

Dentistry



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NEW

SENSODYNE

HELP PATIENTS CARE FOR SENSITIVE TEETH



BEFORE, DURING AND AFTER PROFESSIONAL WHITENING TREATMENT*



SENSODYNE
CLINICAL
WHITE

Clinically proven whitening technology specially designed for sensitive teeth

Helps protect teeth from future stains

5x Clinical Studies prove effective whitening

+24/7 Care for sensitive teeth**

Enamel safe



Recommend to help keep sensitive teeth free from stains post professional whitening*

* start using at least 2 weeks before the whitening procedure

** with twice daily brushing

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SENSODYNE



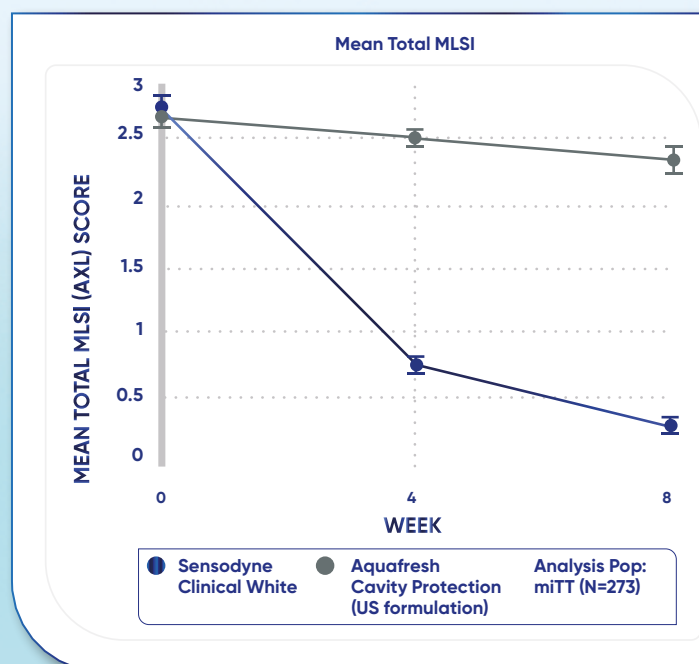
Proven to remove stains, even in hard-to-reach areas¹⁻³

Sensodyne Clinical White is designed to help patients care for sensitive teeth before, during and after professional whitening.*

Sensodyne Clinical White demonstrated:

Statistically significant reduction in tooth staining**¹

Removal of 50% more surface stains^{†2}



Clinically proven whitening technology, formulated for sensitive teeth.



*start using at least 2 weeks before the whitening procedure

** From baseline through twice daily brushing as measured by total MLSI to a reference dentifrice (4 and 8 weeks)

[†] Than a regular toothpaste with twice daily brushing

1. Haleon Data on File; Study 300024; 2023

2. Young S. Parkinson C, Hall C, *et al.* A randomized study investigating the stain-removal potential of two experimental dentifrices. *The Journal of Clinical Dentistry*. 2015; 26(4):96-103

3. Haleon Data on File, study T6030865; 2012

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Dentistry

'NO ACTION' ON HISTORIC TOP-UP FEES, SAYS GDC

The General Dental Council (GDC) has said 'no further action is required' after reviewing past cases in light of the GDC versus Williams outcome.

Following the ruling of the Court of Appeal in the case of GDC v Williams that established 'top-up' fees are permissible under the NHS, the regulator considered whether the judgment had implications for the outcomes of previous fitness to practise cases.

According to the GDC, it reviewed 124 cases involving 'top-up' fees since the Contract Regulations came into force.

Having reviewed all the circumstances of the relevant cases and engaged the services of independent legal counsel, it said 'no further action was required'. It said this was because 'it was established that the outcomes in these cases did not depend on the interpretation of the Contract Regulations which was at issue in the Williams case'.

It added: 'It is for the Department of Health and Social Care and NHS bodies in England, who have responsibility for the Contract Regulations and associated guidance, to consider necessary actions and communicate any implications

for NHS dental charges to patients and dental professionals.'

GDC v Williams

In May last year, the High Court ruled that NHS regulations do not forbid 'top-up' fees, finding that the GDC wrongly struck off a dentist for doing so.

Lucy Jane Williams, the dentist, was charged with professional misconduct allegations, including charging 'top-up' private fees in addition to NHS charges. She had provided three patients with an NHS crown and offered a ceramic crown for an additional top-up.

The GDC's Professional Conduct Committee argued that NHS regulations did not allow such mixing, that she had behaved 'contrary to a

fundamental tenet' of NHS charging, and that she was dishonest. As a result, she was erased from the register.

However, after Williams appealed, the High Court confirmed that 'top-up' fees were permitted by the NHS regulations, and that mixing NHS and private treatment was allowed.

As a result, the judge found her removal to be 'procedurally unfair'. He also found the NHS regulations to be 'not at all straightforward', and ruled that the original finding of dishonesty handed down by the GDC's Professional Conduct Committee (PCC) should never have been made.

Jason Wong announced as England's new chief dental officer

Jason Wong has been appointed as chief dental officer (CDO) for England by NHS England and the Department of Health and Social Care.

Dr Wong has been serving as interim CDO since June 2023 when the previous CDO, Sara Hurley stepped down.

Prior to this, Dr Wong has held the role of deputy chief dental officer for England since June 2020, serving alongside Ms Hurley and his fellow deputy CDO Rebecca Harris.



'provide system-wide professional and clinical leadership by setting the strategic vision for England's oral health and a system-wide approach to further improve NHS dental and oral health services.'

His role will also involve working in partnership with both local and regional teams across the UK to deliver better outcomes for patients.

Alongside his CDO duties, Dr Wong will be keeping a day in clinical practice.

Leadership and partnership

As CDO, Dr Wong will act as the national professional lead for oral health strategy and dental care in England.

According to NHS England, as CDO, he will

'Very proud'

On his CDO appointment, Dr Wong said: 'I'm very proud to be appointed to the role of chief dental officer for England.

In this issue...

Dentistry's guide to sustainable practice p36-45



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Vol 31 No 5, May 2024
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Mission statement

Dentistry magazine's unparalleled coverage of current affairs, new developments and the latest thinking keeps the dental sector on top of the issues that matter. For further information and to get in touch, email guy.hiscott@fmc.co.uk.

Want to subscribe?

All subscription enquiries: 01923 851771, subscriptions@fmc.co.uk
UK dentists £115 pa. Others £350 pa.

Printed by: Precision Colour Printing Ltd
ISSN: 1470-9368

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CONNECTING DENTISTRY

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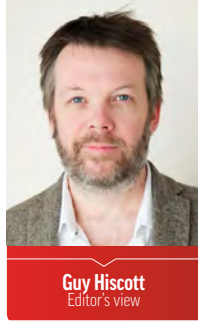


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(Jan 2022 - Dec 2022)

Dentistry magazine is an official media partner of Dentaid The Dental Charity

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Navigating the maze of good intentions



Guy Hiscott
Editor's view

There is something of a theme to this issue of *Dentistry*. It's an extension of a topic we've already discussed at some length in 2024, but one that I think is important enough to carry on talking about, even at the risk of sounding like a broken record.

Flick to page 36 now to see what I'm talking about, though I suspect you may be able to hazard a guess without working too hard!

That's right: we're shining a spotlight on the issue of sustainability in dentistry.

Coming on the back of our change to A4 paper size, and the environmental benefits that has brought, it feels like the right time for us to delve into the issue in more detail.

But I will be honest – the big driver isn't actually about us at all. We're doing this now because two things became strikingly clear when we were carrying out our research.

Firstly, that practices know sustainability is a big issue, and one they want to be more on top of. And secondly, that seemingly everyone in dentistry wants to better understand what it actually means for them.

I get where everyone is coming from. Step outside of dentistry for a moment and I think those feelings are familiar to many people: we're all aware that sustainability

is important, and I think most of us want to do the right thing for the planet and the future generations we hope will be around to inhabit it.

But get into the details and it quickly becomes a little trickier. What does sustainability really mean in everyday life?

To give you an example: away from the business my big current focus is on energy consumption, and figuring out how I can take steps to reduce the energy I use at home, while also making sure more of that energy comes from more sustainable sources.

In an effort to do that in a cost-effective way (another crucial consideration!) I made the mistake of talking to an extremely knowledgeable person about solar panels recently. Moments into their enthusiastic discussions of milliamps and 12- or 24-watt circuits, I was utterly lost.

And I think that sums up where so many of us are at: we want to get things right, but the issues are important, and there is a lot of detail. It's easy to get lost in a maze of our own good intentions.

This is where our sustainability feature comes in – for the next two months we're trying to demystify this detail and help you all take your first steps in making choices that work for your business as well as the planet.

Neither myself nor *Dentistry* are the de facto authorities on all this: we're learning as we go, just as much as everyone else. But hopefully with this work and by talking about it, we can learn together.

Regulator unveils new CEO

Tom Whiting has been appointed the new chief executive officer of the General Dental Council (GDC). The regulator says he will take up his position in the next three months.

Tom joins from the Independent Office for Police Conduct (IOPC) where he is acting director general, having been deputy director general since 2019.

Prior to the IOPC, Tom spent 14 years in local government at Harrow Council, most recently as its interim chief executive, where he was responsible for public health, public protection services safeguarding children and adults and a range of regulatory services including environmental health, trading standards, planning and building control.

Modernise

GDC chair Lord Toby Harris said: 'I am very pleased to welcome Tom as the GDC's new chief executive officer. He brings the skills, qualities and experience needed to help us further

develop trust and high performance as well as enhancing equality, diversity and inclusion for staff and in our regulatory processes.

'Tom will join the GDC at an exciting time, as we remain focused on our performance, modernise how we register dental professionals who qualify abroad and develop our corporate strategy for 2026-2028.

'One of Tom's priorities will be to build and maintain the trust of the public and the professions, as well as key external stakeholders across the four nations, and I am looking forward to working with him to do so.'

On accepting his appointment, Tom Whiting said: 'I am really pleased to join the GDC at such a pivotal time and look forward to meeting staff, dental professionals and external stakeholders to understand their views and priorities. The dental sector and the public face many challenges, and I want to work together with all stakeholders to tackle our shared issues and make progress on shared goals.'

Telling it like it is(n't)

Words matter, as Kevin Lewis reminds himself. But so also does the intention lying behind them

Kevin Lewis | Consultant editor



I cannot be the only person in the UK who felt the need to check their home for signs of woodworm and the rattle of the deathwatch beetle when the Post Office inquiry resumed late last month. I blame the relentless chorus of ‘tut-tutting’ that accompanied the faltering evidence of Susan Crichton (the Post Office’s most senior in-house lawyer at a critical moment, just as the forensic accountants Second Sight were on the point of publishing what was likely to be a damning report). As I write this column we have yet to hear from (then) CEO Paula Vennells or see her in the flesh – so to speak – but she did feature in some of Susan Crichton’s evidence in relation to some email exchanges.

In search of ‘a non-emotive word for computer bugs, glitches and defects’ (sic) that are regularly cropping up ‘as a matter of course’, Paula Vennells sought advice from her husband who suggested using alternative terminology such as ‘exception’ or ‘anomaly’ or the even-more-obscure ‘conditional exception/anomaly’ to suggest an even rarer and less concern-worthy occurrence. So overnight, the fundamental and very serious bugs, glitches and defects in the Horizon software became little more than odd exceptions and anomalies.

Julian Blake (counsel to the inquiry) described that choice of words to conceal and manipulate the true meaning and to disguise the scale of the problem as ‘absolutely Orwellian’. Not only was he right in this observation, the parallel he drew was inspired because the Post Office was – like an Orwellian alter-state – actively seeking to re-write the

truth to suit its own malevolent agenda, irrespective of the impact on others.

Vocabulary

But we in the dental profession should be economical in our tut tutting and head shaking, given that we have been known to adopt not-entirely-dissimilar dark arts ourselves. Back in the day, endodontic instruments used to ‘fracture’ and ‘break off’; these days they simply ‘separate’ or ‘de-integrate’. Or after taking advice from the aforesaid Mr Vennells, perhaps a fractured endo instrument might more helpfully be described as having suffered ‘partial de-integration’. During difficult extractions, roots would sometimes snap, fracture, break off and be left behind. Now ‘tiny fragments’ of ‘root tips’ are ‘retained’, even if it would take two Olympic weightlifters to transport the aforesaid shards to the clinical waste bin.

One also hears references to teeth being – or needing to be – ‘one shade lighter’ (or darker) or improbably ‘half a shade lighter’ or ‘half a shade darker’, a description that is as meaningless as it is potentially deceptive. Especially when applied in vague terms like ‘at least two shades lighter’ – what on earth is that supposed to mean? But of course, the question of whether or not a tooth or restoration is the ‘wrong’ colour, depends on whether we are proposing to treat it, or trying to defend our position having already done so.

In my clinical practising days, my full denture ‘eases’ were something to behold. I knew we were almost there when I could no longer see my shoes under all the acrylic shavings on the floor. Impressions were mostly hard fought, wet and sticky in those days, rather than swift and digital, but such were my prosthetic skills that I never had to re-take an impression. I did often have to ‘refine’ one I had prepared earlier – but as we all know, that’s not the same thing at all. Not when I am embarrassed and on the back foot, anyway.

It took a wordsmith, not a clinician, to come up with the term ‘interproximal reduction’ (IPR) as a means of sanitising the removal of healthy (and often fluoride-rich) enamel in order to make aligner orthodontics possible.

It may help to take the sharp edges off patient perception of the approaching chainsaw, but I doubt that the enamel prisms see it that way.

Most of us use alternative language when circumstances dictate. Most people think about the words they choose to use in different situations – but it’s also true that many people don’t, and they live their lives under the ever-present risk that words will pop out without the brain being engaged at all. You know who you are, and if you don’t, you probably know someone that I am talking about.

Bandwagon

But using words that are calculated with forensic precision to misinform, deceive, obfuscate or conceal is very different to using words carelessly. Boarding a fashionable bandwagon (or associating yourself with one) is so much easier in today’s digital and online world. The anonymity and lack of accountability that social media and digital image manipulation has made possible has encouraged a dichotomy between fact and reality on the one hand, and pretence and illusion on the other. It is striking that dentists display a lot more ‘before’ and ‘after’ pictures than the more revealing and often self-incriminating intervening ‘during’ stage to illustrate the full extent of tooth preparation involved. In dentistry (as in medicine) ‘minimally invasive’ (MI) is a phrase with a benign patina and almost totemic credentials. Because of that, clinicians claim

Most people think about the words they choose to use in different situations – but it’s also true that many people don’t

The anonymity and lack of accountability that social media and digital image manipulation has made possible has encouraged a dichotomy between fact and reality on the one hand, and pretence and illusion on the other

“ The truth is that no procedure can be fairly described as minimally invasive or minimally destructive if it is not actually necessary in the first place, or if it leaves the patient worse off

membership of the MI tribe even when it is blindingly obvious that they are nothing of the sort.

Ian Paterson, the discredited former breast surgeon, claimed that his serial unlawful wounding of hundreds of patients amounted to a compassionate, minimally invasive approach. He knew that those deliberately deceptive claims would present an attractive option for many of his most unfortunate and vulnerable patients who were running short on straws to clutch. He had spotted the potential to earn himself huge sums of money and he invented a surgical approach and

The health and beauty industry is **awash with weasel words**, and sadly there is a seam within both medicine and dentistry that has gone the same way

strapline to support it. The judge – clearly not a believer in MI – gave him 15 years in prison to reflect on all those misleading claims but the Court of Appeal thought even that sentence was too minimally invasive and increased it to 20 years.

Weasel words

The health and beauty industry is awash with weasel words, and sadly there is a seam within both medicine and dentistry that has gone the same way. Elective procedures carry added responsibilities in terms of the honesty, ethics and professionalism of those who purvey them, and the truth is that no procedure can be fairly described as minimally invasive or minimally destructive if it is not actually necessary in the



first place, or if it leaves the patient worse off in some way. The fact that the patient wants or requests it is really not the point, unless they understand the downside risks as well as they understand any upside benefits. I can just about accept the concept of an ‘extended veneer’ for some clinical situations, but the sales and marketing charlatans have struck again with the introduction of the ludicrous term ‘360-degree veneer’. This term is of course a nonsense as well as a complete marketing fabrication.

It is tempting to ask why anyone bothers teaching dental students clinical procedures these days when it is quicker and cheaper to teach them how to weaponise words

Even one of the popular websites that most heavily promote cosmetic dentistry explains: ‘Unlike veneers that only cover the front surface, dental crowns extend all around the tooth structure.’ That’s what the rest of us thought – but I’m sure we won’t need to wait long before some entrepreneurial guru claims to have invented a 359-degree veneer as the latest, most modern, cutting-edge, less-invasive technique. Or maybe even a 361-degree veneer for added retention?

It is tempting to ask why anyone bothers teaching dental students clinical procedures these days when it is quicker and cheaper to teach them how to weaponise words. Perhaps for the avoidance of misunderstanding, the next re-write of the GDC’s *Standards for the Dental Team* should make it clearer that such nonsense has no place in dentist-patient communications. That would be so refreshing, but don’t hold your breath.

So next time an attempted molar extraction turns into a bad day at the office and you end up destroying it into more bits and pieces than archaeologists dug up at Pompeii, you have two choices. One is to ‘fess up and explain to the patient (as if they hadn’t guessed already) that you have made a right hash of it, or alternatively you can look deep and confidently into the patient’s eyes and announce with a flourish that you are delighted to report not only a successful incremental coronectomy but also, multiple radicectomies. Whether or not you charge the patient for all the additional procedure(s) you threw into the mix is a matter for you and your conscience – and if push comes to shove, for the GDC too, maybe? Food for thought. **D**



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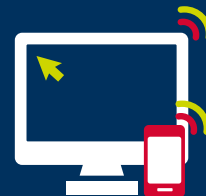
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[†] The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to DDU and DDU membership mean MDU and membership of the MDU.

Dental universities ranking revealed

The *Times* has released its annual ranking of university courses by subject – which includes a breakdown of those ranking highest for dentistry.

For 2024, the highest-ranking dentistry course was at Queen's University, Belfast, which scored particularly highly in entry standards, student experience and research quality. Queen's was also the highest rated course in 2023.

