

# Dentistry



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# Winning the fight against caries



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References: 1. Baysan A et al. Caries Res 2001;35:41-46. 2. Biesbrock AR et al. Community Dent Oral Epidemiol 2001;29:382-389. 3. Ekstrand et al. Caries Res 2013;47:391-8. 4. Schirmermeister JF et al. Am J Dent 2007;20. 212-216. 5. Ekstrand et al. Gerod 2008; 25:67-75.

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# Dentistry

## NEW POWERS FOR DENTAL THERAPISTS AND HYGIENISTS

The government has announced plans for dental hygienists and dental therapists to supply and administer certain types of medicines without sign-off from a dentist.

Announced on 28 March, this move will streamline processes within dental practices, improve patient experiences and relieve NHS dental access issues, the government has said.

This comes after two government consultations were held on its proposal to amend the *Human Medicines Regulations 2012* (HMRs) to grant these powers. The government said the feedback from the consultations was 'overwhelmingly positive' and that it received 'widespread support' for amending the HMRs.

Allowing dental hygienists and therapists to give patients certain medicines, including pain

relief and fluoride, without sign-off will free up dentists' time, therefore improving access to dental services, claims the government.

The plan also allows pharmacy technicians to supply specified medicines to certain groups of patients, without the patients seeing a prescriber. The government believes this will allow pharmacy technicians to carry out tasks such as vaccinations and consultations, and free up pharmacists' time.

### Faster, simpler and fairer access

This move is part of a number of new measures the government has announced to tackle the current NHS dental crisis, including the NHS dental recovery plan. The government has claimed that its recovery plan could see up to 2.5 million additional NHS dental appointments delivered for patients over the next 12 months, including up to 1.5 million extra treatments being delivered.

Primary care minister Andrea Leadsom said: 'We want to give patients faster, simpler and fairer access to the care they need, when they need it – and giving these powers to pharmacy technicians, dental therapists and hygienists will do just that.'

'The announcement shows we are continuing to deliver on our promises made to improve access to primary care for all, building on the government's long-term ambitions, including through the dental recovery plan and the expansion of the Pharmacy First Scheme.'

'We want to ensure our fantastic staff are recognised for the vital work that they do, working to their full scope of practice and delivering for everyone who walks through their doors.'

### A welcome move

Following a joint campaign spanning 11 years, both The British Society of Dental Hygiene and Therapy (BSDHT) and The British Association of Dental Therapy (BADT) have thoroughly welcomed the move.

The BSDHT said: 'Everyone will benefit from an oral healthcare team that runs more smoothly and uses its time effectively. We encourage members of the profession to embrace this opportunity to do what is right for patients and the public who have been supportive in this process.'

The BADT added: 'This will allow dental therapists and dental hygienists to efficiently use their full scope of practice and deliver patient care as they have been trained and educated to do.'

Turn to page 18 to read the profession's response to the new powers for dental therapists and hygienists. **D**



## NHS dental recovery plan could be 'unreliable'

The government gave 'evasive and inaccurate answers' regarding NHS dentistry at a Health and Social Care Committee hearing on 19 March, according to the British Dental Association (BDA), which had representatives attend the meeting.

According to the association, minister Andrea Leadsom failed to outline exactly how the new NHS dental recovery plan will generate millions of new appointments, as claimed in the government report.

Leadsom said: '...it's not an exact science,' and that 'it's a complicated set of factors... with quite a high likelihood of not being reliable.'

During the hearing, Leadsom also stated that there are more than 60,000 dental therapists 'waiting in the wings'. However, according to the BDA, the real number is 6,198.

In addition, she claimed that NHS dentistry is free for pregnant women suffering from oral health problems, but the association has pointed out that more than one million new mothers have lost access to dental care since lockdown with no extension to these NHS charge exemptions.

As a result, the BDA has criticised the 'continued spin' on the recovery plan, calling for the government to focus on 'making a decisive

break' from the current NHS dental contract.

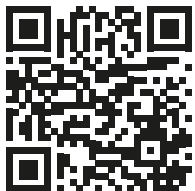
While Leadsom recognised the need to break with the contract, the BDA have highlighted that the recovery plan fails to reflect this. In addition, the minister reportedly failed to show any sense of urgency during the hearing.

Commenting on the hearing, BDA General Dental Practice Committee chair Shawn Charlwood said: 'As long as government place pedalling myths ahead of delivering real change, we will keep seeing Victorian dentistry in this country.'

'Government has to stop spinning and rip up the rotten contract fuelling this crisis.'

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### Mission statement

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# Delivering a dose of common sense



**Guy Hiscott**  
Editor's view

Let me add my voice to the chorus celebrating our front page story in this issue – namely, the news that dental hygienists and therapists will be able to prescribe key medications without approval from a dentist. And while we're still waiting on a go-live date for this to come into force (or at least, we were at the time of going to print), I'm hopeful that it won't be too long.

While this is as welcome as it is overdue, I suppose that after more than 10 years of waiting, there's no point in complaining about a few more months or weeks – but I think we have a right to be a little impatient.

I can think of two people who have more right than most. So let me also bolster the

chorus of public congratulations for Fiona Sandom and Michaela O'Neill, who have been absolutely instrumental in this undertaking.

While I'm thrilled that their hard work is finally coming to fruition, I have to single out a rogue mention in the Department of Health release that revealed this news, which cited the announcement as part of the NHS dental recovery plan.

The work done to make this happen started well before said plan was a glint in anyone's eye, so to herald Fiona and Michaela's hard work under this banner is disingenuous at best. The idea that this is going to somehow play a role in resolving the NHS access crisis is stretching the realms of plausibility.

But will it help make practices more efficient and streamline patient experiences? Is it further proof of dental hygienists' and therapists' trusted, critical role in the future delivery of oral healthcare?

Absolutely: and that's something definitely worth celebrating. **D**

# Work underway to report cause of death during active GDC investigations

The General Dental Council (GDC) has responded to recent pressure about the level of detail put into the public domain when the Interim Orders Committee (IOC) considers serious concerns.

The regulator is working to build a framework to report the causes of death of dental professionals where there is an active FtP case, guided by an evidence review and engagement with experts including the National Suicide Prevention Strategy Advisory Group.

A GDC statement said: 'The aim of the review is to ensure the correct balance of the public interest in open justice and safety, against the interests of the dental professional, particularly when assessing untested allegations.'

'The role of the IOC is to assess immediate and serious risks to public safety or confidence and to take action when necessary. It does not have a role in making findings of fact.'

Work is underway on a report that covers the period 2019 to 2022, due to be published this year. Last year, the GDC was ordered to take action to prevent future deaths in the profession following the death of a dentist by suicide.

Stefan Czerniawski, executive director of strategy, said: 'We were deeply saddened to

## The GDC was ordered to take action to prevent future deaths in the profession following the death of a dentist by suicide

learn of the death of a dentist whilst they were under investigation.

'We are committed to reflecting and learning lessons where we can and are developing a process to undertake a serious incident review when we become aware that someone has died while subject to a fitness to practise investigation.'

'Reporting the causes of death of registrants will also improve transparency. However, balancing transparency with the public interest, our responsibilities as a regulator and the impact on dental professionals requires consideration of different perspectives and views in order to ensure constructive discussion about what are often difficult and sensitive issues.'



# May the (work) Force be with you

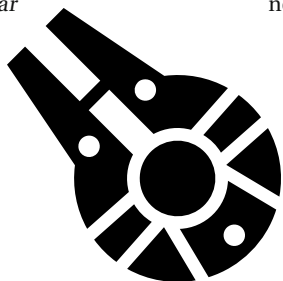
We may already be unwilling participants in the latest of a long line of historic workforce miscalculations, Kevin Lewis discovers. But are the clues in the past, the present or the future?

Kevin Lewis | Consultant editor



“ Aficionados of *Star Wars* will no doubt shudder at my shameless purloining of the timeless adios made famous by Obi-Wan Kenobi. But there is method in my apparent madness.

A long time ago, in a galaxy far, far away there was a country called the United Kingdom. At the time the first *Star Wars* movie was released (1977) there were 20,000 dentists registered to work in the kingdom. Great minds of unfathomable depth on the dark side decided that this was far too many, so a master plan was devised to start closing three of the 16 undergraduate dental schools in existence at that time, and that hatchet job took place during the 1980s. Not long after the third of these schools (Edinburgh) held its final graduation party in the early 1990s, the great minds on the dark side decided that someone in a parallel galaxy must have miscalculated, and we needed more dentists after all. So, another master plan was devised, which involved the opening of three new dental schools on remote planets called Preston, Plymouth and Aberdeen. Once humankind had spent four years on these distant planets, the great minds postulated, they would want to stay there and set up new civilisations, solving the longstanding problem of the uneven geographic distribution of UK dentists and ensuring that everyone would have access to NHS dentistry, no matter where



they lived. If you are already thinking that you know how this bedtime story ends, hold that thought for a moment.

Workforce planning is well known to be an imprecise science, and in healthcare there are so many moving parts to factor in that one wonders why anyone ever bothers. Whatever you come up with will almost certainly be proved wrong, but not necessarily for the reasons one might have expected (but clearly didn't). The only mystery for outside observers is the striking tendency for each generation of great minds to re-discover and recycle flawed assumptions and failed strategies from previous master plans announced by the dark side in response to some previous crisis or another.

## Payback and fairness

Every genius workforce plan since the beginning of time has proved to be glaringly wide of the mark and I have no reason to believe that the latest NHS incarnation will be any different. The dental recovery plan has been widely criticised (including in this column) but it wasn't all bonkers. An 'OMG' moment for dentists who graduated pre-2000 and remembered how things used to be was the stark statement that one in three dentists with a registered address in England currently do no NHS work at all in England. The scale of that statistic is eclipsed only by the political reaction to it. For example: 'The taxpayer makes a significant investment in the education and training of dentists in England. It is fair that the public expects this investment to be reflected in access for patients to NHS dentistry.' Coupled with this: 'We recognise that a significant proportion of dental graduates are likely to live and work near their dental school after

**Any genuine hope for the future needs to have its roots firmly secured in all the lessons from the past – and that's where the current plan comes unstuck**

graduation. Therefore, we wish to undertake this expansion (of dental school places) in a way that is targeted to improve provision in areas of the country where it is most needed.'

Against the political background of the growing number of 'dental deserts', the references to the geographically targeted 'allocation' of dental undergraduate places and (no doubt) foundation training places too, is understandable but potentially troubling. The dental deserts in England have not been caused by dentists – they are the direct result of government policy, the ghastly UDA system and the lack of belief that any government, of any political complexion, has the courage and appetite to reform and re-finance NHS dentistry on a scale sufficient to attract and retain dentists again. Forcing them to work in a system that is known to be broken and unfit for purpose is not a long-term solution and the government should be considering fairness to them, as well as to taxpayers.

This begs the question of whether school leavers choose and apply for a university degree course in dentistry – accepting the inevitability of all the significant student debt involved – in order to graduate as a dentist, or simply to become compliant cannon-fodder within the NHS workforce in a part of the

**When Obi-Wan Kenobi famously urged Luke Skywalker to 'use the Force', I am not sure this is what he had in mind**



“ Every genius workforce plan since the beginning of time has proved to be glaringly wide of the mark and I have no reason to believe that the latest NHS incarnation will be any different

country to be dictated by the NHS. No other comparable university graduates have to suffer this fate.

30 years have passed since the publication of the *Nuffield Report* into the education and training of personnel auxiliary to dentistry, and 25 years since the extended and sometimes heated debate prompted by the influential DARG (Dental Auxiliaries Review Group) report. But time stands still, it seems, because many of the ideas in the latest NHS workforce plan and the workforce-related proposals in the dental recovery plan are hauntingly familiar from those two reports dating from all those years ago.

### Optical illusion

Modern-day politicians clearly subscribe to the ‘if it looks like a duck, walks like a duck, quacks like a duck... (etc)’ school of thinking because whenever a highly trained but socially important (and politically sensitive) workforce is disaffected, demoralised and/or in short supply, the go-to response is to create an alternative workforce that can be wheeled in to replace or be passed off as the one that has gone AWOL (or something resembling it). The tactic also works when the original workforce is flexing its muscles and/or threatening to go AWOL, as a ploy to concentrate their minds and reduce their bargaining power, while maintaining the illusion for public perception purposes that nothing much has

**Workforce planning is well known to be an imprecise science, and in healthcare there are so many moving parts to factor in that one wonders why anyone ever bothers**



changed. Even the workforce numbers can be airbrushed to obfuscate the reality. Consider for a moment the police community support officers (and their subtly misleading uniforms), the teaching support assistants and learning support assistants in classrooms, the battalions of physician associates, GP assistants, nurse practitioners, first contact practitioners, advanced clinical practitioners, clinical assistants, treatment co-ordinators, trainee nursing associates and other exotic flowers blooming in the garden of your local medical GP practice.

No surprise then that the latest master plan includes cryptic, heavily coded clues that we can expect much of the same. For example: ‘Enabling dental care professionals (DCPs) to work to their full scope of practice would improve access to NHS dental care for patients and allow dentists to focus on delivering more complex care, which only they can provide. However, there needs to be a shift in mindset to change the current ways of working. To encourage this culture change, we have published guidance clarifying how skill mix in NHS practice can be used within existing regulations.’

When Obi-Wan Kenobi famously urged Luke Skywalker to ‘use the Force’, I am not sure this is what he had in mind. It is insulting and disingenuous in the extreme to suggest that what disaffected NHS dentists have needed through the past 18 painful years since UDAs became the latest instrument of torture is ‘a shift in mindset’ and/or a ‘culture change’. Unless, of course, the shift in mindset includes an improved sense of optimism for the future, trust, mental health and wellbeing, and a belief that their skills are genuinely recognised and valued in their own right, and not simply as a means of taking some of the public (electoral) and media heat off the government.

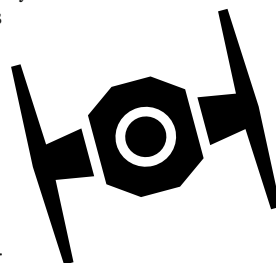
**The only mystery for outside observers is the striking tendency for each generation of great minds to re-discover and recycle flawed assumptions and failed strategies from previous master plans**

### L’espoir qui tue

The culture change is easier to understand; the government is relying on the presumption that an alternative workforce will be less scarred by history, excited by the recognition of their importance and the lure of upskilling, and more easily deceived by vague promises of an idyllic and fulfilled future. In short, a culture of hope rather than despair.

It was John Cleese who (as the tortured headmaster in *Clockwise*) said: ‘It’s not the despair, Laura. I can take the despair. It’s the hope I can’t stand.’ Borrowed from an earlier French usage: ‘C’est l’espoir qui tue’ (literally, it’s the hope that kills you) this should surely be the strapline for the past 75-plus years of NHS dentistry. During these decades, workforce planners have lived in hope (but alas, in vain).

Successive governments of all hues have lived in hope. Generations of dentists have lived in hope, and above all, patients have lived in hope. But any genuine hope for the future needs to have its roots firmly secured in all the lessons from the past – and that’s where the current plan comes unstuck. **D**





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<sup>†</sup> The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to DDU and DDU membership mean MDU and membership of the MDU.

# CDTs call for scope of practice review

The Clinical Dental Technicians Association UK (CDTA UK) is calling for an expansion to the scope of practice of clinical dental technicians (CDTs).

The association argues the new proposals will 'enhance the quality of dental care available to patients across the UK'.

The proposal, written by Rob Handley and Rob Kenyon, argues for a broader range of direct services to patients. In particular it focuses on softening the current requirement for patients with natural teeth or implants to see a dentist for a prescription before a CDT can supply a partial

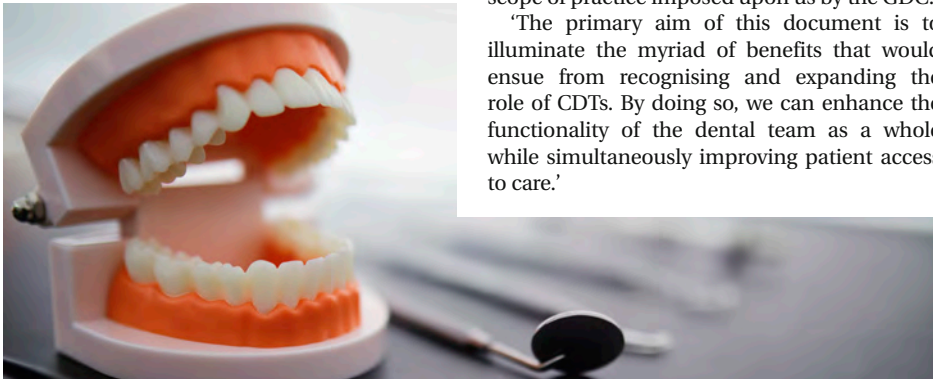
denture – even if they have already seen one.

It states that a broader range of direct services to patients will have many benefits, such as enhanced monitoring and follow-up, expedited access to care and consistency of treatment planning.

The authors of the proposal said: 'As CDTs, we often find ourselves marginalised both by our regulatory authority, the GDC, and within the broader dental community.'

This marginalisation stems, in part, from a pervasive misunderstanding of our integral role within the dental team and the unduly restrictive scope of practice imposed upon us by the GDC.

'The primary aim of this document is to illuminate the myriad of benefits that would ensue from recognising and expanding the role of CDTs. By doing so, we can enhance the functionality of the dental team as a whole while simultaneously improving patient access to care.'



# Only 15% of dental practices are fully NHS

Only 15% of dental practices are fully NHS, according to new statistics, while three in five dentists work 30 hours or less each week.

The new data, carried out by the General Dental Council (GDC), looked into the working patterns of dentists.

The majority of dentists (85%) spend at least 75% of their time in clinical practice, and a

further 10% say they undertake a mix of clinical and non-clinical work.

In addition, 19% said they provided only private care, with no NHS, and a further 14% said they predominantly provided private care (over 75% of their time).

Only 15% are fully NHS, with no private care, and a further 27% said they are predominantly NHS (over 75% of their time).

Other key highlights include:

- 42% said they were working 30 hours a week or less
- 38% regularly work in more than one location
- 9% are working as specialists.

As part of their annual renewal, 25,159 (57%) dentists responded to the work patterns survey, of which 24,152 (55%) were working in the UK dental sector.

A similar collection of work pattern data for dental care professionals (DCPs) is planned as part of the DCP annual renewal process later this year.



## NEWS IN BRIEF

### No smoke without fire

New research suggests the link between vaping and heart failure could be stronger than first thought, finding that one in five participants who vaped went on to develop the condition.



### A drop in the ocean



A public consultation on the expansion of community water fluoridation schemes in the north east of England has launched, citing net social benefits of £315 million if it goes ahead.

### Over before it begins

Over a third of calls to the dental helpline Confidential come from newly qualified dentists who are thinking about leaving dentistry, the charity has said.



### Reassuringly expensive?



Costs for dental treatment in the UK are the third highest in the G7, according to new data published by Healthnews. Costs in the USA topped the list, followed by Canada.

### Medtech not immune to racial bias

A review of medical devices commissioned by the Department of Health and Social Care has found evidence of bias against ethnic minorities, women and low income groups in medical technology.



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# 'A slap in the face' – NHS dental charges increase

From 1 April 2024, NHS dental charges in England have increased by 4%. This brings the cost of band one treatment, such as a check-up, from £25.80 to £26.80. A band two filling has increased from £70.70 to £73.50, and band three treatment, such as dentures, has risen from £306.80 to £319.10.

This announcement has met with criticism from the dental profession. The British Dental Association (BDA) said this increase is 'merely

**As part of the NHS dental recovery plan announced in February, the government pledged £200 million of investment in dentistry**

covering for government cuts'. It described the government's strategy as 'using charges as a substitute for meaningful state investment'.

## Ministers 'covering for cuts'

Shawn Charlwood, chair of the BDA's General Dental Practice Committee, said: 'This latest hike is another slap in the face for hard-pressed families across England. This won't put a penny in to bring NHS dentistry back from the brink.'

He concluded: 'Ministers are simply covering for cuts.'

As part of the NHS dental recovery plan announced in February, the government pledged £200 million of investment in dentistry. However, the BDA believes this funding is to be taken from previous underspending of the dental budget.

The association said: 'None of this is "new" money, but is based on recycling vast

underspends, the result of practices struggling to hit their punitive contractual targets.'

With the NHS dentistry budget remaining effectively static at £3 billion for around a decade, the BDA stressed that patient charges are forming 'an ever-greater share of the total pot'.

## 'Scandalous' inequalities

The BDA has also spoken out against an 'unprecedented' increase in NHS dental charges in Wales. Band three charges have been raised by more than 28%, which the BDA said will leave patients paying for 85% of their treatment.

Russell Gidney, chair of the Welsh General Dental Practice Committee, said the government is 'forcing patients to pay more, so they can pay less'.

He continued: 'Cardiff Bay must not go down a path that will widen already scandalous oral health inequalities.'

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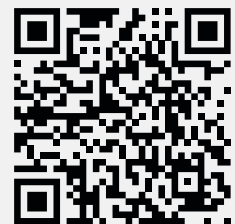
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# Will the new patient premium tackle the access crisis?

Experts from across the dental profession and government have discussed their views on the new patient premium announced as part of the dental recovery plan.

The new patient premium, one of several new measures announced within the dental recovery plan, came into force on 1 March. This allows dentists to claim an additional payment for each new patient who hasn't seen an NHS dentist in more than two years. Depending on the level of treatment required, the premium is worth either £15 or £50 per patient. The government said that this measure, along with the rest of the recovery plan, should deliver an additional 2.5 million appointments.

However, the premium has faced some criticism, such as claims that it isn't supported by any new funding. The British Dental Association (BDA) said it was 'just recycling the same limited pot of money'.

## **Nigel Carter, chief executive of the Oral Health Foundation**

While the new patient premium is suitable for check-ups and healthy mouths, it falls short for high-needs patients requiring complex restorative work. Many of these payments will struggle to cover the costs for patients needing multiple treatments, leaving dentists at a loss.

Implementation challenges also arise, with uncertainty on tracking accurate patient gaps. The intentions are good but until we have more details, this leaves too many unanswered questions.

## **Jason Wong, interim chief dental officer for England**

Good oral health remains essential for good general health and now more patients will be able to access NHS dental services – thanks to the majority of dental practices across England being eligible to introduce new patient premiums.

This is just one part of our recently announced package of measures to improve access while also better supporting dental teams across the country to provide high quality care.

## **Louise Ansari, CEO of Healthwatch**

The patient premium, if taken up by dentists, has the potential to be a game-changer for people who've struggled to access appointments in the past two years.

It could mean that children get their first ever check-up, while adults get treatment for problems that have long caused them pain or prevented them from eating, working or socialising.

It's now important that the NHS makes it easy for people to find out which dentists will be offering new appointments based on the two-year criteria, so they only seek appointments from the relevant practices. NHS commissioners of dental services should also promote these new appointments to people who have struggled to access care in recent years, especially those on lower incomes, women, and some ethnic minority patients.

In the longer term, NHS dentistry needs fundamental reform to increase and attract more dentists, reduce the cost of dental treatment and improve access for everyone.

## **British Dental Association**

The new patient premium is not new money and is simply recycling existing contract value, meaning any new patients seen as a result of this initiative will come at the expense of existing patients being able to get an appointment.

## **Victoria Atkins, health and social care secretary**

I want to make access to dentistry faster, simpler and fairer for patients – particularly those who have not been able to see a dentist in the past two years.

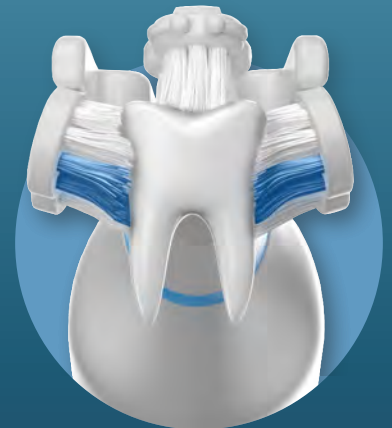
This scheme is good for patients and good for dentists. It will see millions more appointments made available for those who need them, while also rewarding those dentists who are taking on new NHS patients.

It's all part of our plan to put NHS dentistry on a sustainable footing for the long term and ensure that good oral health is a reality for everyone.

## **Amanda Doyle, NHS England national director for primary care and community services**

This is an important next step in recovering and reforming NHS dentistry, and giving dentists a new patient payment will help to treat around a million additional patients who have not seen an NHS dentist in over two years. This forms part of a range of wider initiatives to improve access to local health services, including making it easier to get help from your GP practice and expanding the services community pharmacies offer.

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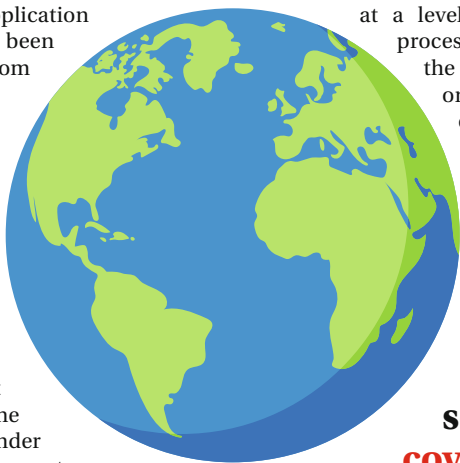


# GDC announces new rules for overseas registration

New rules for the registration of internationally qualified dentists and dental professionals have come into force.

A new application processing fee has been introduced, active from 9 March.

Overseas registration exam (ORE) candidates currently pay an examination fee for each sitting of the ORE, including any retakes. The GDC will be holding examination fees at current levels until the end of this year, under transitional arrangements that end on 31 December 2024 – around the time



that the current ORE contracts end.

The application processing fee has been set, in line with the regulator's fees policy, at a level that covers the cost of processing only, which is when the GDC carries out checks on qualifications, character, clinical experience and English language competence before

**The new application processing fee has been set at a level that covers the cost of processing only**

adding someone to the ORE candidate list.

New examination fees will be in place from 1 January 2025 based on recovery of current costs, the GDC says.

It adds that it may be necessary to revise examination fees when new contracts are in place in 2025 to ensure that the revised fees align with new contract arrangements.

## Protecting patients

Gurvinder Soomal, interim chief executive officer and registrar at the GDC, said: 'The aim of these reforms is to create a modern system of international registration which is fair to applicants, efficient to deliver, and above all is rigorous in protecting patients.'

'This marks an important step on the way to a comprehensive framework for international registration, but there is still more to do with a complex combination of legislative, contractual and operational changes needed to support the current and future demand for registration.'

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# One in five experience unwanted sexual behaviour

Frontline NHS staff, including dentists, are facing record levels of discrimination and unwanted sexual behaviour from the public.

According to a new survey, one in 12 NHS staff said they faced discrimination while treating patients at work – the highest percentage since the question was first asked in 2019.

The nationwide poll asked NHS staff if they had experienced sexual harassment while at work. The survey reveals healthcare workers experienced 'unacceptable' levels of unwanted sexual behaviour from the public last year – with 58,000 reporting such incidents.

The results show just under 9% of 675,000 NHS workers suffered sexual harassment from patients, patients' relatives or other members of the public in 2023. In addition, 18% of medical and dental staff in training have been the target of unwanted sexual behaviour in the NHS.

The survey also found that just under 4% of NHS staff faced unwanted sexual behaviour from colleagues.

## Important first step

Professor Vivien Lees, vice president of the Royal College of Surgeons of England (RCS England) and lead on sexual misconduct, said: 'For the first time, the NHS Staff Survey asked respondents if they had been the target of unwanted behaviour of a sexual nature in the workplace. Gathering this data is an important step as it gives us a better picture of the scale of the problem.'

'It is essential that staff members feel empowered to report instances of misconduct without fear of reprisal or negative impact on their career progression. They also need to feel confident that reports will be believed.'

'We have written to NHS trusts that haven't yet signed the NHS sexual safety in healthcare charter, encouraging them to do so. RCS England is actively lobbying accountable government and NHS organisations on the Working Party on Sexual Misconduct in Surgery (WPSMS) recommendations including the need for reforms of reporting and investigation processes.'

