish Government’s point of view as to “What’s going on?” This was a fascinating insight into current dental policy and financing of the dental profession. Many of us wonder what hits the profession must take in future years for us to continue to operate viable businesses.

Find out more at www.glasgowodontologicalsociety.com or contact Gylly McCalmun at gylly.mccalmun@nhs.net to become a member.

Glasgow Odonto meetings 2013-2014

All lectures at 7pm in Theatre 1, Glasgow Dental Hospital*

25 October 2013 Professor David Hussey (Belfast): Forty years ofuin-bonded bridgework
19 November 2013 Presidential Address by Ian Buchanan
*10 December 2013* Graeme Connn, Consultant Urologist: Andrological gynaecology
Venue: The Large Lecture Theatre, Dept of Anatomy, University of Glasgow
21 January 2014 Stephen Jacobs: Scan, Mill and Chill! —CAD/CAM restorations in implant dentistry
16 February 2014 Subject and speaker to be confirmed
28 February 2014 Annual Dinner, Royal College of Physicians and Surgeons of Glasgow
25 March 2014 AGM and Members’ Night: Professor John Gibson: Mouth Cancer — Who, how, where, when, why?

Looking for quality evening CPD events for as little as £3.50? Make the most of two well respected societies in the east and west of Scotland.

Mouth cancer awareness 2013

Register now for the Ben Walton Trust donations for treatments scheme 2013 and help raise awareness and funds to combat the growing incidence of mouth cancer in the under 45s.

In 2012 a select group of Scottish practices piloted the donations for treatments scheme, raising thousands of pounds for the Ben Walton Trust. In 2013 FDP(UK) Scotland will help the Trust to expand it across Scotland but this depends on your support. Raising awareness is more important than raising money. So in conjunction with the Trust we will provide all of the information and support you need to make November’s event worthwhile, rewarding and as relatively painless as possible.

Edinburgh dentist Jonny Hiscocks led our campaign in 2012, helping us to find the best way to involve patients and set up an easy online Justgiving procedure. “Our staff members were aware of the factors involved but our patients are now better informed and aware of current issues around mouth cancer. There was a general feel good factor amongst staff and patients about contributing to a worthy cause.”

You can play your part by signing up now. Find out more about this year’s scheme at www.fgdpscotland.org.uk or simply email Andrew Miller at events@fgdpscotland.org.uk or Liz Grant at Liz.Grant@ggc.scot.nhs.uk to register your practice.

Gordon Christensen, the world’s leading independent dental expert, will make a rare visit to the UK when he comes to Glasgow in November 2013. His comprehensive programme will give delegates at the FDP(UK) Scotland study day an unrivalled lowdown on the latest products and techniques.

Gordon Christensen’s fast moving Bottom Line course will include all of the areas of dentistry which have seen the most activity and change in 2013. It is easily understood and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation, questions and answers and is presented in an enjoyable and humorous manner.

The hottest aspects from a wide variety of topics will be included in Dr Christensen’s planned programme with full details being revealed in Autumn 2013.

Gordon J. Christensen is Founder and Director of Practical Clinical Courses (PCC) and Chief Executive Officer of Clinicians Report Foundation (CRF) in Provo, Utah. Gordon and Dr Rella Christensen are co-founders of the non-profit Clinicians Report Foundation (previously CRA), which Rella directed for many years. Since 1979, to help fund their research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called Clinicians Report.

Book your place at the Gordon Christensen study day by visiting www.fgdpscotland.org.uk or filling out the form overleaf.

Mouth cancer is the sixth most common cancer in the world, affecting about 650,000 people and causing 350,000 deaths each year. The latest figures available for Scotland (from Cancer Research UK) list 770 cases in 2009 (6,236 in the UK). Dentists and hygienists are on the frontline for detection.
Scotland study day
Glasgow Science Centre, Friday 22 November 2013

The Christensen Bottom Line
book now for one of the UK’s dental events of the year

Online booking will be available at www.fgdpscotland.org.uk in April. To make the most of early bird rates fill out this booking form, enclosing your cheque, and send it to Andrew Miller, FGDP(UK) Scotland, Suite 122, Baltic Chambers, 50 Wellington Street, Glasgow, G2 6HJ.

Main booking name: ____________________________________________________________
Address: ______________________________________________________________________
Daytime phone: ______________________________________________________________________
Email: __________________________________________________________________________
GDC/FGDP(UK) membership No: ______________________________________________________

Please circle the amount for each category and fill in names. We can give discounts for whole practice bookings, please contact Andrew Miller at events@fgdpscotland.org.uk to find out more.

<table>
<thead>
<tr>
<th>Category</th>
<th>No.</th>
<th>Study day Early bird rate (until 31 May)</th>
<th>Study day Reduced rate (31 May-13 Oct)</th>
<th>Study day Full price rate (1-21 Nov)</th>
<th>Sub total</th>
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</thead>
<tbody>
<tr>
<td>FGDP(UK) dentist</td>
<td>x</td>
<td>£149</td>
<td>£199</td>
<td>£299</td>
<td>£299</td>
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<tr>
<td>Names for this category (GDC no)</td>
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<td>Non-member dentist</td>
<td>x</td>
<td>£239</td>
<td>£299</td>
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<td>Hygienists, therapists, DCPs</td>
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<td>£89</td>
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</table>

PAYMENT

☐ I enclose a cheque made payable to ‘FGDP(UK) Scotland’
☐ Please charge my credit/debit card

If paying by Visa, MasterCard or Maestro complete the following section:

Credit/debit card billing details (if different from above):
Name: __________________________________________________________________________
Address: _______________________________________________________________________
Postcode: ______________________________________________________________________
Card number: ____________________________________________________________________
Three-digit security code: _______ Expiry date: _______
Signature: ______________________________________________________________________

If you book online you will automatically receive a receipt by email when your credit/debit card is charged. If you book by post we will email or send you a receipt.

Terms and conditions. Bookings are non-refundable, but delegates may be substituted at any stage. In the event of cancellation by the organisers, liability will be restricted to a refund of the fees paid. For reasons beyond the control of the organisers it may be necessary to make changes to speakers, content or timing of the programme.