The top 10 dentistry courses for 2024 were:

- Queen's University, Belfast (100)
- University of Glasgow (97.9)
- University of Dundee (96.9)
- Newcastle University (96.1)
- University of Bristol (95.3)
- University of Sheffield (94.1)
- Cardiff University (93.6)
- King's College London (93.1)
- Queen Mary University, London (92.8)
- University of Birmingham and University of Plymouth (92.4).



'Where you study matters'

Helen Davies is the editor of the *Good University Guide 2024*. She said: 'It is more competitive to get a place at many of our top institutions... It is right to take the time to make the right choice, and what you study and where you study matter more than ever when it comes to future earnings.'

The guide takes into account factors such as teaching quality, student experience, research quality, entry standards and graduate prospects, combining these to create an overall score.

A social inclusion table was also included in 2024 to assess the diversity and inclusivity of the universities. Many of the universities which ranked highest overall were at the bottom of the social inclusion table: of the bottom 20 universities for social inclusion, 16 were part of the Russell Group.

Tackling gum disease helps heart irregularity

Treating gum disease after a undergoing procedures to treat atrial fibrillation (AFib) may help prevent the condition from returning, according to a new report.

Published in the *Journal of the American Heart Association*, a study has found that tackling gingival inflammation could improve the prognosis of AFib – a condition that causes an irregular, fast heartbeat.

The Japanese study reported on 92 participants who underwent radiofrequency catheter ablation as well as treatment for gum inflammation.

The other 191 participants also received the ablation procedure – but did not have treatment for their gum inflammation.

Follow ups were conducted one, three, six, nine, and 12 months after each patient's ablation procedure, and then every six months.

Recurrence rates

Findings included:

- One quarter (24%) of the participants experienced AFib recurrence
- Those who had severe gum inflammation but were treated were 61% less likely to

experience AFib again compared to those with severe gum inflammation who did not have it treated

- People who experienced AFib recurrence were more likely to have more severe gum disease
- Having gum disease, being female, experiencing irregular heartbeat for more than two years and left atrial volume were predictors for AFib recurrences.

'Gum disease can be modified by dental intervention,' said lead study author Shunsuke Miyauchi, an assistant professor at the Health Service Center at Hiroshima University in Japan.

'Proper management of gum disease appears to improve the prognosis of AFib, and many people around the world could benefit from it.'

He added: 'While the main findings were consistent with their expectations, we were surprised how useful a quantitative index of gum disease, known as periodontal inflamed surface area or PISA, could be in cardiovascular clinical practice.'

NEWS IN BRIEF

'Toxic metal' risk in vapes

Vaping could be exposing users to toxic metals – including uranium and lead – that affect the brain and other organs, new research shows.



Food preservatives in fresh diabetes link



Preservatives called 'additive emulsifiers' often found in ultra-processed foods (UPFs) have been linked to an increased risk of type 2 diabetes in a new study.

Girls vaping more than boys

Young girls in the UK are vaping, smoking and drinking more than their male counterparts, claims the World Health Organization.



Complex conflict impact on oral health



Tooth decay is less common in war-prone countries – likely due to reduced access to carbohydrates and sugar – but periodontitis is higher, a paper in *Nature* reports.

Gender pay gap narrows

The difference between women and men's average pay is the smallest it has been since salary reporting became mandatory – but four in five companies still pay women less than men.



SCAN
THE QR CODES
TO READ ON!

Private dental insurance at 'record' high

New research suggests that 3.8 million people in the UK were covered by private dental plans or insurance in 2022 – up from 3.2 million in 2019.

Market analyst Laing Buisson's report on the UK healthcare landscape found that demand for private dental coverage – in the form of insurance and dental plans – is steadily rising.

The researchers considered data about private dental services going back to 2007, before which uptake of dental insurance was decreasing.

The total size of the dental plan market was found to have increased by around one fifth, rising from £710 million to £868 million – the



biggest growth of all health sectors in the report.

However, the review also found only a quarter of private treatments covered by plans.

'Little surprise'

Tim Read, director of research and content at Laing Buisson, said that the increased demand for private coverage reflects

reduced access to NHS dentistry. He told *The Telegraph*: 'With more and more people finding themselves unable to get

an appointment with NHS dentists, it comes as little surprise to find growing numbers choosing to take out dental cover. Not just for themselves, but also to ensure their families are able to get the treatments they need when they need it.'

Catherine Rutland, clinical director of Denplan, said: 'This study shows what we have been seeing at Denplan and Simplyhealth over the last couple of years. As access to NHS dentistry becomes more difficult, employers and patients themselves are seeing plans, either insurance or capitation, as a cost-effective solution.'

'There is a growing understanding amongst the public that private dentistry is not just cosmetic dentistry, but also focused on long term preventative care, helping avoid more expensive needs later. Plans also help to spread the cost and improve speed of access for all generations.'

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Walking towards wellness

Join us as we get together and walk to support the mental health of your dental teams

In 2024, the landscape of UK dentistry faces a myriad of challenges, from navigating the complexities of a profitable NHS contract amidst rising operational costs to grappling with recruitment and retention hurdles.

While dental teams valiantly strive to bridge these gaps, the toll on their wellbeing, both physical and mental, cannot be overlooked.

As we confront these challenges head-on, it becomes imperative to prioritise the holistic health of dental teams.

This May, amidst National Walking Month and Mental Health Awareness Month, we introduce an initiative aimed at bolstering the wellbeing of dental professionals: the Walk & Talk 4 Dentistry campaign.

Partnering with Justin Leigh from Focus4growth, *Dentistry* is proud to champion positive mental health and general wellbeing within dental teams across the UK and Ireland.

Justin, a seasoned business coach within the dental industry, also spearheads the Walk and Talk 4 Men movement in St Neots, Cambridgeshire, advocating proactive support for men's mental health.

For the past three years, Justin has led this initiative, fostering a community where individuals come together to walk, talk, and provide mutual support. Now we are in the month of May, we seize the opportunity presented by National Walking and Mental Health Awareness Month to extend this support to dental teams.

Join in!

The premise is simple: dedicate just 30 minutes of one lunchtime in May to walk and talk with colleagues. The benefits of this activity are numerous, offering a respite from the workday, alleviating stress, and rejuvenating both body and mind.

By stepping outside the confines of the dental practice, teams can forge deeper connections, provide support, and underscore the importance of incorporating positive conversations into their daily routines.

This initiative serves as a beacon of hope, encouraging teams to prioritize their mental wellbeing and fostering a culture of support within the dental community.

A number of dental companies are involved in the initiative: Acteon UK, Denplan, DMG Dental UK, Frank Taylor & Associates, Chris Barrow Coaching, Mark Topley – Purpose Driven Business and many others.

Chris Moore, national sales manager at Acteon UK, said: 'This is a fantastic initiative shining a light on an often-hidden issue. The Acteon UK team are delighted to be involved and spread the message to our customers.'

Gareth Grimes, head of sales at DMG Dental UK added: 'We are proud to join this campaign to improve the health and wellbeing of our team and help to raise awareness of mental health issues within the wider dental community.'

We invite dental teams nationwide to join us in creating a space for walking and talking this May. Share your participation by documenting your walks and conversations, using the hashtag #walkandtalk4dentistry on social media.

Together, let's amplify the conversation surrounding mental health and wellbeing within the dental profession, not just for May, but for the months and years to come. **D**



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'Biological sex matters', says NHS Constitution

The government has proposed updates to the NHS Constitution, including changes to the process of requesting same-sex wards and care.

In a new release last month (April), the government said 'biological sex matters' when providing care for different sexes.

As a result, the constitution proposal outlines how it will meet 'the different biological needs of the sexes' and what patients can expect from NHS services in meeting these needs.

The government added that illnesses or conditions that impact sexes differently should be clearly and accurately communicated.

The proposed changes include empowering patients to request that intimate care is performed by a member of the same sex where reasonably possible.

In addition, the updated NHS constitution would reinforce its commitment to providing same-sex wards. This would involve it being permissible under the Equality Act 2010 to place transgender patients in single-room accommodation if requested by a patient.

Different groups

The proposed updates also include:

- 'Embedding the commitment for patients and their family members in acute and specialist settings to initiate a rapid review of care from outside their initial care team, where the patient's condition is deteriorating. Not only does this provide a boost to patient safety, but it also puts patients at the heart of their own care
- Ensuring the health system works together to understand the needs of different groups within each community and reduce disparities in access, experience and outcomes for all
- Strengthening responsibilities on patients to cancel or reschedule appointments and on the NHS to communicate appointment information clearly
- Making clear that patients can expect their physical and mental health care to be person-centred, co-ordinated and tailored to their needs

- Reinforcing the NHS's commitment to unpaid carers.'

According to *The Telegraph*, the updates to the NHS Constitution will also include changes to use of gender-neutral language in medical settings. Terms such as 'chestfeeding' and 'people with ovaries' will reportedly be prohibited with the aim of using language based on biological sex.

'Putting patients first'

Minister for women's health strategy Maria Caulfield said: 'Updating the NHS Constitution is crucial to ensuring the principles underpinning our NHS work for everyone.'

'This is about putting patients first, giving them the dignity and respect that they deserve when they are at their most vulnerable.'

'Our plans include accommodating requests for same-sex intimate care and respecting single-sex wards. We'll also recognise the important role of patients' loved ones in raising concerns about their care.'



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Harnessing the power of best practice

It takes a different kind of positive mindset to strive for best practice, says **Catherine Rutland**



CoreStrengths

Catherine Rutland
Clinical director at Denplan

It is always so positive to be with dentists and their teams who wish to strive for best practice. It is something that often gets lost in the world of compliance. Compliance is necessary, but best practice takes a different kind of mindset to achieve.

We know that making sure a practice is compliant for

regulators is one of the main things that practice teams focus on. It is necessary: no one wants to fall foul of a regulator. Yet, with all things that we feel are mandated, it can seem onerous rather than a joy to do.

'Continually improving'

Spending two days recently with our team of practice advisers who help deliver our Excel Quality Program, I am reminded of the difference between wanting to achieve best practice, and being compliant for a regulator. Striving for best practice needs a team that really believe in doing all they can to create a continually improving environment, thus improving patient care, patient safety, and achieving a sense of pride in doing their job to the best of their ability.

Best practice is not necessarily achieved through the shiny things that patients see or that are posted on social media. Much of it takes place behind the scenes. They are not striving for best practice to be differentiated, but simply to provide assurance to patients of their focus on their care. It is learning constantly and being able to see where things need to be corrected or improved.

Learning from others

One of the important things though is to learn from others' best practice. As the practice advisers' group sat around tables and discussed, you could see this being talked about all the time. We don't need to do all the learning ourselves; we can take on other practices' learnings. Practising in isolation is hard and carries its own risks so sharing best practice should be embraced.

What I saw over those couple of days was the power and positivity of taking a best practice mindset: the energy was infectious. Lifting compliance to aim for best practice is hard in any area of healthcare and I feel so privileged to work with so many who wish to support practices to be able to do so, with patient care at the heart of all they do.

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 a lot to think about. It is time to 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 second of a two-part series, here are some more areas to think about...

Employment status

If you are self-employed, you should definitely seek the services of an accountant. There are some differences in the financial considerations of a self-employed practitioner and someone who is an employee. Seeking specialist guidance can help to ensure that nothing is missed.

Sick pay

If you were off sick, could you maintain your standard of living? Understanding sick pay is an important early step which will provide you with the peace of mind that you could still pay your bills even if you were off sick.

Buying your first home

How do you buy your first property? There needs to be an element of planning and preparation long before you find your dream home. Doing this in 'slow time' can help to ensure you make sound financial decisions.

Retirement planning

Planning for retirement may seem unnecessary at this stage, but it is absolutely the right thing to do. It will help you to gain an understanding of your options and in particular, if you can join the NHS Pension Scheme, what this means, how it works and what you are paying for.

Reflecting on your future

Finally, taking time to consider if you would like to own your own practice, work in private dentistry, changes to your family situation, inheriting money etc all require careful thought if you want to make good decisions.

The important thing is to make a start. Find your challenging friend at the beginning of your career and lay the foundations for effective financial planning. By the time you need financial planning, it may be too late to do anything about it; take a step back, think, plan and invest in taking the time out to do this, as this is the most important thing you could do for yourself.

No need to suffer in silence – help is out there

Nigel Jones provides an important reminder of the resources available if your mental health is in turmoil



PracticeMakes Perfect

Nigel Jones
Sales and marketing
director at Practice Plan

For whatever deep-rooted reason, I have always felt my purpose in life is to help make people happier and more confident. Work or social, a one-off meeting or a decades-long relationship, it's all the same to me. My aim is to leave them feeling more equipped to meet life's challenges, which seem to be intensifying almost daily at present.

While I believe I have achieved that aim for many in dentistry during my career, I'm also aware that there are an escalating number of situations that require intervention of a more specialist kind beyond my experience or training. That's why I will always be grateful for the existence of organisations like Confidential, The Dentists' Health Support Trust, the BDA Benevolent Fund and NHS Practitioner Health.

The need for such wonderful organisations has never seemed more apparent. Indeed, during one of my periodic reviews of what's new in respect of mental fitness issues affecting healthcare teams, I stumbled across an article published last autumn by NHS Practitioner Health entitled 'Mental illness and suicide: when do we say enough is enough?'. It makes for very interesting, if sobering, reading.

Given 40% of new presentations to the service are general practitioners, the article is understandably focused on GPs rather than dentists. Although a GP survey provides the bulk of the content, a quick perusal of the individual cases shows a huge amount of commonality between the types of healthcare professionals.

Examples such as 'it's like running on a treadmill that you can't get off unless you fall', 'I'm stressed, overwhelmed and terrified of making a mistake' and 'the system itself feels like a sinking ship with no lifeboats' all sound very familiar to someone who has spent over three decades supporting GPs.

Two of the statistics on display really hit home. Almost half of the 98.16% of respondents whose health had been affected by the demands of the job had not sought help. Yet almost half of those who completed the survey reported thoughts of ending their life in the last 12 months. It's unlikely to be the same half.

I know much of the above is not news, but the issue is not reducing; it's getting worse as the numbers presenting to NHS Practitioner Health sadly show. So, I make no apology for reminding us all of the help that is out there.

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Dentistry's Big Questions

ARE DENTAL NURSES PAID ENOUGH 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 our new feature exploring the hot topics in the profession. This time, we asked: are dental nurses paid enough in the UK?

A simple question – but for a role that is essential to effective clinical care. Nurses are so often the unsung heroes of the surgery, but is this value recognised widely enough? Based on our poll, the answers are clear: 82.8% of respondents said no, 12.9% were unsure, and just 4.3% thought dental nurses are paid enough. Here's what the profession had to say...

Gemma Forsythe, dental nurse

Absolutely not. Dental nurses have been underpaid and under appreciated for a long time. With an ever expanding list of responsibilities, pay should also expand but in a lot of cases dental nurses are expected to take on more duties for the same wages as before.

Add into the mix the fact you study hard for two years and complete two exams to qualify to work as a dental nurse, GDC registration, indemnity, CPD etc (if the practice does not pay for these).

You should not have to settle for pay that does not reflect the value which you contribute to your workplace, especially considering the cost of living crisis and costs of everything skyrocketing.

Let's be honest, dental practices could not run without their dental nurses – they are without a doubt the backbone of the dental practice.

Cheryl Chapman, senior dental nurse

Absolutely not. Many of the nurses love the job itself but are let down by the appalling wages. Inflation is causing nurses to struggle to make ends meet as their wages are not upped at the same rate.

It is a very skilled and stressful profession [that works] at a very fast pace. It is physically draining. There are many standards to uphold: after passing the NVQ qualifications, you have to also fit in CPD. There are expenses too.

Most nurses are either leaving or thinking of leaving due to the poor pay, especially now the living wage has increased.

I wish someone would do a 'day in the life of a dental nurse' documentary to see how hard they work. We feel hidden!

Stevie Potter, dentist

Absolutely not. We seem to treat them as glorified cleaners – and pay them less! We need to stop moaning that nobody wants to go into dental nursing and start to be honest about the reasons why. They get treated pretty roughly by many, for peanuts.

I'm impressed that any new blood appears in the profession to be honest!

Suzanne Hardie, dental nurse

It's not often that we nurse past mid 30s at a push – usually earlier if we become parents due to being able to earn more money elsewhere.

I'm still at it 32 years later (as a non-parent) because I love it, and that's the main reason most of us still nurse. It should not take just passion and duty to retain an entire profession. We don't want to be paid a fortune but a wage relevant to our qualifications and the work we have trained for. I have a couple of dental nurse friends who are single/non-flatsharing and have to work other jobs to supplement their wage.

I have the privilege of a husband/dual income to assist in day to day cost of living. This should not be a profession where we have to be married or work second jobs to afford to live. **D**

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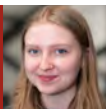
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Perfection is an attitude

Aquafresh has teamed up with photographer Rankin to challenge our understanding of 'the perfect smile' – Rowan Thomas explains how

Rowan Thomas

Sub-editor, *Dentistry*

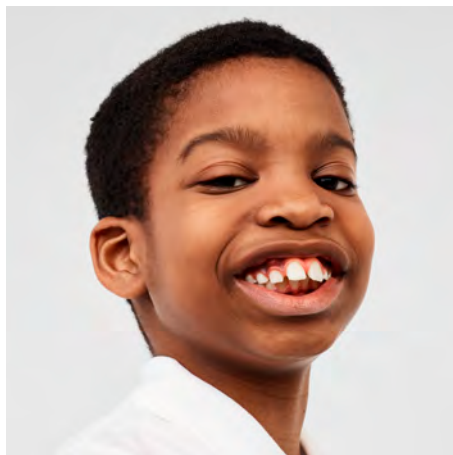


Rankin is a British photographer known for his striking portraits of public figures from David Bowie to Queen Elizabeth II. Partnering with Aquafresh for an exhibition at Soho's Black + White gallery, he recently turned his distinctive photographic style to a new subject: children's wonky teeth.

Between 26 and 28 April, the 'Perfect teeth are just healthy teeth' exhibition showcased a series of portraits of primary school aged children showing off their 'imperfectly perfect' teeth.

'It's more interesting being different!'

The inspiration for the exhibition was a survey conducted by Aquafresh that revealed nearly half of the children asked had experienced low confidence because of their teeth.