'RCS England is committed to a zero-tolerance approach to sexual misconduct, and we will actively work to eradicate this behaviour in surgery and healthcare. The charter, which we have signed, requires healthcare organisations to ensure appropriate policies and reporting mechanisms are in place for sexual misconduct.'

## Unacceptable behaviour

Dr Navina Evans, chief workforce, training and education officer, said: 'It is very distressing that more than 58,000 NHS staff reported experiencing unwanted sexual behaviour from the public last year and such conduct should not be tolerated in the NHS.'

'That is why the NHS launched its first ever sexual safety charter last year which provides clear commitments to improve reporting on unacceptable behaviour, as well appointing more than 300 domestic abuse and sexual violence leads who will review and improve trust policies for reporting of sexual harassment.'



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## Seeing the world through different eyes

Listening and taking on board other viewpoints is the key to affecting change, says **Catherine Rutland**



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**Catherine Rutland**  
Clinical director at Denplan

How often do we get to see the world from a different viewpoint? Besides anything else it can be quite a hard thing to do. We tend to stay in the same circles, with people who often think and act similarly to us. Our natural tendency is to stay within our comfort zone.

Recently, I have been in situations that have caused me to see

a different view. I am happy to admit that I get quite nervous about going into anything new. Depending on the situation I get a varied dose of imposter syndrome, fear and a sick feeling in my tummy! We often go in with certain predetermined ideas formed from what we think we know. Attending the North of England Dentistry show and speaking about women in dentistry pushed me to take a different and wider viewpoint. Even in this area, there are so many views, many I had not considered before I started to think about the event.

Yet, of course, I always have to remind myself that I should know better. The whole point of a different viewpoint is that I am not going to know what the view will be. Subconscious bias is likely to be playing a huge part in any preconceived expectations, but the nature of the beast is that it is so hard to recognise.

Often, I find I am not aware of those biases until they have been challenged by an alternative viewpoint, not necessarily verbally, but through just observing the different view. Whether we sit comfortably with the new view is something that may not happen immediately, like so much in life we often need more understanding and questions answered to alter our bias and really be able to learn and see things differently.

In the ever changing and progressing world we live and work in, I feel I have to keep pushing myself to see a different view. It forces me out of my comfort zone, yet often can create a new and better understanding of the wider profession we work in. Sometimes it can feel that it is not about agreeing or disagreeing with the alternative view, we are unlikely to agree with everything, but we do need to be aware of and at least take on board the viewpoints of others.

The more understanding we have of the many viewpoints across the profession should hopefully make us able to work together more effectively for the bigger challenges we face and accept that sometimes we may need to agree to disagree to affect change and move the profession forward.

## Looking after your financial wellbeing

Planning your finances from the outset of your career can help you prepare for the future, explains **Iain Stevenson**



MoneyTalks

**Iain Stevenson**  
Head of dental at Wesleyan  
Financial Services

As a young dentist, there is much to look forward to, but also a lot to think about. After years of intense study, it is time to launch your career and embark on the journey of practising as a dental professional.

In addition to being the best dentist you can be, there are other important things to consider, which involves a lot of forward

planning. In the first of a two-part series, here are some of the areas to think about...

### Investing in yourself

Investing some time in basic financial planning can be life changing and will set you up with good habits that will stay with you. Equally, failing to do this can create issues for you in later life.

### Seeking specialist advice

The first step is to find a reliable source for financial advice. This should be someone who is not only an expert in the financial world but specialises in working with dentists and understands their career progression, income patterns and has a real insight into what is going on in dentistry. They should act as your 'challenging friend' and help to keep you aware of what you should be considering as you make your way through your career.

### Planning ahead

It's a good idea to keep things simple early on and not do too much – making realistic plans is more valuable than overstretching yourself. Think about the direction of your career, while ensuring that you are prepared to make changes as you learn more about yourself and opportunities arise which you perhaps did not expect.

Next break down your thinking into short-, medium- and long-term planning. Short term encompasses the next five years, medium term is anything from five years to 15 years and long term is 15 years plus – these can be adjusted depending on the individual.

For each section think about what you want to do, what might happen and who could be involved.

### Saving

Saving means considering how much money you need to live on and the expenditure you anticipate. Don't just plan for what you know, ensure you think wider than this, to give yourself as many options as possible.

## What does the future hold for NHS dentistry?

As the debate around the dental recovery plan continues, **Nigel Jones** suggests it may be time to take control of your own destiny



PracticeMakes Perfect

**Nigel Jones**  
Sales and marketing  
director at Practice Plan

As the debate raged following the launch of the government's dental recovery plan (DRP) for England, I was struck by the contributions of Wes Streeting, shadow secretary of state for health and social care.

Given the way the 'substance' of the DRP was largely dismissed by most informed observers, he may

feel a tinge of embarrassment at claiming that much of it had been lifted from Labour's emergency dental rescue package. However, his confident commitment to gripping 'the issue of reform of the contract in week one of a Labour government' may have filled some with hope that salvation and potentially additional funding will be at hand.

Roll on a month and we have the comments from Rachel Reeves, the shadow chancellor, in the wake of the budget that Labour 'will not be able to turn things around straightaway' if elected. Indeed, she told the BBC's Laura Kuenssberg she would be methodically identifying ways to pay for existing pledges on the NHS.

'Methodically' doesn't sound too quick a process to me, and it's no wonder. The chancellor has funded his cut in National Insurance using the £2bn Labour had earmarked for NHS and schools improvements. Given the cut to NI is a policy that Labour has already said it would not reverse if it came to power, the difficult position in which Jeremy Hunt has placed the shadow chancellor is clear to see.

Of further interest to me was the accusation by the Institute of Fiscal Studies (IFS) that both Conservatives and Labour were involved in 'a conspiracy of silence by not acknowledging the scale of the choices and trade offs that will face us after the election'. Given recent history, people can be forgiven for thinking that NHS dentistry will struggle to come out a winner when it comes to, as the IFS put it, 'eye watering tough choices' on public spending.

It may be that Wes Streeting's bold assertions at the beginning of February were made in good faith. Or it may be that he already has in mind a reform of the contract that will involve one of those trade offs mentioned by the IFS. Either way, the current state of affairs perhaps goes to show the importance of taking control of your own destiny rather than waiting for and relying on the politicians. **D**

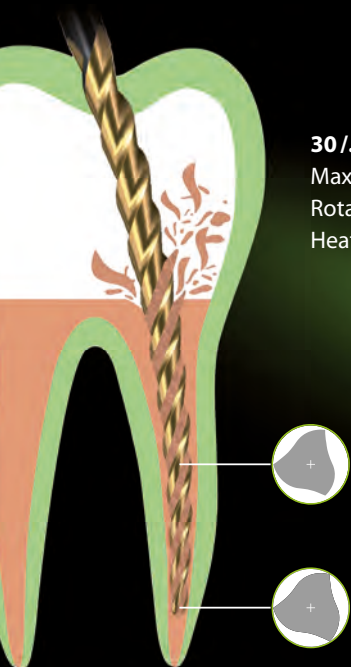


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# New powers for dental therapists and hygienists

**Dentistry** presents a selection of views from across the dental profession...

## British Society of Dental Hygiene and Therapy (BSDHT)

The BSDHT welcomes plans to facilitate our professions within the four nations in working to the full extent of their skill set and giving them new powers that enable them to offer patients the care that they need.

The responses for the consultations were emphatic; that these highly-skilled professionals should be able to work on their own authority and be able to supply and administer a specific list of medicines directly to patients.

Everyone will benefit from an oral healthcare team that runs more smoothly and uses its time effectively. We encourage members of the profession to embrace this opportunity to do what is right for patients and the public who have been supportive in this process.

The BSDHT thanks those who fundraised to support the work for this in its early days and all those whose hard work and determination has realised this ambition we imagined in 2013.

Our special thanks and recognition go to our partner in this process, BADT (British Association of Dental Therapists) and the wonderful Michaela O'Neill and Fiona Sandom.

## British Association of Dental Therapy (BADT)

We are delighted that following the General Dental Council (GDC) permitting direct access in 2013, then 11 years of campaigning and over 10 years being involved in the Chief Professions Officer's Medical Mechanisms Project (CPOMMP) that dental therapists and dental hygienists will soon be able to supply and administer certain prescription only medicines to patients without a need for a patient specific direction (PSD) or a patient group direction (PDG).

This will allow dental therapists and dental hygienists to efficiently use their full scope of practice and deliver patient care as they have been trained and educated to do.

Dental therapists and dental hygienists will still need to undergo education and training before they are able to use 'exemptions' for the medicines that were consulted on last year. It is unclear, however, at the moment, the extent of that education and training and how it will be provided and if dental therapists and dental hygienists will have to fund it themselves to work in the NHS.

**DENTAL THERAPISTS AND HYGIENISTS** will be able to give patients certain types of medicines without sign off from a dentist following a new announcement by the government. The full release can read via: [bit.ly/3TLclcr](https://bit.ly/3TLclcr).

## Fiona Sandom, BADT chair

I am delighted that, after 10 years of working on this project for the BADT and in partnership with Michaela O'Neill for the BSDHT, dental therapists and dental hygienists will soon be able to supply and administer certain prescription only medicines to patients without a need for a PSD or PGD.

I would like to point out that this will apply to all four nations, not just England. However, dental therapists and dental hygienists will still need to undergo education and training before they are able to use 'exemptions' for the medicines that were consulted on in 2023.

This is a great step forward for our professionals to be able to use our full scope of practice to see and treat patients and reduce the administrative burden on our dentist colleagues.

## Diane Rochford, dental hygienist and BSDHT immediate past president

The news that dental hygienists and dental therapists will be able to administer medicines, including local anaesthetic and high-strength fluoride, without the need for a dentist's prescription is welcomed by many in the profession. Not only will this allow dental hygienists and dental therapists the opportunity to work to their full scope of practice in a more effective and efficient way, but the change in legislation will also benefit patients, allowing them to access and receive the best possible care.

Thank you to the teams at BSDHT and BADT who have worked so hard for many years to make this happen. ▶





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### Luke Hutchings, BACD president

I'm delighted that changes are being made in the interest of better patient access and care; this should always be at the heart of what we do. Congratulations to those who have no doubt worked hard for this.

I work with two highly committed and caring dental therapists in my practice, so seeing them able to acquire added skills and work to their full scope is fantastic. I look forward to supporting them and continuing to nurture their growth.

I do hope that additional training and education will be made available and funded so as not to create a barrier and prevent these changes from making a real difference.

I would also hope that there is no marked increase in indemnity fees, further enabling more professionals to take advantage of the new opportunities available to them.

### Zaki Kanaan, ADI president

The new powers granted to dental hygienists and therapists to supply and administer certain types of medicines without requiring sign-off from a dentist are a tremendous step forward in streamlining dental care delivery.

This development, along with the previous direct access success, not only empowers these skilled professionals to work more autonomously but also significantly reduces red tape in dental practices.

By allowing dental hygienists and therapists to take on expanded roles in medication administration, patients will benefit from improved access to essential treatments without unnecessary delays or barriers. This increased efficiency means patients can receive timely care, leading to better oral health outcomes and overall wellbeing.

Moreover, this progressive decision recognises the expertise and capabilities of dental hygienists and therapists, maximising their potential contributions to the dental team.

It promotes a collaborative approach to oral healthcare, where each member can utilise their skills to the fullest extent, ultimately enhancing the quality and effectiveness of patient care.

In essence, these new powers represent a win-win situation for both dental professionals and patients alike. They pave the way for a more agile and patient-centred approach to dentistry, where individuals can receive the care they need promptly and efficiently, leading to healthier smiles and happier lives.

### Catherine Tannahill, director of clinician engagement, Portmandentex

This will be a huge step forward to enable dental hygienists and therapists to provide their full scope of practice by direct access for all patients, both NHS and private.

This is positive news for the profession as a whole, although the effects may not be apparent for some time as dental therapists and hygienists will still need to undergo



education and training before they are able to use these 'exemptions' for the medicines and should ensure that they have appropriate indemnity.

From the perspective of NHS care, there are still many factors to be answered for dental hygienists and therapists, such as how hygienists and therapists access a superannuation pension, and how to fairly split the UDAs from a course of treatment for a patient requiring the care of a dentist too.

Until matters such as this are clearer and the contract is reformed, this will only have a limited effect on addressing the NHS dental crisis.

### Linda Greenwall, specialist prosthodontist

Reading the news that dental hygienists and dental therapists will be able to administer local anaesthetic, supply high-strength fluoride toothpaste and apply fluoride varnish without the need for a dentist's prescription, will – from my perspective – allow my dental hygienist and dental therapists to work more efficiently.

I have advocated for many years that all team members work to their full scope of practice, this change in legislation will allow

for a smoother running of the practice and we will be able to provide the dental care patients of the practice expect and deserve.

### Anonymous, retired dentist

Since the 2006 contract for dentists wishing to work within the NHS, the strings have been gradually slackened to allow hygienists and therapists to play a bigger and bigger part in dental practice.

Though this might ease the workload for individual practitioners, it does not and will not correct the fundamental method of remuneration thrust on the profession over the last 22 years, which has proved to be unworkable and to the disadvantage of both practitioners and patients alike.

With the virtual dismantlement of the Dental Practice Board and its professional staff, it is unlikely that the previous 'item of service' will ever be restored even though, with its inherent faults, it was fair to both practitioners and patients.

No matter how the government of any colour juggles with the present contract, the time has come to take the decision – either include basic dentistry as part of the NHS and fully funded, or simply put dentistry in the same bracket as NHS optical services. **D**



# A 'jam-packed' North of England Show!

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Saturday 9 March saw the doors open for the highly anticipated North of England Dentistry Show 2024. More than 1,200 people were in attendance to network, enjoy an array of high-quality lectures and take advantage of the exclusive show deals from hundreds of trusted brands across the dental industry... all under one roof.

Delegates were treated to more than 85 lectures across 11 lecture theatres, all of which were CPD verifiable. Offering something for everyone, with three Clinical Dentistry Theatres, the Dental Nursing Theatre, the Laboratory Theatre, the Dental Hygiene & Therapy Theatre, and much more, the North of England Dentistry Show really was the show for all dental professionals.

Highlights included a no-holds-barred panel discussion with some of dentistry's leading women – Martina Hodgson, Catherine Rutland, Anushika Brogan, Morven McCauley and Angela Auluck at The Celebrating Women in Dentistry Lounge. They discussed inspiring inclusion in the profession, with the goal of making dentistry a more equal and equitable place for all.

Craig Broughton, clinical dental technician and owner of CMB dental laboratory, shared a recent case of a partial denture for a patient with combination syndrome. He discussed the techniques he used and adapted for the case, which made for an interesting listen.

Ben Marriott, a dental hygienist and dental nurse, gave an insightful lecture on trans inclusion in dentistry, explaining how small changes can make a big difference to ensuring your practice is a safe and welcoming space for everyone.

Another crowd pleaser was the ever-popular Milad Shadrooh, aka The Singing Dentist, who gave attendees some of his top social media tips.

## A lively atmosphere

Some of the delegates who attended the show told us they'd seen so much 'buzz' on Twitter and Instagram that they thought they'd come down and experience it for themselves. One dentist said: 'I must say, I've been blown away, it is an amazing show,' while another shared that she 'learned so many new things' during the day.

Dr Sunny, from drecomposite.com, said: 'As usual, it's a fantastic opportunity to really connect with all my fellow colleagues and friends. I come to mingle and take the opportunity to catch up with people I haven't seen in a while. It's always good, I caught a couple of lectures, saw Paul Midha share his journey on *The Apprentice*, which I found very interesting. It's been special!'

Claire, a dental therapist working in Rainford and Culcheth explained: 'I've been coming to the show for the last few years. I particularly like coming to meet the different people because sometimes working in different practices, you don't get to meet half the reps, find out about different products, or find out about new job opportunities. So, it's nice to actually meet people in person and have the time to speak to them. You will definitely see me again next year!'

## Meeting the brands

The exhibition hall provided delegates with the chance to meet the experts behind the biggest brands in the industry and discover new products and technologies on display. With face-to-face discussions and live demos, the atmosphere was vibrant. Julie Dale, global sales manager at Boutique Whitening, said: 'The stand has been packed and the day has been absolutely brilliant.'

Dr Jin Vaghela and Dr Kish Patel from Smile Academy and Smile Clinic Group said: 'It's been jam-packed all day. We've had an amazing day, for those who have not come this year, you've missed out!' The date for next year has already been revealed, and the show will be returning to the Manchester Central Convention Complex, so pencil Saturday 8 March 2025 in your diary because you won't want to miss out! **D**





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# Walk & Talk 4 Dentistry: join the movement this May

Justin Leigh, the founder of Focus4Growth and Walk and Talk 4 Men in St Neots, Cambridgeshire, has been leading the charge in promoting proactive support for men's mental health and wellbeing. Three years ago, he initiated Walk and Talk 4 Men, fostering a community where men come together to walk, talk, and provide mutual support.

As May approaches, a month dedicated to both National Walking and Mental Health Awareness, it presents the perfect opportunity for individuals and teams

to prioritise their mental wellbeing. In alignment with this, FMC is supporting the Walk & Talk 4 Dentistry campaign with Justin Leigh, to champion positive mental health and wellbeing within dental teams across the UK and Ireland.

## Join in

As part of this campaign, dental teams are encouraged to dedicate just 30 minutes of one lunchtime in May to walk and talk with their colleagues. The benefits of this simple

activity are well documented, offering a chance to decompress, alleviate stress, and enjoy the rejuvenating effects of nature.

This initiative provides an opportunity for teams to step outside the confines of the dental practice, fostering deeper connections, providing support, and emphasising the importance of incorporating positive conversations into the working day.

You are invited to join in this May in creating a space for walking and talking to enhance the mental health and wellbeing of your practice team. Share your participation by capturing these moments with your team and posting them on social media using the hashtag **#walkandtalk4dentistry**. We'll be looking out for your posts to share across our channels as well.

Let's come together to support our dental teams and partners in prioritising mental health and wellbeing throughout the month of May and beyond. **D**

**This initiative provides an opportunity for teams to step outside the confines of the dental practice, fostering deeper connections, providing support, and emphasising the importance of incorporating positive conversations into the working day**

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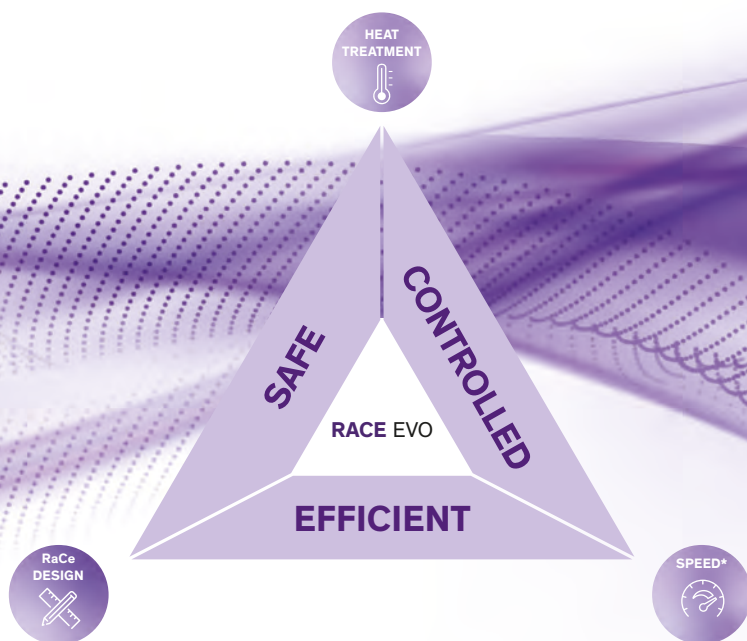


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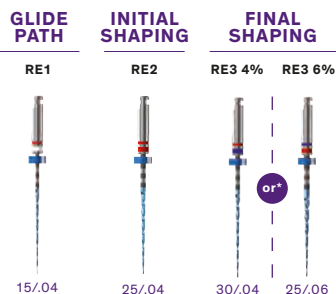
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# The Dentistry Top 50 is back

The renowned Dentistry Top 50, the ultimate who's who in the profession, is returning for 2024 with a fresh twist.

Last year, we revamped the selection process for the Top 50 by having *Dentistry* magazine curate the list instead of relying on public voting. This format proved successful, prompting us to take the same approach for 2024.

While still a gauge of influence within dentistry, the Dentistry Top 50 remains a tribute to and celebration of the individuals who are shaping the profession. Moving away from public voting enables us to craft a list of leaders that acknowledges dedication and contributions from all corners of the field.

**The panel will be seeking individuals who exhibit innovation, drive, and a commitment to making a **tangible impact on the dental profession****

## Recognising impact

Criteria for inclusion are diverse – from exceptional performance and leadership to altruistic efforts and clinical excellence. Factors such as educational prowess, mentorship, and grassroots initiatives are equally influential.

The panel will be seeking individuals who exhibit innovation, drive, and a commitment to making a tangible impact on the dental profession. Essentially, we aim to recognise those who are making a difference.

While there is no public vote, we actively encourage your input; we want to hear from our readers about the people who've made a difference to their lives. Your input is crucial to ensuring the list recognises the profession, so we need your thoughts! Nominations are now open for consideration – email us at [newsdesk@dentistry.co.uk](mailto:newsdesk@dentistry.co.uk) to put your own heroes forward – just don't forget to let us know what they've done to earn your vote.

The unveiling of this year's Top 50 will take place in June. Meanwhile, our panel will carefully deliberate on the nominations. Shortly after the announcement, *Dentistry* will be hosting an exclusive drinks reception in London to bring this year's movers and shakers together, giving the Top 50 the red-carpet treatment it deserves. **D**



**DENTISTRY'S TOP 50 REVEAL:  
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1. West N *et al*; J Dent Res Vol 102 (Spec Iss B ): Final Presentation ID 0711-0714; 2023 Dentine hypersensitivity and associated risk factors: An observational, cross-sectional multi-centre epidemiological study in 7 European countries (Meribel), IADR 2023 Bogota. 2. Gibson B *et al*. The everyday impact of dentine hypersensitivity: personal and functional aspects. In: Robinson PG, editors: Dentine hypersensitivity: Developing a person-centred approach to oral health. London: Elsevier Inc, 2015, Chapter 6. 3. Communicating with patients. Pocket Dentistry. Available at: <https://pocketdentistry.com/communicating-with-patients>. 4. Haleon data on file, survey of 248 dental professionals. Online research 2023.

## Dentistry's Big Questions

# ARE DENTAL THERAPISTS USED TO THEIR FULL POTENTIAL IN THE UK?

**Dentistry** asked the dental profession to respond to this burning question and here's what they had to say...

Dentistry's Big Questions is a brand new feature exploring the hot topics in the profession.

Our very first question asked: Are dental therapists used to their full potential in the UK?

Are dental therapists overlooked? Should practices be using them more effectively? If so, how? Are there any disadvantages to doing so?

Based on our poll, some 87% believe dental therapists are not used to their potential in UK dentistry. Hear what the profession had to say...

### **Anna Peterson, dental therapist**

Dental therapists are completely overlooked in my opinion. We shouldn't just be used as a hygienist. Financially, we can be more profitable to a practice if we are doing the check-ups, restorative and periodontal work.

A dentist's book shouldn't be filled with exams and fillings when it could be crowns, bridges, inlays, implants, aligner treatment, veneers. Therapists want to do more: most of us love doing our full scope.

I always think... who is the most appropriate clinician to do this work? You wouldn't have an endodontist or oral surgeon doing routine examinations on patients. I work in a therapist-led practice and it works really well.

### **Sakina Syed, dental hygienist**

Not at all! We need to engage with dental community groups, associations and the general public to raise awareness of the role.

It is a better, progressive outlook for newly qualified dental therapists, which still requires a lot of work, but increasingly hard for those who qualified as a dental therapist years ago and find it hard to now implement without a structured training plan.

The NHS six-month return back to work is a good concept but not when there are not enough placements and the time frame of uptake of the placement is a matter of two weeks.

I'm calling on dental universities to get on board with this.

### **Debbie Hemington, British Association of Dental Therapists (BADT) president**

There needs to be more provision for refresher courses for de-skilled therapists. Programmes requiring six-month placements are difficult for people with stable jobs already. The funding has to come from somewhere though!

It's a myth that therapists can save NHS dentistry. Why would they want to work under a contract that dentists are leaving in droves? Plus, there are no NHS benefits for them currently either.

### **Ibrahim Numan, dental therapist**

No. However there are so many layers to this question. I've implemented dental therapy into many practices I've worked at and, honestly, in some models it does not work as well.

I completely agree that dental therapy cannot fix the NHS problem, and dental therapists shouldn't be used as the answer: the contract is broken. In private practice, a dental therapist can definitely be utilised and this fight has been going on for years and years.

However, obviously competence is super important, refresher courses and access to these courses must increase. Finding a supportive practice and a mentor makes a huge difference.

### **Tiffani Hutchinson, dental hygienist, dental therapy student**

Thankfully I'm working in a very supportive practice which is allowing me to gain my dental therapy qualification, using it as my placement with the hopes of utilising my full skills upon qualification.

Sadly, I know lots of my dental therapist friends who are not being utilised, or being used to do the work that the dentists dislike. I think it's a big mix of misunderstanding the role, both by colleagues and general public, and possibly finances – some may not feel it's worth it to be referring work to others, but I also feel the incentives are not there for therapists to be utilising their skillset.

### **Lauren Long, dental therapist**

When utilised well, dental therapists can be an absolutely vital part of the practice team. As Anna Peterson said, it's all about directing patient care to the appropriate clinician and maximising the skills and job satisfaction of everyone in the practice.

Unfortunately, we really are underutilised, and many have deskilled.

I'm lucky that I've been able to work to my full scope since graduating 15 years ago and now work as clinical director for a small corporate who really believe in the skills we have to offer as therapists. I really think there's so much untapped potential out there in our profession and hope we can continue to take steps forward.

### **Heather Power, dental practice manager**

[This is] something we are really striving for at our practice – it makes so much sense for therapists to utilise their full scope, but we find the biggest challenge is educating our patients: 'What do you mean you want the hygienist to do my filling?'

### **Dr Sal, endodontist**

It ultimately boils down to how experienced the therapist is or the skills and knowledge they possess. The practice should adapt an amicable approach in hiring more therapists where they utilise the skill mix.

NHS leaflets showing the scope of practice of therapists should be made available to the public. The public can get easier appointments with the therapist than waiting for it to be done by the dentist.

There is a plethora of overseas qualified dentists too who are registered as therapists for which the route has been closed last year. The practice should adopt a streamlined process of proper delegation and referral of those treatments not within scope of therapist.

I genuinely feel they shouldn't be limited to hygiene only. The dentist can then focus on delivering band 3 treatments. **D**



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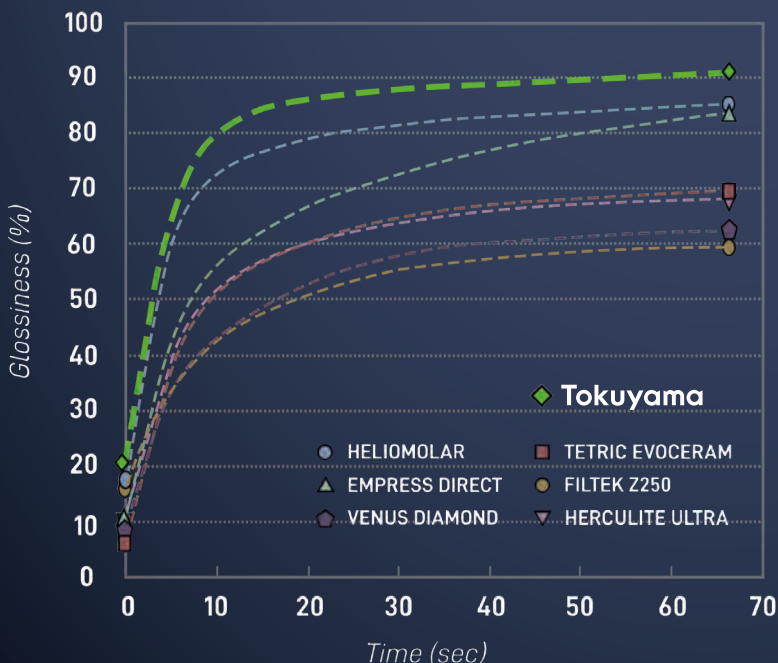
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# EMS is on a mission to disrupt – with ‘no plans of slowing down’

It's more than airflow: *Dentistry's* **Lucy Veal** visits EMS HQ in Switzerland to explore the company's journey so far and its mission to transform dental prophylaxis

**Lucy Veal**  
Dentistry Sub-editor



In the current UK dental landscape, a hygiened treatment process has never been more important.

This is the ideology of EMS, and after an invitation to visit its headquarters in Nyon, Switzerland, it's clear that health, prevention and happiness are at the forefront of the company.

After a landmark few years, EMS was keen to highlight that there is more to the company than airflow. Speaking to Harry Morris, UK & Ireland GBT (Guided Biofilm Therapy) sales manager, he said: 'We opened a subsidiary of EMS UK at the end of 2018, and it's been such a successful few years. Everyone is starting to know more about GBT and EMS, and so it was important to rewind a bit and to show you where the company came from.'

'Especially in the UK, it's almost like we popped up out of nowhere. No one realises that EMS dates back to 1981. And so, I think it's important for you to be able to show your readership that we didn't just pop up – this has been 50 years in the making.'

## Patient experience transformed

Following a tour of EMS HQ and a thorough walkthrough of the history and objectives of the company, its mission quickly became clear – EMS intends to revolutionise prophylaxis.

Bernd Bühner and Pierre Mabilie founded the company in 1981, and right from the start they set out to transform the approach to dentistry with a pleasant, painless and prevention-led focus. Since then, EMS has become a leader in prophylaxis and dental biofilm management.

One of the gamechangers behind this, of course, is its GBT protocol. Harry provided an in-depth walkthrough of the evolution of GBT and why it is instrumental in infection control and prevention. He also explained how the eight-step protocol can empower the clinician, patient and practice all in one – and it's all about the patient experience. By providing a fast, non-invasive and painless treatment which engages the patient and brings them into the process, the patient experience is improved. Harry explained that as a result, this also increases practice turnover, improves clinical results and creates happy and fulfilled clinicians.

## GBT growth

With a protocol that clearly works and is backed by ever-growing scientific





evidence, now EMS's task is to spread the word across the UK.

'When we started in the UK, early adopters were there straightaway,' Harry said. 'They wanted it and they approached us. And we're really busy with those people. We had a lot of interest from these early adopters.'

'It's only really now that we're having the time to put together an actual plan, if you like, on how we deliver this to a wide audience. Not that we're not delivering it to a wide audience at the moment: over 1,000 delegates were trained in GBT in the UK and Ireland last year alone. And those numbers have been consistent in growth for the last five years.'

'But I think it's just about really showing people that there's more to this than airflow. And we've got to do better at delivering that message on a wider scale.'

### Disrupting the market

When you first enter the EMS building, it wouldn't be unusual to feel as though you have entered an art gallery or museum by mistake. With each room brimming with colour, paintings and sculptures, EMS hopes to both inspire its employees and visitors, and reflect the disruptive nature of the company.

'Disrupt' was certainly the buzzword of this visit, with EMS keen to highlight how they have disrupted the industry so far and their plan to continue doing so.

'We are disruptive with innovation,' Harry said. 'We continually innovate products and powders to levels that people just can't do elsewhere.'

'There are not many products or concepts on the market that can improve your patient's enjoyment, increase your clinician's happiness and make your practice money. There just isn't. It's as simple as that.'

'And we will continue to innovate. This company has got no plans of slowing down on what it's trying to do.'

'As you saw, we've been innovating since 1981. That first Piezon we brought out was innovative. And the powder that I showed you was from 1981 – and it's still being used today.'

'That's how far ahead EMS is.'

### Product precision

We were also given a tour through the EMS factory where each product is made. From handpieces to airflow stations, it was fascinating to learn that every element of the production process is carried out by human power. According to Celso Da Costa, global director of marketing and Swiss Dental Academy director, this is to guarantee quality and precision. 'Every single piece of technology that we are bringing is a piece of art,' Celso said. 'You will notice that design is super important to us, and you will notice by being here at EMS HQ that art is important to us.'

'We consider everything that we do in terms of communication and technology as a piece of art.'

In addition, we were lucky enough to have the chance to put our own airflow skills to the test by using the Airflow Prophylaxis Master. This gave us first-hand insight into how the GBT protocol works as well as the system's gentle yet effective method of removing biofilm and calculus. Led by Celso, this step-by-step, hands-on session was really beneficial to understanding the full patient journey and experience, and I certainly left contemplating a career move from dental media to dental hygiene...

### The EMS spirit

But most of all, I left EMS HQ with newfound admiration for the enthusiasm and passion of the company. The genuine confidence and excitement that the EMS team has for its products and ethos was inspiring. Hearing Swiss Dental Academy (SDA) trainers discuss their reasons for working with and advocating GBT was particularly enlightening. For example, one hygienist

was set on leaving the profession after feeling burnt out, but getting involved with GBT reignited her love for dentistry.

SDA, which offers countless training courses, has educated more than 100,000 clinicians globally. But it has also managed to build a community with an engaged and passionate culture at its core.

'Our SDA trainers are selected by the GBT experts of the region, and I always get an interview with them,' Celso said.

'If they have the same values as we do and they're here to defend the same values that we do, then we want them with us.'

'The first part of their training is always at EMS HQ where they will spend two days with us. We also have sessions every three months virtually and we have one in-person session per year to promote the same spirit, same culture.'

'If you are here to defend patients from oral disease, we want you on board.'

### Health and happiness

The same sentiment was echoed by Harry when discussing what EMS is looking to achieve. He said: 'Our overall mission is we want all patients to receive GBT. That might seem like a big mission and one we probably won't ever achieve, but it's one that we will continue to go for.'

'We're focused on prevention, we're focused on happy patients – patient happiness and health is at the forefront of what we do.'

'So, we want as many clinicians to be trained in GBT as possible so that as many patients as possible are receiving the treatment.' **D**





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# Dental Practice Accelerator: the business guru

**Sandeep Kumar** shares the challenges that Dental Practice Accelerator winner **Hannan Saleem** and his team face and provides his insights and recommendations for their success



## Sandeep Kumar

The business guru

Dr Sandeep Kumar can only be described as a trailblazer in the world of Invisalign. He is one of Europe's leading Invisalign Diamond Apex Providers and has created more than 6,000 beautiful new smiles with Invisalign in his private clinics.

Founder of three successful private clinic brands – Mismile, Smile Stylist and Smmmile, the Mismile Network and the 'Mastering your Invisalign Business' initiative, Sandeep also shares his thoughts and opinions with the wider industry and can often be found on stage speaking and training others on the opportunities Invisalign can harness.



Despite Hannan not being from a dental background, I'm confident that if he surrounds himself with the right people and embraces our mentorship, his ambition and attitude will help him realise his goals.

There are some core recommendations that I believe Hannan needs to take on board...

## 1. Take advice but carve your own path

The first recommendation is for Hannan to accept that while he can learn from myself and the other mentors, he really needs to take a step back and consider how best to take those learnings and apply them to his own business.

A copy paste approach just doesn't work. Each practice has its own challenges – varying demographics, local competition and USPs – and these all need to be considered to drive successful change. Listening and learning but then adapting is key.

## 2. Invest in your team

It's a cliché, but the bigger your dream, the more important your team. Hannan needs to make sure he's got the right team members in the right roles to really drive the business forward.

The team need to understand and share Hannan's goal – if they don't, success will be hard to deliver. Regular huddles, honest and

open communication, and transparency with commercials will all help to keep the team motivated.

## 3. Be a customer in your own business

For Hannan to really appreciate how his patients see his practice, he needs to view it with his own eyes. I suggest that Hannan take a couple of hours one day to just sit in his own waiting room and observe. How long does the phone to take to get answered? How are patients greeted? What is the general vibe and feeling within the practice? Understanding firsthand what it is like to be a patient will truly help to deliver the best possible patient experience.

## 4. Digital is now, not the future

It's all too easy to think a truly digital world is still in the future. But it's not – it's now. It's important that Hannan considers his patients and their everyday life. Digitising processes and making interactions with the practice as seamless as possible will all contribute to patient experience. Key areas to consider are investing in a really easy-to-use website that is optimised for mobile, implementing online booking, using a digital lead follow-up tool like Dengro to nurture and remind patients, as well as using digital tools to enhance the patient journey. The Itero scanner also comes into play here, and used correctly it not only supports the clinical aspect of the patient journey, it also works as an invaluable communication and conversion tool.

## 5. World-class basics

Above all, getting the absolute basics of customer service right will really stand Hannan and his team in good stead. Taking a lead from other service-led industries – hotels, restaurants and high-end spas – will soon help the practice to stand out.

Greeting patients by their first name, responding to new patient enquiries as soon as possible and being genuinely interested in your patients are all critical everyday basics. Sweating the small stuff really does make a difference.

## Common challenges

Many practices who are trying to scale will encounter the same common problems, and Hannan and his team need to address these too...

### Lack of clarity on the bigger goal/ambition

I work with a lot of principals and practice owners who have forgotten one critical element of their long-term business plan – actually defining what they want to achieve. This might be a revenue goal, or a profit target or it might be as simple as

a new patient target. Without that clear goal, it will be impossible to define an action plan to drive success.

### An unmotivated team

All too often I see a principal or practice owner excited about their vision, but despondent because their team aren't helping them to drive forward. Unpacking this usually reveals one thing – that the team are unaware of the vision. They're unaware of their role in helping to make this happen, or more brutally, they don't know 'what's in it for them'. It's really important to remember you can't do this on your own and having a motivated team will be critical for success.

### Working in the business, not on the business

Scaling a business takes time, and focus. I strongly advise practice owners and principals to carve out time to work on their business. This might mean reducing their clinical hours, or simply blocking out time on a regular basis for uninterrupted thinking time. Without this, realising scale is near impossible.

### An exciting future

Despite the challenges that Hannan faces, I'm confident there is a huge opportunity for him and his team to deliver great things. Defining his goal, starting with the basics and including his team on his journey will all help to drive the business forward. I'm excited to support Hannan and can't wait to see where he reaches. **D**



## Sandeep's top tips

1. Learn from others but carve your own path to success
2. The bigger your dream, the more important your team
3. Be a customer in your own business
4. Digital is now, not the future
5. Remember the world-class basics
6. Take time to work on the business, not just in the business.

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# A new consensus

## Insights from Kenvue's inaugural Dental Schools Advisory Board meeting

At the end of January 2024, a select group was brought together on the South Bank in London by Kenvue for the inaugural Dental Schools Advisory Board meeting.

The overarching aim was to discuss the current evidence base to support oral health recommendations and to find out how Kenvue can best support dental schools and the future of dentistry, for the most beneficial patient outcomes.

In attendance were:

- Sarah Bain, Bristol Dental School
- Sarah Barber, University of Portsmouth Dental Academy
- Emma Bingham, University of Sheffield School of Clinical Dentistry
- Bal Chana, Queen Mary Institute of Dentistry
- Zoe Coyle, Edinburgh Dental Institute, University of Edinburgh
- Sarah Duerden, University of Central Lancashire School of Medicine and Dentistry
- Sarah Murray, Queen Mary Institute of Dentistry
- Adetunji Otemade, King's College London, Faculty of Dentistry, Oral & Craniofacial Sciences
- Benjamin Tighe, Eastman Dental Hospital.

The event was chaired by Professor Iain Chapple, who, alongside Professor Chris Deery, steered discussions to ensure

participants understood that the most valuable aspect of the event was to be able to have an open and frank debate, after the evidence base for challenging traditional paradigms in relation to periodontal diseases and caries was presented by the pair.

### In alignment

Commenting on the day, Dr Rob Lee, BChD BSc (Hons), who was appointed dental scientific liaison team lead for Listerine Professional in 2023, said: 'This is the first time Kenvue has held an advisory board dedicated to dental schools.'

'It was a privilege to learn about the needs and expectations of the gathered group, discuss the latest evidence base and how we might be able to support them in the future. We are looking forward to strengthening relationships and ongoing discussions over the ensuing months and years.'

At the end of the day, the group aligned on the following general consensus, with eight out of nine delegates in complete alignment, which can now be used to inform future collaborative efforts and share among the dental community.

'Biofilm driven oral diseases represent a major burden to human health and the economy.'

'Patient education that promotes early regular biofilm disruption and reduction is a key primary prevention strategy for gingivitis

and dental caries, consistent with minimally interventive operative approaches. Specific thresholds from national guidelines should be personalised to individual patients using clinical judgment underpinned by the evidence base. S3 level clinical guidelines form the basis for best practice.

'Published guidance supports the message "spit don't rinse with water". However, evidence clearly highlights benefit from the adjunctive use of  $\geq 226$ ppm fluoride containing mouthrinses (with proven antimicrobial effects) post brushing unless specifically contraindicated (eg children under eight).' **D**

### References

Duckworth R M et al (2009) Effects of flossing and rinsing with a fluoridated mouthwash after brushing with a fluoridated toothpaste on salivary fluoride clearance. *Caries Research* 43(5): 387-390

Office for Health Improvement and Disparities, Department of Health and Social Care, NHS England, and NHS Improvement (2021) *Delivering better oral health: an evidence-based toolkit for prevention*

**FOR MORE INFORMATION, visit**  
[academy-plus.co.uk/listerine](https://academy-plus.co.uk/listerine).



UK-LI-2400085



# Tickets selling fast for golf championship

We're teeing up for the **2024 UK Dentistry Golf Championship**, so if you want to be crowned the profession's king or queen of the golf range, get your tickets before it's too late

The second UK Dentistry Golf Championship, hosted by FMC, has officially opened for entries.

Taking place on Thursday 27 June 2024, the competition will be held at the Alister Mackenzie (of Augusta National fame) designed Hadley Wood Golf Club, easily located just inside the northern tip of the M25. The event will bring together more than 100 players from both the profession and industry to compete for the title of UK dentistry's golf champion.

The competition, which is a Stableford individual competition open to all abilities, is a pan-sector event for all those in clinical practice and the dental industry too.

## Prizes galore

The event, which runs in the midst of British summertime, will be an ideal opportunity for the dental world to compete for arguably the most prestigious trophy in 'dental golf' as well as get together in a beautiful and convivial setting.

Along with an array of fantastic prizes throughout the day, there will also be coffee, morning sandwiches and a post-round buffet reception. The tournament fee is £199, which includes green fees, catering and range balls.

'The FMC UK Dentistry Golf Championship has established itself as the biggest golfing event in the dental calendar,' said Leanna Ellis, FMC events



director. 'Please contact us as soon as possible as tee times are limited and we expect such a significant occasion to sell out very soon.'

It is a first-come, first-served event, so do not delay in booking. Register now to secure your spot by calling 01923 851777, emailing [events@fmc.co.uk](mailto:events@fmc.co.uk), or visiting the website, [www.dentistry.co.uk/golf-championship](http://www.dentistry.co.uk/golf-championship). **D**

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# The Private Dentistry Awards 2024

The **Private Dentistry Awards** is all about promoting excellence in private practice and recognising outstanding achievement in the dental profession – here's how you can be part of it

Registration for this year's Private Dentistry Awards is open!

Of course, to be part of the 2024 celebrations, you have to be in it to win it!

The very first thing to do is check out this year's categories. Once you know which ones you'd like to enter, register online at [dentistry.co.uk/awards/private-dentistry-awards](https://dentistry.co.uk/awards/private-dentistry-awards).

To help with compiling the entry, each category has specific criteria, which must be followed to be in with a chance of success!

The judges will be looking for entries that satisfy all the criteria in 750 to 1,000 words.

Relevant supporting evidence, including photos, marketing material and testimonials, is also welcomed for each entry.

And, of course, entries must be submitted before the closing date of 11 September.

To download this year's entry guide and register for the Private Dentistry Awards, visit [dentistry.co.uk/awards/private-dentistry-awards](https://dentistry.co.uk/awards/private-dentistry-awards).

## Grandeur and glamour

After last year's phenomenal success, the Private Dentistry Awards ceremony will return to Grosvenor House in London on Friday 8 November for what's sure to be an evening of grandeur and glamour.

The aim of these awards is all about

promoting excellence in private practice and recognising outstanding achievement across the dental profession. And with more than 20 years of experience, the Private Dentistry Awards has established prestige that few can match.

Winning a nationally acknowledged Private Dentistry Award can set you apart from the competition and help your practice – as well as your profits – to grow!

However, it's not just winning a trophy that counts; entering the Private Dentistry Awards can be a transformative experience. From preparing the submission to attending the ceremony, being part of the event can yield invaluable opportunities for growth, networking and self-reflection.

## Feel the love

To get a feel of the night, why not check out the 2023 highlights? Watch the video of all the action online at [youtu.be/FAzAsYiVlv8](https://youtu.be/FAzAsYiVlv8).

Over the coming months, we will be sharing more details about this year's awards, including the full criteria for each award category, the judges, the partners, the venue and even the dress code!

For now, mark Friday 8 November as a date to keep free – you never know, it might be the night you walk away with a Private Dentistry Award! **D**

## 2024 categories

- Young Dentist
- Team of the Year
- Practice Principal
- Treatment of Nervous Patients
- Child-Friendly Practice
- Charity or Community Project
- New Practice
- Most Improved Practice
- Referral Practice
- Digital Practice
- Website of the Year
- Hygienist, Therapist, Receptionist, Practice Manager and Dental Nurse
- Practice Design and Brand
- Patient Care
- Practice of the Year.

FOR FURTHER INFORMATION, visit [dentistry.co.uk/awards/private-dentistry-awards](https://dentistry.co.uk/awards/private-dentistry-awards).

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# Becoming president

**Ian Cumberland** discusses the obstacles facing the dental technology industry and what he hopes to tackle as Dental Laboratories Association president

## Ian Cumberland

Dental technician and president of the Dental Laboratories Association



**Dentistry magazine (DM): Please introduce yourself**

**IC:** Born and raised in Nottingham, I am the owner of a prosthetic laboratory called Ultimate Occlusion. I have grown-up children who still behave like children when it suits them! My wife also has her own business, so we always have a fair amount to discuss at the end of the day. We also have four dogs and a couple of tortoises.

I have a passion for anything from the 1950s and 1960s. Owning a couple of older classic cars seemed the right thing to do when they came up for sale. I now regularly display them at classic car exhibitions.

**DM: How and why did you enter dental technology?**

**IC:** I always enjoyed making things and could very rarely sit still as a child. Unlike my brother who'd be happy to play chess on the computer all day. Meanwhile, I'd be making models or drawing.

After leaving school in 1986, I applied to a city centre dental practice in response to an advert in the *Nottingham Evening Post*. Just after my 16th birthday, I found myself in an amazing world of surgeons, patients and nurses on day release to the Nottingham

People's College. I really enjoyed the technical detail of the work I did. It was a great mix of precision and interpretation – something which I love in other aspects of my life, such as making music and classic cars.

It was my late mother who dropped the advert onto the kitchen table. I will always be in her debt for it!

## I'm just the figurehead for a fantastic team who work tirelessly

**DM: You were recently elected Dental Laboratories Association (DLA) president – how does it feel?**

**IC:** It feels really great. Being elected as the new president of the Dental Laboratories Association (DLA) was a wonderful moment in my career and a real honour. Having been a part of the DLA board and working with Steve Campbell for a while now, I know the size of the task in hand. I absolutely relish the opportunity I have been given – I can't wait to start tackling the challenges which may arise.

The dental industry in the UK has some significant obstacles to overcome at the moment, particularly around effective regulation, improved access to education, and staffing. We really need to pull together to continue to provide a great service.

**DM: What does the role of DLA president involve?**

**IC:** In short, I'm just the figurehead for a fantastic team who work tirelessly to support the membership. They help and support them on a daily basis as well as looking at the longer-term support for the dental laboratory industry and the dental technology profession.

Dental technology is changing at such a great pace, both with the technology that is being developed and the changing nature of how employees see the workplace. With this in mind, as an association we need to be constantly challenging ourselves by looking at what we do and how we could do it better.

Ultimately, the association needs to ensure that we work to get the best opportunities and working conditions for our members, while continuing to reach our own high standards.

Over the coming years, I want to increase our engagement with other stakeholders in dentistry to achieve the best possible outcomes for all UK dental labs, as this is a huge challenge.

**DM: What do you hope to achieve as president of the DLA?**

**IC:** As a team, I'm hoping that we can grow our base of members. Also, to ensure that new and emerging technologies can complement what we already offer to our dentists. **D**



# Revolutionising dentistry: my journey

**Chris McConnell** explores his journey into digital dentistry and explains why an intraoral scanner has become an essential tool in the dental practice

**Chris McConnell**

Advanced dental surgeon, BACD



As an advanced dental surgeon with a practice in the heart of Cornwall, my journey in dentistry has been as dynamic and ever-evolving as the waves I encounter during my surfing sessions at Perranporth beach.

With one practice nestled on this beautiful surfing beach and another, a fully digital workflow practice in Truro, my days are a blend of general dentistry and cutting-edge digital dental techniques.

## Embracing digital dentistry

Digital dentistry, a term that spans a wide spectrum in our field, has become a cornerstone of my practice.

It is not just about using advanced technology for treatments; it's about enhancing patient education and engagement.

Digital dentistry allows us to bring the patient into the heart of their treatment plan, using tools like digital scanning to create a visual and interactive experience.

This engagement is crucial, as it demystifies procedures and aligns patient expectations with clinical outcomes.

## The power of intraoral scanning

A key component of digital dentistry that I am particularly passionate about is intraoral scanning. This technology has revolutionised the way we understand and plan treatments.

By creating a digital 3D shape of the teeth, we can produce precise models for crowns, bridges, veneers, and other restorations.

But beyond the technical capabilities, it's about patient involvement. When patients see what's going on in their mouths, presented in a clear and comprehensible way, they are more likely to understand and commit to the treatment plan.

## Choosing the right digital tools

When it comes to integrating digital tools into your practice, the process should be thoughtful and strategic. It's not just about finding the cheapest or most recognisable brand.

Consider what you need the tool for, how it integrates with your lab's capabilities, its functionality, and whether it's an open or closed system.

And remember, the initial cost is just one part of the equation.

Ongoing support, software updates, and hidden costs play a significant role in the long-term viability of these digital tools.

## The future of digital dentistry

Looking ahead, the future of digital dentistry is incredibly exciting.

We are moving towards more comprehensive AI integration, where AI assists in designing prostheses and planning treatments.

The potential for in-house printing of crowns, bridges, and dentures is not far off. This advancement will streamline processes and open up new possibilities for patient care and practice efficiency.

## Join me at the British Dental Conference & Dentistry Show

All these aspects of digital dentistry, and more, will be at the forefront of my talk at the British Dental Conference & Dentistry Show this May in Birmingham.

I am thrilled to be lecturing on 17 May, where I will delve deeper into the full digital workflow for smile design.

The show will be a melting pot of ideas, innovations, and insights, bringing together dental professionals who are as passionate about the future of our field as I am.

This event is more than just a conference; it's a beacon for the future of dentistry, showcasing how technology can enhance our practices, improve patient outcomes, and make our work as dental professionals more rewarding.

Whether you're already deep into digital dentistry or just starting to explore its potential, this event is an unmissable opportunity to see what's next, network with peers, and take your practice to the next level.

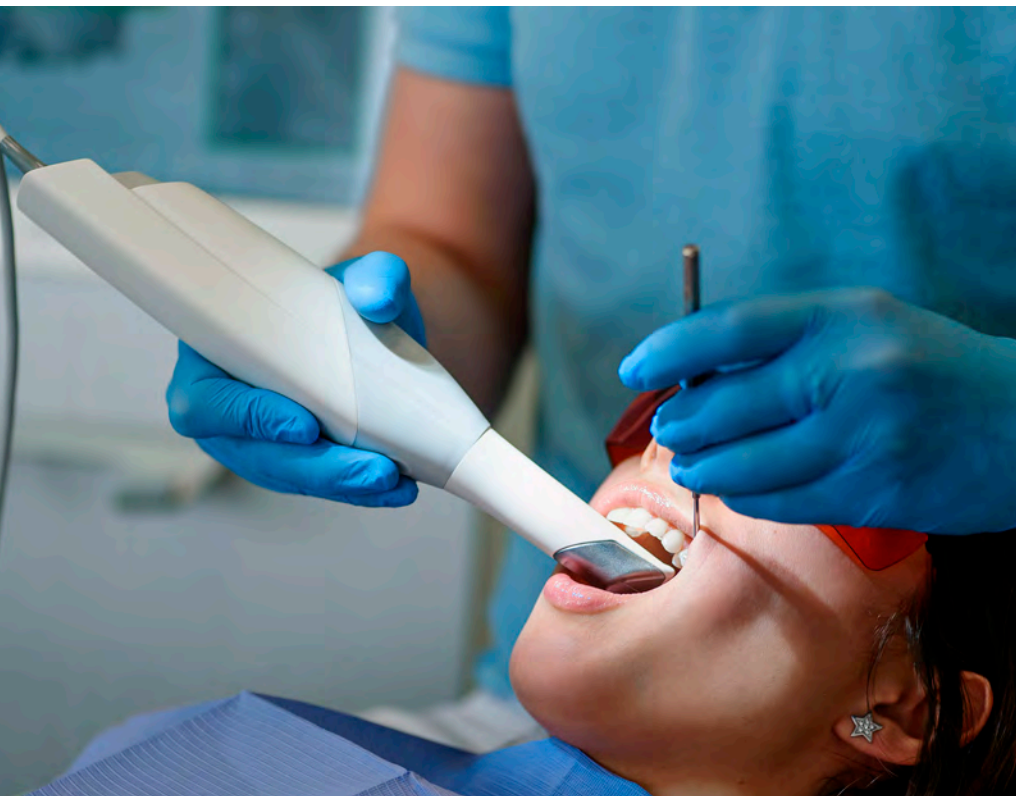
I look forward to sharing my experiences, learning from others, and continuing to push the boundaries of what's possible in dental care.

See you in Birmingham on 17 and 18 May!

Chris McConnell's eagerly anticipated lecture, 'No stress veneers: use technology to maximise your portfolio with minimal stress' is scheduled for Friday 17 May at 15:00 in the BACD Aesthetic & Digital Dentist Theatre.

With free registration available for dental professionals and a straightforward online sign-up process, missing out on this landmark gathering is out of the question.

To ensure your participation at this unparalleled networking and learning opportunity, visit [birmingham.dentistryshow.co.uk](http://birmingham.dentistryshow.co.uk) today for more information and to reserve your place.





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*Leanna Ellis, FMC Events Director*

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# Reasons to join the DDU

**Jo-Anne Taylor** shares some reasons why young dentists should choose the DDU at the beginning of their career

**Jo-anne Taylor**  
Dento-legal advisor,  
Dental Defence Union (DDU)



At the DDU, we don't just provide assistance for when things may go wrong. We provide many other benefits including our new online student hub which can help you during your studies and throughout your career.

## 1. Guidance and advice at your fingertips

There are many challenges facing dental professionals in modern practice, but the DDU's new student hub contains a wealth of videos, articles and case studies, along with online learning modules, to keep you up to date with dento-legal and regulatory issues.

Our digital journal contains in-depth features, interviews and advice line dilemmas so you can learn from the experiences of other DDU members.

## 2. 24-hour dento-legal advice and guidance

Our dento-legal team is available between 8am and 6pm Monday to Friday and provides an on-call service for dento-legal emergencies or urgent queries 24 hours a day, 365 days a year so you can be sure a dento-legal adviser is available when you need help.