Jayant Singh, head of global oral health at Haleon, said: 'Almost one in two kids are more aware of their appearance as they transition from milk to adult teeth. Many parents noticed their children hiding their smiles – that's not how childhood should be.'



Around 35% of respondents to the survey said they were embarrassed to smile or laugh because of how their teeth looked. Jayant described the photography as a way to bring childhood to life, bringing awareness to the lack of self-confidence that children should

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Captured as they laugh, smile, shout and stick out their tongues, the young subjects of the portraits seem unashamed of their developing dentition. Though they might be wobbly, wonky, gappy and snaggly, the teeth shown in the photos are perfectly healthy and normal for their age.

Monica Michalopoulou is marketing director for Great Britain and Ireland at Haleon. Speaking at the exhibition's launch, she discussed the impact of 'society's obsession with the picture-perfect smile'.

She said: 'Rankin's beautiful portraits demonstrate the joy in a child's toothy smile. It's heartbreaking that children are feeling self-conscious about this.'

Rankin echoed Monica's sentiments. He said: 'Perfection is an attitude – so being able to help kids embrace their wobbly, wonky teeth and realise what is considered as perfect teeth doesn't matter has been brilliant. Who doesn't

love to challenge the status quo? It's more interesting being different, anyway!'



More work to be done

The positive messaging of the exhibition that 'perfect teeth are just healthy teeth' was a novel and engaging way to bring attention to the issue of children's oral health. However, as Haleon's head of corporate affairs for northern Europe Jon Elliot put it, this is only one side of the story. He said: 'There are too many children who don't actually have healthy teeth and that is a policy issue. There is no reason why tooth extractions should be one of the most common reasons for hospital admissions in children

Rankin's beautiful portraits demonstrate the joy in a child's toothy smile. It's heartbreaking that children are feeling self-conscious

when they are entirely preventable.'

Jon stressed that Aquafresh considers itself to play a vital role in prevention. The company is actively investigating solutions to ensure preventive advice is given to everyone, working with policy makers to implement solutions, and driving an emphasis on self-care.

Aquafresh has supported the Dental Wellness Trust charity for several years with a view to achieving these aims.

Linda Greenwall founded the Dental Wellness Trust in 2011. She said: 'We know that if teeth are looked after and healthy, they are perfect! Dental health should be as much a part of a child's self-care routine as washing their body and getting enough sleep – especially as we navigate the dental health crisis in the UK, and it becomes harder than ever to secure a dentist's appointment.'

She concluded: 'While we're making huge progress, this research proves that there's still vital work to be done!' **D**

Though they might be wobbly, wonky, gappy and snaggly, the teeth shown in the photos are perfectly healthy and normal



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Time to bring back dental reference officers?

Neel Kothari explains how reintroducing dental reference officers could help to stop mistakes in dental regulation from slipping through the cracks

In the year 2000, professor of psychology James Reason proposed his 'swiss cheese' model of accident causation. This is also known as the 'cumulative act effect' and has gained widespread acceptance. It purports that accidents don't often happen due to a single cause, but rather a chain of errors that ultimately lead to a failure.

A pictorial representation of the model shows how adverse events are allowed to manifest by passing through our multiple layers of defence – ie, slipping through the holes in the cheese, when perfectly aligned.

While an imperfect segue, accidents and failures in dentistry share overlapping aspects. For dental clinicians this could manifest in a trip to the GDC, as well as risk patient care.

The threat of regulations

Real or perceived, this threat is greater in the minds of clinicians today than when I qualified almost two decades ago.

In 2020, the NHS publication *Dentists' Working Patterns, Motivation and Morale* stated that nearly two-thirds of principal dentists and over half of all associate dentists across the UK often think of leaving dentistry. The risks of litigation and the cost of indemnity were cited as two of the three main factors lowering morale.

It comes as no surprise that 'regulations' are

deemed a major cause of low morale particularly for principal dentists.

Regulations aren't fully understood, especially within the NHS. Even experts who purport to inform the GDC on their correct interpretation are often wrong when challenged in the courts. This lack of clarity exemplifies how we are missing a layer of defence from the outset.

A case that slipped through

If we look at the most egregious cases of failure, such as that of Dr Desmond D'Mello (whose actions sparked the biggest patient recall in NHS history), it's plain to see that, despite an abundance of regulations, there were no preventive steps providing patients with a layer of defence.

To be clear, Dr D'Mello single-handedly completed 21,846.45 UDAs in 2007, 20,577.80 UDAs in 2008 and 22,139.75 in 2009. His workload was designed for at least three full-time dentists.

Dental professionals instinctively know that there simply isn't enough time to carry out proper infection control measures or ethically minded treatment planning when seeing 50 plus patients per morning.

Yet despite this, D'Mello initially passed his CQC inspection. One year, he did so many UDAs that the PCT at the time awarded him more.

I suspect that most NHS dentists reading this

article will have an idea as to how Dr D'Mello managed to complete 20,000 plus UDAs. Potentially a better idea than any of the regulatory bodies whose job it is to protect the public.

Cost cutting exercises

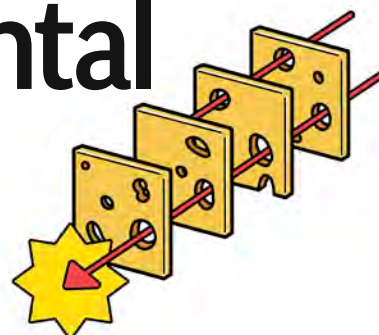
It's my contention that this has happened because we as a profession are poorly regulated. The layers of defence that dentists and patients formerly had have been systematically eroded as part of cost cutting exercises.

One example of these defences is dental reference officers.

Put simply, regulators and rule makers lack the expert behaviour that can only be achieved by working within a system and understanding its nuances.

Some dentists might not want oversight of their work, as previously afforded pre-2006. But this is a minor irritation compared with ending up in front of the GDC. It gives the profession the strongest barrier to preventing a failure within NHS dentistry, apart from leaving the health service altogether.

It's for these reasons that I believe we desperately need dentists regulating NHS dentistry and to bring back dental reference officers so that the GDC isn't the first organisation telling us when we are wrong. **D**



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Introducing National Dental Hygienist and Dental Therapist Day

Dentistry is delighted to announce **National Dental Hygienist and Dental Therapist Day** – a brand new national day dedicated to celebrating the invaluable contributions of dental hygienists and dental therapists

In partnership with the British Association of Dental Therapists (BADT), the British Society of Dental Hygiene and Therapy (BSDHT) and the Irish Dental Hygienist's Association (IDHA), this new national day will take place on 1 May. This is to commemorate the day direct access came into force for dental hygienists and dental therapists on 1 May 2013.

To mark the inaugural National Dental Hygienist and Dental Therapist Day, and with the support of NSK, *Dentistry* has launched a six-week campaign highlighting the achievements, challenges, and evolution of dental hygienists and dental therapists.



Stay tuned for a host of articles, videos, advice on all things dental hygiene and therapy, including how to implement a therapy-led approach in practice, the history of dental hygienists and dental therapists, and top tips for re-skilling as a dental therapist.

Unsung heroes

Guy Hiscott, FMC content director, said: 'Dental

hygienists and dental therapists are at the very heart of what dentistry should be aspiring to – prevention of disease and promotion of oral health. The skills, insight and passion that these clinicians bring is nothing less than foundational for modern dental care: it's high

time that their contribution to the nation's health is recognised and celebrated.

'The very best practices out there are embracing skill mix, encouraging these incredible professionals to work to the full capacity of their scope of practice – and thriving as a result.

'With more than a decade of direct access now under the collective belts of the nation, it begs the question of why more practices are not following suit. Dental hygiene and therapy is good for patients. It's good for practices. Let's take a moment to celebrate these unsung heroes as they deserve.'

Celebrating you!

On National Dental Hygienist and Dental Therapist Day 2024, *Dentistry* took the opportunity to recognise as many members of the dental hygiene and therapy community as possible with a celebratory video. Head to www.dentistry.co.uk to see it! **D**

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Miranda Steeples looks back at how the roles of dental hygienists and dental therapists have evolved throughout history

and less something that is 'done to them'. This is a strength of DH and DTh – this is what we do.

It is important to celebrate our professions and to consider how far they have come in a relatively short period of time. We are the cornerstones of prevention; the future of oral healthcare for our patients and the public. DH and DTh are valued members of the oral healthcare team, opening up the opportunity of access to care for patients and can manage some patient's oral health from the cradle to the grave.

'An exciting time'

Now, bar some additional training, we have the authority to work to our full autonomy. This is such an exciting time; we can undertake further professional education such as a master's or a PhD, we can work in education, research, within dental industry, or own and run our own dental practice, and be the constant in a patient's life.

There are some who wish for more skills to be added to our scope of practice, but this will, in my opinion, mean we lose some of the essence of what it means to be a DH or DTh; a specialist in prevention. If the scope expands, we move into the territory of being a dentist, and if that is desired, then one can train to be a dentist. Others want prescribing rights, again one could go and be a dentist. But with these further responsibilities, which are not wanted by the whole profession, may come additional financial burdens.

As we are offered more responsibility within the NHS, we need to ensure that the environment is fair and equitable. We are not someone's cheaper workforce. We are not here to be taken advantage of.

BSDHT are here for you, every step of the way. From your student training to when you retire and the president sends you a congratulatory card. This is one of the nicest jobs that I have, writing a card to someone I have never met, a DH or DTh who has spent their lifetime caring for patients in their community.

And that is a beautiful thing. We are one big group of dental care professionals; we are all dental professionals who care. And that is something to celebrate. **D**

Around one hundred years ago, dentistry was in turmoil. Dentists were trying to establish themselves as a profession separate to medicine, and working to prevent illegal practice. The Schools Dental Service (SDS) was where children received their dental treatment, and 'dental dressers' provided this under the direction of a dentist.

Around the same time, another group of 'dental auxiliaries' were dental hygienists (DH) who were providing periodontal care and preventive advice to servicemen at home from the war. The Dentist's Act (1921) permitted DH to undertake 'minor dental work', which the British Dental Association (BDA) opposed due to fears they were 'diluting' the profession of dentistry. In 1942, the BDA were successful in stopping this. However, in 1945, the recommendation was made for dentistry to have its own regulatory body, and alongside this, provision was made for the training and supervision of DH.

1949 saw the inception of the DH training school at the Eastman, in London, and the British Dental Hygienists Association (BDHA) was formed, later becoming the British Society of Dental Hygiene & Therapy (BSDHT) in 2006.

It was some years later, in 1957, that the General Dental Council (GDC) was established and, as part of this negotiation with the government, it was mandated that dental therapists (DTh) should also be trained. This commenced in 1960 at New Cross in London. At this time, DH were permitted to work in general dental practice, but it wasn't until 2002 that DTh could do the same.

It's hard to imagine that it took until 2006 for all dental professionals to become GDC registrants, which only reached completion in 2008. During this time, the collective title for those who were not dentists changed from 'dental auxiliaries' to 'professionals complementary to dentistry', to the 'dental care professionals' we are today.

The introduction of direct access

Direct access in the private sector was

introduced in 2013. It is now taken for granted to work in general practice, much like the rights to undertake the scope of practice we have, and that we are all registered dental professionals.

In fact, the progress that has been made in the past 100 years or so has been professionalised, in part helped by the government needs of the time, but more so by the professional organisations, BSDHT and the British Association of Dental Therapists (BADT).

One can look back to 2022 when direct access was introduced into the NHS in England, and compare it to the time of the SDS some 100 or so years before. The SDS was underfunded and there was a shortage of dentists wanting to work in this scheme. You can draw a parallel to today with the NHS dentistry contract, where once again we the are the professions brought in by the government. Except, unlike then, when the BDA fought to prevent us treating patients, now there is no resistance.

This is largely because there are limited personal benefits to us doing this work. One might consider that it offers professional fulfilment, and a reminder of why we came into a dental care professional role. But there are limited financial rewards, and certainly no parity with our colleagues who are dentists.

Scope of practice

As two distinct dental professional groups, we are more than capable of offering NHS dental treatment to patients within our scope, but what is needed for this to work is a change in conditions and a change in culture, both inside and outside of the profession.

Oral healthcare team members need to have an understanding of what their colleagues are capable of. There needs to be the will to educate the public in who we are and what we can do. Offering reassurance that they are safe in our chairs comes via validation from our colleagues.

What hasn't changed in dentistry over the years is disease prevention and oral health promotion. Dentistry is now less reactive and more preventive in its nature – more of a collaboration between clinician and patient,

Introducing National Dental Hygienist and Dental Therapist Day

Dentistry is delighted to announce National Dental Hygienist and Dental Therapist Day – a brand new national day dedicated to celebrating the invaluable contributions of dental hygienists and dental therapists.

In association with the British Association of Dental Therapists (BADT), the British Society of Dental Hygiene and Therapy (BSDHT) and the Irish Dental Hygienist's Association (IDHA), this new national day will take place on 1 May every year, commemorating the day direct access came into force in 2013.

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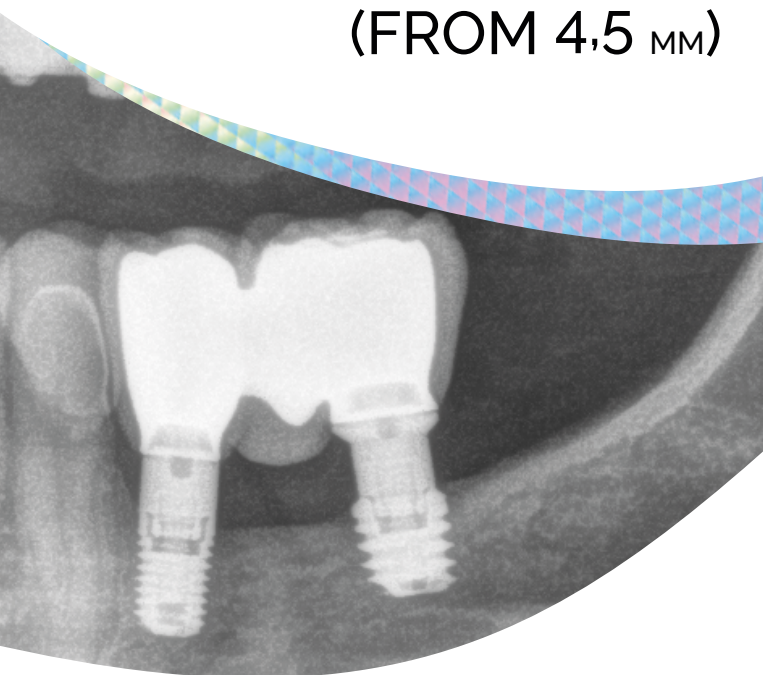
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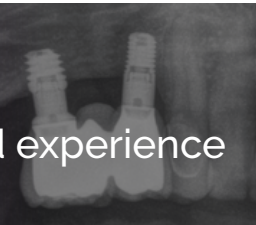
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Science and experience



Cat Edney explains what a therapy-led model looks like, how to implement it and the many benefits it will bring your practice

My memories of dentistry before I worked in the industry are of the standard 1980s-style dentist. It was a lovely man using the bottom floor of his house as a dental surgery. He had one nurse who was also his receptionist. Instruments were hung up along the wall, the X-rays were little, tiny films stuck to a light under the wall cabinet and they had a fish tank in the waiting room – the highlight of my visits.

This dentist did it all – from paediatrics to surgical extractions, the hygiene and the dentures. If you needed it, it happened in that one room with that one dentist and his one nurse. That one dentist was playing every instrument in his solo – a one-man band.

Why does a therapy-led model work?

In contrast, modern dental surgeries have multiple rooms, multiple chairs and multiple support staff. There are often practice managers, social media managers, treatment coordinators, head dental nurse, decontamination nurse, hygienists and GDP associates.

However, these GDPs are still working to the 'one man band' model. They have their own list of patients, often their own room they work in and we all know a GDP who likes to have their own dental nurse... the one-man band model works – it has worked for years. So why change?

What I have noticed by working in multiple teams like this is that every individual clinician has their strengths. There is usually a direction they want to take their own personal development or a passion they have in dentistry, be it oral surgery, orthodontics, endodontics or even smile makeover work.

The therapy-led model supports these GDPs to play to their strengths. It turns a dental surgery from multiple rooms of one-man bands into a well-tuned and cohesive orchestra, with the dental therapist as a conductor.

It's a familiar set up where our medical colleagues have led the way, following their passions by choosing a profession within medicine so that now it seems ridiculous to expect your GP to also be your surgeon and your physiotherapist.

Therapist-led models work financially for practices because it ensures that those that have the ability to perform high profit treatments are not spending valuable chair time on the low profit check-ups and direct restorative work. Instead dentists' diaries can be full of pre-



qualified patients wanting the treatments they are best at providing.

The therapist does the check-ups

Traditionally, dentists have referred to dental hygienists and dental therapists. This can put pressure on the dentist to know what the individual they are referring to is confident to undertake while also possibly walking a fine line of keeping their own diary busy – but not too busy – with low profit treatments.

When we implement a therapist-led model with a multi-dentist team we flip this concern. The therapist does the check-ups.

The therapist is able to treatment plan and undertake the treatment they are confident with and then refer the out of scope treatment to the right clinician for the patient's needs. They can refer to multiple GDPs if need be.

The therapist is able to triage patients to ensure that when they have a missing tooth and are interested in replacing it, they get in with the implant dentist who is passionate, knowledgeable and confident in discussing all things implants.

As a result, this fills each dentist's diary with treatments they enjoy and are passionate about. This reduces the time the dentist spends on check-ups – which can easily take up half of their diary time.

How does a team make the therapy-led model work?

The move to a therapy-led model can throw up some concerns and questions along the way and understandably the team may need guidance and support when navigating the transition.

How this model works in your own practice will often vary from team to team and also depending on the team members you have at the time. This is why developing protocols within the team has always been my focus when supporting dental practices through their structure changes.

Key areas that we explore include the patient journey, the booking process, the referral criteria for each clinician and also detailed swim-lane protocols to ensure clinicians are confident that there is a level of standardisation between them all. This takes some time and a number of conversations, and it also depends on a level of understanding between clinicians and support staff.