The DDU dento-legal team is staffed by specially trained dentists with real-life experience of the pressures and challenges faced in practice so they can offer practical and non-judgmental advice, whatever the situation.

We have assisted members with over 99% of requests over the last five years and our Member Guide sets out clearly what members can expect from us.

As a not-for-profit mutual defence organisation, our sole purpose is to support dental professionals and our only obligation is to our members.

## 3. Advice on dealing with a patient complaint

Even when starting out in practice, complaints can arise. The DDU's advisory team can discuss a patient complaint with you and advise you on the best way to respond. Additionally, we can draft or review your written response to maximise your chances of resolving the complaint. Over the last five years, at least 16,000 dental members have been supported by the DDU with complaints and professional matters.

## 4. Support following a clinical negligence claim

At the DDU, we offer members expert guidance, personal support and a robust defence in addressing clinical negligence claims. Where



a claim can be successfully defended, we will do so, and we will never settle without your agreement. You will be assisted by a dedicated claims handler who can offer expert advice and support.

## 5. Assistance during GDC investigations

A GDC investigation is a stressful time for members and the DDU's advisory and legal teams are committed to achieving the best and fairest outcome for members, and our in-house legal department has an excellent record in defending members. In addition, our peer support network can connect members to fellow dental professionals who have been through a similar process, supported by the DDU. This is an important part of the wellbeing services we offer to our members.

## 6. Support from our press office

In the rare situations where you may find yourself subject to unwanted press attention, you can turn to the DDU's press office who can advise on how best to respond to media

enquiries or respond to a negative online patient review.

## 7. Exclusive member discounts

Finally, DDU members have access to discounts on a wide selection of products from leading publishers such as Oxford University Press.



# DDU

The DDU is here for students as well as qualified dentists. Our advisory support team is available to all members via [advisory@theddu.com](mailto:advisory@theddu.com). We are staffed by dento-legal experts, who are all experienced dentists.

Student membership is free and first year graduate membership is £10. To learn more and to join the DDU visit [www.theddu.com/join](http://www.theddu.com/join).

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# The power of digital workflows in smile rehabilitation

A clinical case by Styleitaliano community member **Mark Bowes**

**Mark Bowes**

Styleitaliano community member



Modern smile rehabilitation has been made more predictable with digital workflows. The main objective is to achieve a result that is in harmony with the face and is minimally invasive. The understanding of function is key to longevity in each case. The new digital approach will provide precise planning allowing dentistry to be fully guided. A new generation of monolithic materials for direct and indirect restorations have amazing physical and optical properties, added to this the libraries of natural teeth allow dentists to achieve superior results that can focus on aesthetics, function and biology.

The issues associated with this case included failed composite restorations, the need to close spaces, and the request to improve colour (Figure 1). It is essential to remember the patient's main complaint was to improve his smile, so the case needs to be facially driven in order to achieve the ideal result. Treatment planning needs to start with the face.

When analysing the face it is important to realise that the smile is dynamic. We require a series of photos or possibly a video (Figure 2). This will allow correct decisions regarding, central incisor edge position, tooth proportion, and most importantly the required smile curve. An ideal smile curve should follow the curvature of the lower lip.

## Start with 2D

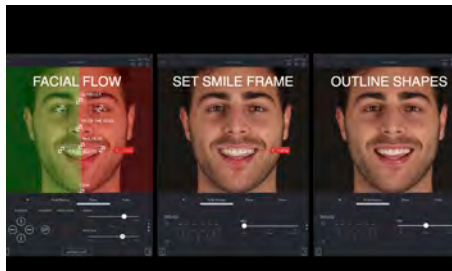
Digital Smile Design (DSD) should be the starting point of all smile rehabilitations (Figure 3). The process of orofacial analysis usually involves mathematical rules and straight lines, however, it is evident that in many cases facial asymmetries exist, so the understanding of how rather develop smiles that are in harmony with the face and not symmetrical is vital. Facial flow concept suggested by Bruno Perera and Christian Coachman, utilises landmarks, glabella, the tip of the nose, the philtrum, and the centre of the chin we can see our patient has a slight deviation/flow to the right. Understanding how this affects the treatment will allow us to get aesthetic results that are more organic and balanced as the teeth, gums, and face work together. The smile frame will then determine the central incisal edge position, ideal tooth proportions, and the smile curve. With the help of libraries of natural teeth and artificial intelligence, it is possible to choose teeth that will provide ideal facial harmony.



**Figure 1:** Worn dentition with old composite restorations



**Figure 2:** Smile dynamics



**Figure 3:** 2D facial analysis for smile design



**Figure 4:** Digital smile design



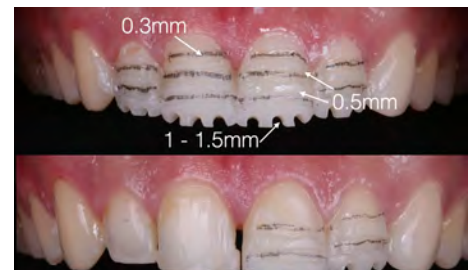
**Figure 5:** Time zero and mock-up



**Figure 6:** Dentition before veneer restoration



**Figure 7:** Mock-up for veneer rehabilitation



**Figure 8:** Mock-up guided tooth preparation



**Figure 9:** Mock-up guided tooth preparation



**Figure 10:** Silicone stent for controlled preparation

# Company spotlight

## 2D to 3D

The 2D design is then moved to a 3D design, creating a digital 'wax up'. The software used in Figure 4 is Smilefy, and the 3D design is facially driven. Once the ideal treatment has been finalised, with the patient accepting the proposed treatment, the 3D design will be used to guide the treatment. The final result will be assessed by digital quality control to ensure the treatment copied exactly the 3D design.

DSD in this case shows that it was required to lengthen the upper incisors, it was also important to adjust the form of the canines in order to provide canine guidance and complete the smile curve.

The 3D (digital design) STL file is used to print a 3D model which will be used for the mock-up. The mock-up or 'test drive' will confirm the aesthetics, and function, and provide information regarding the amount of tooth preparation, colour, and ceramic choice for the CAM restorations.

All restorative dentistry should be minimally invasive. When choosing indirect restorations we should work additively, as this allows for conservative tooth preparation to obtain the final substrate to be enamel wherever possible.

The mock-up will be the starting point for the guided tooth preparation (Figure 7).

Guided tooth preparation, through the mock-up, creates perfect space for ceramic restorations, it also gives control over the amount of tooth preparation. We use specific depth-cut burs to ensure the space is controlled. As a rule, the most gingival cut is 0.3mm, the remaining facial cuts will be 0.5mm – 0.7mm and the incisal 1mm to 1.5mm. Once the depth cuts have been done the mock-up is removed to show where facial and incisal tooth reduction is required, this will ensure ideal space for the fabrication of the CAD/CAM ceramic restorations to copy exactly the 3D design/mock-up (Figure 8).

After the guided tooth preparation protocol we found that the case was entirely additive. However, when closing spaces, it is essential the sub-gingival margins are prepared interproximally allowing for the correct emergence profile of the ceramic. Tooth preparation is also required for the ideal path of insertion and to ensure the future embrasures copy the 3D design/mock-up. The preparation is still limited to enamel with entirely rounded edges (Figure 9).

It is essential to use silicone stents to confirm adequate tooth preparation as well as the portion for the intended new embrasures determined by the 3D design/mock-up (Figure 10).

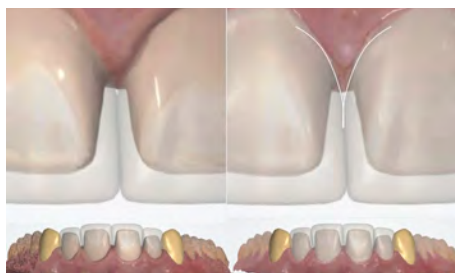
For the ceramic restorations we need to communicate to the laboratory the shade of the final tooth preparation (stump shade).

One of the most common is the Natural Die Material Shade Guide from Ivoclar. The shade nomenclature uses ND and then a number from one to nine.

One of the advantage of this system is the technician can actually fabricate the die from the stone that matches the stump shade you chose. This better allows the technician to see a similar colour and light effect that you will see



**Figure 11: Identifying substrate colour**



**Figure 13: Double digital impression with and without chord**



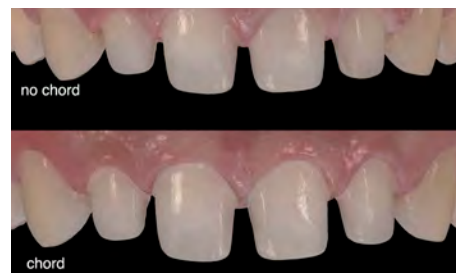
**Figures 15 and 16: Injection moulding of canine veneers**



**Figure 17: Split dam isolation**



**Figure 19: Final pictures of veneer rehabilitation**



**Figure 12: Digital impression without and with chord**



**Figure 14: Digital wax up of canines**



**Figure 18: Before and after veneer rehabilitation**



**Figure 20: Result after veneer rehabilitation**

with the restoration in the mouth.

We also provide the laboratory with the intended shade of the new restorations (Figure 11).

It is essential to take a digital impression (IOS) with the entire margins exposed this is done with the double chord technique. An additional scan is made of the tissue and the

preparations before the chord is placed. This pre-chord IOS is vital to allow the technician to create ceramic restorations with the ideal emergence profile and place the contact point in the perfect place (Figure 12). This is a big advantage of using digital impressions.

The combination of the two IOSs, one with chord and the other without, allows the



technician/CAD to create the ideal emergence profile of ceramic restorations. As well as placing the contact point so that no black triangles are present. If it is placed too apically, it could cause biological problems (Figure 13).

Restoration of the incisors will be monolithic milled E.max, of course in smile rehabilitation we need to address both aesthetic and functional needs.

It was vital in this case to include the canines to provide canine guidance and ensure the longevity of the restorations.

Canines can be extremely difficult to prepare for veneers due to the loss of enamel through abrasion, enamel as a substrate is vital to the long-term prognosis of modern adhesive restorative dentistry.

As a result, it was decided to restore the canines with composite, using the injection moulding technique. This technique allows for a non-preparation so preserving the residual enamel (Figure 14).

A separate 3D-printed model is provided with the design for the canines with the tooth preparation of 12-22, this was used to fabricate a clear silicone stent (GC Exaclear) for the injection moulding (Figure 15).

It is important when combining injection moulding with indirect ceramic restorations to complete the composite before the ceramic is fitted.

In this case GC Genial injectable was used due to its superior physical and optical properties. The shape of the canines was determined in the initial 3D design to ensure ideal canine guidance to protect the occlusion (Figure 16).

An Optragate from Ivoclar was used to help with isolation during the bonding.

For isolation for cementation of Emax restorations, a split dam was used with a chord to retract the gingiva giving better moisture control and removal of residual cement (Figure 17).

With all adhesive dentistry, the substrate surface is pre-cleaned with 29-micron aluminum oxide sandblasting (Aquacare).

Immediately post cementation, we can be 100% confident that the papilla will fill between 11 and 21 due to the information supplied with the IOS scan done without a chord.

Emax BL1 multi block was used to mill the ceramic restorations, AO1 (opaque/dentine) shade for the composite injection moulding restorations (Figure 18).

Pre-treatment home tooth whitening was carried out with White Dental Beauty Professional Tooth Whitening 10% carbide peroxide in trays.

Two weeks post-op we can see the beautiful pink-and-white integration, as well

as the optical integration of the ceramic and composite monolithic restorations (Figure 19).

Figure 20 shows the beautiful facial integration due to correct value and naturally shaped ceramic. Correction of the smile curve is vital in smile rehabilitation.

## Conclusions

The success of this was a result of precise planning (DSD), digital workflow allows for guided dentistry so coping exactly the 3D plan.

Controlling the tooth preparation allowed us to keep all bonding substrates to the enamel, this has a positive effect on the longevity of the restorations.


The combination of milling (indirect) and injection moulding (direct), both part of a fully digital workflow guarantees an ideal aesthetic outcome.

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# Seal of approval

**Mark Allen** explains the crucial role of obturation techniques in the success of root canal treatment

**Mark Allen**  
General manager, Coltene



Obturation, the process of sealing the cleaned root canal system, is vital for long-term treatment success. Studies show that one of the key factors to significantly improve the outcome of primary root canal treatment is the presence of a root filling with no voids (Ng et al, 2008).

Indeed, inadequate root filling is a primary cause of treatment failure and the lack of a hermetic seal in the root canal system creates a favourable environment for bacterial growth (Tabassum et al, 2016; Dioguardi et al, 2024).

The perfect obturation should be well condensed, seal all the canals connecting the pulp space with the periodontium, be adapted to the previous instrumented canal walls and end in the apical constriction (Cueva-Goig et al, 2016). Various obturation techniques have been developed over the years, each with its own advantages and limitations.

## Cold lateral condensation

The cold lateral condensation technique is considered the gold standard in obturation. It involves the use of gutta-percha cones combined with a sealer to fill the root canal space (gutta-percha does not bind by itself to the root canal walls) (Pereira et al, 2024). Although a time-consuming procedure, this technique offers several advantages, including cost-effectiveness, ease of use, and biocompatibility. Furthermore, gutta-percha's thermal properties allow for efficient obturation (Bhandi et al, 2021).

## Warm vertical compaction

Which brings us to the warm vertical compaction technique. This utilises a thermoplasticised gutta-percha technique to effectively fill the root canal system. It offers

**The perfect obturation should be well condensed, seal all the canals connecting the pulp space with the periodontium, be adapted to the previous instrumented canal walls and end in the apical constriction (Cueva-Goig et al, 2016)**

advantages such as excellent adaptation to root canal irregularities and superior apical seal due to the hydraulic pressure exerted during obturation.

Using heated gutta-percha in combination with a sealer, this technique allows for a more homogenous and three-dimensional obturation. Thermoplasticised gutta-percha has superior flow characteristics, enabling it to adapt well to irregular canal spaces and inaccessible regions. This technique also provides enhanced apical control, enabling an optimal seal and a denser fill thereby minimising voids and the potential for bacterial leakage (Eid et al, 2021).

## Single-cone technique

The single-cone technique employs a single gutta-percha cone combined with a sealer to fill the root canal space. It is a time-efficient technique that offers simplicity and ease of use, making it particularly advantageous in cases with round, narrow and regular root canals.

However, the main disadvantage of this technique is limited adaptation to root canal walls, potentially compromising the quality of obturation (Nouroloyouni, 2023). This technique requires a higher amount of sealer, thus its outcome depends more on the properties of the sealer (Loushine et al, 2011).

## Resin-based obturation

Resin-based obturation techniques, such as the epoxy resin and resin-coated gutta-percha techniques, have gained popularity due to their superior sealing ability and enhanced adhesion to dentine. Resin-based obturation materials have minimal shrinkage during setting, ensuring a tight seal and minimising potential leakage. Additionally, resin-based obturation techniques allow for effective retreatment if required, as the material can be easily removed (Asheibi, 2017).

## MTA obturation

Mineral trioxide aggregate (MTA) has emerged as a reliable bioactive material with extended applications in endodontics such as root end filling, repair of root perforations and resorptions, vital pulp therapy and the obturation of the root canal space. MTA boasts favourable physicochemical and biological properties like superior sealing, good marginal adaptation, minimal microleakage, high biocompatibility and bioinductive and antimicrobial properties (Wahengbam et al, 2014).

An obturation needs to achieve a high level of adaptability to the prepared canal walls and the filling material must penetrate the dentinal tubules, if possible. Preparation is key.

**Dental professionals need to be familiar with the various techniques to tailor the obturation process to each patient's unique needs, ensuring optimal root canal treatment outcomes**

## CanalPro™ Jeni

CanalPro™ Jeni, from COLTENE, is the autonomous assistance system that helps clinicians achieve safer, more efficient root canal treatment. It features an integrated apex locator, continuously and precisely measuring root canal length without interruption. This enables dental professionals to monitor progress in real time, and switch to the next file size until the desired preparation has been achieved.

CanalPro™ Jeni will also alert the clinician when it's a good time to irrigate, as well as monitor factors like intensity, torque, and file stress, helping to reduce the risk of file fracture.

Obturation techniques play a crucial role in the success of root canal treatment. Each technique has its distinct advantages and limitations, and the choice of technique should be based on the complexity of the root canal system, clinician experience and patient factors.

Cold lateral condensation remains the gold standard, but newer techniques, such as warm vertical compaction, thermoplasticised gutta-percha, and resin-based obturation, offer improved adaptation, enhanced sealing ability, and better clinical outcomes. Dental professionals need to be familiar with the various techniques to tailor the obturation process to each patient's unique needs, ensuring optimal root canal treatment outcomes.

For a full list of references, email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).

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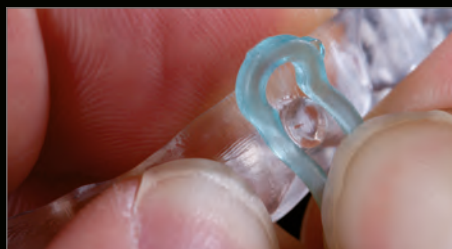


DT Romina Töchterle – Zirkonzahn Education Center Brunico, South Tyrol, Italy  
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# A paradigm shift in intraoral scanners

Michael Lee, **MEDIT's** CTO, shares the company's impact on intraoral scanners



**Figure 1:** Michael Lee, CTO of MEDIT

With the rising popularity of intraoral scanners among dentists, the criteria for selecting these devices have expanded. Although there are many intraoral scanner providers in the market, MEDIT has emerged as a standout player, delivering scanners to over 140 countries and earning significant recognition. The success story lies in MEDIT's i series, which has consistently resonated with dentists, creating a devoted following. Michael Lee, MEDIT's CTO, shares some of their innovative success stories.

## What was your career path like? Were you already in the dentistry industry, or what sparked your interest in the digital healthcare sector?

I have always been fascinated by computer graphics and 3D design. After studying Mechanical Engineering and CAD (Computer-Aided Design), I started a start-up company providing an affordable 3D scanner and it became the world leading 3D scanner software provider. MEDIT started the company by developing 3D scanners for industrial applications in 2000. Then, it became one of top companies in dental lab scanner market.

3D scanning is indispensable technology when making a personalised product. The digital dentistry is the biggest industry in that context, and this was fascinating. So, I joined MEDIT in 2016 after exiting my previous 3D scanning software company with great success. My mission was simple, which was to develop an intraoral scanner at MEDIT, which will lead the company to much bigger market.

## MEDIT serves users in approximately 140 countries globally. How do you view the market changes and industry transformations since the widespread adoption of intraoral scanners?

MEDIT disrupted the market with the affordable i500 intraoral scanner in 2018. By lowering costs, providing free software updates, and introducing new applications at no extra charge, MEDIT expanded access to digital dentistry, particularly in less developed countries. This sparked

healthy competition, driving technological advancements, and enhancing services for end-users.

MEDIT have led a few important trends in digital dentistry with our intraoral scanners, software and services. First, there was significant drop in price including elimination of subscription fee. Second, Cloud connectivity, and a platform became important. Last, various workflows and easy software became key buying factor. Ever since MEDIT pioneered those changes, the digital dentistry market has been growing rapidly.

## What unique features distinguish MEDIT's software and hardware from other intraoral scanners?

I am confident to say that MEDIT provides an accessible intraoral scanner that anyone can easily start with. It is somehow common for users to purchase a software program separately even after purchasing a scanner. However, users do not need to worry about the additional costs as the MEDIT software program (available at [www.medit.com](http://www.medit.com)) does not charge extra costs.

Furthermore, considering the phrase 'the devil is in the details', MEDIT acknowledges the profound impact that small details can have on user experience. Through the application of MEDIT's distinctive AI technologies, users can

effortlessly navigate through scanned data with just a few clicks, a process that would otherwise involve multiple steps. You can experience workflow effectiveness through MEDIT's applications.

## MEDIT has significantly improved dentists' workflow, positively impacting patients as well. What goals and plans does MEDIT have this year?

MEDIT is dedicated to the continuous development of customer-centric functions and technologies, with the goal of significantly enhancing scanning quality and streamlining the data handling process.

You can expect highly convenient software tools for prosthetic treatments and other procedures. MEDIT is committed to enhancing intraoral scanners, making them more intuitive, versatile, and streamlined for increased clinic productivity. We are investing heavily in various apps and platform integration with partners. For instance, in collaboration with leading 3D printing companies, we simplify the workflow to bring the benefits of 3D-printed final prostheses directly to patients in clinics.

Additionally, MEDIT anticipates a specialised management tool for Dental Service Organisations (DSO) through the MEDIT Link Enterprise program, fortifying your DSO business with seamless device and operations management. For a comprehensive overview of our plans for the new year and the latest updates on apps and software, please refer to your MEDIT Link account.

## If you had to express MEDIT in just one word, what would it be, and why?

It may be a cliché, but 'innovation' would be the right word to show the identity of MEDIT. The name MEDIT came from 'medical and information technology'. MEDIT entered the digital dentistry market later than major competitors. By successfully introducing IT innovation into rather conservative medical industry, we evolved from a fast follower to a market leader.

**FOR MORE INFORMATION** about MEDIT, please visit [www.medit.com](http://www.medit.com).



**Figure 2:** Audiences listening to MEDIT user's speech at MEDIT booth, IDS 2023

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# Zirkonzahn's new lecture tour 2024

Taking place in **Dublin** and **Belfast** on 14-15 May 2024

The dental company Zirkonzahn (South Tyrol, Italy) has announced its new 2024 lecture tour 'Predictable and Consistent Results – Common Mistakes and Solutions to Overcome them Successfully', coming to several cities around the UK and Ireland throughout the year. From May 14<sup>th</sup> to 15<sup>th</sup>, the tour will reach Dublin and Belfast, answering some common questions that may arise when dealing with complex zirconia restorations.

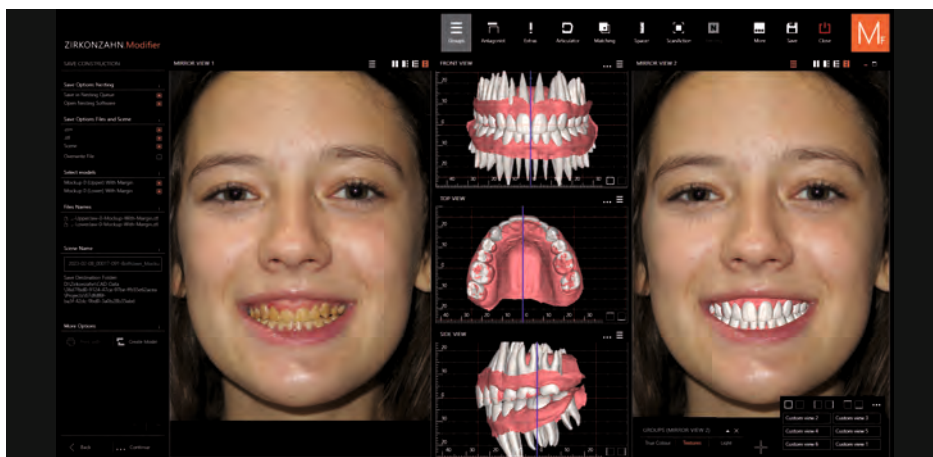
How can I achieve a good predictable outcome when working with zirconia? What do I have to pay attention to in order to avoid common errors in the dental workflow?

**Special attention will be given to impression taking, occlusion registration, passivity check and correct material selection**

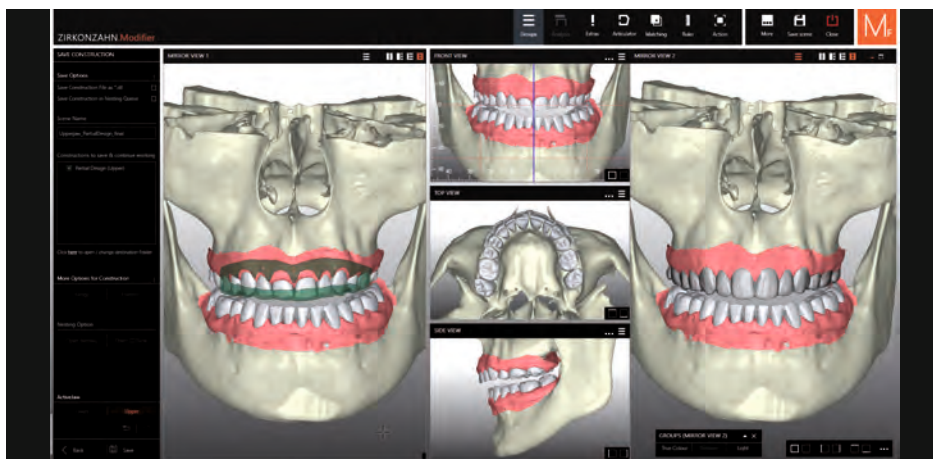
The lecturer, DT Alexander Lichtmanegger (CAD/CAM expert, course instructor and member of Zirkonzahn R&D department) will draw attention to technical aspects and factors that influence the final result of a zirconia prosthesis. By showing a real, complex case restoration, he will illustrate the challenges faced during each workflow step, from patient diagnostic to characterisation, providing keys to overcome them successfully. Special attention will be given to impression-taking, occlusion registration, passivity check and correct material selection. The process of creating high-end, predictable zirconia solutions also involves a well-established communication between dental technicians, clinicians, and surgeons. For this reason, the lecturer will also focus on the latest digital diagnostic devices – a key aspect for improving communication within the treatment team.

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**Figure 1:** The lecture will focus on a complex restoration 100% digitally created, starting from diagnostic analysis and complete 3D virtual reproduction of the patient oral and extraoral anatomy without loss in information: initial situation (left) and first digital tooth setup (right).



**Figures 2 and 3:** Digital planning of the gingivectomy in the Zirkonzahn.Modifier software, definition of the new occlusion and design of the temporary mock-up which is the key tool for checking and reproducing all workflow steps up to the final restoration.

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# GREAT BARRIER RELIEF



## YOUR MYTHS DEBUNKED



Thinking of moving from NHS to private practice but feel there are too many obstacles in your way? Practice Plan Sales Support Manager, Michelle Hardy, addresses some of the most commonly cited barriers to converting from NHS to private practice.

### #1 Not enough patients

The most commonly stated fear about making the move from NHS to private is 'I'll lose too many patients.'

Converting your practice from NHS to private is not about continuing to do what you do now. Doing what you're doing is the reason most practices want to make the change.

You want to relieve the pressures on you and your team that stem from having to see so many patients. The move is about achieving a better work-life balance, and being able to spend more time with the patients who value what you do.

To be able to do this you need to lose a significant number of your patients. So there's no need to be concerned about losing too many patients as having fewer patients is the ultimate aim.

### #2 The press will turn on me

Another frequently mentioned concern is that the local press may turn on the practice for withdrawing NHS service. Indeed, there have been past instances where this has happened.

However, we do try to prepare you in case this should happen to you. We offer advice on how to ward against this by helping you to prepare for it. It's important to understand why you're making the move and to be clear about your reasons when you explain it to people.

As there has been so much coverage in the media over the last year or so about the pressures on NHS services, most patients are now more understanding. Patients are now more accepting of dentists making this choice than they were pre-pandemic. Once again, this is something we can offer help and guidance with.

Each practice that chooses to convert makes things easier for those that follow. There's no need to be intimidated by the prospect of some negative publicity. Remember today's media story is tomorrow's chip paper. The effects of negative press if there are any, pass quickly.

### #3 My team won't like it

Some principals express concern that their team will resist the change. NHS practices of many years' standing may have staunchly

pro-NHS team members who believe it's everyone's right to have NHS treatment, and that to give up providing this is wrong.

In which case it's important to let your team members express their concerns about the change. It may well be that they're worried about having to face angry patients upset at the withdrawal of NHS treatment.

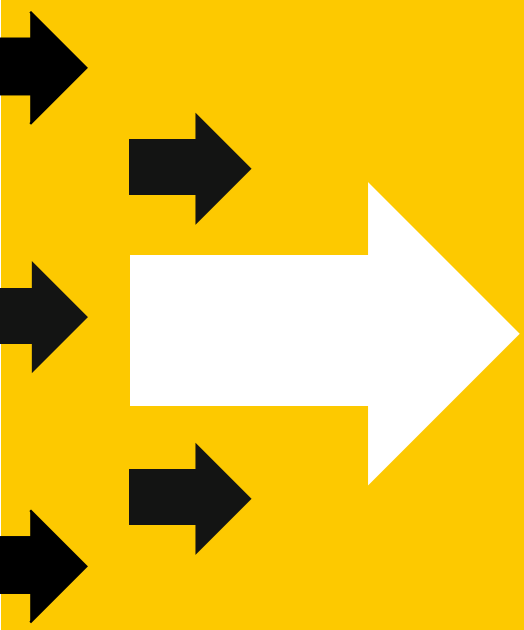
Our experience is that patients have a greater appreciation of why dentists are making the move. Many patients have expressed their surprise that the practice has waited so long to make the change.

The practices who seem to struggle with the conversion are those where the team has not been involved until late in the process.

The most successful transitions are those where the whole team is on board with the process from the beginning and where everyone is clear on why and when things will be happening.

They understand what has driven the decision, and why you want to make this change. Communicated properly, they'll appreciate the





**The most successful transitions are those where the whole team is on board with the process from the beginning and where everyone is clear on why and when things will be happening. They understand what has driven the decision, and why you want to make this change.**

change as they will reap the rewards of working at a more relaxed pace, seeing fewer patients and having a more fulfilling role.

#### **#4 What will happen to my pension?**

This is a very common (and legitimate) concern of dentists looking to move away from NHS dentistry. The good news is, the benefits you've accrued within your NHS pension are 100% protected when you leave.

The question is... how do you continue to build your pension after you've left? There are a number of solutions that could fit the bill, the best for you will depend upon your individual circumstances.

There are financial advisers, like those at Wesleyan Financial Services, who have specialist knowledge of the dental industry and vast experience of working with dentists looking to replace their NHS benefits.

They can help guide you to find the products and services that are right for your needs, giving you the peace of mind of knowing your future's covered.

#### **#5 The Local Health/Integrated Care Board will make things difficult**

How the local Integrated Care Board (ICB) will react varies from area to area. Our experience is that no two boards will respond in the same way.

So, it's difficult to offer definitive advice on

how things will go when you approach them.

However, although some may have been a little unhelpful in the past, post pandemic they appear to appreciate dentists are going to leave no matter what.

We have certainly noticed a softening in the way they handle this type of request.

Whether you would like to try to negotiate a reduction in your contract value and retain fewer UDAs or you want to pull out completely, we can give you guidance on how to go about things.

#### **#6 I feel guilty**

One of the reasons most people become NHS dentists is to help people. They see providing NHS dental services as a way of giving something back to society.

Consequently, they may feel guilty at the idea of leaving the NHS for private practice.

If you still want to contribute to society, then you can. Moving to private practice is not a bar to doing voluntary work.

In fact, as a private dentist, you'll probably have more time to be able to volunteer. However, if you're worried some families may not be able to afford private fees, then we can help with low-cost plans for children.

Or if your concerns are about your more vulnerable patients, remember as a private practitioner, you have the freedom to set your own fees.

As Dentist, Anju Jairath, explains: 'I had a lot of guilt about moving. But I have always said to my

vulnerable patients, "if you ever have a problem and can't find a dentist then contact me." I have a few patients that attend on an ad hoc basis who I can help as I know their dental history.

'Regarding fees, it's up to me what I charge. They're very grateful for our service. And it eases my guilt.'

So, if you want to do low cost or even pro bono work, then that's up to you.

#### **#7 I'm not good enough for private practice**

This is a fear we see expressed sometimes by dentists who have worked in the NHS for many years.

They're concerned their patients will expect more from them when they become private.

However, the reality is, your private patients will be the same ones you've been seeing already. Trust in the dentist is still one of the key factors determining patients' choice of practice.

Your clinical skills are taken as read, so patients value your softer skills more. You are a competent dentist. Remember that you have provided a high standard of dentistry while you were in the NHS.

However, if you feel there are gaps in your skills, as a private dentist you will have more time to attend courses.

So you will always be good enough. Your patients will stay because they're committed to you. So not feeling good enough should never be a barrier.

## We're ready when you are!

If you've been considering a move to private practice, then why not talk to the NHS conversion experts? For a no-obligation chat call

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# Get on board with the Dental Hygienist Roadshow 2024

Building on last year's triumph, the **2024 LISTERINE® Dental Hygienist Roadshow** launched at the North of England Dentistry Show, establishing a new standard of excellence in the dental community

The first of the 2024 LISTERINE® Dental Hygienist Roadshows, on Saturday 9 March, brought together some of the brightest minds in dentistry, showcased a robust evidence base, and fostered meaningful discussions on advancing dental practice.

Capitalising on the momentum of last year's achievements, the Roadshow has already demonstrated it will deliver an even more compelling experience for its participants. Indeed, the start of the 2024 Roadshow was nothing short of a triumph. With rooms filled to capacity for each of the three engaging sessions, attendees were immersed in a world of knowledge and innovation.

This year, the spotlight is once again on the introduction of an adjunctive mouthwash – an area that garnered significant interest last year – while delving deeper into the latest findings and their implications for patient care.

The aim is to share knowledge using the latest, high-quality evidence, supporting dental professionals' approach to guiding patients in their at-home oral hygiene practices.

## A distinguished panel

Once more, the Roadshow is being fronted by an impressive lineup of speakers. Professor Iain Chapple, a standout from last year, returns to lead with his pioneering research and captivating delivery. Accompanying him in the north were Benjamin Tighe and Laura Bailey, each contributing unique perspectives.

Laura captured the essence of the event, saying, 'It's been an absolutely amazing day. We've had the opportunity to do three forums, which ordinarily we'd only be able to do one. We talked to loads of clinicians and have been able to really understand the new evidence, the paradigms of gingivitis, and how we could better help our patients.'

'I had an absolutely great time delivering my presentation on growth mindset, and it's something that we can translate into every aspect of our life, whether it's dentistry, our careers, hobbies, our family life. And I think, hopefully, people took something away today and they can start changing their careers and having work freedom.'

## Fostering active involvement

All the speakers then shared invaluable insights during the Q&A Forum, which aims to foster active involvement, offering participants the chance to explore topics in depth and interact directly with the experts.

This method was proven to be an effective avenue for learning and networking, as the positive feedback from the 2023 participants showed. The 2024 version is set to meet and

### Iain Chapple – bridging the knowledge gap

Prof. Iain Chapple is set to present the findings from the significant EFP-WONCA workshop, a collaborative effort with the World Organisation of National Colleges and Associations of Family Doctors and the European Federation of Periodontology. This essential workshop explored the connections between periodontal health and diabetes, cardiovascular disease (CVD), and respiratory conditions, drawing on the expertise of leading general practitioners from WONCA's European sector. Highlighting the session was the examination of new research on diabetes and CVD, alongside a comprehensive review of periodontal health's impact on respiratory diseases, from which critical insights were distilled. The workshop fostered a collaborative exchange of guidance between dental and medical professionals, with outcomes to be shared in both dental and medical journals. Prof. Chapple presents these findings in a visually appealing and succinct format, ensuring the core messages can be easily absorbed.



### Laura Bailey – 'spit, don't rinse with water'

The topic of 'spit, don't rinse' has often been misunderstood and misrepresented over time. The accurate advice should be 'spit, don't rinse with water' (Gov.UK, 2021). On social media, Laura frequently encounters claims that rinsing with mouthwash after toothpaste washes away fluoride, which is simply not true. Research indicates that using a mouthwash with 100ppm fluoride immediately after brushing with fluoride toothpaste preserves the fluoride level. Moreover, rinsing with a mouthwash with 226ppm fluoride increases salivary fluoride levels by over 50% compared to toothpaste alone (Duckworth, 2009). This difference is due to the bioavailability of fluoride in mouthwash, where ppm doesn't directly translate from toothpaste to mouthwash. It is crucial to continue spreading this corrected information, as failing to recommend an additional fluoride source, when necessary, could mislead patients and the public about optimising their fluoride intake.



### Benjamin Tighe – addressing everyday challenges with the Q&A Forum

Dental hygienists and therapists often find themselves confined to their practices, usually catching up on the latest guidelines or research during brief pauses, making real-world learning opportunities scarce. The Q&A Forum stands out by offering participants a chance to immerse themselves in the subject of mouthwash, posing questions and exploring topics that might have gone unexamined due to the constraints of busy schedules. It is a supportive and inclusive setting where everyone's input is valued and no judgment is passed, making every contribution significant. This environment feels like engaging in a conversation with friends, yet is packed with educational value and enjoyment.



uphold the high expectations established by its predecessor, continuing the tradition of limited and exclusive entry to the Q&A Forums.

To create an atmosphere that supports thorough understanding and connections, attendance at each session will be capped at 10 individuals, available on a first-come, first-served basis.

## Your opportunity awaits

For those who missed this remarkable event, there is good news - the Roadshow will be visiting other locations throughout the year, including:

- Dentistry Show Birmingham – 17 and 18 May
- Dentistry Scotland Show – 21 September
- Dentistry Show London – 4 and 5 October.

At each venue, attendees can enjoy a unique experience, with three Q&A Forums held throughout the day on the LISTERINE® stand.

This presents a golden opportunity for dental professionals to engage with experts, explore

the latest in dental research, and experience the transformative power of shared knowledge.

## Secure your spot

Given the overwhelming interest and limited seats available for the Q&A Forums, it is advisable to register early. Ensure you don't miss out on this exclusive chance to enrich your professional journey and impact your practice positively.

For references contact [newsdesk@dentistry.co.uk](mailto:newsdesk@dentistry.co.uk)

The Dental Hygienist  
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2024

Delegates interested in joining future forums can register at <https://academy-plus.co.uk/campaign/dental-hygienist-roadshow>.



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# DEXIS drives dental imaging innovation with introduction of AI-powered implant ecosystem

**DEXIS™** announces a new advancement in implant dentistry workflows with the DEXIS digital ecosystem: an interconnected, AI-powered platform for digital implants – combining cutting-edge CBCT, intraoral scanning, diagnostics, and treatment planning. The ecosystem is designed to empower clinicians to manage each step of an implant case, from diagnosis to delivery, with one integrated tool set

For over 70 years, DEXIS has been committed to providing clinicians with smart tools to accurately diagnose patients, create treatment plans, and achieve desired outcomes. This new prosthetic-driven implant ecosystem is no exception and continues to uphold that same tradition of excellence. With the DEXIS digital ecosystem, you'll gain access to an open imaging platform, complete with diagnostics and treatment planning software, driven by Assisted Intelligence and tailored specifically for implant workflows.

Recognising the daily challenges of managing data, processes and expectations, the DEXIS digital ecosystem takes pride in its simplicity. This user-friendly platform allows clinicians to efficiently organise, analyse and plan cases while seamlessly collaborating with team members and partners.

'I can complete each step of a clinical case from within one software – educating the patient, making a diagnosis, creating a treatment plan and gaining acceptance', said Dr Katya Archambault, oral and maxillofacial radiologist in La Jolla, California. 'My staff loves it because they don't have to pull up tons of different programs. It's all just very clear, clean and on the same page.'

In late 2023, DEXIS launched the ORTHOPANTOMOGRAPH™ OP 3D™ LX, an advanced cone beam computed tomography technology that enhances 3D diagnostic capabilities with flexible FOV options and short scan times, boosting diagnostic confidence and supporting an evolving practice.

'At DEXIS, our product development team worked with over 200 dentists and their teams in the past year to put the customer at the centre of our solutions,' said Brian Gooch, global product management and marketing vice president at DEXIS. 'With implant workflows, the DEXIS solution promotes diagnostic confidence and delivers productivity to the office. We are always in motion, driven by a profound commitment to innovate and improve our solutions for clinics striving for a more efficient way of working.'

After launching the OP 3D LX, DEXIS announced the release of an upgraded version of its intraoral scanning software – IS

ScanFlow. Through guided workflows and the use of AI-powered tools, users can confidently navigate complex scanning situations and consistently acquire accurate data. A good example of this is the new full arch workflow, which assists users in obtaining scan data for full-mouth rehabilitations, providing step-by-step guidance throughout the process.

'We've used the new full arch workflow,' said Dr Robert Pauley, practice owner in Union City, Georgia. 'It's very easy to take the common scan with the provisional in place, remove and scan the provisional and then obtain a final scan of the soft tissue with scanbodies.'

DEXIS has also brought advancements to the core platform of its digital ecosystem, DTX Studio™ Clinic – an AI-driven diagnostic and treatment planning software. DTX Studio Clinic seamlessly integrates with the DEXIS intraoral scanning solution, serving as the central hub for clinicians to manage all patient data and files. With a clear and reliable source of information for each case, DTX Studio Clinic effortlessly assists with every step of the process, from dental imaging and diagnostics to treatment planning, manufacturing, and follow-up.

With an array of AI-driven tools to enhance

the implant process, DTX Studio Clinic prioritises high productivity and effective communication. Assisted Intelligence streamlines your diagnostics by preparing CBCT images, automatically annotating features like tooth positions and panoramic curves, and tracing the mandibular nerve canal – saving you time and effort. Additionally, the automated merging of CBCT and optical scans creates a realistic 3D digital rendering of a patient's dentition for accurate treatment planning.

Clinicians have the freedom to customise their workflow, while ensuring that patients, labs, and staff have the visibility they need for a seamless experience. This is accomplished through a variety of tools and features, including:

- AI-assisted case setup for chairside diagnostics and treatment planning
- Dynamic view of images, findings and treatment plans all on one screen
- Automatic merging of CBCT and intraoral scans
- AI-powered powered tooth number recognition
- AI-powered automated tooth setup
- AI-powered focus area identification
- Assisted mandibular nerve canal tracing
- Assisted airway identification
- Easy partner access to all digital files
- Cross-practice access to all information from any computer
- Virtual implant library
- Surgical guide creation to 3D print in-house or for outsourcing
- Dynamic surgery with X-Guide.

The DEXIS digital ecosystem empowers clinicians to manage their entire implant process with one, integrated toolset, while preserving complete flexibility to adapt their workflows based on the individual needs of each case. With this uniquely connected platform, clinicians now have the freedom to personalise their workflows and the standardisation to scale them.



Explore the DEXIS digital ecosystem at [dexis.com/en-uk](https://dexis.com/en-uk).

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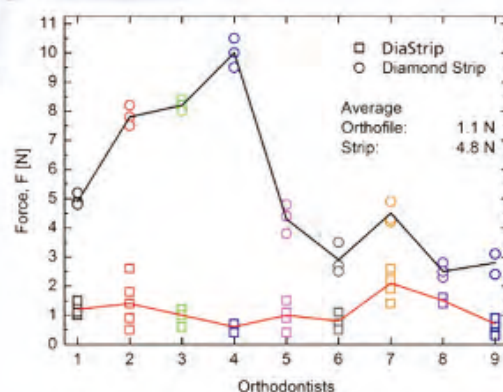
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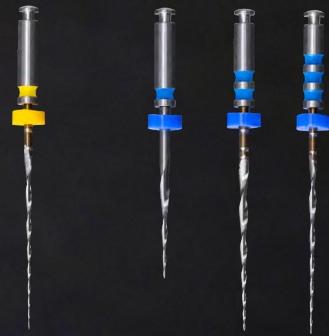
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# Chronically ill patients: considerations

For people with kidney and liver diseases, regular dental check-ups and careful oral hygiene practices are an important part of comprehensive healthcare, says **Jukka Meurman**

## Jukka Meurman

Professor emeritus at the department of oral and maxillofacial diseases, Helsinki University Hospital



Good oral hygiene is an essential part of the basic management of kidney and liver disease. Indeed, for transplant patients, oral healthcare is particularly important, as these patients are often at increased risk of oral infections and their complications. To help achieve good oral health, Finnish scientists have created a home-use antibacterial dual light therapy device that complements brushing and flossing.

The health of the kidneys and liver is closely linked to the wellbeing of the whole body, and oral health also affects the functioning of these organs. Poor oral health can increase the body's risk of inflammation and reduce overall immunity. This in turn can negatively affect the management of kidney and liver diseases (Åberg and Helenius-Hietala, 2022).

Kidney and liver diseases and their treatments are often associated with a weakening of the body's defence mechanisms, which can make any infection dangerous. This is especially true if patients are prescribed immunosuppressive medication, as is always the case after transplantation, says Jukka Meurman.

Inflamed gums provide a direct route for bacteria in the mouth to enter the rest of the body. From the mouth and teeth, bacteria can easily enter the bloodstream through gingivitis, periodontitis, caries, cavities, and mucosal ulcers. Infections of the mouth are harmful because they result in a low-grade inflammatory condition, at worst involving the whole body, Meurman continues.

Oral infections are particularly harmful for chronically ill people – including diabetics, people with rheumatic and kidney diseases, and patients on immunosuppressive medication, or with defence system disorders.

Research suggests that dental infections may even increase the risk of cancer (Nieminen et al, 2018; Heikkilä et al, 2018). This is also explained by chronic inflammation.

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**The health of the kidneys and liver is closely linked to the wellbeing of the whole body**

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## Preventing the risk of bacteraemia

The risk of bacteraemia is increased in people with long-term conditions. Bacteraemia is an infection caused by bacteria, which occurs when bacteria that have entered the bloodstream trigger the body's defence response against them. In the worst cases, it can trigger damage to one or more organs. This is called sepsis.

Bacteria can enter the bloodstream from inflamed areas of the oral cavity. This can happen during toothbrushing, flossing or dental procedures. In most cases, bacteraemia is short-lived, and the body can fight it off. However, if a person has a weakened immune system or if bacteraemia recurs frequently, it can cause problems.

In chronically ill patients, every effort should be made to prevent bacteraemia. Oral health is crucial, as the mouth is the most common source of normal bacterial growth in the body. Mucous membranes, teeth and gums must be kept in healthy condition through daily effective oral hygiene maintenance, urges Meurman.

Studies have shown that in patients at risk of heart disease, bacteraemia caused by dental procedures is even one of the causes of bacterial endocarditis.

Bacterial endocarditis is an infection that affects the endocardium, the inner membrane of the heart, and can be particularly serious in people with compromised immunity.

This infection can damage the heart valves and requires immediate treatment (Poveda-Roda et al, 2008).

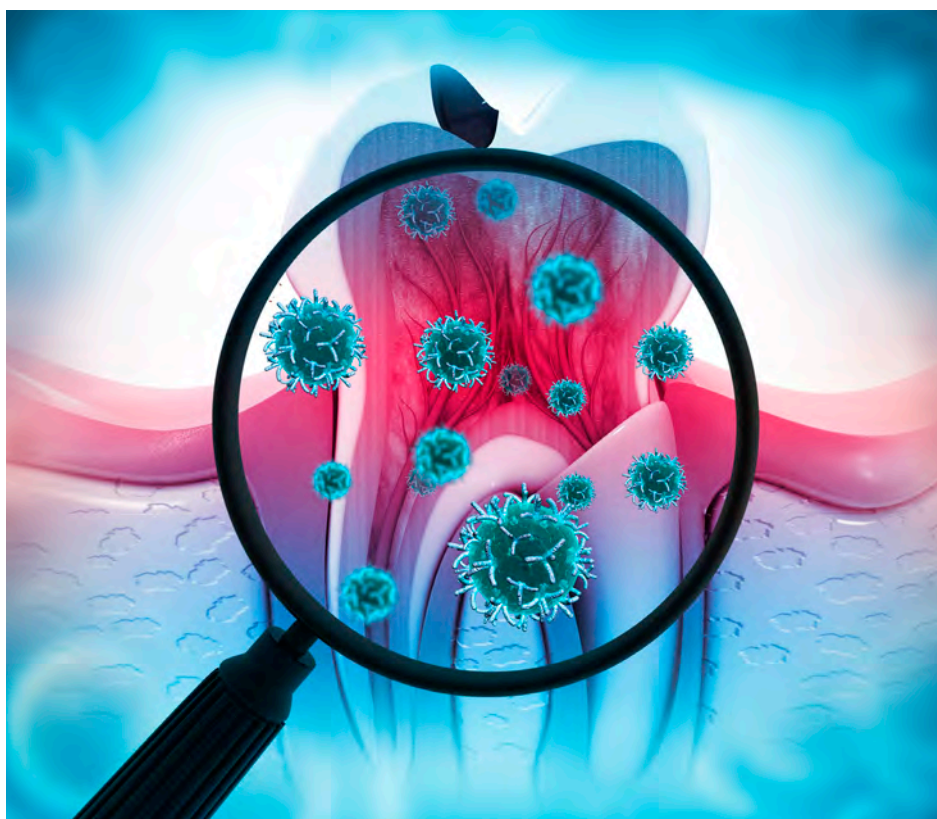
## Aiming for an infection-free mouth

At the time of transplantation, the teeth and mouth must be healthy and free of infection.

Oral health also has an impact on recovery from surgery. Meurman points out that transplant patients are at risk of infection for the rest of their lives, so it is essential that they strive to maintain good oral hygiene every day.

All available methods should be put in place well in advance of any surgery.

Oral infections and the resulting distant infections can be fatal for ▶



surgical and chronically ill patients.

All oral and dental infections should be diagnosed and treated before transplant surgery. This often involves extraction of infected teeth with poor prognosis. For example, those with deep cavities or deep periodontal pockets need to be removed.

However, radical solutions are not always necessary before surgery.

A transplant patient's treatment plan is individual and influenced by the patient's own motivation to maintain good oral health.

On the other hand, if the transplant is not planned for many years, more tooth-preserving and restorative treatments are possible. In this case, tooth extractions can be avoided.

The basic idea is, of course, that the mouth and teeth should have been always kept in good condition by careful and regular oral hygiene practices, rather than reacting only when there is a need for radical treatments, says Meurman.

### Nests of bacteria

In addition to health and general wellbeing, maintaining good oral health also affects the patient's quality of life.

A painful mouth, dental problems and other oral health issues can reduce a patient's quality of life and increase stress, which in turn can have a negative impact on health in general and the outcome of treatment for an underlying disease, says Meurman.

Regular dental check-ups and careful oral hygiene practices are an important part of comprehensive healthcare for people with kidney and liver diseases.

Taking care of oral health and working closely with dental professionals is particularly important for patients taking immunosuppressive drugs, which increase the risk of oral infections such as gingivitis and periodontitis. This is because these drugs weaken the immune system's ability to fight bacteria in the mouth.

Immunosuppressive medicines can also cause changes to the mucous membranes, such as mouth ulcers and dryness (xerostomia), which increases the risk of caries.

### Periodontal disease: a persistent companion

Signs of periodontal disease include reddened and bleeding gums and bad breath. In people with periodontal disease, the fibres that attach to the tooth are destroyed. A pocket begins to form between the gum and the tooth, which can extend around the entire tooth. Gradually, the inflammation begins to destroy more of the tissues that attach the teeth and eventually spread to the jawbone.

Once established, periodontitis is a tenacious companion that will progress if not treated carefully. Daily oral home care plays an important role in periodontitis and oral health in general.

Regular dental check-ups, daily brushing and cleaning of the interdental spaces and maintaining the oral moisture balance are important measures to maintain oral health.

However, traditional oral hygiene methods are not always enough to keep the mouth healthy. For example, flossing or brushing may be difficult due to age, thus leaving the spaces between the teeth uncleared.

## In chronically ill patients, every effort should be made to prevent bacteraemia

On the other hand, even if brushing the teeth is successful, studies have shown that even an effective electric toothbrush only removes about 65% of the harmful bacteria in the mouth (Aggarwal et al, 2019).

To tackle this residual plaque, which is invisible to the naked eye, Finnish researchers have developed an antibacterial teeth cleaning method that is based on antibacterial photodynamic therapy.

The method kills both bacteria causing tooth decay and bacteria that cause gingivitis. Recommended by the Finnish Association of Oral Hygienists, Lumoral is a new method for maintaining oral hygiene that has been proven effective in studies.

It does not replace other methods such as toothbrushing: instead, it complements them perfectly. The oral health enhancing device is used in addition to regular brushing. Plaque, which is made up of living bacterial cells, is normally sticky and difficult to remove completely from the surfaces of the teeth with a brush alone. However, after using the device, the existing plaque becomes easier to remove by brushing (Pakarinen et al, 2022).

Lumoral is suitable for everyone but is particularly important for those with tooth decay or gingivitis. For liver, kidney, and organ transplant patients, Lumoral is highly recommended, says Meurman. **D**

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# Managing flexible working requests in a year of change

**Leo Briggs** and **Alexandra Addington** discuss the changes to flexible working and the impact they may have on your dental practice

## Leo Briggs

Deputy head at the Dental Defence Union (DDU)



## Alexandra Addington

Solicitor at Peninsula Business Services



The right to make a flexible working request has been around for some time, however, it is one of the many areas where we will witness change in 2024.

Eligible employees can apply for a change in their terms and conditions of employment, including, for example, a change in where they are required to work or to their hours.

On 6 April 2024, the 26-week service requirement, which was previously needed to make a flexible working request, was removed. This means that an employee, from their first day of employment, can put in a request.

The impact of this change on the dental profession will depend upon the make-up of the individual dental practice. This is because only an employee can make a flexible working request. Given that a practice could have individuals who are self-employed, workers, or employees, it is important to check the status of the individual asking for a change before proceeding.

## Do I have to agree to a flexible working request?

Once it is identified that they are an employee, the owner and/or practice manager will still be able to refuse such a request, as long as that refusal falls within one of the eight reasons provided in the current law. This remains unaltered by the recent changes.

Given the nature of many roles in the dental industry, it may well be the case that a request cannot be agreed to. A dental nurse, for example, will need to be at the practice during opening hours when patients are booked for treatment.

A request to work outside of these times may not be possible because of the face-to-face nature of the role and as it is so interlinked with others.

The same, however, may not apply to a receptionist as a practice may be able to accommodate their request to work partly outside of patient appointment hours to extend reception availability. It will all depend on what the change is and the particular role. If the dental nurse wanted to work different hours but within practice opening hours, it might be possible to accommodate this.

What is crucial when dealing with a request, is to ensure that the proposed change is considered carefully. If the outcome is to refuse the request, the refusal must be based on correct facts.

This was illustrated in a recent employment tribunal (ET) case of *Wilson v Financial Conduct Authority*. An employer rejected the employee's flexible working request to work from home because she would miss face-to-face training sessions, departmental away days, and meetings. The statutory reason relied upon was that it would cause a detrimental impact on her performance and quality of work.

The employee, however, alleged that the decision had been based on incorrect facts. The ET found that the employee's manager had clearly considered the impact that the employee's request would have on her ability to perform individual parts of her job and identified the potential risks to the employee's performance so found in the employer's favour.

Whilst this was a request to work from home, which will not always be the case, it illustrates how a tribunal will assess the 'correct fact' requirement.

## What else is changing?

There are four further changes expected at some point, although at the time of writing, it is not yet clear whether they will also come into force on 6 April 2024, or later. They are:

1. The number of flexible working requests an employee can make in 12 months will increase from one to two

2. Employers will have to consult with the employee before refusing a request
3. The timeframe in which an employer must deal with the request will reduce from three to two months
4. The requirement on an employee to set out the impact of their requested arrangements will be removed.

## Top tips for dealing with flexible working requests

A good starting point is to make sure you have a policy that clearly sets out how an employee can make a request in your practice and all relevant staff should be trained in how to deal with flexible working requests.

If a request is denied, the reasons for refusal will always be at the heart of the matter, therefore, such a decision will need to stand up to scrutiny. Making sure that staff have enough time to fully deal with a request and explore it thoroughly is important.

Remember that some employees might request a change to their terms of employment because of a disability. Practices have a legal obligation to make reasonable adjustments for employees with a disability, so, this will need to be fully considered where appropriate.

If there is a question mark over whether or not the proposed way of working is suitable, a trial can always be agreed with the employee – try it out and see whether it works.