In short, it works by taking a 'team' from being a group of people who work in the same building on different projects to a cohesive well-oiled machine that jointly looks after every patient under its care. **D**

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The journey to digital

Marcos White shares how digital dentistry has transformed his practice workflow and offers his advice to those hesitant to adopt it

Marcos White

Practice owner, The Courtyard



Please introduce yourself

My name is Marcos White. I have a digital practice in Huddersfield called The Courtyard, which has an intraoral scanner in every room. I've been in that business for 20 years and we've been digital for 10 of them.

How have you implemented digital dentistry into your practice?

A decade ago, the lab that we were working with at the time suggested we get an intraoral scanner to increase accuracy. We were doing high volume restorative work, so they thought we would benefit. So, we did what we were told – I always do what experts tell me to do – and we bought a Trios in May 2014. That started us on a journey of accuracy, understanding what happens behind the scenes when you take a scan, and how things are made in a digital lab. Plot spoiler: we now have a digital lab – we built one and it's growing quite fast at the moment.

Along that journey we realised that once you take a scan, there'll be a file and that file is designed on some software that can be pinged back to you as a visual for you to approve. It completely changed the dynamic between a patient, lab work and a lab. It used to be an impression you threw in a bag, and you'd cross your fingers and hope that what came back was decent. But the more interdigital we got, the more you could see behind the scenes. That became quite fascinating and that's where the curiosity started, really. I started to be curious with this lab at the time and say, 'Was that made by a computer or a human?' And I started to think, if it was on a computer or if a machine made it, shouldn't it be a little bit cheaper? If you didn't need as many people to make it, shouldn't we pay a little bit less?

Later on in the journey, we got our first Itero, and the reason that was different was because it had quite a dramatic theatrical screen

attached to it, where both clinicians and patients could see their teeth on screen. Before it was a more accurate device to understand the workings of a lab, but then with the Itero, I can see the teeth on screen, patients can see their own problems on screen – that really started to change our relationship with planning. And to see problems on screen helps both us and patients make better decisions.

You've mentioned accuracy, costs and patient engagement – how else would you say digital dentistry has transformed your practice workflow?

The next stage that it becomes transformational is when you go all in. You can't have a computerised practice with one computer. When dental practices moved from paper records to computerised, computerised meant a computer in every room. It didn't just mean that somebody had a computer. So, to digitise means that everybody has access to those scans somehow. That might mean – like we have – there's a scanner in every surgery. It also means that those scans are available to be viewed on any desktop, and when that happens, the interconnectivity of your team gets transformed. I don't have a conversation about a patient without a scan being on – it's a rule that becomes completely transformational.

At our practice, the intraoral scanner is not the only digital thing – everybody has an iPhone, everybody's on Whatsapp. Even during emergencies, we have a triage Whatsapp that all our team are involved in. So, a patient calls in, 'I've broken this' or 'this snapped', then I encourage my reception team to have conversations with them on Whatsapp. We will send them the scan that we've already got – because we scan all our patients at every check up – and ask which one broke. That helps us triage to the right personnel – does it need the therapist? Does it need a dentist? Does it need us to remake a crown that we've already got a file for? Should we print a new crown because we made it two years ago? So, all of this cool planning and thinking is happening behind the scenes before I'm ever involved.

I have a phrase that says, don't bring me your problem – bring me 95% of a solution. This happened, we did this, shall I do this? Yes. I love the fact that all of that planning and thinking can happen with other members of my team



before I'm ever involved. That was another big leap forward.

One of the problems in the industry is that we aren't that far ahead of that evolution because if practices do have a scanner, then they probably won't have seven, or they probably won't have encouraged the whole team to think in terms of always looking at a scan – all of these kinds of habits that we now take for granted. It will take a good few years before the wider dental population get there. But it's in that magic – that's where the cool stuff happens.

Were there any advantages of digital dentistry that surprised you?

From a business perspective, it's the way dentistry feels super lean and effortless in terms of the actions. Even if you think of one instance of taking an impression, it involves a member of your team putting in disinfectant, wrapping it in some paper, putting it in a bag, putting a label on the bag, putting that in another basket to be sent somewhere – all of these messy, analogue processes.

Every one of these little details makes dentistry cleaner and more efficient

But instead, it's just a scan and a tap. Every one of these little details makes dentistry cleaner and more efficient. And the times just shrink – the more effortless it becomes to use that makes it potentially more efficient.

And we're seeing that play out in the numbers. It wasn't immediate, but now the amount of volume of restorative dentistry that I can put through mine and my practice partners' hands is quite phenomenal. And I have no doubt that it's digital that's behind that. ▶



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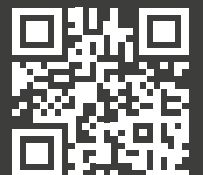


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How has digital dentistry changed throughout your career?

When I started lecturing, when you'd ask how many people had a scanner there would be a few hands and they'd be the geeks. Now most of the room puts up their hand, but I still think they have that next part of the journey to experience where they invest wholesale in digitisation and every room or every dentist has one.

One of our favourite stories is that when we first got our scanner I stopped ordering putty for my associates so that they have no choice but to use the scanner. That's what 'all in' looks like – we're going to run with this technology. That's the next leap the profession needs to make, to say this is the only way we're doing things now.

We've already seen a larger proportion of dentists have a scanner in practice, but one of my other catchphrases is 'if you have a good idea, have it twice'. If you've seen how a scanner can make one of your dentists more effective, quicker or more efficient, then have that same



idea again in a different room with another dentist or with your treatment coordinator, or with a dental therapist. And the longer you take to make that decision, you're just slowing your advancement. I see it all as this continuum – we'll always be trying to be at the front of that and experiencing those advantages. And now we can definitely see it in even in the accounts and in the amount of dentistry we can do with less people.

What advice do you have to anyone who might be hesitant to adopt digital dentistry into their practices?

Most of the barriers aren't really there anymore. We're not early adopters anymore, we're past that. The early adoption concerns were if it would become obsolete, if it was a passing fad, whether there would be a new, better one out next Tuesday, etc. We're past those points now. I don't think there are those big reservations.

For me, you can look at advantages in many ways – patient benefits, accuracy, efficiency. But I also enjoy the dentistry I do more now, and you can't really quantify that. For example, I enjoy the way I communicate with my team, so there are these things that you can't put on a spreadsheet, but they are just better.

The other obvious one is, 'hands up in the room who thinks it's just a passing fad'. Are we ever going to have a conversation like, 'do you remember digital dentistry? Oh, that went out of fashion, didn't it?'. No one is ever going

to say that. You're only delaying your own advancement, again, or your practice's or your patients'. There's no counter argument.

Where do you see digital dentistry going in the next five years?

Digital dentistry will become more embedded, in the same way that in my practice everybody accesses it like second nature. And 3D printing is another big leap forward, but just the sheer normalisation of it. We will all be sending pictures of the scans to patients as standard, they will expect that. It will become normal, and you will only think in digital terms, really. That's what will happen. There won't be another big piece of tech that drops. That's not it. It's just about becoming normal, standardised, and large scale.

Going back to the lab example, with every scan we receive we make a digital design for a crown or a veneer, etc. We have designers linked to our lab that are global, 24/7, in different parts of the world and they can respond in different time zones, whenever that scan arrives with us. So, the people that are connected to our lab, I don't even know where they live in the world. All I know is that I'll get a design back within 15 minutes to share with a patient. That's what digital can do. And that blows your mind a little bit – that 'on demand' nature. No one is putting anything in a bag in the post anymore, it's just instantly coming back to them to be reviewed for the patient. They are some mind-blowing things, but they'll only happen once more of the general population embrace it. **D**



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Dental Practice Accelerator: the training day

The Dental Practice Accelerator programme is fully underway for winner **Hannan Saleem** and his practice. *Dentistry* got to be a fly on the wall at the recent training day with **Shaz Memon** and **Ramin Semsar**



Having won the Dental Practice Accelerator, Hannan Saleem and his practice London Dental Centre are looking forward to reaping the benefits of the programme. *Dentistry* magazine caught up with Hannan and his team during a training day with Shaz Memon and Ramin Semsar designed to help them hone their social media management and customer service skills.

Attracting the patients you want

Shaz Memon, founder of Digimax Dental, kicked off the training day with a focus on social media management, giving the team tips on harnessing the power of Instagram to make people feel connected to the London Dental Centre brand.

Shaz effectively helped the team to see things a little differently, he explained: 'Instagram can build our brand. It can give us a captive audience of people who follow us and like our messages and like us for who we are; a bit like the patients that you get with right now. There's never been an easier time to leverage social media to get whatever we want in life, especially the kind of patients that you want.'

By sharing with the idea that underneath it all, most of us are simply interested in everyone else's business, whether we like to admit it or not, Shaz helped the team to unlock different ideas about the content they could create to tap into this. Using the things that are individual to the practice, such as location, hobbies, and personalities, they can build on the 'behind the scenes' posts, stories and reels that people really want to see and engage with.

This resonated well with Hannan Saleem: 'It was a lightbulb moment for me when Shaz was talking about building the rapport before the patient even enters the practice. A lot of the work is done before patients even arrive as they

Lightbulb moments

Hannan Saleem shared his stand-out moments from the training day with Shaz Memon and Ramin Semsar...

'It was a lightbulb moment for me when Shaz was talking about building rapport before the patient even enters the practice. A lot of the work is done before patients even arrive as they have seen our dentists on our Instagram or on our website.'

'A crucial moment for me during the branding session was learning about meeting the patient at eye level and really taking control of those interactions and those conversations.'

have seen our dentists on our Instagram or on our website.

'It's also really important to make sure that all of the imagery on our social media is personable and relatable. I think that's something patients really appreciate.'

Delivering a five-star experience

The London Dental Centre team were then treated to the superb insight from Ramin Semsar, one of the trainers at Clinics, on delivering five-star customer service. With a wealth of experience working in guest relations for luxury hotels and training the hospitality industry for more than 15 years, Ramin has plenty of insight to share, so the team were in for a real treat.

Ramin gave the team advice and practical tips on giving their customers a fantastic customer service experience every time, in all areas of the practice. He explained: 'It's all about the customer service experience. We tend to forget that customers are not technical and the product is not the key, it's the experience they encounter. How do we make them feel? How do we treat them? What do they walk away thinking about us as a business and the experience that they've had? For me, that's always the main focal point.' Hannan was delighted with this element of the training, telling us: 'Ramin showed us that it's not only about giving patients the standard minimum expectations but it's about setting our own standards, how we carry ourselves and how we interact with patients. I think it's really important to reaffirm that to the team, and for me it's important for the system of managing expectations of patients and to really set the tone of future interactions.'

Dr Ioannis Piastargias, one of the dentists at London Dental Centre, commented: 'The training has changed my approach in many different ways. The way we communicate with patients, the way we communicate with the members of our team – everything is going to improve. I think we're taking further steps in enhancing both ourselves, the image of our practice and everything that our practice has to offer both the patients and the community.'

An exciting future

At the end of the training day, we spoke to the team about their key take-aways from the day. Hannan shared: 'A crucial moment for me during the branding session was learning about meeting the patient at eye level and really taking control of those interactions and those conversations. We've never had too much formal training on customer service so it brings a fresh perspective on how we

should be interacting with patients.

'Levelling up our online presence will help the business because the patients will know what they can expect when they come to the London Dental Centre, which can essentially help to make it a seamless journey. It really helps the patient experience if they know they will be greeted by the front of house staff once they enter, then they will see a dentist who they've seen on social media or on our websites. In this way, a lot of the work will be done before any treatments are even carried out.'

Dr Ioannis concluded: 'The dental practice has been fantastic since the launch of the Dental Accelerator Programme in October 2023. I think it has brought about significant improvements in the practice; staff management has improved significantly, as has communication between members of our team. The practice has purchased a new Itero scanner, which is very helpful for Invisalign cases – I think we're always trying to improve now and we are only going to enhance further.'

Shaz was thrilled with the reaction from the team on the day and told us: 'I'm really hopeful that the next time I come to the London Dental Centre and Hannan's team they are going to be creating some amazing content and really opening up to the world and sharing their story, more behind the scenes, more real authentic content and doing away with the generic content they've been putting out so far.' **D**



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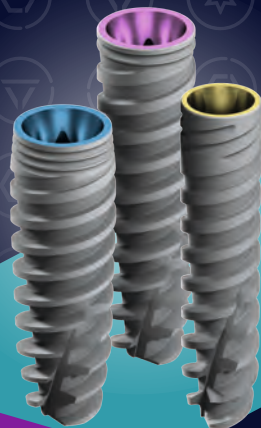


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Get your tickets for the 2024 UK Dentistry Golf Championship

Spaces are filling up fast, 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, kindly sponsored by Belmont, Braemar Finance and Dental Directory, 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 a fantastic 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 851 777, emailing events@fmc.co.uk, or on the website www.dentistry.co.uk/golf-championship. **D**



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SUSTAINABILITY IN DENTISTRY

Step into dentistry's sustainable future

We all have a part to play in protecting our planet and adapting to sustainable practices can have hidden benefits, but where do you start? Patrick Ward investigates

Patrick Ward
Editor, *Private Dentistry*



How much do you know about sustainable (or green) dentistry? Perhaps it is a concept you, your practice or your group are already exploring but are unsure where to begin. Maybe it just sounds like more confusing buzzwords you have little experience of. Or perhaps you already embrace sustainable dentistry but want to stay ahead of the curve.

Sustainable dentistry is, at its core, a means to provide an excellent standard of care not just to your patients but to the world in which they live too. The relationships between health and the state of the natural world – including climate change and harmful emissions – are long-established.

The benefits of taking sustainability

seriously can also be seen at a more immediate level, as one in three UK consumers say they have stopped purchasing certain brands and products due to concerns over sustainability and ethics (Deloitte, 2023). This can help your services to stand out in an increasingly competitive market, allowing you to attract new patients as well as the best talent for your workforce.

This brief introduction should help you get a better understanding of the concept and its myriad benefits to you, your patients and the planet.

Rethink your relationship with nature

At the core of sustainable dentistry are the four Rs:

1. Rethink
2. Reduce
3. Reuse
4. Recycle.

We want to be rethinking our relationship

One in three UK consumers say they have stopped purchasing certain brands and products due to concerns over sustainability and ethics

with the wider environment while reducing the quantity of resources we use in the process from packaging to electricity. We should consider reusing equipment and recycling whatever we have discarded in the process.

It can also mean proactively boosting the environment, with some surgeries even planting trees to absorb carbon dioxide while



encouraging biodiversity.

Many practices are now aiming to become carbon neutral or net zero, which involves cutting back on emissions while taking action to remove the equivalent amount of carbon dioxide from the atmosphere as they create.

Reading all of this, it might seem that taking the leap into sustainable dentistry will be time-consuming, costly and perhaps even impractical.

However, there are steps everyone can take that can make a big difference.

Travel

The most environmentally damaging aspect of dentistry is travel, which includes the ways in which your patients travel to the practice, your staff commutes and any other work-related travel. Together, this makes up around 64% of dentistry's carbon footprint (Public Health England, 2018).

The impact of travel can be mitigated in several ways. Cycle-to-work schemes can cut harmful car emissions, as can locating practices in areas with good public transport links and encouraging staff to walk to work. Some practices have installed electric car charging points for staff and patients with electric vehicles to make the most of.

Using new technology to perform remote diagnoses also cuts the need for travel, while things like performing multiple treatments in single appointments and promoting family check-ups can help to avoid repeat journeys.

Encouraging patient self-care can also mean fewer trips to the practice.

Procurement

Procurement makes up around 19% of dentistry's carbon footprint, and there are plenty of ways to help cut this back. A good place to begin is researching suppliers known for their ethical and environmental credentials, ideally those closer to your practices to save on unnecessary travel.

When drawing up a list of preferred suppliers, in addition to prices, think about whether they offer things like recycled products as standard, and if they have corporate social responsibility accreditations.

Gas and electricity

Recent world events have shown how unstable gas and electricity prices can be – and even



As more practices move towards sustainable dentistry, expect regular innovations in the industry. Keeping up to date with these advances is key to staying ahead of the game

when they are at their lowest, it is still a major expense. So, cutting down on how much gas and electricity you use is as good for your bank balance as it is for the environment.

Things to consider here might be switching to lower energy LED lights, installing insulation and using energy-saving devices.

Other areas

There are plenty of other ways you can adapt your practice to become more sustainable. For example, you can join a recycling programme

so that patients can bring in things like their used toothbrushes and floss containers. You could become a paperless office or even cut back on your use of nitrous oxide (which alone contributes around 0.9% towards dentistry's carbon footprint).

As more practices move towards sustainable dentistry, expect regular innovations in the industry.

Keeping up to date with these advances is key to staying ahead of the game.

It won't cost the earth

Creating a sustainable practice will likely require investment, depending on how far you would like to go.

Procurement of environmentally friendly equipment or even climate-consciously redesigning your clinic might cost more, but there are savings to be made in areas such as reduced energy and water usage, lower transport costs and hopefully increased patient numbers.

Think of it as future-proofing your practice. Demand for climate-conscious services is only set to grow as the climate crisis intensifies and public awareness increases. This in turn will gradually drive down prices.

Small beginnings

Adopting a sustainable business model does not have to happen overnight. Not everyone will be able to redesign their practice or install electric vehicle charging points, for example. But each change, however small, makes a big difference, and it's an evolving journey that you might find you enjoy!

Whatever you do, be sure to showcase it. Not only are patients looking for such reassurances, but it also helps to promote the importance of sustainability across the sector. Then you can rest assured that you are not only keeping your patients healthy but the planet as well.

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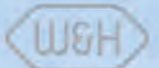
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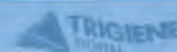
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SUSTAINABILITY IN DENTISTRY

Go Practice Green: your pathway to sustainable practice success

Mark Topley explains how Go Practice Green can help your practice become more sustainable with minimal time, effort and disruption

Mark Topley

Dental CSR and ESG consultant



In the midst of the growing patient and employee demand for eco-responsibility, understanding sustainability is not just an ethical imperative – it's a business one, too. 'Go Practice Green' is your new dental-specific sustainability platform. It's a subscription based, online, self-paced platform to walk you step by step through a proven process to become a more sustainable practice.

Your practice faces numerous challenges every day, from tight budgets to the ever-ticking clock. The thought of adding another task to your list can seem daunting, especially when shrouded in myths such as 'sustainability will drain my time and funds' or 'our industry's waste practices leave no room for green initiatives'.