Finally, it may be that going through the process of looking at the role in detail reveals opportunities for alternatives to the employee's request to find a mutually agreeable solution. **D**

Staff wellbeing is important. DDU Groupcare ensures dental practices and corporate members get access to free 24-hour employment law advice line from Peninsula, a leading provider of employment law and health and safety services in the UK. For more information, visit [www.theddu.com/join-ddu/groupcare](http://www.theddu.com/join-ddu/groupcare)



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\*Saskine WA et al. Sustained local delivery of Chlorhexidine in the treatment of Periodontitis: A multi-centre study. J Perio1997;68:32-9. Abbreviated Prescribing Information. For full prescribing information, including side effects, precautions and contraindications, see Summary of Product Characteristics (SmPC). PerioChip 2.5 mg Dental Insert. Contains chlorhexidine digluconate 2.5 mg. Classification: P. Product Licence Holder: Dexcel-Pharma Limited, 7 Sopwith Way, Drayton Fields, Daventry, Northamptonshire, NN11 8PB, UK. Indicated for the treatment of moderate to severe chronic periodontal disease in adults. Information about this product, including adverse reactions, precautions, contra-indications, and method of use can be found at: [www.medicines.org.uk/emc/product/2532](http://www.medicines.org.uk/emc/product/2532). Adverse events reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). Adverse events should also be reported to Dexcel Pharma Ltd.



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# Set goals for growth

**Justin Leigh** shares why setting goals is the key to successful practice development

**Justin Leigh**

Founder of Focus4growth



'Goal setting' is an over-used term, so much so we've become a bit blasé about it, but as Jim Rohn famously said: 'The ultimate reason for setting goals is to entice you to become the person it takes to achieve them.' I have to agree, our future success is almost entirely dependent on goal setting.

There are so many reasons to set goals. People who set goals have higher levels of motivation and confidence (Locke and Latham, 2006), they also achieve greater personal and professional success (Matthews, 2015). Goals setting creates a roadmap to help us gain clarity on what we want in future, but more importantly they help us communicate our aspirations to our teams.

## Ambitious goals, new momentum

When you set lofty goals and start to communicate them with your team, a change happens. At first people feel nervous, but that quickly turns to excitement when they realise the future is bigger than the past.

One thing we all have in common is a desire to make progress and improve ourselves, setting goals helps us, and our teams do both.

In the current climate, the competition is fierce and there's a recruitment and retention crisis that's at a level we haven't seen before. One of the key differentiators we have as practice leaders is to set goals, engage our teams in a bigger picture and create a

compelling future that we're all excited to be part of.

If you haven't taken the time to set yourself, your practice and your team goals now is the time to do it.

## Why doesn't everyone set goals?

Goal setting can be challenging. It's not easy to imagine what you want to achieve in future and then commit to achieving it. Five key reasons people don't set goals are:

- They don't know how
- They lack self-belief
- They have a fear of failure (or success)
- They don't realise what's possible!
- They've tried and failed before.

If until now you've been working away in your practice without clearly defined goals for yourself, your practice, and your team, let this article be your wake-up call! It's time to upgrade your thinking and your goals for the future.

## Focus on what and why, then how!

When setting goals it's easy to get excited at first and then find your enthusiasm wains. Inviting your team to be part of the goals setting conversation is powerful and prevents this from happening.

The first step is the most obvious – be clear on the key goals you want to set, ie practice revenue and profit, number of patients/private patients, number of specialist treatments, number of testimonials and reviews, number of referrals to the practice, etc.

The second step is not so obvious, but it's vital for success: we need to be clear on 'why' the goals are important. The 'reasons why' becomes the fuel that motivates us, and our team, to achieve goals over the long term.

For goals to be impactful for our team, they need to be agreed with the team, not just delivered to them! The reasons for achieving goals will be different for each member of the team.

Let's say you were setting a goal to deliver the 'best patient experience' of any practice in your area, and to grow your private patient list as a result.

If you set this as a goal and then asked each of your team 'why' this would be valuable for them, you'll get a variety of answers, but each answer would be personally meaningful to each team member. The answers will range from financial through to personal satisfaction and pride in their work.

When you understand this you can find the right motivation for each team member (and yourself).

It's only after you're clear on the goals and the reasons why that you start to agree the action plan to achieve the goals.

## Simple tools enable great things

I've been setting and achieving goals for myself, my team and clients for more than 20 years. Over time I've developed a simple tool that really helps goal setting and achieving.

I call it the 'Goal Accelerator Tool' and it utilises a proven principle called, 1-3-3.

Here's what 1-3-3 means in practice:

- One overarching goal
- Three key priorities (to achieve the goal)
- Three key activities (to achieve each priority).

It's a simple yet powerful way to capture, track and communicate goals clearly. **D**

## References

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Consider this a timely reminder to make goal setting a priority for your practice and your team. If you'd like to know more about goal setting, or practice growth programmes, feel free to connect with Justin or contact him directly here: [linktr.ee/JustinLeigh](https://linktr.ee/JustinLeigh).





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# Put positive thoughts into action

**Ray Cox** shares the real opportunities, advice and help available for dentists looking to start up their own practice

**Ray Cox**

Managing director, Medifinance



No matter how much you love your job, it's difficult not to feel somewhat jaded from time to time. I know that I get a huge amount of pleasure and satisfaction from what I do, but occasionally a feeling of 'been there and done that' can be hard to resist. And having worked with the profession for decades, I am only too aware of the stresses it can impose on dentists.

Allied with the seemingly endless media negativity and failures of politicians of all hues to grasp the realities of delivering dentistry, one can be forgiven for perhaps allowing a degree of cynicism to creep in. Yet despite the pressures, I find the profession overall in remarkably good shape. In fact, a meeting I had a week or so back at an event I attended underlined its sheer enthusiasm and positivity, which fills me with a good deal of optimism.

One dentist at this event (I'll call him 'B') was little short of inspirational. What struck me as we listened to his story, was that his success was achieved not through any privilege or exceptional piece of good fortune, but through hard work, a clear sense of purpose, and crucially the determination to overcome and learn from setbacks. In short, what he was saying (and with genuine modesty) was that what he had and was achieving is within the grasp of any young dentist prepared to make a positive commitment, plan carefully and accept that setbacks are never to be considered failure.

## Translating positive thoughts into positive action

If you go online there are vast amounts of advice on the values of positive thinking and sharing that positive thinking with others. It's well worth reading. As is attending motivational courses by many of the highly qualified and experienced dental business gurus. But the point that B emphasised was that you need to have a clear and realistic business plan in place from an early stage or positive thinking will remain just that.

Later in the day, I asked B to talk a little more about the steps he took to put in place a plan that would make his dream a reality. What I found both reassuring and impressive was that his suggestions were not some

combination of 'marketing speak' and techno jargon but rather a set of sensible disciplines that are simple to understand and implement. I found myself nodding along. I hope you will too.

## Making dreams a reality

1. Talk with colleagues who have and/or are achieving success. Most are happy to share what they did to get it right and advise you of ways you may be able to avoid the pitfalls that are an inevitable issue for any and every business
2. Be honest with yourself about your strengths; but equally be honest about your weaknesses and how you intend to overcome them
3. Set clear business objectives and targets for yourself and ally them to the lifestyle that you want. This is crucial. We don't all measure success in the same way. At the same time, write down and agree with your teams (see point 6 below) your criteria for measuring success
4. Don't think short term or be dictated to by immediate economic factors such as interest rates. 'Experts' are consistently inconsistent with their forecasting and frequently wrong!
5. Recognise from the start that while you may have a plan in place, many factors over the course of time will occur that will need you to review and adjust. Be nimble and flexible enough to deal with the unexpected and turn those problems into opportunities
6. Define the sort of people you want to work with and for. This means your day-to-day work colleagues, your patients and your advisory team
7. Recognise the importance of everyone's physical and mental wellbeing and consider what steps you can take to maintain both. This is not simply a nod towards 'being seen to do the right thing' but a genuine part of building loyalty and teamwork. **D**

B and Ray agreed that they will be working together to assist and advise dentists who are looking to start up their own practice. This advice will cover business planning and strategy, budgeting and sourcing funding. Contact them, with no commitment on your part, on 07785 757782 or at [r.cox@medifinance.co.uk](mailto:r.cox@medifinance.co.uk) if this is of interest to you, or you have any immediate or longer-term funding requirements.

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# AI IN DENTISTRY

WITH ALAN CLARKE

# Teledentistry and the future of remote patient care

Alan Clarke considers the role of teledentistry in increasing dental access and streamlining practice workflows

## Alan Clarke

Cosmetic dentist and the owner of  
Paste Dental



We often hear cries of: 'Dentistry to fit your lifestyle!' But what does this actually mean?

Do we need to give our mobile phone number to all of our clients and be on call 24/7? Absolutely not! However, there are methods we can incorporate to meet patients on their terms, elevating their dental experience, extending their care level and deepening our relationship. For me, this is a must.

From Zoom meetings to 3D house planning, COVID-era exercise classes, to the endless family quizzes... technology was harnessed during the two-year pandemic period changing the way we live, work and socialise. As a profession, we have a duty to embrace this new lifestyle of our patients, so that we can prove our care and deepen that trust! Thus, teledentistry was born.

## What is teledentistry?

Teledentistry isn't just about hopping on a video call with your patient. It's a comprehensive approach to oral healthcare that leverages technology to bridge the gap between patients and practitioners, making dental care more accessible and convenient than ever before.

The ultimate goal is that our patients feel they have our complete dental practice in the palm of their hand, accessible anytime, anywhere.

One of the most exciting aspects of teledentistry is its ability to democratise access to dental care. For too long, geographical barriers and limited resources have hindered individuals from receiving timely dental treatment. But with teledentistry, these barriers are breaking down. Whether you're in a bustling city or a rural village, with an internet connection you can interact with a dental professional and receive care.

Teledentistry isn't just about virtual consultations; it's about harnessing the power of

artificial intelligence to revolutionise diagnostics and treatment planning. Imagine this: instead of waiting weeks for a dental appointment, AI-driven algorithms can analyse your dental images and provide instant feedback on potential issues. From identifying cavities to assessing gum disease risk, AI-powered solutions streamline the diagnostic process, allowing for quicker interventions and better outcomes.

This technology exists in the form of Pearl AI Second Opinion, an incredible tool we can use to AI diagnose from our radiographic images, pinpointing dental decay and putting objective measurements on its location and spread. We can measure bone level loss through disease processes and flag the need for periodontal treatment due to the presence of sub gingival calculus. It's a game changer.

Teledentistry enables virtual treatment planning, where dentists can collaborate with patients to develop personalised treatment plans without the need for as many in-person visits. Through interactive platforms and digital tools, such as Pearl AI Second Opinion and Chairsyde – a fantastic dental animations platform that gives patients a detailed, visual understanding of planned treatment – patients can understand the procedures involved, and make informed decisions about their own oral health.

This level of engagement empowers patients to take control of their dental care journey, fostering a sense of ownership and accountability. Active treatment progression can be checked with remote input from companies such as Dental Monitoring. Further patient portals from PMS systems let patients group their data and log their vitals, to keep the information current.

## What about the sceptics?

Rest assured, teledentistry isn't about replacing traditional dental visits; it's about complementing them. Routine check-ups and complex procedures still require in-person evaluation and intervention. However, for minor issues

and follow-up consultations, teledentistry offers a convenient alternative that saves time and reduces unnecessary practice visits. This can help your teams plan and deliver treatment efficiently, and maximise chair usage and case acceptance, increasing profits and nurturing reputations.

## Start 'em young!

Teledentistry isn't just for adults; it's also transforming paediatric dental care. For children who may feel anxious or apprehensive about visiting the dentist, virtual consultations provide a safe and familiar environment where they can interact with their dental provider without the intimidation of a clinical setting. This improves access to paediatric dental care but also promotes early intervention and preventive measures, setting the foundation for a lifetime of oral health!

## The future

Like any technological advancement, teledentistry isn't without its challenges. Privacy concerns, regulatory compliance, and disparities in internet access are just a few hurdles that need to be addressed to ensure equitable access to remote dental care. However, with continued innovation and collaboration between dental professionals, policymakers and technology developers, these challenges can be overcome, paving the way for a brighter future of oral healthcare for all. AI powered practice management systems may herald a new wave of clinic set-ups, diary management and care delivery, the future is exciting, with technology at its core.

Teledentistry is more than just a buzzword; it's a game-changer in the world of dental care. By leveraging technology to provide accessible, convenient and personalised patient experiences, teledentistry is reshaping the way we think about oral health. So whether your patients are busy professionals, tech-savvy millennials, or parents juggling multiple responsibilities, consider offering the future of dental care with teledentistry – your patients' smiles deserves the best! **D**

# The stress-free way to boost your treatment uptake

As cosmetic dentistry is still proving popular with many patients, **Shelley Clegg** explains how patient finance can help make taking up a treatment plan as easy as possible

**Shelley Clegg**

Business development manager, Medenta



The rise in popularity of cosmetic dentistry over the last few years can be attributed to a number of factors. Having to take our whole lives online during lockdown meant for many the only contact they had with people outside their immediate household was online via Zoom or other video calling platforms. Seeing themselves on screen for extended periods of time revealed to many how others saw them and, rightly or wrongly, they didn't always like what they saw.

The curated nature of the images posted by influencers on social media also stimulated a desire to aim for perfection. 'Normal', healthy teeth were no longer desirable; they had to be straight, even and white. These reasons, along with developments in techniques and materials, have helped fuel the increase in demand for cosmetic dentistry, especially in the younger age group. According to research, in 2022 to 2023 one third of people aged under 35 had undergone cosmetic dentistry treatment. So, 'having your teeth fixed' is an acceptable thing for young people to do.

## Cost versus affordability barriers

With prices ranging from a few hundred pounds for whitening to tens of thousands of pounds for more extensive treatment, how can so many young people afford to pay for these types of treatment plans? That's where patient finance comes in. By allowing patients of all ages to spread the cost, often interest free, over a period of months, expensive treatment plans become affordable for many who otherwise would not be able to cover the cost.

Being able to offer patient finance opens up a much wider market for cosmetic dentistry. By giving patients the option to pay monthly on an interest-free basis, they need only consider the amount they need to cover every month rather than the total cost.

While this has an obvious appeal to those who wouldn't be able to pay for the treatment as a lump sum, even patients who do have the money often choose patient finance. The interest-free option to spread the cost allows them to budget for the treatment while still leaving their cash in the bank untouched. In this type of case, they pay no more for their treatment than if they had paid upfront

but are able to retain their cash buffer in case of emergencies or unforeseen expenses such as the boiler breaking down, or a car repair.

## More yeses

While patient finance undoubtedly offers huge benefits to anyone seeking cosmetic treatment, there are also plenty of pluses for the practice too. By making life easier for patients to afford treatment, treatment plan uptake also increases. They are also more likely to agree to go ahead with a plan straight away, rather than having to think about things or discuss them with someone else. As they are not using large chunks of their own or joint capital they may feel more able to decide to go ahead there and then.

Having a patient agree to take up a treatment plan straight away is always good for the practice. As well as the features and benefits of a product, it's always good to try to impress upon customers that the time to buy is now. By having patients agree to take up a treatment plan while they are in the practice as well as securing the revenue, it also reduces the admin burden upon the practice staff as there is no need to add them to a list of people to follow up and keep track of.

## Improved cashflow

One of the biggest benefits of patient finance is the fact that the cost of the treatment is paid in full to the practice as soon as treatment starts. This is a great help to the practice's cashflow. Rather than receiving part payments when the patient comes into the practice, the cash is already available for any lab or materials bills. There is no need for the dentist to cover that cost themselves and wait for repayment, as the money is already there. With the prices

of everything related to running a practice continuing to rise, knowing the money is already there to pay for the materials leaves the team with one less thing to worry about!

## Reduced admin

Using patient finance also relieves some of the burden upon the admin team. At Medenta, patients can apply for finance via an online portal. This benefits them as it means they can make their application at a time that is convenient to them. It also benefits the practice too. As the application process is online there is no need for team members to fill out forms with patients' details.

As well as saving the time of practice staff it also allows patients to maintain some privacy regarding their personal finances. Practices are told whether an application has been successful, rejected or referred, that's all. Which, in the grand scheme of things, is all they need to know.

Although the application process is online, should a team member need support with anything there is a friendly and knowledgeable team of people at Medenta's head office ready and able to help with any queries.

So, if you're looking for a stress-free way to increase your treatment uptake and improve your cashflow, why not consider offering patient finance? **D**



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# Closing the income gap more quickly

**Zoe Close** reflects on how the time taken to close the gap between NHS and plan income when introducing a plan is now much sooner than in years gone by

**Zoe Close**

Head of sales at Practice Plan



There have been many changes over the 30 or so years I have been working in the dental industry. Although the contract changes in the early 1990s and 2006 saw many dentists choosing to leave the NHS, the rate at which they have been leaving post-COVID is like nothing I have witnessed before.

The COVID backlog, people reassessing what was important to them after the restrictions had given them a taste of life lived at a slower pace and the resulting recruitment crisis, meant people started handing back their contracts in droves. Each dentist who moved to private practice left hundreds, and sometimes thousands, of NHS patients searching for a new provider, adding to the difficulty many were already experiencing in getting an appointment with a dentist.

## One-year income gap shortened

In years gone by, especially pre-pandemic when dentists were contemplating introducing a membership plan, we would let them know that it could take up to 12 months for the plan fees to have built up to a level where it replaced their NHS income. So, we would advise them to ensure they had a buffer to plug the gap and help them through that time.

Four years on from the pandemic lockdowns, the dental landscape has changed almost beyond recognition. There has been a noticeable shift in the attitudes of patients towards private dentistry. After seeing so many other people struggling to get access to dental

treatment, patients in greater numbers accept that the only way to guarantee regular oral healthcare is to pay privately. So, our advice regarding the income gap is changing.

Each conversion, whether full or partial, makes life easier for the next. As more dentists reduce or step away from their NHS commitments altogether, competition for those remaining NHS appointments gets keener, making private dentistry more attractive.

Many patients now see membership plans as a way of, not only spreading the cost, but also of making sure they will be seen regularly. They are prepared to sign up to their dentist's plan as they do genuinely see it as a way of becoming members of the practice. They want the certainty of being seen regularly, especially in an emergency.

## Early sign-up

This has meant over the past year or so we have seen plenty of examples of practices where patients are so willing to sign up to a plan that the practice fills its books within weeks, rather than months. In one case, a practice in Northamptonshire signed up 6,000 patients in just eight weeks. Previously, we would have suggested waiting until the contract had been handed back before signing up patients. Now, to help practices cope with this increased interest in private dentistry, we encourage them to start signing up patients as soon as the first letter informing them of the change hits patients' doormats.

The willingness of patients to sign up to a membership plan now means that the income gap is filled much sooner. There are so many examples where patients have been so willing

to sign up to a plan that the practice's books have been filled within two to three months that it now seems to be the rule rather than the exception.

This is great news for practices. The concern they once may have had about building up sufficient plan income to compensate for the loss of their NHS monthly payments is no longer valid. With hundreds and thousands of patients only too eager to sign up to plan, cashflow is likely to be affected for a much shorter period of time than previously.

## Diminished risks

Like many other of the concerns dentists may have expressed about handing back an NHS contract, the need to cover the lost income during the first year is now no longer the issue it once was. Patients are far more prepared to pay for private dentistry than they ever were before and are investing in their oral health by signing up to a membership plan.

Many of the perceived risks of introducing private dentistry into your practice either no longer apply or have diminished. Any hopes people may have harboured that the government's long-awaited dental recovery plan would be the answer to all NHS dentistry's problems will have been dashed when it was published last month. As the BDA's Shawn Charlwood said: "This "recovery plan" is not worthy of the title. It won't halt the exodus from the workforce or offer hope to millions struggling to access care. Nothing here meets government's stated ambitions, or makes this service fit for the future."

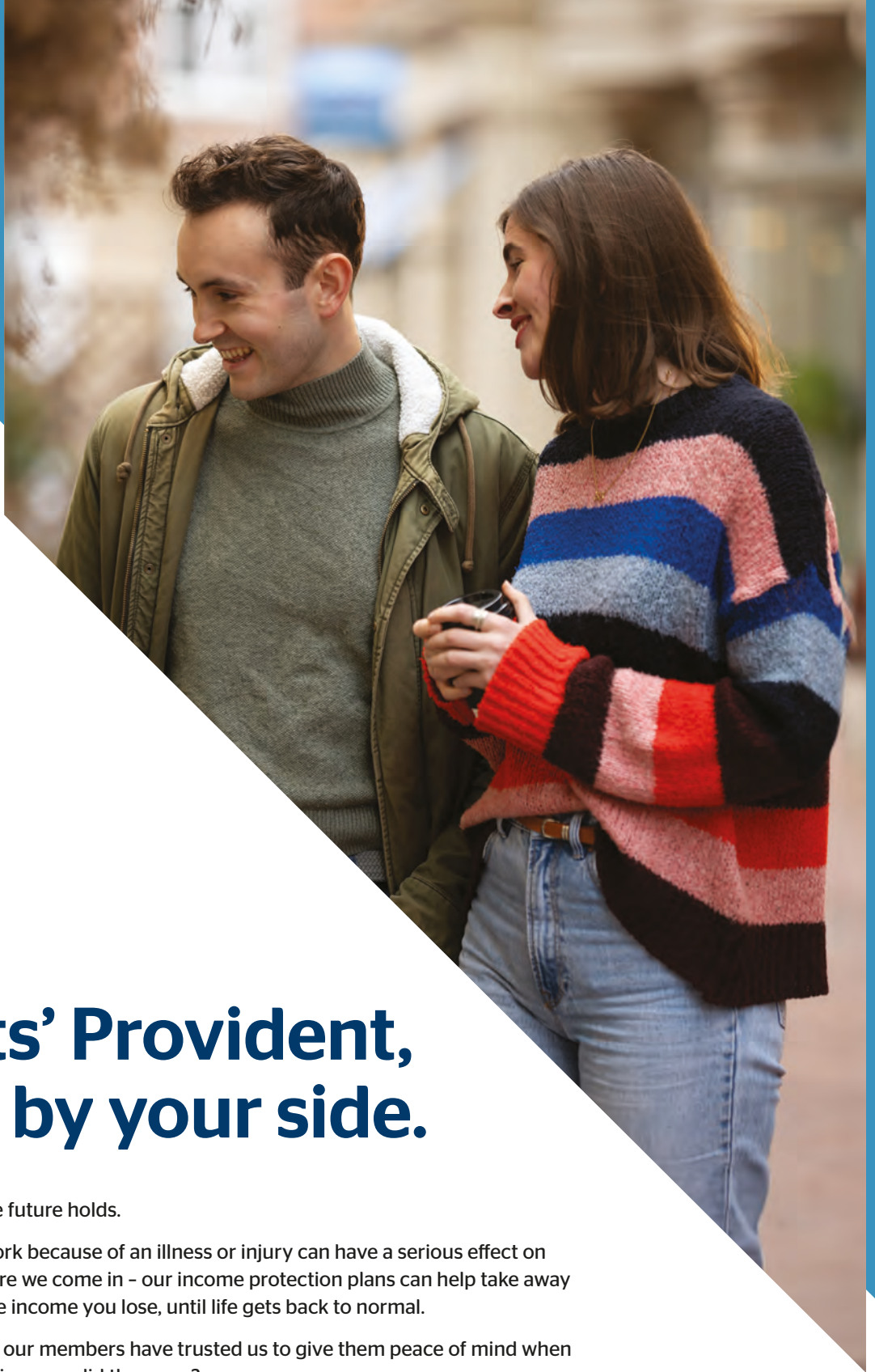
Perhaps now is the time to think about introducing private dentistry into your dental practice. **D**



If you're considering introducing private dentistry into your NHS practice and are looking for a provider who will hold your hand through the process whilst moving at a pace that's right for you, why not join us at the Dental Business Theatre, sponsored by Practice Plan, at Dentistry Show Birmingham on 17 and 18 May, or see us for a chat on stand K50 at the show. Alternatively start your conversation with Practice Plan on 01691 684165, or book your one-to-one NHS to private call today: [practiceplan.co.uk/nhsvirtual](https://practiceplan.co.uk/nhsvirtual).

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## PRACTICE PRINCIPLES

# Is dental nursing a limited career?

**Polly Bhambra** explains why a career in dental nursing doesn't have to limit you to dental nursing

**Polly Bhambra**  
Practice principal,  
Treetops Dental Surgery



In the world of dentistry, the career path of a dental nurse is often seen through a narrow lens, limited to chairside assistance and patient care.

As a dental practice principal with a career that began in dental nursing, I often reflect on the perception of dental nursing as a career with limited prospects.

Through my journey, I've discovered the vast potential and opportunities that lie within this role, a journey that not only challenged my own beliefs but has also positioned me to share insights and leadership within the dental industry.

This narrative is not just my story. It's a testament to the untapped potential within dental nursing and a call to action for the industry to reassess and expand the career pathways available to dental nurses.

### Challenging the stereotype

The common view of dental nurses as auxiliaries in dental practices underestimates the profound impact we can have on patient care and the overall success of a dental practice.

My evolution from a dental nurse to a practice principal was a transformative process, marked by relentless dedication, a thirst for knowledge, and an unwavering commitment to patient care excellence.

This journey taught me that the skills and insights gained at the chairside are invaluable, providing a unique perspective on the dental profession that can serve as a cornerstone for leadership and innovation.

### The power of diverse experience

My background in dental nursing has been instrumental in shaping my approach to practice management and patient care.

The comprehensive understanding of both clinical procedures and administrative tasks, gained through years of hands-on experience, equipped me with a holistic view of dental practice operations.

This experience underscored the importance of continuous professional development and the pursuit of further education, which were pivotal in preparing me for the challenges of managing and leading a dental practice.

### Leading with vision

Stepping into the role of a practice principal, I brought with me a patient-centric philosophy ingrained during my years as a dental nurse.

I advocate for a holistic approach to dental health, focusing on preventive care, patient education, and the adoption of new technologies to enhance treatment outcomes.

My leadership is founded on empathy, inclusivity, and a strong belief in the professional growth of my team, creating an environment where every member is encouraged to learn, advance, and contribute to our collective success.

### Redefining the role of dental nurses

My transition from dental nurse to practice principal challenges the conventional view of dental nursing as a career with limited scope.

It is a clear example of the career progression opportunities that exist for those willing to push beyond traditional boundaries.

My story is a call to my fellow dental nurses to see their roles as a foundation for growth and to dental practices to recognise and cultivate the potential within their nursing staff.

By embracing further education and seeking leadership opportunities, dental nurses can significantly impact the dental field.

### A broader vision for our industry

My journey underscores a broader vision for the dental industry – one that acknowledges the

comprehensive capabilities of dental nurses and offers them pathways to leadership and innovation.

This vision requires a shift in how we view professional development within dentistry, urging us to create environments that foster growth, encourage advancement, and recognise the contributions of all team members.

As we look to the future, let's draw inspiration from the diverse paths within our profession and work collectively towards a more inclusive, innovative, and forward-thinking dental community.

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**This journey taught me that the skills and insights gained at the chairside are invaluable, providing a unique perspective on the dental profession that can serve as a cornerstone for leadership and innovation**

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In sharing my story, I hope to inspire my colleagues in the dental profession to look beyond the conventional career trajectories and explore the full range of possibilities that our field offers.

The journey from dental nurse to practice principal is not only about personal achievement but also about setting a precedent for what is achievable when determination, continuous learning, and a clear vision converge.

Let us all consider how we can contribute to expanding the horizons of dentistry, making it a field ripe with opportunity for every member of the dental team. **D**

# An iconic revolution

**Kiran Shankla** shares how one treatment has transformed her career and the lives of countless patients

**Kiran Shankla**

General and restorative dentist in Reading



My name is Kiran Shankla, I am a general dental practitioner with a Master's in Restorative Dentistry, based at Kendrick View Dental Practice in Reading. Locally, I am known as The Icon Dentist but this has not always been the case...

Prior to offering Icon resin infiltration, if a patient presented with spots I, like many other dentists, would turn them away, informing them there were no conservative treatment options available and therefore it was better not to treat these cases at all.

However, in 2019 I came across a female in her mid-20s who was due to get married. The patient asked if anything could be done regarding the white lesions on her front teeth; she did not want anything invasive and she wanted the treatment done relatively quickly. This prompted me to investigate other treatment options, which led to me hearing about Icon resin infiltration.

I explained to the patient how this would work and she was keen to try it as a minimally invasive treatment option. On the day of the appointment, I followed the step-by-step instructions provided within the Icon kit. The process is very straightforward and involves the placement of Icon etch, followed by Icon Dry then infiltration. After a short time – only one and a half hours – all the white spots had been removed. The patient was delighted as I did not have to administer any injections and no drilling of natural tooth tissue was required. She received a long-term result in a relatively short space of time.

The positive reaction from this patient encouraged me to spend time researching how Icon works, and the methods required to gain a successful result. I started receiving referrals in-house for the treatment and began to develop a niche for gentle white spot removal. This led to more complex referrals from local dentists and

**One of the main driving factors for learning more about Icon was due to the **ecstatic response** I received from patients and parents at the end of treatment**

orthodontists, which once again pushed me to upskill and learn how to treat more severe discolorations.

## Life-changing for my patients

One of the main driving factors for learning more about Icon was due to the ecstatic response I received from patients and parents at the end of treatment. The patient journey for Icon is not like any you would experience on a regular basis. I would estimate that 75% of my patients who receive Icon treatment are under the age of 18. Many of these patients are very shy, lack confidence and have experience with some form of bullying due to the discolorations on their teeth. These patients have been told for many years that there are no options available, and they have been left to battle both the physiological and psychological effects of discoloured teeth.

As professionals, we have a duty of care to provide the best possible treatment while protecting teeth from unnecessary harm. Icon resin infiltration is currently the only treatment available on the dental market to treat these lesions successfully without a large detriment to the healthy tooth tissue. The change in body language, facial expression, and character from pre-treatment to review is life changing for the patient.

One patient recently wrote: 'I have to say that having had the good fortune to be referred to Kiran to review the case was the best thing that could have happened to us! During the past few months, with Kiran's amazing supportive and endearing character, not only has she managed to quash any uncertainty within her patient, she has managed to totally transform my child's outlook and confidence through having the treatment.'

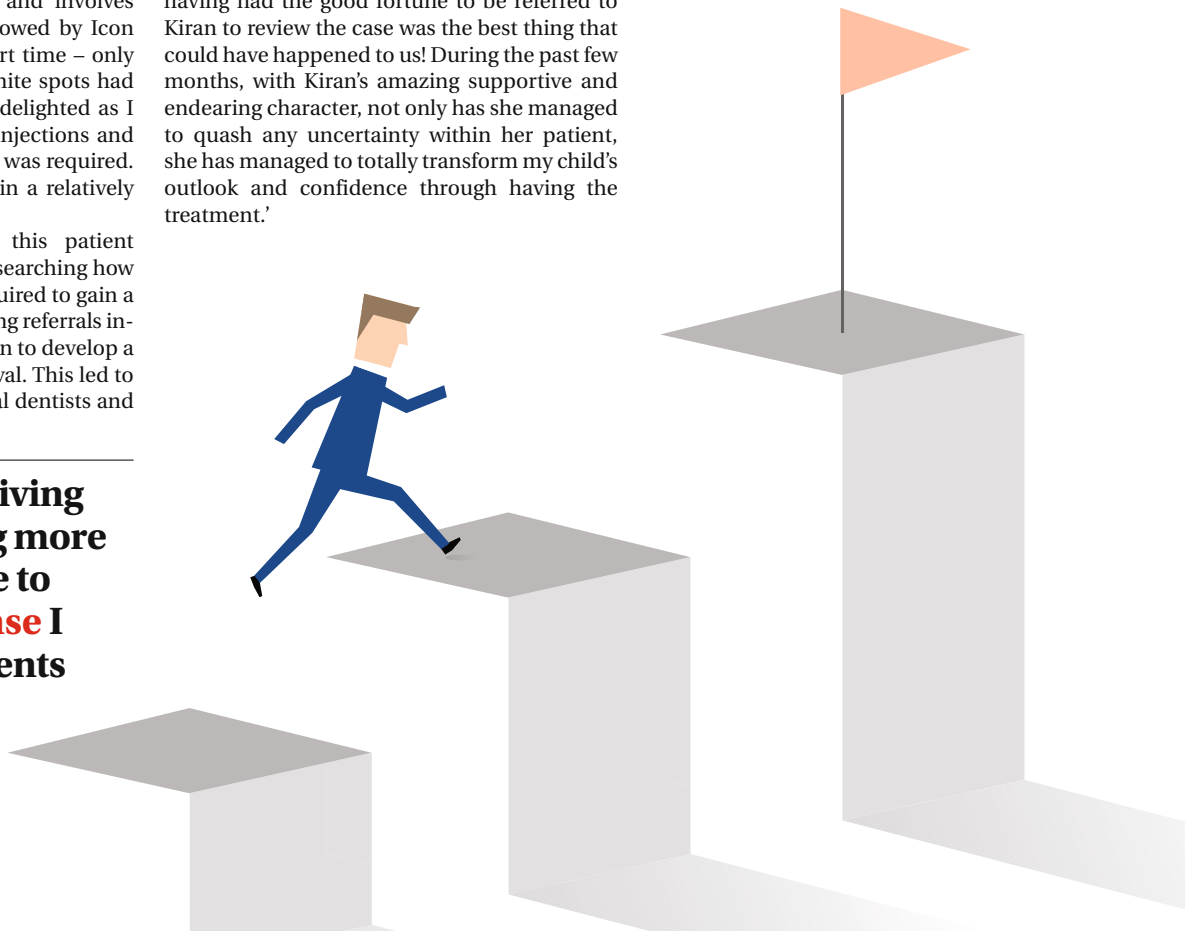
## Career-transforming for me

For me, this one treatment has transformed my dental career. It has allowed me to provide high quality, minimally-invasive treatment and work in a positive environment providing the dentistry I love doing.

It has helped boost my career and kept my diary busy with exciting cases and word of mouth referrals. I have managed to build close relationships with my referring dentists, and I am very grateful to have found my passion, which has had a huge impact on my dental journey and my trajectory for the future. Going forward, I would like to further increase my resin infiltration cases and grow an iconic network of dentists through teaching courses... I want to share with everyone how much of a profit- and career-builder it really is!

Mark Twain famously said: 'Find a job you enjoy doing, and you will never have to work a day in your life.' This is what Icon has given me in my dental career. Regardless of which area of dentistry you are in, find the treatments you enjoy and excel in, and you will never work a day in your life. **D**

To learn more about some of Kiran's Icon resin infiltration cases and discover details of her upcoming half-day course, follow Dr Kiran Shankla on Instagram @Shanklasmiles.







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### IconVention: Building your business with Icon

Dr Kiran Shankla shares her tips on using Icon to remove white spots, treat early caries, and grow your profits



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# Making a positive impact

## Responsible DENTISTRY

MARK  TOPLEY

In this month's Responsible Dentistry, Mark Topley provides some thoughts on how dental practices can contribute to schools and community outreach

Mark Topley

Dental CSR and ESG consultant



Engaging in community and school outreach initiatives is a worthwhile pursuit for dental practices aiming to contribute positively to their communities. Outreach not only addresses public health needs but also builds strong connections between healthcare providers and the local community. Choosing the appropriate partnership and educational materials is important to ensure the sustainability and effectiveness of the programmes. Before taking the plunge, investing time in understanding existing successful schemes and collaborating with experienced organisations can enhance your impact and learning. I've tried to summarise some of the more notable initiatives in this article. Some provide ways to get involved, others are a good reference point for best practice.

### Innovative programmes and their impact

#### Sharing Smiles

Launched by Well Connected, this programme aims to improve oral health among children in deprived areas. Through educational boxes containing puzzles, models, and guides,

it fosters better dental hygiene practices. Sharing Smiles demonstrates how targeted, resourceful interventions can significantly mitigate tooth decay and bolster children's confidence and wellbeing.

#### Smarter Smiles

A part of Smile Together's broader initiatives, Smarter Smiles in Cornwall and Isles of Scilly, extends beyond children to wider community groups. The programme underscores the importance of collaborative efforts involving schools, care facilities, and vulnerable groups to advocate for comprehensive oral health education and practices.

#### Childsmile

This Scottish programme has set a high benchmark in reducing dental inequalities by offering preventive care services. Childsmile's integrated approach involving nurseries, schools, and families highlights the importance of early intervention and consistent oral health education.

#### Teeth Team

Originating in Hull and the East Riding of Yorkshire, Teeth Team provides school-based supervised toothbrushing, dental assessments, and fluoride varnish applications. This initiative exemplifies the potential of public-private partnerships in enhancing children's dental health and has received accolades for its innovation.

#### Tooth Friendly Nursery Scheme

Managed by the London Borough of Havering and backed by Kent Community Health NHS Foundation Trust, this scheme is expanding to meet the needs of more nurseries. It offers comprehensive training and resources, underlining the necessity of foundational oral health education.

#### Designed to Smile

The Welsh Government's initiative, providing lessons and resources, illustrates a structured approach to integrating oral health into educational settings. By breaking down the

programme into specific age groups, it ensures targeted and age-appropriate learning.

#### Happy Teeth, Happy Smiles

Operating across Leicester, this programme exemplifies regional commitment to preventing tooth decay and promoting good dental hygiene from an early age. It provides an illustrative example of how local government initiatives can spearhead public health improvements.

#### Prevention in Practice: Putting Children First

This e-learning course by Andrew Gould, supported by Dental Channel, offers an accessible platform for dental professionals to stay updated on preventive practices. The integration of modern technology and free resources signifies the evolving landscape of dental education.

#### Choosing the right approach

When considering community outreach, reflect on the needs of your community and the resources available within your practice. Tailored programmes, active engagement with existing initiatives, and leveraging partnerships can amplify the reach and effectiveness of your efforts.

Embarking on community outreach is a journey of service, learning, and collaboration. As dental professionals, you have the opportunity to make a tangible difference in public health. By aligning with established programmes like Sharing Smiles, Smarter Smiles, Childsmile, and Teeth Team, and utilising educational schemes like the Tooth Friendly Nursery Scheme, Designed to Smile, and Happy Teeth, Happy Smiles, you can contribute to a brighter, healthier future for children and communities.

Remember, the impact of your efforts extends beyond immediate dental health improvements; it fosters a culture of care, education, and wellbeing. I encourage you to take the first step, reach out to these programmes, and explore how your practice can be part of this remarkable journey towards a healthier society. **D**

### Programmes to consider

- Sharing Smiles by Well Connected: [www.wellconnecteduk.org/updates/sharing-smiles](http://www.wellconnecteduk.org/updates/sharing-smiles)
- Smarter Smiles by Smile Together: [www.smiletogether.co.uk/our-impact/community-and-social-impact/smarter-smiles](http://www.smiletogether.co.uk/our-impact/community-and-social-impact/smarter-smiles)
- Childsmile: [www.childsmile.nhs.scot](http://www.childsmile.nhs.scot)
- Teeth Team: [www.teethteam.org.uk](http://www.teethteam.org.uk)
- Designed to Smile (Welsh Government's initiative): [www.gov.wales/signed-smile-improving-childrens-dental-health](http://www.gov.wales/signed-smile-improving-childrens-dental-health)
- Happy Teeth, Happy Smiles (across Leicester): [www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/](http://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/)



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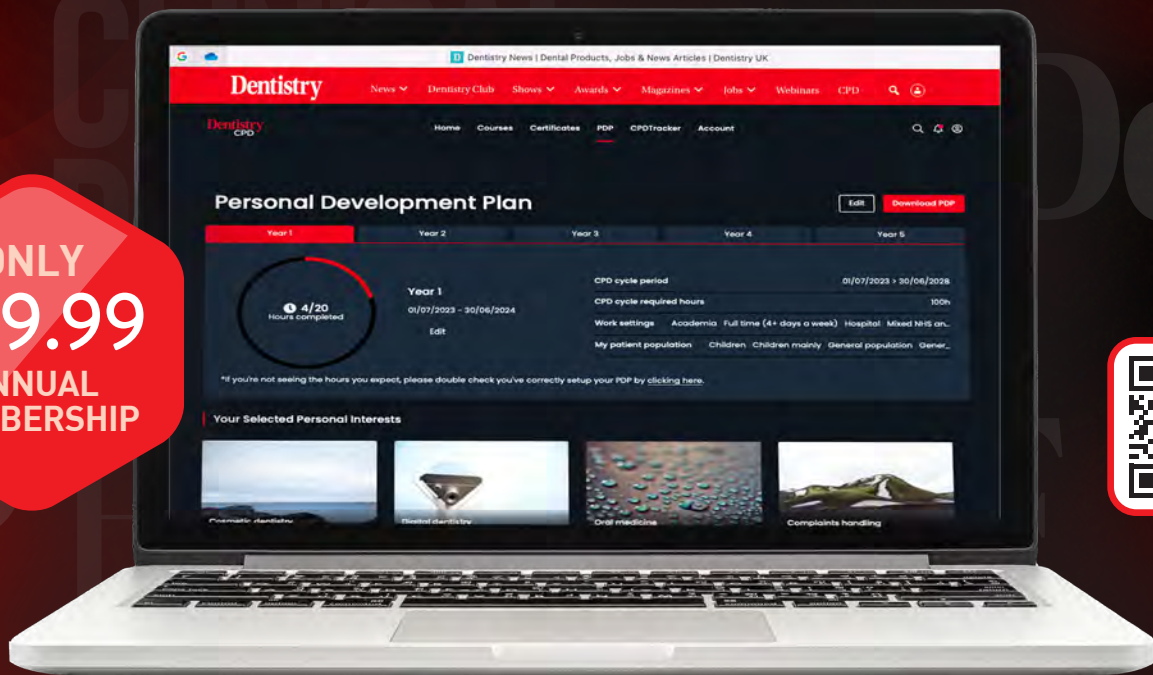
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*Simon, Rhona, Ads*



# When an inspector calls

The thought of a CQC inspection can cause worry for even the most experienced dental practice owner. **Dentistry Compliance** shares an overview of what you can expect

The Care Quality Commission (CQC) is primarily concerned with good outcomes for patients. This means its remit is to check that dental practices have the correct structure and processes in place and that patients are experiencing good outcomes as a result. And that is how it structures its inspection visits.

There are two types of CQC inspection: comprehensive and focused. Comprehensive inspections are usually announced two weeks in advance, while focused inspections are usually unannounced and take place in response to a specific concern.

## Comprehensive inspections

Comprehensive inspections are selected randomly, around 10% of registered practices will have a comprehensive inspection every year. It is worth noting that a practice that has not yet been inspected will always have a comprehensive inspection.

To limit disruption to patient care, most CQC inspections will be announced, and you will receive two weeks' notice. You can expect to receive a telephone call from the inspector, as well as a letter, both of which will confirm the date of the inspection. You will have communication via letter, email and telephone providing support in preparing for the day and understanding what to expect. If concerns are raised about a service, short-notice or unannounced inspections may be carried out.

Comprehensive inspections are undertaken by a trained CQC inspector, who is usually accompanied by a specialist adviser who is a dentist or a dental care professional such as a hygienist, therapist or a dental nurse, ie a GDC registrant. The inspection itself will be very thorough and will take a whole day.

Inspectors will speak to all team members on the day, ie dentists (including associates), hygienists, therapists, dental nurses, receptionists and the practice manager. They tend to ask open questions that are designed to discover what kind of outcomes patients experience in your practice.

## What does a comprehensive inspection look at?

The CQC has made strenuous efforts to introduce intra-inspector consistency but because every practice is different and every inspector is different it is inevitable that every inspection will be different.

All CQC inspectors will use an assessment framework that is based around key lines of enquiry (KLOEs) that aim to look at: are the services safe, effective, caring, responsive and well-led? The KLOEs can be downloaded from the CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk), and it is highly recommended that you read and understand them.

Broadly speaking, the following will apply to all comprehensive inspections:

- Inspectors will have a strong focus on gathering feedback from your team members and also from your patients. This means they will want to know how you obtain feedback and how you can show that you have acted on it
- There will also be a strong focus on looking for evidence that you involve patients in the treatment planning process and how you ensure you have valid consent prior to starting treatment. This means that patient records will be scrutinised
- Inspectors will expect all team members to have an understanding of the Mental Capacity Act 2005
- Staff personnel files will be scrutinised to ensure they are complete
- Emergency kits and drugs will be checked to ensure they are complete, and all items are in date
- Team meeting minutes will be scrutinised, and inspectors will want to see evidence that actions arising have been acted upon
- Audits will be checked and again, inspectors will want to see evidence that actions have been followed up and completed
- Inspectors will review your policies and your practice protocols, and they will expect them all to be up to date, in date, and have a review date. They will expect all team members to be familiar with your policies and to have read and understood them
- It is imperative that your policies and protocols are tailored to your practice. They should describe how you do things in your practice and who does them, they should not be generic.

## Focused inspections

Focused inspections are unannounced, are in addition to comprehensive inspections and are always in response to a concern. This could be whistleblowing from a current or previous team member, a patient or a member of the public.

It could also be as a result of a concern raised by the GDC or another regulatory body or as a result of a patient complaint.

Focused inspections usually only focus on the concern that has been raised, rather than the five KLOEs. However, if other concerns come to light during the focused inspection then these can trigger a further inspection, which would be comprehensive.

## Preparation is key

Compliance is part and parcel of running a dental practice, and it should be within the very fabric of your business processes. However, receiving notice of an upcoming CQC inspection can feel unnerving, even for



the most prepared dental practice, as the day-to-day running of your business will be under a microscope.

Making sure you have a robust system in place to govern your compliance is essential for all dental practices. This will enable you to clearly show an inspector how you manage your compliance on a daily basis, outlining what has been done, when, and by which team member.

This is something you can put in place yourself, but it can be time consuming making sure you are always up-to-date with all changes and updates.

Instead, incorporating expert-led software can take away a lot of this pressure, enabling you to delegate tasks to team members, and giving you the peace of mind that all aspects of your compliance will be taken care of just by simply following the prompts provided. **D**

# Dentistry Compliance

Being faced with a CQC inspection can be a worrying time for any dental practice. Having a compliance management system in place can go a long way towards making sure you and your team are as prepared as possible, helping to ease some of the stress.

Dentistry Compliance is a complete end-to-end management solution that simplifies and integrates compliance into your daily business processes seamlessly, ensuring your practice meets current professional standards. For more information or to book a free demo, visit [www.dentistry.co.uk/compliance](http://www.dentistry.co.uk/compliance).

# How to make the most of your time at dental school

To celebrate the launch of the DDU's new student hub, **Professor Ewen McColl** and dental student **Amy Sharp** share the realities of dental school life and advice for making the best of your studies

## Professor Ewen McColl

Head of University of Plymouth's Peninsula Dental School



## Amy Sharp

Fourth year Peninsula dental student and editor of the Dentsoc magazine, *On the Cusp*



### What advice would you give students to help them make the most of their time at dental school?

**Ewen:** There are so many learning opportunities at dental school, so in my opinion the most important thing is to seize these while you can as they can be much more challenging to access once qualified. Always have a question for staff as it shows you're engaged and able to make the most of their experience.

**Amy:** Initially it was quite nerve-wracking because it felt we were still quite young when we started at dental school and we began by doing simple procedures on patients, but it was really important to get out of our comfort zone and make the most of it.

### How do students learn about professionalism and the ethical aspects of dental practice?

**Amy:** Being professional is so important and it's something we cover a lot in lectures, group sessions and clinic itself, so we learn what that means as a dentist.

**Ewen:** Learning about the professional responsibilities that come with looking after patients starts on day one of first year for therapy and dental students. After every patient contact, students are assessed on their professional interaction with patients and colleagues, as well as their clinical knowledge and performance.

### What attributes does a dental student need?

**Ewen:** To be successful at dental school, students need to be well organised, motivated, enthusiastic, and willing to work hard on developing communication and clinical skills, while maintaining focus on professionalism and patient safety. It's a very busy curriculum

with a lot of different types of assessments and the pressure can be significant.

**Amy:** One of the biggest things, which is part of professionalism, is being prepared. In year four, we're in control of our diaries, so if we have a denture patient, for example, we need to ensure their appointment fits with lab timings. If it's a procedure we haven't done in a while, read up on the theory and guidelines. The staff are great in helping us if we're unsure, but we're still expected to prepare.

### Would you encourage dental students to explore different opportunities outside the general practice setting?

**Amy:** Before I got into dental school, I just assumed I'd go into a practice and do the things you'd expect, but even in the first and second year there's so much you can discover.

For example, we're encouraged to do dental core training after our FT year, which involves hospital night shifts and working with ENT – I would not have considered that before. It's also been good to learn about different specialties. We have specialist care visits where we go into hospital to learn about a speciality, which is so interesting. I don't know many people who just want to go into practice full-time – I'm sure they will do that for some of the time, but they want to get different experiences.

**Ewen:** We absolutely want our students to think broadly about their career options beyond dental school, and we highlight the wide range of opportunities available to them. We encourage students to get involved. Staff at the dental school have a very wide range of professional contacts and are always keen to support students' career aspirations.

### What should dental students do if they are struggling?

**Ewen:** The first thing is to speak to someone if they feel something isn't going so well professionally or personally. We all want students to enjoy their time at dental school and we appreciate the pressures students may be under so don't hesitate to ask for support.

It's important within our community of practice to support each other and being kind to others can help manage day to day

problems we all inevitably face in a demanding profession.

**Amy:** The first thing is to talk to other students because everyone goes through it at some point. If you have a couple of bad days in clinic or at uni it can feel like you're dissolving a little bit, but if you find out how other students feel – half the time it will be the same and you encourage each other.

If it's a recurring problem and affecting work, it's important to speak with a member of staff. That can feel like quite a big step, but they are willing to help and most have been to dental school themselves so they know it can be hard.

### What do you enjoy most about being in dental education?

**Amy:** Dental school is really fulfilling and it's nice knowing that your future career is going to be so rewarding. We see six or seven new patients each year and a lot have not been to a dentist in a really long time so we just know that treatment is really going to make a difference, even simple things. That's the biggest thing for me and why I wanted to be a dentist in the first place.

I also feel I'm challenging myself. There are times when it feels very difficult – like when there's a hundred lectures to get through – but knowing you will get it and hopefully be really good at it is another reason why dentistry is fulfilling for me.

**Ewen:** I've always enjoyed learning and for me personally every day is a learning day, be it from staff members or from the students themselves who always seem to have good questions to push my own knowledge.

I really enjoy witnessing the students' professional journey, particularly at graduation where all the hard work has paid off and the graduates take their next step. I keep in touch with many former students and it's great hearing how their careers progress. **D**

This interview has been edited for length. Visit the DDU's student hub to read the full interview and discover other exclusive content: <https://www.theddu.com/for-students>



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# Improving support for early-career dentists

**Luke Hutchings** looks at ways to improve the confidence of young dentists

## Luke Hutchings

President of the British Academy of Cosmetic Dentistry



There is good reason for the continued focus on supporting young dentists who are fresh out of university or in their initial couple of years in practice. The dental schools do what they can to prepare students with the clinical knowledge and skills they'll need to treat a broad range of patients, but the real start-line is transitioning to an associate role. There is still so much to learn for these dentists, which is not covered – or not explored in enough detail – during their studies.

Research published back in 2016 confirmed that students were least confident about procedures they had practised the least (Gilmour, 2016). These included surgical extractions, design and adjustment of orthodontic appliances, medical emergencies, conventional bridges and molar endodontics. Though some of these would be expected, others may pose more of a challenge as dentists move into general practice.

Anecdotally, it also seems that competence and confidence among young dentists has been reducing over time. When I qualified more than 20 years ago, I remember little hesitation as my peers and I transitioned into practice, having gained more than sufficient experience with extractions and other essential dental procedures. Whether due to a broader curriculum, fewer

teaching hours or reduced budgets, students today don't seem to be obtaining the same level of confidence anymore. This has been further impacted by COVID, with entire generations of dentists missing out on important lectures or hands-on experiences due to minimised contact during lockdowns.

I have since come across many young dentists that need extensive support in building competence and confidence following their FD year. This is important not only for high quality and safe patient care, but it is also integral for efficient daily workflows.

## Help is at hand

The advent of numerous programmes and groups across the profession designed specifically for early careers dentists demonstrates that this is not an isolated concern. There are many options available to young dentists around the UK that provide opportunities to enhance practical skills and fill any gaps in clinical knowledge.

One that I believe is particularly beneficial to clinicians is the Tom Bereznicki Charitable Dental Education Trust, which was established in 2023. It was created as a direct response to the gradual decline in clinical experience that dental students and young dentists were receiving. In a bid to inspire clinicians to fulfil their potential, the charity offers educational webinars and videos, as well as access to important research papers,

articles and case studies. There are also clinical competitions that offer winners the chance to attend practical courses, all expenses covered. For any early-career dentist colleagues, it's well worth a look – [tombereznicki.com/trust](http://tombereznicki.com/trust).

Of course, the BACD also offers relevant educational events, with the Young Dentists Day 2024 being held in London on 21 September. Attendees can hear from leading names in the cosmetic dental field, who will cover clinical, business and personal topics to help early-career dentists start to build a long-lasting career in our great profession. You can see the programme on the BACD website. **D**

## Reference

Gilmour, A, Welply, A, Cowpe, J et al. The undergraduate preparation of dentists: Confidence levels of final year dental students at the School of Dentistry in Cardiff. *British Dental Journal* 221, 349–354 (2016).



British Academy of  
Cosmetic Dentistry

**FOR MORE INFORMATION** about the BACD Young Dentists Day, visit [www.bacd.com/event/bacd-young-dentists-day-2024/](http://www.bacd.com/event/bacd-young-dentists-day-2024/).





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# THE ORAL CLES

— Dental hygienists and dental therapists

## Empowerment through regional support

**Miranda Steeples** sits down with **Sakina Syed** to explore the vibrant world of the BSDHT's regional groups, showcasing how they enrich the professional lives of dental hygienists and dental therapists

**Miranda Steeples**

President of the BSDHT



**Sakina Syed**

Chair of the BSDHT's London Group



**Miranda Steeples (MS):** Sakina, it's great to catch up with you. Let's dive straight in... How do you believe BSDHT educational events align with the General Dental Council's expectations for lifelong learning and enhanced CPD?

**Sakina Syed (SS):** The BSDHT stands firmly by the belief that education is a continuous journey, especially in the dental field.

Our educational events, ranging from cosy at-home CPD sessions to more extensive regional and national conferences, are designed with flexibility in mind. Whether it's a weekend or an evening, there's always an opportunity to learn at your own pace and even catch up with sessions on-demand.

It's not just about meeting requirements; it's about enriching our practice with knowledge and camaraderie.

**MS:** That sounds incredibly versatile. When it comes to staying on top of the latest advancements in dentistry, how do the regional group meetings and educational events stand out?

**SS:** Our approach is holistic. We're fortunate to have leaders in dentistry who not only support but actively participate in our events, both regionally and nationally. This allows for a blend of concise, TED-style presentations and in-depth discussions, enabling our members to gain a thorough understanding of various topics.

Plus, with events planned throughout the year, including study days and the annual Oral Health Conference (OHC), there's a continuous flow of knowledge tailored to both dental hygienists and dental therapists.

**MS:** How does BSDHT ensure it maintains the high quality of these educational programmes?

**SS:** It's a collective effort. Our educational committee plays a crucial role, ensuring that every lecture not only adheres to the GDC eCPD standards but also resonates with our members' scientific and clinical expectations. Collaboration with other dental organisations amplifies our efforts, making our programmes not just informative but also transformative.

**MS:** How do these initiatives cater to the varied professional ambitions and career stages of members?

**SS:** We prioritise relevance and growth. By inviting speakers who are either dental hygienists, dental therapists, or even dentists with a deep understanding of our field, we ensure that our members receive insights and guidance that truly elevate their professional journey. It's about fostering growth and sharing knowledge that resonates at every stage of their career.