'Go Practice Green' is here to shatter these misconceptions and show you the greener side of practice operations that won't cost the Earth – literally or figuratively.

Eight spheres of sustainable influence

'Go Practice Green' focuses on eight key areas where your business can make an impactful change without undue strain on resources:

- Biodiversity: this is about making efforts to increase and protect different types of plants and animals around your dental practice
- Carbon footprint: understanding and reducing the practice's contribution to climate change by using less energy



and adopting greener ways of working and travelling

- Communications: sharing information with your team, patients, and the local community about what your practice is doing to be more sustainable
- Management: this involves making sustainability a key part of how the practice is run, including how decisions are made and how staff are involved
- Plastics: using less plastic in the practice and finding better alternatives that are not harmful to the environment
- Recycling: this involves setting up and following a system to separate and recycle different types of waste properly
- Reducing resources: this means using less water, energy and other materials to help conserve natural resources
- Supply chain: this is about choosing products and services for your practice that are environmentally friendly and ethically made.

How does it work?

With 'Go Practice Green', you're not just handed a checklist but are walked through a guided process to usher in a sustainable transformation. This platform is crafted to be as non-intrusive as possible, slowly weaving ecological responsibility into the fabric of your daily operations.

Due to our expert support and accountability, implementation can be delegated to any one of your team – they will be in safe hands. But managing the initiative doesn't have to be a solo journey. It's a team effort, and 'Go Practice Green' shows you how to tap into that collective power, engaging your staff and turning every member into a sustainability ambassador. Plus,

clear, genuine communication strategies are included, empowering you to share your green transformation confidently with your patients.

Let's debunk the myths

- Time and money: 'Go Practice Green' seamlessly integrates into your current workflow. The initial investment of time will pay off with long-term cost savings and a boost in your reputation
- The 'single use' dilemma: discover innovative alternatives that meet industry standards while minimising environmental impact, through the power of choice and innovation
- Simplifying the sustainable shift: adopting sustainable practices is a process that unfolds over time. With 'Go Practice Green', you can concentrate on taking one step at a time, leaving the broader strategy and complexities to us.

Make a strong beginning without a hefty commitment. Sign up to 'Go Practice Green' now and secure a lifetime 10% discount as part of our launch offer. This discount isn't just a deal – it's an invitation to start your sustainability journey in a way that's accessible, affordable, and adaptable to your unique needs. Just use the code 'DM0524' at checkout.

'Go Practice Green' is not asking you to move mountains but to take steps that will build to create one. Each eco-friendly decision is a stone in the foundation of a sustainable future for your business. Don't wait for change – create it.

Join 'Go Practice Green' today, where sustainability meets simplicity. It's time to show the world that your business isn't just another practice, but one that's green at heart and ready to lead by example. **D**

TAKE ACTION NOW

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SUSTAINABILITY IN DENTISTRY

Go green, go digital

Alan Clarke shares how Paste Dental has successfully embraced sustainability

Alan Clarke

Cosmetic dentist and the owner of
Paste Dental



In the heart of a bustling city, we found a dental practice that's setting a new standard in sustainable dentistry. We sat down with the founder and lead dentist of Paste Dental in Belfast, Dr Alan Clarke, to discuss the innovative steps they've taken to integrate eco-friendly practices into their workflow, proving that sustainability can be both achievable and rewarding in the dental field.

Dentistry magazine (DM): Why was sustainability important when setting up Paste Dental?

Alan Clarke (AC): When I started Paste, I wanted values to be front and centre of our business. I believe that if you start with your 'why' every other decision will follow. I've always believed that dentistry should go hand in hand with environmental responsibility as we have a duty of care to the community around us.

DM: How has your practice transitioned towards sustainability?

AC: From the get-go, cloud computing and a digital workflow were essential in setting up and running my business because it allows a more seamless workflow, offers incredible clinical accuracy and significantly reduces our carbon footprint.

At Paste, we have implemented digital radiographs, clinical photography, AI

technology, 3D intraoral scanning and 3D lab-printed models to our workflow. We have also just installed a new photo studio room to further enhance our digital case planning.

With our city-centre location where traffic is often at a standstill, lab runs can become difficult. By embracing digital dentistry, we've reduced our carbon footprint significantly, minimising the need for physical lab runs and collections. It's a win-win situation: our patients enjoy faster turnaround times, we increase our green credentials and Norman from the lab doesn't suffer with traffic jam road rage!

DM: What other eco-friendly initiatives have you implemented?

AC: We recognise that sustainability goes beyond the walls of our clinic. Our team is encouraged to use public transport to reduce emissions from commuting.

While single-use in dentistry is brilliant for patient care, it comes with an environmental cost. So, where single use is the best approach clinically, we have paired this with recycling programmes and waste reduction strategies, ensuring we are as sustainable as possible while significantly saving us waste disposal costs.

In the office it can be tough: we are a high-end brand and as a luxury setting we have to accept a level of waste as part of the patient journey. However, we are constantly looking for new products, ideas, processes and methods to improve, so for us, sustainability is a constant journey.

DM: How does your focus on sustainability resonate with your patients?

AC: Our patients appreciate that we prioritise eco-friendly practices without compromising on quality care. Many of them are young professionals working in fashion, tech and entrepreneurship – so they really get it. They share our values and are mindful of their own environmental impact. By reflecting these values in our work, we can build deeper connections

Taking small steps can make a significant difference in the long run

with our patients and grow together towards a more sustainable future. That is my goal for Paste, a community that inspires each other!

DM: What advice would you give to other dental practices considering a shift towards sustainability?

AC: Start small but think big! It may seem daunting at first, but taking small steps can make a significant difference in the long run...

1. Start by assessing your current practices and identifying areas for improvement. Where do you see wastage and how can you refine your systems through the lens of sustainability? I work with other practices, refining their patient pathways and practice systems for profitability so it is totally possible to have sustainability as a key value
2. Embrace digital technology and be open to innovative solutions. This will elevate your dentistry, time-management and clinical accuracy and save your carbon credits and cash at the same time. Take the time to explore new disrupter tech companies into the dental space and consider if they could elevate your game and refine your sustainability practices further
3. Look outside of our industry! Dentistry is very narrow sometimes, just because our industry hasn't done it yet doesn't mean it is not the right fit for us. Take the lead from beauty and cosmetics companies, drop-shipping concepts and online sales platforms. Think outside the box and be innovative, you might change the game completely!
4. Most importantly, engage with your staff and patients in your sustainability journey – their support and collaboration are invaluable in creating lasting change. **D**

Our patients appreciate that we prioritise eco-friendly practices without compromising on quality care



SUSTAINABILITY IN DENTISTRY

Advancing sustainable orthodontics with eco-friendly 4D aligners

Dr Sherif Kandil introduces a pioneering approach to sustainable orthodontics, emphasising eco-efficiency and reduced resource use

Dr Sherif Kandil

is the inventor of ClearX technology and shape-shifting clear aligners.



The world of orthodontics is witnessing a transformative era, thanks to the advent of 4D aligners. This novel technology, inspired by space-age innovations in shape-memory materials, is not just a leap in dental care but a stride towards environmental sustainability.

For dentists exploring efficient, eco-friendly, and patient-centric orthodontic solutions, 4D aligners from ClearX offer a groundbreaking alternative.

4D technology explained

4D technology in orthodontics is a concept derived from NASA's research on shape-memory alloys and plastics.

ClearX aligners use this technology to create aligners that can change shape, or 'shift', over time. This shape-shifting ability is thanks to the polymer chains in the aligners, which are programmed to transition from one pre-set alignment to another under specific conditions.

The innovation lies in the aligners' ability to

ClearX 4D aligner system benefits

- Enhanced sustainability:** ClearX cuts aligner use by up to 50%, significantly reducing plastic waste
- Patient engagement:** the boosting process is straightforward and can be done at home, making patients active participants in their treatment
- Efficiency:** treatment time is reduced by about 30%, thanks to the aligners' ability to perform multiple stages of adjustment
- Customisation:** the technology allows for highly individualised treatment plans, catering to each patient's dental structure and oral health needs
- Reduced refinement rates:** ClearX aligners offer superior precision, leading to fewer adjustments and refinements.

'remember' their shape. Initially, these aligners are formed on a 3D model of the patient's current dental structure. After a period of wear, usually two weeks, the aligners are 'boosted', which triggers the aligners to shift to the next stage in the treatment plan.

To boost the aligner, the patient simply places it in a special container, or 'booster', provided with the ClearX system. Then, they pour boiling water over the aligner, which is sealed in the container. The heat from the water activates the shape-memory properties of the polymer chains, which rearrange themselves, causing the aligner to shift to its next programmed shape. This new shape corresponds to the next stage of the teeth alignment process.

After the aligner has cooled down (usually after about 10 minutes), it is ready to be used again. The patient then wears this newly shaped aligner, which continues to guide the teeth towards the final, desired position.

This process significantly reduces the number of aligners needed per patient, aligning with the growing demand for sustainable healthcare solutions.

The environmental impact

To place this in context, in 2023, the production of clear aligners reached a staggering 1.2 million per day, amounting to approximately 15,000 tonnes of plastic annually. This is equivalent to the weight of 600 humpback whales, highlighting a significant environmental concern. Traditional aligners also come with a carbon footprint of around four kilograms per set.

ClearX has drastically reduced this impact. The manufacturing process and material composition of ClearX aligners have halved their carbon footprint to just 1.8 kilograms.

This reduction is not only in the aligners themselves but extends to the entire production process, including packaging and 3D models, addressing the issue of plastic waste right from the production stage.

Exceeding patient expectations

In an era where sustainability is not just a preference but a necessity, 4D aligners resonate deeply with the growing patient demand for eco-friendly healthcare solutions.

Indeed, patients today are increasingly conscious of their environmental footprint, seeking sustainable options in all aspects of their lives, including dental care. ClearX aligners, with their reduced plastic use and carbon footprint, fit perfectly with this eco-conscious mindset.

This means that dentists adopting ClearX technology are not just offering advanced orthodontic care; they are aligning their practices with the values of environmental responsibility and innovation. This commitment to sustainability differentiates them in a crowded marketplace, attracting patients who prioritise greener choices.

By choosing ClearX, dentists demonstrate their dedication to both patient care and planetary health, a powerful combination that appeals to the modern, environmentally aware patient.

A positive sustainable outlook

ClearX aligners represent not only technological innovation but also a commitment to environmental stewardship, responding proactively to societal demands for sustainability.

They offer dentists an opportunity to meet the evolving demands of their patients while contributing positively to global sustainability efforts. This dual benefit positions ClearX as a leader in the future of orthodontics, where patient satisfaction and ecological impact are harmoniously balanced. **D**



FOR FURTHER INFORMATION
please visit www.clearxaligners.com

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- **Substantial Cost Savings:** Investing in sustainability is investing in efficiency. Reduce overheads and waste, and watch your return on investment grow with each green step you take.
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SUSTAINABILITY IN DENTISTRY

Building a green team

A successful sustainability strategy requires buy in from the whole team, so how can you engage yours, asks **Kevin Rose**

Kevin Rose
Owner, Rose & Co



The more you do, the more you get paid: set the direction, press the right button, measure, monitor and repeat. That may have once been the accepted, if not necessarily the most effective way of getting the best out of a team, but it simply won't do any more. You cannot innovate and build the environmental sustainability of your dental practice by using outdated management techniques, and the public are too wary of businesses that dress up their faux socioeconomic credentials in order to gain something personally.

This is because what people want from coming to work continues to evolve and with the same inevitability that Generation Alpha will follow Generation Z into your dental practice, all wanting something slightly different from you, it's unlikely that any single grand gesture, team meeting or laminated mission statement on the kitchen noticeboard is going to give them what they want. Nope, I am afraid it just isn't that simple, because the people who are most likely to put themselves forward when it comes to anything to do with 'green dentistry', are not the same as you or me.

A virtuous circle

There is no single answer to how you go about this, but having kick started a few sustainability projects at dental practices myself, I have learned from my mistakes and now know that inclusivity and collaboration are key, that is if you want to attract and retain the right people on any innovative project other than the ones you prefer to do all by yourself.

The latest research* confirms this too, that more people trust businesses to lead innovation than they do governments, which means that your team (and your patients too) do not want you to stay silent on issues that

you have an obligation to address. We all have a responsibility to do something about our environmental impact, and it's only a matter of time before it becomes regulatory in dentistry (we already have the early signs of the CQC asking to see some form of environmental policy), which means it's time to make a start. There aren't really any rules yet either, it's an emerging science where our peers are as likely as anybody else to have the answers.

So, we now have a wonderful virtuous circle where finding innovative ways to address a problem that we have an obligation to fix allows our teams to grow together and gives people what they want. So where do you start?

Getting started

The great news is that you don't need to try and motivate people with blunderbuss presentations about values and all being in this together, because the right people already have the motivation.

What you need to do as a leader is agree the outcome and get really clear about the intention and then be vulnerable enough to let go and let your team tell you what sustainability needs to look like in your dental practice. They may need some initial help with this, such as clarifying that this is not just about reducing single use plastic and turning the lights off.

There are plenty of people and resources within dentistry too such as Davinder Raju and his green dentistry advocacy and here are a few of the ways that will help you bring your team together around the environmental sustainability of your practice:

1. Search for ideas. There will be good ideas amongst the rubbish ones, so be careful not to label them otherwise you risk diluting creativity and fresh thinking.
2. Language matters. Avoid 'I agree with you but' because it closes down the conversation. Instead, look for what is valid in any idea and then build on it. 'What I like about that idea is... and we can build upon



it with this...?'

3. Celebrate success. Your team may not get it right first time and therefore it is important to recognise any progress as a team until you do get it right. Small increments can soon add up to make significant gains.
4. Be vulnerable. Inclusive and collaborative projects don't exist if the team is grounded in one person thinking they know best, particularly if that one person is you. Remind yourself and your team that there is a reason why you are working on this together.
5. Stay curious in order to hear the unspoken. Different people process ideas and come up with new ones in different ways. Jump at the first answer and it could be the obvious and wrong answer. **D**

* www.edelman.com/trust/2024/trust-barometer

Rose & Co. have been building better dental business with a simple and proven philosophy since 2009, where engaged teams don't need to ask what to do and patients are never sold to. They do this through coaching and training as well as designing and promoting dental brands. For more information, visit www.roseandco.com



SUSTAINABILITY IN DENTISTRY

On a sustainability pathway

Kent Express shares its journey to becoming one of the UK's greenest dental suppliers

Already well established as one of the UK's leading dental suppliers for more than 40 years, Kent Express Dental Supplies has now set its sights on becoming one of the industry's greenest suppliers. And it's already well on its way.

Kent Express is completely transparent with its work around environmental responsibility and is committed to being a green business. The company believes that by reducing its own carbon footprint it can inspire its customers, dental patients, and other stakeholders within dentistry to do the same. This is why it continues to expand its range of eco-friendly products, designed to help DCPs deliver exceptional care for patients and the planet.

The sustainable product range

The entire Kent Express sustainable product range is available to view at kentexpress.co.uk/eco-friendly. Here are some of the products:

- **Renew Toothbrushes** – 100% recycled plastic handle, re-using materials to help reduce waste. Filaments are 100% plant based and derived from sustainably sourced castor oil plants. Packaging is made from 100% recycled cardboard and is recyclable
- **Acclean Bamboo Toothbrush** – Made from bamboo, a renewable resource. Filaments are made from Medex S Green Line filaments and up to 100% renewable raw materials
- **Acclean Silk Dental Floss** – Made from silk
- **Hygovac Bio Aspirator Tubes and Hygoformic Bio Saliva Ejectors** – Made from bio-based plastic made from renewable sugar cane. Production also reduces CO₂ in the atmosphere
- **BioGREEN Biodegradable Micro App** – Handle made from a food production straw-byproduct, they are biodegradable, compostable and made from renewable and sustainable materials
- **Bio-Dappen Disposable Dappens Dish** – Manufactured from bioplastic (terralene 95%). Applicable to trays. Biodegradable and recyclable
- **Clinell Biodegradable Surface Wipes** – Biodegradable plastic-free surface wipes

- **DEHP Paper Cups** – Recyclable. Made from a renewable resource, whose cultivation benefits the environment, produced with wood fibre from sustainably managed forests, which is a 100% renewable resource.

This selection showcases a sample of Kent Express's eco-friendly product range. The products have been chosen based on marketing information provided by supplier partners. But even from these examples, it's clear that green alternatives are available across multiple areas of dentistry, from oral hygiene and disposables to instruments and infection control.

How Kent Express is spearheading the sustainability movement

Kent Express regularly collaborates with industry experts to examine every aspect of its business, and further improve its green credentials. Guided by the concepts of 'reduce, reuse, recycle and rethink', here is a glimpse of the progress so far on Kent Express' journey to becoming one of the UK's greenest dental suppliers.

Reduce

- Kent Express' head office is 'paperless first'. Documents are always shared digitally as a preference, and only printed if necessary
- Staff travel has been reduced with the introduction of hybrid working policies for office staff and increasing the use of secure video conferencing. If possible, meetings are held virtually rather than involving travel
- Air dryers are used in bathrooms to save paper
- Low energy lighting has been fitted throughout the head office and warehouses. Motion sensors are used to ensure lighting is only active when necessary.

Reuse

- All staff have been provided with reusable drinks bottles. Water dispensing machines are available throughout the head office and warehouse complex, connected to the mains supply, eliminating the need for single use plastic bottles.

Recycle

- All possible materials at head office and warehouse are recycled, including paper, cardboard, plastics, and metals, with colleague information at every recycling point
- Cardboard and plastics are baled for efficient transport from the warehouse
- The stretch wrap used by the warehousing teams has been switched from virgin materials to 30% recycled LDPE.

Rethink

- Kent Express has switched from using standard paper in its flyers to FSC mix paper: that means that the paper is from sustainable woodland with high conservation values, minimal use of chemicals, and forest that is managed in a way that benefits both workers and the local community. You'll see the 'FSC Mix' logo on the back of all Kent Express flyers
- The company has stopped using non-biodegradable bags for flyer packs, and now uses oxo-biodegradable bags. This will save an estimated 25,000 single-use bags annually, equivalent to over 15km of plastic bags laid end to end (longer than 1,000 London buses!). This plastic contains an additive that, on weathering, bio transforms the material into a bioavailable wax that can be mineralised by naturally occurring bacteria and fungi in one to two years, leaving no microplastics behind
- An internal sustainability employee group has also been set up and is responsible for examining processes across all areas of its business to help drive sustainability improvements.



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An uncertain future?

Ashley Byrne discusses the changes and challenges that technological advances bring, and how the industry can adapt



Ashley Byrne

Associate director, Byrnes Dental Laboratory



I recently attended the LMT event in Chicago. My takeaway was that the industry is evolving faster than I anticipated. I've always maintained that our industry is changing rapidly, but after this event, it became clear to me that unless we adapt quickly, we may face challenges.

The modernisation of our industry has been

ongoing for years. Now almost all aspects of our manufacturing processes can be digitised. Crown and bridge, dentures, and orthodontic devices can all be produced using digital methods. However, it's widely acknowledged that some materials and software still require refinement. Nevertheless, it won't be long before these issues are resolved.

A prime example of this is the emergence of printed dentures using Polyjet technology. These dentures are printed in one piece, offering an incredible range of colours without the need for supports, as they are nested in

The industry is evolving faster than I anticipated. I've always maintained that our industry is changing rapidly, but after this event, it became clear to me that unless we adapt quickly, we may face challenges

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"Our dental practice is growing more and more delighted with Predicta Bulk. I think Parkell came up with an excellent product. We like that it is chemically cured, you know it is hard all the way even if you use a thick layer. Other bulk materials have a limited depth of cure. The colour match is surprisingly good, I didn't expect that."

Manouchehr Kiaei, DDS - Sweden

"Predicta Bioactive Bulk is a unique restorative material. There is no need for occlusal layering or adding a different composite on top of the restoration. I love the ease with which I can make large restorations; it's a time saver! The initial chemical curing process is short, but not too short. My patients experience no post-operative pain. The restorations polish well and still look like new after several years."

Sjobbe Besseling, DDS, Netherlands

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a clear material that is washed off. Utilising the standard CMYK colour scheme, akin to many standard printers, the quality of colours used is truly impressive. When artificial intelligence (AI) is employed to design these dentures, one might question the role of the dental technician in this process.

An ageing population

We face a significant challenge with a rapidly ageing population driving demand, contrasted with a similarly aging dental technician workforce. Evidence from the US indicates that over 60% of all technicians are over 55, a statistic from 2021. The UK and EU exhibit similar trends, suggesting that approximately half of the entire industry is poised to retire within the next five years. In the US, less than 16% of technicians are under 44, a crisis level statistic for any industry. Urgent change is required. Otherwise, we risk having a solution forced upon us, a fate that has befallen many manufacturing industries in just a few years.

In 2018, my good friend Paolo Kalaw wrote a controversial article titled 'How to survive the dental lab apocalypse', which created significant backlash. Paolo discussed this at the Chicago event this year, mentioning that he received hundreds of hate mails in response. Having read the article, I found myself in complete agreement with Paolo's observations and predictions. Six years later, what Paolo suggested is precisely what is unfolding – a decline in numbers and labs.

'The dental industry will find a way forward, with or without us'

I still hear sentiments like 'machines can't replicate what technicians do!' and 'if they automate our jobs, we'll resist it!' And, of course, my personal favourite: 'The industry won't survive without us!'

Well, for those who remain sceptical, here's a reality check: the dental industry will find a way forward, with or without us. The truth is, the vast majority of the population isn't even aware of our existence, so our absence wouldn't be mourned for long. Paolo aptly advises us to 'park our egos' and he's right. If we believe that the industry cannot thrive without us, it's time for some self-reflection.

However, amidst this seemingly bleak outlook, there is hope. I genuinely believe that there's another path forward, but we stand at a crossroads. Opting for the familiar, comfortable route might lead to extinction, but embracing change presents incredible opportunities.

Embracing change

Witnessing the advancements AI is making in dental technology left me speechless.

AI isn't just about designing teeth. It's poised to revolutionise every aspect of our work, from treatment planning to final quality control.

The lectures at the event divided the audience – some viewed AI as a threat and the end of our industry, while others, myself included, saw it as a gateway to endless

Embracing AI across all levels, coupled with a focus on scalability, is crucial to addressing the challenges posed by dwindling technician numbers

possibilities. The angry dissenters are heading left, while the optimistic opportunists are heading right at this metaphorical fork in the road that is dental technology.

Merely producing high-quality false teeth through traditional methods may no longer suffice. Digitisation is a step in the right direction, but our industry requires radical

change and a fresh perspective. Embracing AI across all levels, coupled with a focus on scalability, is crucial to addressing the challenges posed by dwindling technician numbers.

Efficiency, education, service, and reliability are paramount. As is the need for legislation, traceability, and software integration. Patient expectations are on the rise, while dentists' time is increasingly limited. How do we navigate these challenges?

I don't believe AI will eliminate jobs, but it will certainly alter them. The knowledge and expertise of a dental technician are invaluable, presenting a tremendous opportunity, but only if we're willing to adapt.

Following my trip to Chicago, I've come away optimistic about the future of dental technology, but with the realisation that we mustn't become complacent. **D**



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Introducing Tooth Angel

How **Tooth Angel** is revolutionising oral care with sustainability and luxury

Tooth Angel proudly announces its official launch, marking a significant milestone in the realm of oral health and sustainability. The culmination of research and unwavering dedication, Tooth Angel sets out to redefine oral care with a commitment to health-conscious practices and planet-positive initiatives.

At the heart of Tooth Angel lies a mission to fuse luxury with sustainability, ensuring each smile sparks a positive change for both individuals and the environment.

With a range of innovative products designed to elevate the oral care experience, Tooth Angel is poised to revolutionise the way we approach dental hygiene.

The flagship product, the Tooth Angel Toothbrush, epitomises the brand's commitment to sustainability and effectiveness. Featuring a recyclable plastic handle designed for lifelong use, paired with replaceable heads, the Tooth Angel Toothbrush reduces waste while ensuring optimal oral hygiene. This innovative approach is backed by research conducted by leading experts, including Prof Ashley from UCL Eastman and Brett Duane from Trinity College, Dublin, who in a joint study (Sept 2020) found that plastic manual toothbrushes with replaceable heads are the best type for both the planet and associated human health. Across two papers published in the *BDJ*, researchers reported on the environmental impact and cost to human health of four types of toothbrush: electric, traditional plastic, plastic with replaceable heads and bamboo.

A spa-like experience

Tooth Angel wants to bring the love back to brushing and flossing, making it a spa-like

Tooth Angel wants to bring the love back to brushing and flossing, making it a spa-like experience



experience rather than a chore.

The product range extends beyond toothbrushes, encompassing a comprehensive suite of oral care essentials. The Tooth Angel Floss, for instance, boasts the softest, fluffiest texture, crafted from recycled bottles, and coated with hydroxyapatite and xylitol for 360° protection against plaque and decay with a refillable case.

Meanwhile, the Tooth Angel Toothpaste, available in Wild English Mint and Cinnamon Mint flavours in toothpaste tubes made from sugarcane and 100% recyclable is enriched with biomimetic hydroxyapatite from Italy, postbiotics, Vitamin E, and Aloe Vera, offering unparalleled oral health benefits while being free from SLS, BPA, and titanium dioxide.

Experience the refreshing Tooth Angel Breath Spray, presented in exquisite, elegant bottles and available in two delightful flavours. Infused with stabilised chlorine dioxide, it effectively combats bad breath while boasting additional benefits such as prebiotics, potassium citrate, xylitol and vitamin E.

A conscious approach

Tooth Angel is the brainchild of Dr Shameek Popat alongside a great team including Nishan Dixit, Sonal Tanna, Andrew Chandrapal,

Monika Patel, Sam Jethwa, Shilpa Murthy, Ian Dunn, Anni Seaborne and Andy Acton.

'In a world where sustainability often clashes with convenience, our mission is clear: to disrupt the status quo of oral hygiene. By challenging the cognitive dissonance surrounding toothbrushes, we're paving the way for a more conscious approach to dental care – one brush at a time,' explains Dr Shameek Popat.

In addition to its dedication to environmental stewardship, Tooth Angel remains committed to giving back to the community. Through strategic partnerships with charitable organisations such as Operation Smile, Mouth Cancer Foundation, Tubules Foundation and Wells on Wheels, Tooth Angel pledges to donate a portion of proceeds to support vital initiatives and causes.

Join the Tooth Angel mission

As Tooth Angel sets forth on its journey, the brand invites dental practices and individuals alike to join in its mission to redefine oral care. The Tooth Angel products are available to sell in your dental practice exclusively.

With a steadfast focus on innovation, sustainability, and giving back, Tooth Angel represents not just a brand, but an idea whose time has come.



As part of Tooth Angel's commitment to dental professionals, all practitioners are invited to register on the website to gain access to exclusive trade prices. By registering, dental professionals can enjoy special pricing tailored to their needs, allowing easy ordering of Tooth Angel's premium products, which you can sell to patients at the suggested RRP. Visit the website today to register and unlock the benefits of partnering with Tooth Angel for superior oral care solutions.

For more information about Tooth Angel and its range of products, please visit www.toothangel.co.uk or email info@toothangel.co.uk.



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The Dental Hygienist Roadshow continues with unrivalled opportunities

If you missed the kick-off event of the **2024 LISTERINE® Dental Hygienist Roadshows** earlier this year in Manchester, don't worry – you haven't missed out on the entire experience



The Dental Hygienist Roadshow, which began with a bang on 9 March in Manchester, showcasing the latest in dental hygiene and fostering valuable discussions among professionals, is just getting started.

There are further opportunities to be part of this transformative series, with upcoming events at the Dentistry Show Birmingham (17 and 18 May), Dentistry Scotland Show (21 September), and Dentistry Show London (4 and 5 October).

The first event set a high bar, bringing together some of the brightest minds in the field, discussing robust evidence and diving deeply into the advancements in dental practices. This year, the focus continues on the introduction of adjunctive mouthwashes and their role in enhancing patient care, based on the latest, high-quality evidence.

A distinguished panel of speakers led the charge, including returning favourite Professor Iain Chapple, whose pioneering research captivated attendees. Benjamin Tighe and Laura Bailey also shared their insights, adding to the depth of the discussions.

As anticipated, the Q&A Forum proved to be a highlight, fostering active involvement from participants and allowing for in-depth discussions directly with experts. With limited and exclusive entry, these sessions are designed to ensure a rich learning and networking environment.

For those who couldn't attend the first event, there's still a chance to be part of this insightful and engaging series. The Roadshow will be making stops at several more locations throughout the year, providing opportunities to

THE DENTAL HYGIENIST ROADSHOW FUTURE STOPS

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



Iain Chapple – connecting dental and medical wisdom

For each event, Prof. Iain Chapple is poised to unveil insights from the pivotal EFP-WONCA workshop, a joint venture between the World Organisation of National Colleges and Associations of Family Doctors and the European Federation of Periodontology (EFP). This presentation delves into links between periodontal health, diabetes, cardiovascular disease (CVD), and respiratory conditions, harnessing the collective wisdom of leading general practitioners from WONCA's European branch and the EFP.

One highlight is the presentation of groundbreaking research on diabetes and CVD, coupled with an in-depth evaluation of how periodontal health influences respiratory diseases, yielding interesting findings. This collaboration encouraged a rich dialogue and the exchange of best practices between dentists and doctors, with the results set to be published in esteemed dental and medical journals.

Prof. Chapple shares these findings in a dynamic and concise manner, making the key takeaways accessible to all.



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

The concept of 'spit, don't rinse' has often been subject to misunderstandings and incorrect interpretations over time. The more precise guidance should emphasise, 'spit, don't rinse with water' (Gov.uk, 2021).

Laura regularly comes across statements on social media suggesting that using mouthwash right after brushing removes fluoride, a notion that is inaccurate.

Studies show that employing a mouthwash containing 100ppm of fluoride immediately after using fluoride toothpaste actually maintains fluoride levels. Furthermore, a mouthwash with a fluoride concentration of 226ppm can increase fluoride levels in saliva by more than 50% compared to using toothpaste alone (Duckworth, 2009).

It is essential to continue disseminating this information so that patients are educated about how best to supplement their fluoride levels.



Benjamin Tighe – tackling daily challenges via the Q&A Forum

Dental hygienists and dental therapists often find their learning opportunities limited within the confines of their practice, typically spending moments between clinical work to catch up on the newest research or guidelines, which restricts access to practical learning experiences.

The Q&A Forum distinguishes itself by giving attendees the opportunity to delve into the topic of mouthwash in an in-depth manner. It allows them to ask questions and discuss topics that might otherwise be overlooked due to the demands of a hectic schedule.

This platform provides a welcoming and non-judgmental space where all contributions are appreciated, ensuring no one's input is disregarded. The atmosphere is akin to a friendly conversation, yet it offers substantial educational benefits and enjoyment.

engage with experts, explore the latest dental research, and experience the power of shared knowledge.

Given the high interest and the limited availability of seats for the Q&A Forums, early registration is recommended. This is an exclusive opportunity to enrich your professional journey and make a positive impact on your practice. **D**

References

Duckworth RM et al (2009) Effect of rinsing with mouthwashes after brushing with a fluoridated toothpaste on salivary fluoride concentration.

Caries Research 43(5): 391-396

Duckworth RM 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

Register at academy-plus.co.uk/campaign/dental-hygienist-roadshow.

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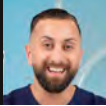
- Birmingham.dentistryshow.co.uk
- Dentistry.co.uk/shows/dentistry-scotland-show
- London.dentistryshow.co.uk

Overview of the Medit i900

With extensive experience testing and owning all mainstream intraoral scanners and CAD/CAM systems, **Dr Al-Hassiny** offers a comprehensive review of the Medit i900, addressing various questions and inquiries

Dr Ahmad Al-Hassiny

Dentist and founder of Institute of Digital Dentistry



Medit has recently unveiled its latest product, the Medit i900 intraoral scanner. Dr Ahmad Al-Hassiny, the founding director of The Institute of Digital Dentistry (iDD), recently shared his impressions of using the Medit i900...

I have been beta-testing this scanner before its release, and now the time has come to share how it compares to other Medit scanners, and what new features are included.

The Medit i900 is the latest intraoral scanner from Medit, known for its innovative approach. Building upon the success of previous models like the i500, i700, and i600, the i900 offers significant enhancements and new features. This scanner stands out with its improved speed, accuracy, and ease of use, setting a new standard in digital impression technology.

Reduced size and weight

The Medit i900 stands out with its remarkably lightweight design, weighing only 165 grams. This makes it nearly half the weight of the i700 and lighter than popular smartphones like the iPhone 15 Pro Max. Compared to other scanners on the market, the i900 is among the lightest options available. This emphasis on reducing size and weight enhances ease of use for both clinicians and their teams, making patient scans more manageable and comfortable.

No need to worry about charging

Another surprising aspect is that the Medit i900 is a wired scanner. In order to achieve a lightweight and compact design, they have chosen a wired scanner configuration. By eliminating the components required for a wireless setup, Medit has followed a similar connection method as seen with the i600 and i700 – a single cable connecting to the laptop and powering the scanner. Medit has stated that they have upgraded this cable to enhance durability.

Unibody and symmetrical design

The Medit i900 has a new 'unibody design,' which means it's made from a single piece, with no joints. This makes it easier to clean and maintain. Plus, its symmetrical shape lets users hold it however they like, making it comfortable for anyone in the clinic to use. This design also distributes the weight evenly, making scanning effortless. Overall, it's great for clinic staff handling multiple cases.

New touch interfaces

A major innovation in the Medit i900 is the introduction of touch interfaces, replacing



traditional buttons. Users now interact with the scanner through three touch interface areas located on its body.

The three touch interfaces are as follows:

- Touch band – runs around the entire body. Used to start and stop the scanning process, as well as to navigate through the workflow by swiping it
- Touch pad – a square touch pad is utilised to orientate and view the scans
- Menu button – used to change the action of the touch pad.

I personally found the touch band to be highly responsive and seamlessly effective in initiating and terminating the scanning process. The scanner prioritises immediate reactions and feedback, with real-time haptics and an LED light at the back providing instant indications throughout the scanning process.

New optical engine

Medit has also introduced a new optical engine for the i900, marking its third generation. According to the company, this upgrade enhances scanning speed and depth of field. In my experience, the scanner performed impressively. It's another fast scanner from Medit, even though I must note that the i700 and

i600 already deliver excellent performance.

As for the depth of field, I tested it using a metal abutment model and compared it with other scanners. I found that the i900 swiftly captures the end depth of the abutment hole without encountering any scanning disconnections.

Every i900 comes with a laptop

Many people will know how annoying it is to have computer hardware that does not work with your scanner or have to consider which computer to buy.

However, this is no longer necessary with the Medit i900. Each laptop comes pre-installed with Medit Link and settings configured by the company, streamlining the customer experience and reducing confusion about which laptop to purchase.

In conclusion, my initial impressions of the Medit i900 are overwhelmingly positive. This user-centric intraoral scanner offers limitless potential to users, enabling seamless performance in various dental applications.

For more information about Medit, or to request a demo of the new Medit i900 please visit www.medit.com.

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Transforming dentistry: BDCDS & DTS 2024

Dive into the heart of dental innovation and leadership at the **British Dental Conference & Dentistry Show and Dental Technology Showcase**. Don't miss this chance to shape your future in dentistry – register now for an inspiring journey!

In an era defined by rapid innovation and the quest for excellence, the British Dental Conference & Dentistry Show (BDCDS) sits as a key event for dental professionals.

Scheduled for 17 and 18 May at the NEC in Birmingham, this conference and exhibition aims to offer new perspectives and insights into the evolving landscape of the dental profession in the UK.

At the heart of this is the headline session by Steven Bartlett, a figure synonymous with groundbreaking entrepreneurial success and inspirational leadership.

As the youngest dragon in BBC's *Dragon's Den*, Bartlett brings to the BDCDS a wealth of experience in leveraging digital platforms for business growth, particularly within the health and wellness sector.

Bartlett will be in conversation with Dr Nilesh Parmar on the future of dentistry, team culture, the psychological aspects of running a practice and much more. His experience with overcoming challenges and diversifying interests will undoubtedly offer critical insights for dentists at all career stages.