**MS:** The networking aspect of BSDHT events seems quite pivotal. How do these gatherings facilitate interactions with dental companies and product learning?

**SS:** The atmosphere at our regional meetings is deliberately relaxed and conducive to genuine conversations. It's a space where learning about new products and innovations happens organically, without the pressure of sales. This approach is appreciated by both our members and the trade companies, creating an environment of mutual benefit and learning.

**MS:** Can you share an experience that underscores the value of networking and peer support?

**SS:** Absolutely! My journey with regional groups began when I was a student, sharing insights from an article I had written. That experience not only paved the way for my clinical career but also highlighted the power of community and networking in opening doors and fostering professional growth.

**MS:** It's clear that BSDHT's approach to eCPD is distinctive. How does this set the society apart from other professional organisations?

**SS:** Our edge lies in our regional group setup. With representation across the UK, we offer our members the flexibility to engage with any group, enjoying the benefits of diverse learning environments and perspectives at subsidised rates. It's about being part of a community that's as invested in your growth as you are.

**MS:** For those not yet members, how can attending study days introduce them to the benefits of BSDHT membership?

**SS:** Study days are a gateway to the community spirit of BSDHT. The immediate benefit is the networking opportunity, allowing dental professionals to connect, share experiences and learn about the tangible benefits of membership through both word-of-mouth and our vibrant online presence.

**MS:** Is there an upcoming event on the BSDHT calendar that you're particularly excited about?

**SS:** Without a doubt, it's OHC Harrogate 2024. It's not just an event; it's an annual highlight where education meets fun. My friends and I treasure the diverse learning opportunities, the hands-on sessions, and the chance to meet new people in a setting that truly celebrates our profession.

**MS:** Is there anything else you'd like to mention?

**SS:** I'd like to express my gratitude to our regional committees, all of whom are volunteers. The dedication and effort they put into organising these meetings are truly commendable. The feedback we receive is a testament to their hard work, and it's heartening to see the positive impact we're making. We always welcome more delegates to join and support our regions, to continue this journey of learning and professional growth together. **D**

Interested in joining? Visit [www.bsdht.org.uk/regional-groups](http://www.bsdht.org.uk/regional-groups) and choose your local area.



# Heldencampus – Zirkonzahn's training for the Masters of Dental Technology

Dental technicians from Ireland and from the Netherlands took part in the latest edition of the Heldencampus, **Zirkonzahn's** heroes' campus dedicated to the concept of refinement

Heldencampus is the name that Zirkonzahn gave to its 'heroes campus', a special training conceived and tailor-made for the excellences of dental technology. Participants can take part in the Heldencampus only upon personal invitation by Enrico Steger – Zirkonzahn's founder and father of Prettau zirconia. Selected participants are those who have given constant proof of unique virtuosity, increased expertise and iron will overtime, being able to produce true dental masterpieces.

The Heldecampus is located in the Aurina Valley (South Tyrol), where Zirkonzahn also holds its headquarters, production sites and further education facilities. The Heldencampus was designed as a minimal place in order to guide participants towards a focused exploration of the essentials over the course of the training. Here, individuals engage in meaningful exchanges with colleagues, mutually learning and contributing to the enrichment of their personal cultural repertoire. The environment and connection with nature are crucial factors in maintaining a high level of concentration. Indeed, this special training is mostly dedicated to the concept of refinement: precision, attention to details, aesthetic appearance, cleanliness, work presentation and packaging, tool maintenance and workflow are the main topics discussed during the course.

We congratulate DT Thorbjorn Ginsberg (Netherlands), DT Dimitri Van Hezik (Netherlands) and DT Paul Dowling (Ireland) on being chosen as masters of dental technology!

'I've never had a course like this. You get a lot of information and gave me some tools to change my workflow in the lab now'. DT Thorbjorn Ginsberg

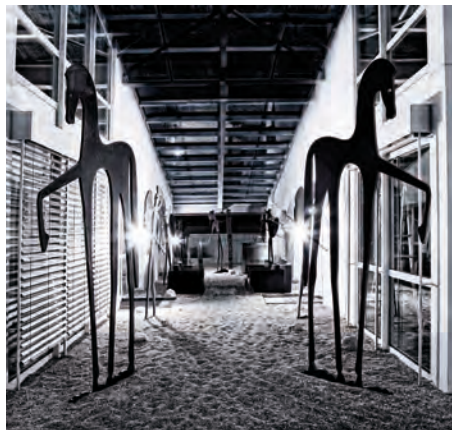
'The experience here was incredible. Everything you see here and you do, you want to use that in your own workflow in the laboratory'. DT Dimitri Van Hezik

'For me this experience was one of satisfaction. It gave me time to reflect on my family, on my life, so it was good the mix of working and free time, doing exercise and sport. It was a very good experience for me'. DT Paul Dowling

Participation to the Heldencampus is by invitation only. However, through the Zirkonzahn School ('Die Zirkonzahn Schule') the Italian company offers a wide educational programme with training opportunities for both dental technicians and dentists, focusing on different working aspects, from aesthetics to digital patient diagnostics, all the way through CAD/CAM, software and innovative working techniques. The educational programme which is studied according to the specific target's needs and level of knowledge, is based on Mr Steger's principle 'learning means repeating': excellent results only come from an ongoing and self-motivated pursuit of improvements as well as from a constant



Figure 1: The three heroes of the Heldencampus 2023



Figures 2 and 3: Five days to concentrate on the essentials, focus on dental technology and experience fairness, togetherness, and friendship. This is what the Heldencampus means!

exercise. Guided by expert dental technicians trained in-house, participants will improve their skills and perfect their knowledge of manual techniques and digital technology. Courses are organised regularly at Zirkonzahn's Italian premises and upon request at the company's different education centres worldwide, whereas the school facilities are all located in the picturesque meadows of South Tyrol, embraced by the magnificent mountains of the Italian Alps.

Enriched with thrilling adventures, the Ranger School and the Military School are specifically conceived for young dental technicians willing to prepare for their future in a dental lab or as laboratory owners. The Safari School, the Forest School, the Mountain Monastery and the Heldencampus are instead addressed to expert dental technicians. In the Forge, dental technicians are encouraged to focus on their objectives, restoring ancient values and wisdom, to find groundbreaking applications in the modern world. The latest training center is the Klinik DeMedici, where dentists and dental technicians can learn Zirkonzahn digital workflow by treating real patient cases. The courses are consistently updated and expanded according

to the latest innovations found by the research team of Zirkonzahn's dental laboratory. Every new solution is implemented into the training programmes through intensive sessions, in which experts and participant can exchange ideas in a collegiate atmosphere.

When in-person meetings are not possible, the Zirkonzahn School offers the perfect solution for continued learning and improvement from home. Thanks to a full series of live webinars in different languages, company experts cover a wide range of topics for dental professionals of any experience. Along with live case presentations, the lecturers provide knowledge – as well as tips and tricks – on the latest approaches... and much, much more! **D**

All education centres and training opportunities can be viewed at [www.zirkonzahn-education.com](http://www.zirkonzahn-education.com).

Watch the video of the Heldencampus 2023: scan the code or visit Zirkonzahn's YouTube channel!





# Spring is in the air

The season of renewal provides the **perfect opportunity** to look at dental practice protocols through fresh eyes

As spring approaches, it brings with it a sense of renewal and rejuvenation – a perfect time for dental practices to re-evaluate their decontamination protocols.

And it's not just the protocols that need looking at. Spring is the perfect time for rolling up our sleeves and getting things done.

Dental decontamination is crucial for maintaining a safe and hygienic environment for patients and staff alike. Here's why spring is an ideal season to focus on these activities:

## 1. Post-winter clean up

After the winter months, dental practices may have accumulated dust, dirt, and other contaminants. Spring provides an opportunity to deep clean equipment, surfaces, and sterilisation areas to ensure a fresh start for the season ahead.

It's time to Hinch those handpieces. Laura Edgar, managing director of Aura Infection Control, explains: 'Naturally, dental handpieces are required to be sterilised between patient use, but they are among the most difficult pieces of dental equipment to decontaminate.'

The cooling waterways can be contaminated by re-suction after a handpiece is stopped; blood and saliva are momentarily sucked back inside the tool. If it isn't properly cleaned the next time the turbine is used it transfers that material to the next patient.

And because handpieces have to be dismantled for oiling and inspection, fouled equipment poses a potential health risk to staff as well.

## 2. Increased patient flow

Spring often sees an uptick in patient appointments as people become more active and focused on health and wellness. With more foot traffic, it's essential to ensure that decontamination processes are up to par to prevent the spread of germs and infections.

As patient numbers increase, it's important to check for stock of those daily essentials such as gloves and Alpron, etc.

## 3. Review and update protocols

Spring is an excellent time for dental practices to review their decontamination protocols and update them as needed based on the latest guidelines and recommendations. This ensures that the practice remains compliant with industry standards and prioritises patient safety.

Aura Infection Control provides expert guidance and free downloadable documents and protocols online.

## 4. Preparation for allergens

Spring brings pollen and other allergens that can exacerbate respiratory issues. Keeping the dental environment clean and sanitised helps minimise potential allergens, creating a more comfortable experience for patients.

As temperatures increase it's important to review your practice's risk of legionnaires' disease. Legionella's ability to multiply and grow is what poses a unique challenge for dentistry.

Left untreated, biofilms can multiply exponentially and waterlines – where supplies may be left undisturbed overnight or at weekends – offer the perfect breeding conditions.

In conclusion, spring serves as a reminder for dental practices to prioritise their decontamination activities. By conducting thorough cleanings, reviewing protocols, and preparing for seasonal challenges, practices can maintain a safe and healthy environment for everyone. **D**

If you would like to discuss your professional brush policy or review the range of brushes you should be using to be compliant with dental decontamination regulations, then please call Aura Infection Control on **01833 630393**.

Aura offers free decontamination reviews. You can access them online at: [www.aiconline.co.uk/dental-decontamination-review/](http://www.aiconline.co.uk/dental-decontamination-review/).

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Alpron remains the most trusted DUWL treatment in the UK. With unparalleled clinical evidence and supported by thousands of users, Alpron along with the Biofilm Removal System are the products of choice to treat and maintain your dental unit.

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Scan to learn more about Alpron



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# All about decon

**Kai Turck** explores the latest advancements in decontamination equipment

**Kai Turck**

Equipment sales manager at  
Henry Schein Dental



Decontamination and cross-infection control have always been key priorities for dental practices, and they rose to even greater prominence during the COVID-19 pandemic, which heightened public awareness of how easily infections can spread.

The dental profession's approach to decontamination did not fundamentally change in the wake of the pandemic, as the standards required of UK dentistry were already very high. Instead, it has evolved to introduce new technologies and protocols to make decontamination processes more effective and streamlined.

Henry Schein Dental has long been at the forefront of providing customers with decontamination solutions, equipment and consumables from leading manufacturers to help practices comply with local and national regulatory guidelines in infection control.

Through careful selection of our product range, we are able to handpick the most suitable solutions, scrutinising their reliability and performance, and offering an unbiased opinion of what is best for each individual practice.

## Autoclave advancements

Autoclaves are required for the day-to-day running of a dental practice, to ensure reusable surgical instruments and handpieces are rendered safe for use on patients, and for

handling by the dental team.

At Henry Schein Dental, we have seen a significant movement away from Class S, towards Class B vacuum autoclaves. This has been achieved through new technology, improved service cycles, and reliability in the autoclave sector.

One example is the Anthos A17 Platinum Class B vacuum autoclave, which can use plain tap water that runs through an internal filtration system, recycling and purifying the water so it can be reused in subsequent cycles. This helps to reduce waste and costs, while also solving the challenge of sourcing a demineralised water supply and storage. The Anthos range allows for remote diagnoses at all times through its in-built Wi-Fi connection, which means that the practice knows it is always backed up.

## Intelligent technology

The Melag 318 vacuum autoclave introduces an intelligent drying system that uses specifically designed algorithms that adapt the drying to the load to shorten operating time, and again saving valuable resources.

W&H in turn has a whole range of autoclaves from S to B Class, some of which are upgradeable with additional features when they become available, which again ensures a long-lasting return of investment.

Thermal disinfectors enable efficient cleaning and disinfection of dental instruments. In the Henry Schein Dental range, there are 'classical' floor-standing washer disinfectors, such as the W&H Teon, or innovative bench top solutions like the

Anthos Tethys H10 Plus which, as a thermal disinfectant, complies with EN ISO 15883-1/2, or can be used as an ultrasonic cleaner with a lockable lid and automated washing and rinsing cycle.

The advanced operating system allows the temperature of the water to be constantly checked and kept within required values. After the disinfection stage, the hot air-drying phase includes purification with an integrated HEPA filter, with the full cycle completed in just 35 minutes.

For fully automatic reprocessing of dental handpieces, the DAC Universal S from Dentsply Sirona cleans, lubricates, washes, and sterilises up to six handpieces in under 20 minutes.

## Maintaining standards

All decontamination equipment should be validated, tested, serviced and maintained as recommended by the manufacturer, and in accordance with regulatory bodies, to ensure equipment performs to an optimum standard. In addition, testing and validation can only be carried out by a suitably qualified engineer.

For autoclaves this means an annual validation and pressure vessel inspection (PVI).

Henry Schein Dental provides a range of comprehensive service contracts to ensure that practices can validate and service decontamination equipment on a regular basis, giving customers peace of mind and minimising the cost and inconvenience of any unexpected breakdowns.

Regular servicing ensures equipment such as autoclaves, washer disinfectors and even treatment centres, compressors, and suction pumps conform to manufacturers' recommendations, and a service certificate is provided in compliance with Care Quality Commission (CQC) requirements.

Henry Schein's team of highly skilled engineers have years of experience in the dental industry and are trained by the manufacturers themselves, using only original replacement parts, to keep equipment running smoothly with no hidden costs or surprises.

Henry Schein Dental has everything in place to help customers select the most advanced equipment that will maintain the high safety standards dentistry requires. With the right post-purchase service contract in place, practices can rest assured that both they and their equipment are in safe hands. **D**



**VIEW HENRY SCHEIN DENTAL'S** range of dental equipment at [hsdequipment.co.uk](https://hsdequipment.co.uk). Book a demo with a Henry Schein equipment sales specialist at [hsdequipment.co.uk/book-a-demo](https://hsdequipment.co.uk/book-a-demo).



## New screwdriver set

**Zirkonzahn**

The new Screwdriver Lab by Zirkonzahn is conceived to fix and loosen different screws on the model. To work flexibly and efficiently, the screwdrivers are available in different lengths and for different implant systems. The system library is constantly expanded.

The screwdrivers can be stored safely in the Screwdriver Holder Magprism, which can contain up to three Screwdriver Labs. The Screwdriver Holder Magprism has a magnetic surface which can combine several holders to store additional screwdrivers.

The Screwdriver Lab is marked with a colour code indicating the implant system. The same colour code can be found on the screw supplied with the screwdriver: this coloured screw is inserted into the Screwdriver Holder Magprism, allowing for an easy identification of the screwdriver and its corresponding slot in the holder.

To fix and loosen abutments and abutment screws in the patient's mouth or on the model, the Universal Screwdriver Set is also available, including several screwdrivers and tools. This set consists of the Torque Ratchet Wrench, the Screwdriver Zirkonzahn MUA for fixing and loosening Zirkonzahn Multi Unit Abutments Non Hex, the Adapter Ratchet Wrench and the Screwdriver Handpiece.

All instruments can be safely stored in the Instrument Case Universal Screwdriver Set which can be personalised with up to 25 Zirkonzahn screwdrivers or right-angle shank extractors, individually chosen by the user depending on the implant system.

[www.zirkonzahn.com](http://www.zirkonzahn.com)



**Zirkonzahn®**  
Human Zirconium Technology



## New protocol for zirconia veneers

**Zirkonzahn**

Prettau Skin is Zirkonzahn's new clinical and technical protocol for producing and cementing ultra-thin zirconia veneers. Prettau Skin veneers can be just 0.2mm thick, allowing patients to get a healthy smile with zero to minimal impairment of tooth substance. The new technique is suitable for the aesthetic correction of tooth discolorations, tooth gaps, crooked teeth, cone teeth and abraded teeth.

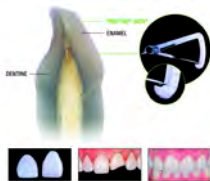
The working protocol includes the production of a resin mock-up to check function, phonetic and aesthetic aspects. Based on the mock-up, the dental technician can produce a preparation guide marking the tooth areas that the dentist has to prepare for the minimally invasive application of the veneers. Veneers preparation and cementation is then performed based on a proven protocol developed by Zirkonzahn, which includes both technical and clinical working steps:

- Cleaning and isolation of the working area
- Tooth preparation
- Veneers preparation
- Bonding preparation and application, curing.

Join our Prettau Skin course on 19-20 September 2024, where dental technicians and dentists can learn together the complete workflow using the correct parameters, focusing on both clinical and technical procedures.

+39 0474 06 6662

[carmen.ausserhofer@zirkonzahn.com](mailto:carmen.ausserhofer@zirkonzahn.com)



**Zirkonzahn®**  
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## Cleancert Hygiene partners with Wrights

**Cleancert Hygiene**

Cleancert Hygiene Ltd (CHL), a leading provider of disinfectants and water purification solutions for the dental industry, has a new distribution channel agreement with Wrights, the dental supply company.

Wright's Dental will be able to distribute CHL's entire range including Cleancert waterline disinfectant, Optizil surface disinfectant, Orawize+ mouthwash, as well as exclusive distribution of Steridermal skin cleanser. Supplying customers with a complete range of disinfection products that will enable dental surgeries to simplify ordering while using high performance, eco-friendly, antimicrobials.

'Wright's will provide CHL with the perfect springboard for the next stage of growth across our range of eco-friendly dental disinfectants, including exclusive distribution of Steridermal skin cleanser. We are confident our partnership with Wright's will provide outstanding customer service to the dental community,' said Simon Davies, managing director at CHL.

[www.cleancert-hygiene.co.uk](http://www.cleancert-hygiene.co.uk)



## Triple-headed toothbrush

**Trycare**

Welcome to the best smile of your life! With the introduction of the triple-headed toothbrush, Trycare have launched a paradigm shift in electric toothbrush heads that makes the Philips Sonicare even more effective – in fact, three times more effective!

Designed by a dentist, the triple-headed toothbrush head features individual labial, lingual and occlusal orientated brush heads which combine to provide the most thorough toothbrush experience your mouth has ever enjoyed, delivering three times more prophylaxis for a two-minute cycle. Featuring patented angled brush heads that clean along the gingival margin and extra soft bristles that do not harm enamel or gingiva, the labial and lingual heads are positioned at a 45-degree angle so they automatically brush perfectly every time. The three sides of the brush naturally adapt to the teeth so that it works on teeth of all shapes, sizes and positions.

Incorporating a built-in bristle indicator to let patients know it's time to change, triple headed toothbrushes are recommended for children eight years old and above. They are safe for use with implants and other restorations.

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[www.trycare.co.uk/triple-bristle](http://www.trycare.co.uk/triple-bristle)



## Predictable implant treatment in a box

**Straumann**

Guided dental implant surgery provides clinicians with the tools they need for accurate surgeries and highly predictable results.

When you provide guided implant treatment with Smile in a Box, you gain access to all of the facilities you need to offer a wide range of implant treatment options. Smile in a Box allows clinicians and their patients to benefit from the Straumann digital workflow – without the need for practices to invest in additional hardware or software.

This is in addition to the Straumann Group implant portfolio, including Straumann, Neodent, and Anthogyr systems – simply select the best option for each patient.

[www.straumann.com/digital/en/discover/smile-in-a-box.html](http://www.straumann.com/digital/en/discover/smile-in-a-box.html)



## Full-day restorative hands-on workshops **Trycare**

Trycare Ltd distributes Tokuyama Dental's range of spherical composites including Estelite Sigma Quick. Featuring the patented RAP monomer and aesthetic spherical filler technology, Estelite Sigma Quick delivers an extended working time yet cures in only 10 seconds! There is also less residual monomer and minimal after cure colour change for long-term aesthetic satisfaction.



In association with GC UK and NSK, Trycare are running a series of full-day workshops by Joan Mach. Joan will cover key points for excellence in direct anterior composites using a biomimetic and non-invasive approach. This will include how to accomplish long-lasting treatments in the anterior region using the latest products, including Estelite Sigma Quick. Live demos and hands-on practice will help delegates achieve lifelike results.

Offering six and half hours of CPD, the workshops will be held in Birmingham (Friday 14 June) and London (Saturday 15 June). Course fee, including all course materials and refreshments, £395 plus VAT (before 30 April 2024) and £495 plus VAT (after 30 April 2024).

01274 885544

[www.trycare.co.uk](http://www.trycare.co.uk)

## Move into a higher gear **Coltene**

The Canalpro X-Move endomotor from Coltene is characterised by simple handling and great flexibility. The cordless unit can be conveniently moved around the chair or between treatment rooms. Hyflex and Micro Mega file sizes are programmed in to the handpiece. The motor also operates in both fully rotating and reciprocating modes and can be programmed for all other common file systems.



COLTENE

With a diameter of only 8mm, the head of the contra-angle ensures a better view of the working field and facilitates photo documentation. The Apex Locator for automatic length determination gives measurements in both continuous and reciprocating motion, enhanced by the insulated contra-angle and super-mini head. With a speed of 2,500rpm and a torque of up to 5.0Nm, the flexible motor boasts stronger power, but lower noise.

[info.uk@coltene.com](mailto:info.uk@coltene.com)

0800 254 5115

## The Neodent Grand Morse Implant System **Straumann**

Patients and practitioners alike can't fail to be inspired by the stunning results now offered by dental implants. Neodent's Grand Morse Implant System meets expectations with a portfolio that is engineered for predictable, immediate treatment in all bone types.

The Helix Grand Morse is an innovative hybrid implant, improving outcomes even in challenging situations. It includes a tapered body design, hybrid contour, dynamic, progressive thread design, active apex, enabling immediate loading, and the Neodent Acqua hydrophilic surface.

As dental implant consultant Cliff Gratz said in a recent review, these features make the Helix implant ideal for 'immediate loading and long-term aesthetics with a stable biologic width'. Clinicians have come to expect cutting edge engineering in the simplest possible package from Neodent, a Straumann Group brand. One prosthetic platform, one screwdriver, one implant driver and one surgical kit allows for intuitive interventions for all bone types.

[www.neodent-uk.co/portal](http://www.neodent-uk.co/portal)



NEODENT  
A Straumann Group Brand



## The best way to finance practice purchase

At whatever stage in their careers, and whether it's outright purchase or setting up a squat, dentists have always been considered a good risk by banks. Which is an encouraging start if you are looking for practice purchase funding.

Sourcing precisely the right funding in today's financial market, however, requires knowledgeable planning preparation, well considered forecasting and skilled negotiation. All of which Medifinance, with its years of experience working with and for the profession, is able to advise upon and undertake on your behalf.

As independent brokers we can do a great deal more than simply source competitive rates. We will ensure we understand your practice and lifestyle objectives from the start. We will then bespoke a product that has not only carefully reviewed the small print (most important), but also offers you the best long term deal. We make a particular point of ensuring that, depending on the requirements of your project, we tailor a package, often from a range of funders, that ticks all the boxes. We do not buy into 'one size fits all'.

Do please contact us, without any commitment, if you are seeking advice and/or funding for practice purchase at [rcox@medifinance.co.uk](mailto:rcox@medifinance.co.uk) or mobile **07785 757782**.

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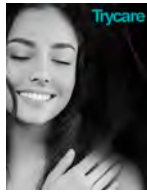
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## Tooth whitening in just 10 minutes! Trycare



The result of over 15 years research and available from Trycare, the UK's fastest growing dental dealer, Blancone typically produces an improvement of up to four to five shades of white at a very low price and in a comfortable session lasting only a few minutes. In as little as 10 minutes you can transform your patient's smile.

Due to its very fast action, Blancone treatments are not aggressive, do not dehydrate the enamel and do not induce pain or sensitivity, so no desensitising or remineralisation agents are required.

They don't require gingival barriers, which saves time and money, and can be combined within the dental hygiene appointment. They are the ideal add-on to EMS GBT and other forms of prophylaxis treatment!

Offering a new approach to tooth whitening, based upon new photochemical technologies, Blancone treatments can be repeated regularly and are the gateway to more intensive treatments if required. Blancone's photochemical gels include two special components which break down the peroxide in such an effective way and at a speed which cannot be achieved by the chemical reactions of traditional whitening systems.

01274 885544

[www.trycare.co.uk](http://www.trycare.co.uk)

## Imaging plates made perfect

Carestream Dental



Astounding imaging capabilities are packed into one compact unit with the CS 7200 Neo Edition from Carestream Dental, the imaging plate system that can transform any practice's everyday needs.

The thin and cable-free plates are as easy to position as film, providing comfort for your patients while retaining exceptional image quality. In just eight seconds, clinicians can access high-resolution scans that inform periapical, bitewing and paediatric exams, for well-informed judgements. With a wider exposure range, the plates are crafted to prevent over- or under-exposure, reducing the need for retakes that expose patients to further radiation.

The beauty of the CS 7200 Neo Edition is its use in practices of all sizes. One system can support multiple clinicians thanks to the simple 'Scan & Go' technology. This identifies each plate prior to an exam, instantly delegating the images to the correct computer and patient file upon scanning, without the risk of a mix-up.

[www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)

## Centralise your practice systems

Carestream Dental



The Sensei Cloud practice management platform from Sensei, the software portfolio of global technological innovator Carestream Dental, is an all-in-one software solution designed to support the critical areas in today's dental practice and improve productivity. Sensei Cloud features trackable patient charts, integrated image storage and treatment plan management to provide an enhanced patient experience. Live metrics, with user-friendly analytic tools and visualisation charts make it easy to streamline workflows and measure key performance indicators.

Access your practice data and schedule appointments wherever you are with Sensei Cloud's secure, reliable accessibility. The software is fully GDPR compliant and offers state-of-the-art data security, with continuous back-up and disaster recovery expertise.

[gosensei.co.uk](http://gosensei.co.uk)

## A-dec partners with Anglian Dental

A-dec



A-dec UK has announced a new dealer partnership with Anglian Dental, strengthening its existing network of dealer partners across the UK and ROI by supplying the dental profession with award winning A-dec dental equipment. A-dec UK has built an enviable reputation for working closely with its dealer partners, offering an unparalleled level of customer service and adhering to its core values around striving for excellence known as 'the A-dec way'. A-dec, renowned for quality and reliability, continues to grow its market share in the UK and ROI.

Anglian Dental based in Royston, Hertfordshire is an established family run dental equipment business with over 30 years of experience in offering design, build, service and maintenance for dental surgeries in the UK.

A-dec UK general manager, Matt Turner commented: 'We are delighted to partner with Anglian Dental and are confident that our shared values will form the basis of a strong and mutually beneficial alliance.'

Murray Welch, sales and marketing director at Anglian Dental, commented: 'We are proud to be partnering with A-dec, their commitment to quality and superior customer experience aligns strongly with our values and we look forward to working together.'

[www.a-dec.uk](http://www.a-dec.uk)

[www.angliandental.co.uk](http://www.angliandental.co.uk)

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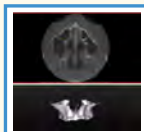
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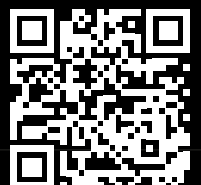
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**Dr Niall Hutchinson BDS,  
Cherry Tree Dental Care  
Oxfordshire**



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 **21 SEPT**  
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 **4-5 OCT**  
LONDON  
DENTISTRY SHOW

## SPEAKERS



**Iain Chapple**  
Head of Periodontology  
and Consultant in  
Restorative Dentistry,  
University of  
Birmingham.



**Benjamin Tighe**  
Dental therapist tutor at  
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