Beyond the headline

While Bartlett's session is a highlight, the BDCDS offers a wide variety of opportunities for learning and connection.

For instance, the exhibition will showcase the latest dental equipment, technologies, and products, providing hands-on experience that is crucial for understanding the potential impact of new tools on patient outcomes and practice efficiency.

With stands for the likes of A-dec, Agilio, Bridge2Aid, DD, Dental Defence Union, EMS, Kent Oral Care, Listerine, Mouth Cancer Foundation, NHS Dental Services, Straumann Group and UCL Eastman Dental Institute to name just a select few out of 400+ exhibitors, the exhibition is set to dazzle attendees with innovations that promise to enhance the quality of dental care.

Then there are the networking opportunities, with the BDCDS providing a unique platform for dental professionals to renew old friendships and forge new alliances, offering personal encounters that foster trust, rapport and collaborative relationships. This aspect of the event highlights the intrinsic value of face-to-face interactions in building a vibrant professional community.

What's more, in collaboration with key organisations such as the British Dental Association (BDA), the BDCDS enriches its programme with a range of clinical and practical



A COMPREHENSIVE PROGRAMME FOR EVERY DENTAL PROFESSIONAL

The BDCDS and DTS 2024 pride themselves on offering something for everyone in the dental profession. Whether you're a foundation dentist just starting out on your journey, a dental technician keen on the latest laboratory leadership insights, or a specialist looking to deepen your expertise, this conference has been tailored with you in mind.

Among the highlights of the event are presentations from some of the most well-respected figures in dentistry. Each speaker brings a wealth of knowledge and experience in their respective fields, ensuring attendees leave with actionable insights and deeper understanding.

Here's a sneak peek at some of the distinguished speakers and their presentations...

Simon Chard, dentist, co-owner of Rothley Lodge Dental and PÄRLA

Dental Growth Protocol: an evidence-backed guide to unlocking a more fulfilling, resilient and productive career in dentistry

Eddie Crouch, chair, BDA

Panel discussion: in an election year, what's the future for dentistry? The future of NHS dentistry

Helen Kaney, dental adviser, MDDUS

Complaints – how to deal with them and how not to stress about them

Victoria Sampson, dentist with special interest in periodontology

The mouth body connection and the oral microbiome: what can be done to improve patient outcomes?

Justin Leigh, managing director, Focus4growth

Lab management and leadership: how to inspire your lab team through coaching

Paul Tipton, specialist in prosthodontics, Tipton Training Ltd

Treatment options for the bruxist and wear patient

Ben Atkins, general dental practitioner

Dental sleep medicine: what is it and why is it important to the modern GDP?

Reena Wadia, specialist periodontist, RW Perio

Pink aesthetics: management of gummy smiles and gum recession

Sir Nairn Wilson, president emeritus College of General Dentistry

The future of dental technology

insights. This partnership ensures that the content is not only relevant but also reflective of the current challenges and opportunities within dentistry, making it a must-attend event for professionals seeking to stay at the forefront of dental practice.

The dual dynamics of BDCDS and DTS



While the BDCDS 2024 sets the stage for an unparalleled exploration of dental excellence, the concurrent Dental Technology Showcase (DTS) brings an additional layer of depth to this year's event. Here, the focus shifts to the critical aspect of leadership within dental laboratories, a domain where the fusion of technical skill and visionary leadership determines both present success and future growth.

With DTS positioned as the UK's only event dedicated to dental laboratories and technicians,

it offers a unique opportunity for networking, learning, and discovery. Part of that includes exhibitors offering a range of educational sessions right at their stands, providing a hands-on experience with the newest products and the opportunity to gain invaluable insights directly from the experts.

With all that in mind, DTS offers an unrivalled opportunity to invest in professional growth by connecting with innovative suppliers, gaining insights from speakers with accomplished industry backgrounds, and walking away with a competitive edge.

To ensure you don't miss out on this momentous occasion, visit the BDCDS and DTS websites today to register free of charge – birmingham.dentistryshow.co.uk and the-dts.co.uk.



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Automated reviews prove 'nothing short of transformative'

Working Feedback explains how Bridge Dental Care improved its online profile and secured its financial future by quadrupling its Google reviews

Bridge Dental Care is a private and NHS dental practice with three locations across Wales. By implementing Working Feedback, the practice regained market share from competitors and boosted brand confidence through consistent patient reviews. It achieved this moving from simple QR codes in reception to a fully-automated feedback system.

Bridge Dental Care...

- Went from 49 to 233 Google reviews in the space of just 12 months
- Effortlessly raised their Google review rating from 4.3 to 4.8 stars
- Generated £52,000 in cross-sell opportunities with an automated system
- Collected a further 530 new reviews through Working Feedback.

The story

Bridge Dental Care has a similar story to many Working Feedback clients. The dental practice was struggling for regular patient reviews, needing a better way to collect feedback and grow their practice.

The area manager became aware of Working Feedback as an automated review collection tool. However they had hesitations and asked all the typical questions of a new software solution. Should they use it? Would it be worth it? Could they get value from it?

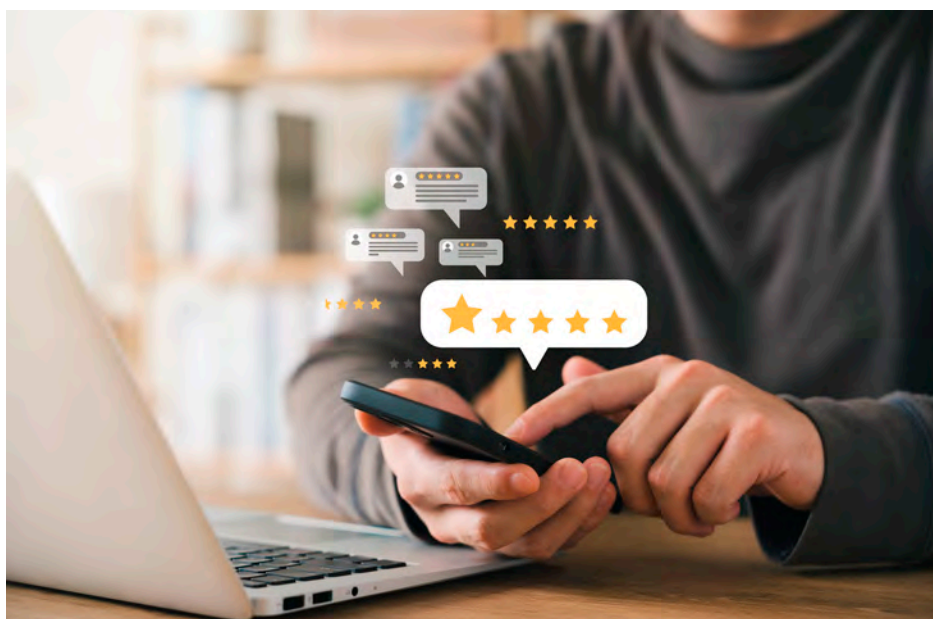
In the end, the decision was made to use the system and the results have been nothing short of transformative. The practice achieved more reviews, higher ratings and a significant upturn in patient numbers.

The struggle

After only collecting reviews in practice for many years, Bridge Dental Care noticed that competitors were winning significantly more business thanks to online Google reviews.

With the practice's original system, patients would promise to leave a review 'when they got home' – but rarely did. If they did use reception's QR code to provide feedback, Google would block

The practice achieved more reviews, higher ratings and a significant upturn in patient numbers



them because they were technically from the same IP address. What a waste!

It meant the practice's online profile was weaker than it should be, resulting in expensive, low-converting ad campaigns. No reviews, no online profile, no new business. Something had to give.

The strategy

The first aim was to take review collection online. Rather than a QR code in reception, the platform would be connected to the practice's dental software Exact to deliver an instant review request for every patient. The solution is smart enough to detect a Google account, such as a Gmail address, so a Google review can be collected seamlessly.

When you make it easy for people to leave a review, 90% of them will. This low barrier to entry for providing feedback meant hundreds more patients could share their positive experience. All reviews are added automatically to Bridge Dental Care's online profile and website – front-and-centre for potential patients to see.

The solution

In just 12 months, Bridge Dental Care has quadrupled its Google reviews and massively improved its star rating. This new-found strength in its online profile allows ad campaigns to

perform at a much higher level. This meant they could regain some of that market share from competitors through a whole host of new patients.

As an added bonus, the practice has generated £52,000 of cross-sell opportunities by using Working Feedback to gather interest from patients on supplementary treatments and services.

In a time where reviews are the lifeblood of any dental practice, Bridge Dental Care has modernised and optimised its approach.

Bridge Dental Care saw these results with Working Feedback – so can you!

- Increased the number of Google Reviews from 49 to 233 (now an average of 16 per month!) and raised its rating from 4.3 to 4.8 stars in the process
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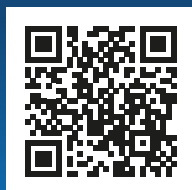


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- Handover of the final Prettau® Skin® veneers to the dentist after characterisation with ICE Stains 3D by Enrico Steger and minimal layering with Fresco Enamel Fluo; cementation in the patient's mouth



Zirkonzahn Caninus opens its doors

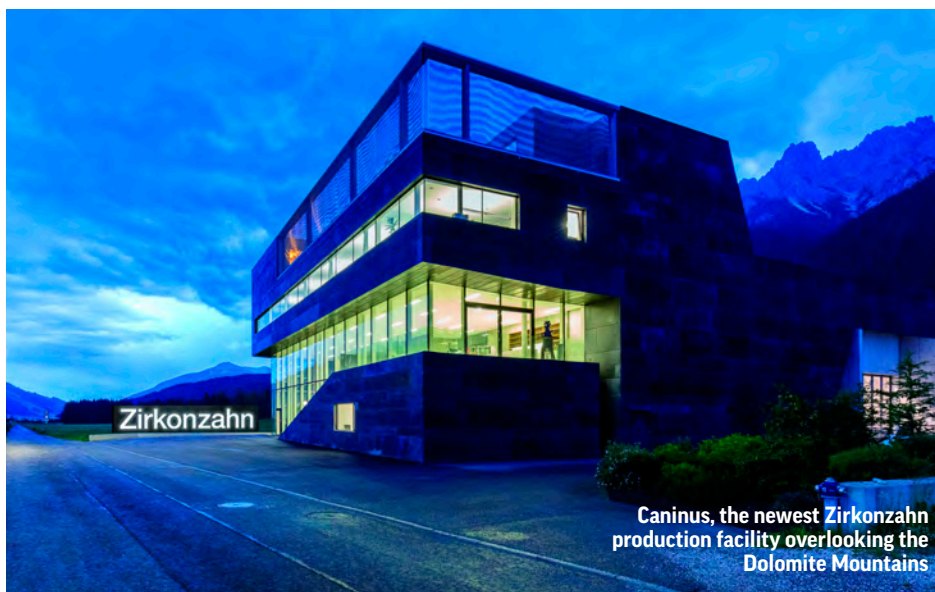
A new entire factory dedicated to **Prettau® zirconia** production overlooking the Dolomite Mountains

After Premolaris and Molaris I and II, Caninus is the company's most recent factory located in the heart of the Dolomite Mountains, built specifically to broaden its Prettau® zirconia production. As unique as these natural monoliths, Prettau® zirconia takes its name from the farthest village of the Aurina Valley in South Tyrol and was conceived for aesthetic restorations, from single crowns to monolithic full arches – the so-called Prettau® Bridges. The Prettau® line includes different zirconia typologies, available in white blanks for further characterisation, pre-coloured, and with colour gradient for optimal aesthetics. Blanks are available in different heights (from 10 mm to 40 mm) and diameters – Ø 95, Ø 98 with step, Ø 106 mm, as well as mini blanks to mill single crowns in hardly used colours.

Zirconia restorations are meant to stay in the patient's mouth for long times, or in most cases permanently, which makes the matter of quality even more important. This is why Zirkonzahn's work philosophy dictates that nothing has to be produced under economic or time constraints. Prettau® is manufactured with no compromises, using raw materials accurately selected from reliable suppliers. Upon arrival, the powder undergoes strict controls for quality assurance and much time is dedicated to the development of the most refined working processes, in close collaboration with the in-house R&D department. In order to achieve high homogeneity, the raw material is pressed biaxially and/or isostatically, and the most advanced technologies are used to obtain the best aesthetic and mechanical properties. In the last few years, the company's range of zirconia has embarked even more on the path of monolithic design with the new Dispersive® line, which includes materials that are already characterised with a natural colour gradient



Zirconia blanks production. Each production batch is accurately checked after every step, via specific tests and measurements to control hardness, dimensions, density, milling, colour, translucency as well as the materials' shrinkage factor, using close-tolerance instruments



Caninus, the newest Zirkonzahn production facility overlooking the Dolomite Mountains

Prettau® is manufactured with **no compromises**

during the manufacturing process, making manual colouring no longer necessary. The gradient is provided through a specially developed technique that does not blend colours into layers but disperses them evenly, lending restorations a beautiful and natural aesthetic. A perfect example of the company's constant strive for quality and sophistication is the innovative Gradual-Triplex-Technology, which provides the new Prettau® 3 Dispersive® material with a triple gradient of colour, flexural strength and translucency, achieving a perfect balance of resistance and aesthetics. Each production batch is accurately checked after every step, via specific tests and measurements. In this way, the blanks' properties of hardness, dimensions, density, milling, colour and translucency are controlled, as well as the materials' shrinkage factor, using close-tolerance instruments. Once the production step is concluded, final controls are run on each blank.

Being the sole process owners allows Zirkonzahn to have a complete understanding of their products, ensuring that they form an optimum match in the complete workflow. The in-house R&D team constantly works to improve and fine-tune solutions to create a reliable planning and working environment, where hardware, software, tools and materials



Bar-supported restoration made with Prettau® 3 Dispersive®, the latest zirconia material developed in-house, with Gradual-Triplex-Technology

fit together according to a perfect dental-technical logic. The full control over the testing and production procedures gives the company the possibility to react very quickly to the customer's needs, not only through constant product optimisation but also through their wide range of comprehensive education courses ('Die Zirkonzahn Schule' – The Zirkonzahn School), where participants are trained on the usage of equipment and materials with no knowledge gaps.

Zirkonzahn's doors are always open to visitors. Contact Zirkonzahn to arrange a guided tour of their premises in South Tyrol and learn more about the company work philosophy!

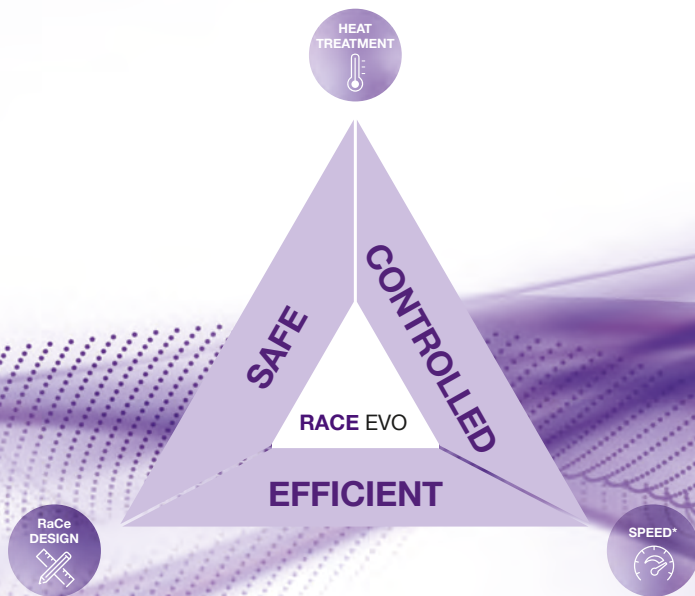
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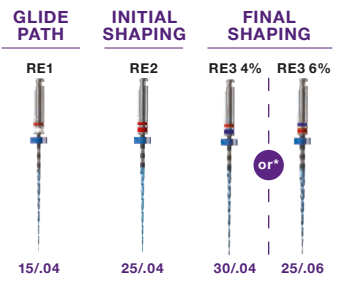
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Bridging the dental workforce gap with AI

Mike Barniv explains how staffing challenges can be addressed with technology such as artificial intelligence (AI)

In an era where industries across the globe grapple with workforce shortages, dentistry in the UK is no exception. The challenges of staffing, exacerbated by a confluence of factors including dwindling enrollment in dental education, the aftermath of the pandemic, and general professional burnout, have left dental practices searching for viable solutions. As businesses outside healthcare begin to lean on robotics and AI to supplement their workforce, one can't help but wonder: can technology offer a lifeline to the dental sector as well?

The technology solution

The concept of using technology to bolster recruitment efforts is widespread. However a more nuanced approach involves leveraging technological advancements to streamline practice operations, thus reducing the dependency on a large workforce. This strategy not only aims at maintaining efficiency but also focuses on enhancing staff retention by minimising burnout and operational stress.

Front office innovations

AI-powered scheduling aids have emerged as game-changers for the dental front office. Systems like Pearl's Practice Intelligence can analyse vast amounts of data to allow front office staff to fill appointment slots efficiently.

Other AI technology solutions have been introduced that communicate directly with patients to confirm appointments, manage cancellations, and reschedule. These innovations dramatically reduce the front office staff workload. They also increase the quality of their output and freeing up human resources for more complex, patient-focused interactions.

Chairside assistance and patient education

In the operatory, AI serves as both a diagnostic aid and an educational tool. AI-driven diagnostic tools like Second Opinion offer detailed analyses of dental images in real-time, enhancing the accuracy of diagnoses and serving as an invaluable supplemental assessment for doctors and patients alike. This technological support allows staff to focus more on patient care and less on administrative tasks, making the practice more efficient and reducing on-the-job pressure.

Automated charting and voice dictation further alleviate the need for manual record-keeping, allowing dental staff to dedicate more time to patient care and interaction.

Such advancements not only improve the operational efficiency of dental practices but also enhance the quality of care provided to patients.

Teledentistry: expanding the boundaries of care

The rise of teledentistry represents another significant technological advancement, enabling dental professionals to consult with patients remotely. Remote visits are particularly useful for follow-up appointments, consultations, and preliminary assessments. This saves both time and resources for the practice while offering convenience to patients. By reducing the need for in-person visits for every interaction, teledentistry can help practices manage their workload more effectively and focus their in-office resources on treatments that require physical presence.

The impact on workforce dynamics

Adopting these technologies has a profound impact on the dynamics of the dental workforce. By automating routine tasks and enhancing diagnostic and educational capabilities, practices can operate efficiently with fewer staff members. This not only addresses the immediate issue of workforce shortages but also contributes to a more satisfying work environment that reduces the risk of burnout.

Furthermore, the ability to engage with

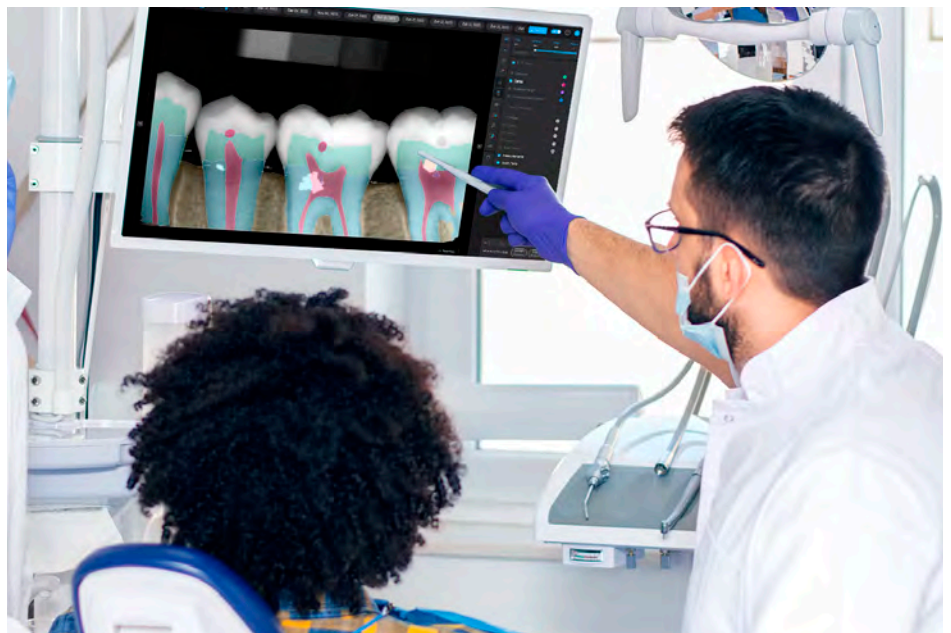
patients remotely through teledentistry expands the practice's reach and flexibility, offering a modern solution to traditional challenges. This, combined with the enhanced diagnostic capabilities of AI and automated administrative processes, positions technology as a crucial ally in navigating the current workforce challenges.

Embracing change

The dental profession in the UK, much like the rest of the world, finds itself at a crossroads. The workforce challenges of today demand innovative solutions, and technology offers a path forward. By embracing AI, automation and remote care technologies, dental practices can not only address current staffing issues but also pave the way for a more efficient, effective, and patient-centered future.

As we stand on the brink of this technological revolution in dentistry, it is clear that the future of the profession lies in its ability to adapt and integrate these advancements into everyday practice. While technology may never replace the human touch and expertise at the heart of dental care, it undoubtedly serves as a powerful tool to enhance the delivery of care, improve patient outcomes, and support today's overburdened dental workforce. **D**

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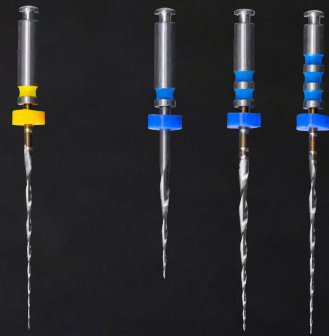
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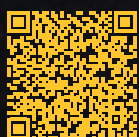


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Impression taking: digital versus traditional methods

Prasanta Banerjee provides a detailed comparison of traditional versus digital impression taking techniques

Prasanta Banerjee
Dentist



Dentists will recall how dental impressions were developed in the past. A clay-like substance was placed in the oral cavity, and the patient created an impression by biting down hard on the substance. The hardened material then became the model of the teeth on which the dentures were created.

Today, with technology being incorporated into various aspects of dentistry, the process of creating dental impressions has also undergone a sea-change. The use of intraoral scanners has brought about revolutionary changes in the process of creating dental impressions.

This technology has taken huge strides over the previous methodology and utilising it can benefit both dentists and patients in multiple ways.

CAM/CAD in dentistry

The introduction of computer-aided design/computer-assisted manufacturing (CAM/CAD) systems in the field of dentistry has been a groundbreaking development.

CAM/CAD is used in designing digital technologies for intraoral impression taking. It involves using a scanner, which acts as a data-acquiring tool. The data is used for creating 3D images of the teeth, the tissues, and the dental arches in minute detail.

The CAM/CAD-powered digital impression systems are routinely used in clinical practice, as they provide highly accurate and precise results.

However, in some cases, traditional analogue impressions may also be needed, along with digital impressions, to give the dental technicians flawless clinical information.

One of the most significant benefits of using digital impressions is that they are less invasive. The whole process can be completed in a couple of minutes



Figure 1: Traditional dental impressions

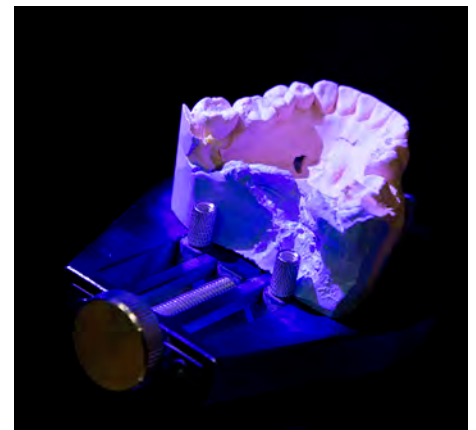
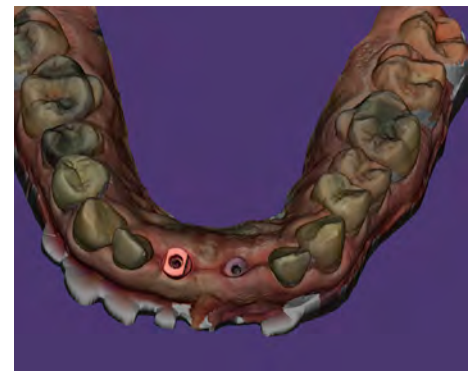


Figure 2: Final result



Figures 3a and 3b: Digital impression

Analogue versus digital

When it comes to impression taking, the traditional wet process tends to create a kind of gagging experience for the patient, which is tough to endure and pretty unpleasant for many patients.

With digital scanning, there is now a simpler and more convenient way of providing dental impressions.

To establish this, I undertook a study to compare the results of a digital scan and an analogue (wet) impression of the same set of teeth.

A comparison of the two highlighted why digital scanning is the future of the dental impression process.

Digital scanning is one of the most impactful digital technologies currently

being used in the field of dentistry.

This article provides a comparison of both impression taking techniques (digital scan and analogue impression). Consequently, the results demonstrate, quite emphatically, that digital scanning is a far more convenient way of creating impressions.

Traditional impressions

Traditional dental impressions are created using a tray and putty-like materials.

Polyester vinyl silicones (PVS) and alginates are generally used to make molds of the dental cavity (Figure 1).

The putty is placed in a U-shaped tray and inserted into the patient's mouth. The tray is removed when the material achieves the right consistency and becomes hard. It is then sent to the mold development lab (Figure 2).

The resulting impression can be used to create any of the following:

- Aligners
- Bridges
- Crowns
- Veneers
- Dentures
- Retainers
- Night guards
- Whitening trays
- Sports mouthguards.

The process

The putty-like paste is created by mixing a base and a catalyst in a measured proportion. The putty is transferred into a metal or plastic tray customised to match the patient's oral cavity. The dentist takes the following steps:

1. The tray is placed in the patient's mouth, and they are asked to bite hard into the mixture to create an impression
2. The material is allowed to harden
3. The tray is removed, and the mouth is cleaned to remove any residual putty material
4. The impression is sent to a dental lab.

Ahead of being sent to the lab, the whole process can take around 15 to 20 minutes. However, the dentist can encounter difficulties with the process. For instance, if the patient hasn't pressed hard enough into the impression, the dentist might not get the right impression from both sets. At times, the impression may not have been set properly, and there may be voids in the impression material.

In addition, the mold tends to get damaged upon removal, forcing repetition of the whole process.

Patient compliance may also be an issue, as the taste of the mixture is unpalatable. The patient may experience a gagging feeling, resulting in involuntary spitting out of the tray.

Digital impressions

Digital impressions are rapidly becoming the norm in dental clinics, eclipsing the traditional methods for most dental practitioners. The end goal achieved by digital dental impressions is the same as those achieved by traditional impressions but without the unpleasant taste of the mixture and the uncomfortable trays.

Digital dental technology generates precise and accurate three-dimensional images of the teeth and gums. It involves using an intraoral scanner, which is essentially a handheld wand. The digital images are sent

One of the key benefits of using digital impressions is the enhanced patient experience. The process does not involve using any gooey, unpleasant-tasting material



Figure 4: Final result

to the dental lab upon completion of the process. The technicians start working on the tooth restoration.

One of the most significant benefits of using digital impressions is that they are less invasive.

The whole process can be completed in a couple of minutes. This has made life easier for the patient and the dental team, as the digital scan can be completed significantly faster than getting wet impressions.

If the digital scan does not attain the desired results, it can be repeated to overlay the area and provide a more accurate view.

The process

The intraoral scanner is run around each tooth to attain a scan. The individual images thus obtained are stitched together using digital software to create a perfect impression model of the oral cavity.

The digital impression process is more streamlined than the traditional method of creating dental impressions.

There are multiple benefits of using this process, including:

- Faster appointments for impressions
- Quick restoration turnaround times
- Improved patient compliance and experience
- Greater accuracy
- No need to invest in raw materials
- No need for technical training.

The digital scanning process is quick and simple. As the digital impression process allows faster appointment completion, dentists and their teams can see more patients and expand their practice.

In addition, as the digital impression is sent to the lab electronically, the lab technicians can work on the products almost immediately. It spares dentists the hassle of shipping out physical impressions and the associated costs. Digital scans can also be sent a digital software in STL format and then sent to a milling machine or 3D printer to the manufacturer to construct the desired dental product. Patients

Digital impressions are much more comfortable for patients. What's more, patients are impressed by the technology that infuses a high level of convenience and accuracy

can receive their restorations faster.

One of the key benefits of using digital impressions is the enhanced patient experience. The process does not involve using any gooey, unpleasant-tasting material, so dentists can ensure better compliance in the impression-gathering process. Digital scans can also be used on implant work with scan flags.

Digital impressions are much more comfortable for patients. What's more, patients are impressed by the technology that infuses a high level of convenience and accuracy in the oral impression-gathering process.

Intraoral scanners are designed to capture every detail of the teeth, leading to highly precise 3D models. This leads to improved restoration results and considerably fewer redos than traditional impressions.

Digital impressions also result in cost savings. When dentists use these scanners, they no longer have to keep stocks of dental trays, putty materials, and mixing bowls.

There is a slight learning curve involved. While it may take some time to ace the scanning process, it can be mastered quickly with practice.

Conclusion

Digital impressions have become a powerful and convenient tool in modern clinical practice. Many defects that had to be detected earlier with the help of impressions and impression materials can now be discovered faster and with a higher level of accuracy using digital impressions with irrefutable clinical advantages.

However, that doesn't mean analogical impression-taking is out of circulation. In certain clinical situations, dentists still have to depend on them.

In the future, technologists might discover a way of integrating both these methods for enhanced results. **D**

About the author

Dr Prasanta Banerjee BDS MFDS RCS(Eng) MJDF RCS(Eng) DPCD RCS(Ire) PgCert MCGDent(UK) graduated from Sheffield Dental School in 2001. He has experience in Invisalign, and is an expert in using digital workflow.

His approach to non-invasive facial rejuvenation combines nutrition, topical daily skin care, preventive measures, and non-invasive rejuvenation techniques to get the best results.

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Is there a right time to think about mortgages?

Simon Cosgrove discusses timings and other considerations when it comes to thinking about mortgages

Simon Cosgrove

Specialist financial adviser,
Wesleyan Financial Services



When discussing mortgages with clients, I am often asked about timings or more specifically, when the best time to apply for a mortgage is. I would say that the right time to think about mortgages is whenever it is right for you and your individual circumstances. Waiting to try and time the market, whether that's based on house values, or on mortgage rates, could mean missing out. If you are prepared to move now, then there's an argument to say that this is the right time for you. Interest rates may come down, and there is much speculation that they will, however, as we have seen from the last five years or so, the unexpected can also happen. Therefore, you could find yourself waiting for longer than you would want to and losing the property you wanted to buy, as property prices may increase, or interest rates may change unexpectedly, or something else entirely unforeseen could happen. It's also worth noting that what you need to be considering when it comes to mortgages, is likely to vary depending on where you are on the property ladder, as well as your individual circumstances.

What should first time buyers be thinking about?

For a first-time buyer, a dentist's main challenge is typically around their self-employed status – many lenders will require two years' worth of accounts. This is due to the nature of self-employed income patterns, which can be perceived as slightly unpredictable to some lenders and is something that an associate dentist at the beginning of their career probably won't have. However, this is on an individual basis and is not necessarily a deal breaker; there may be lenders that will agree depending on the circumstances – this may be because the associate dentist has an NHS contract, or because the mortgage broker is able to help the lender understand a dentist's career progression and its associated income patterns.

In terms of the deposit for a first-time buyer, a 5% deposit may be acceptable to some lenders – although, generally speaking, the bigger the deposit, the lower the interest rate and the less risk it will be for both you and the lender. If, through the affordability checks, the client can afford the level of mortgage that they need to buy their first house, and they are ready to go ahead, then now is not necessarily a bad time.

What about remortgaging?

Anybody looking to remortgage at present is likely to find that their payment is a lot higher than it was

over the last few years. This is probably because when they initially took out their mortgage product, interest rates were significantly lower. And of course, the bigger the mortgage, the greater the jump in terms of payments. In most cases, it will be possible to take out a new product with your existing lender, although whilst this may be quicker and easier, it may not necessarily be the best rate that you could get if you looked elsewhere.

When researching mortgage products, the most important thing to understand is what you will be paying in total over the interest rate period, including any fees. For example, if you are taking a five-year fixed rate, the product with the lowest rate may not necessarily be the best one for you, as these tend to have the highest fees associated with them. To give a practical example, let's imagine you had a £100,000 mortgage – the product with the lowest interest rate, however, also has a £1,000 arrangement fee which would not be worth paying in order to save £10 per month over five years. On the flip side of that, if you had a £500,000 mortgage, it would be worth paying a £1,000 arrangement fee to save yourself £100 a month over five years.

This is where it can be useful to get the support of a specialist financial adviser – someone who understands the intricacies of a dentist's contract and pay, with access to the whole of the market, who can help to determine the right mortgage and the right interest rate for your level of borrowing. In some cases, this may mean that paying a higher rate is worth it, if this means you'll be better off over the fixed or variable rate period – whether that's two years or five years.

Many dentists feel more comfortable going on a fixed rate as it can be helpful with budgeting – as the cost of living continues to increase, you don't suddenly want your biggest outgoing every month to start going up as well – though a fixed rate isn't necessarily right for everyone.

It is always about understanding the whole picture and what is right for the individual at that particular point in their life.

Moving house

These days, the majority of mortgages are portable. In terms of timings, some people I speak to mistakenly believe that they have to wait until their fixed rate or variable rate mortgage has finished before they are allowed to move house without paying a penalty. This tends not to be the case. For example, if you have a £400,000 property with a £200,000 mortgage on it and you want to purchase a £600,000 property, you will need to borrow an additional £200,000. Many lenders will allow you to keep your existing £200,000 loan on the rate that it is currently on, to avoid the

penalty, and the additional £200,000 loan will be on whatever rate is available at the time. It's worth noting however that although you are staying with the same lender, the entire loan will still be considered a brand-new mortgage application because it's on a different property. Therefore, you will still need to submit an application and the lender will assess your current income and affordability, as well as assessing the new property through a valuation.

Another point worth noting here is, if you are three years into a five-year rate, it's important to ensure that the new loan ties in as much as possible with the end rate of your existing mortgage. To give an example, if you have a five year fixed rate with three years left on it, it would make sense to try and get a three year rate on the new additional loan, so that both products end at the same time and then moving forward, could be put all on one rate with the option of changing lender to ensure you can get a competitive rate with the whole mortgage. Again, this is where the guidance of a specialist financial adviser can be extremely helpful.

The right time for you

Circumstances can change suddenly and unexpectedly; be it separation, redundancy, ill health, bereavement – all of these things can rapidly alter our current situation. Therefore, there is no one size fits all when it comes to 'the right time' for thinking about mortgages.

If the last few years have taught us anything, it's to expect the unexpected. World events beyond our control can and have occurred at any time without warning – the global pandemic and recent conflicts to name a few have all impacted interest rates, inflation, the stock market, and everything else. The economy could change at the drop of a hat because something else happens out of the blue – in which case your plans may need to be readdressed.

I would offer the following advice to my clients: apply for a mortgage when the time is right for you and your personal circumstances, as you could be waiting around for a very long time if you're just waiting for the perfect economic conditions. **D**

If you are looking to get on the property ladder, re-mortgage or to buy a second home, you can speak to a specialist financial adviser at Wesleyan Financial Services as part of a no-obligation financial review.

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Sourcing finance: have the banks changed the rules?

Ray Cox explains why we may need to take a fresh look at the way we approach banks for healthcare funding

Ray Cox

Managing director, Medifinance



Not so very long ago, all the major banks offered a health services specialist and very valuable financial advice. Particularly when seeking funding, such advice was worth its weight in gold.

Today, financial guidance is more essential than ever to building and sustaining profitability due to the evolving nature of the health professions. Ironically, support from the banks often seems to be very difficult to access these days – if not downright impossible!

This is not to say that sourcing finance for the professions is that difficult. Banks still know that the health professions are a 'good risk' and not subject to the same variations in consumer demand as the economy in general. This means they will always provide the most competitive funding.

The real problem lies with getting them to understand that projects, and especially those that are more complex, need to be funded in a way that simply looks beyond the interest rate. As I frequently tell my clients, the best way to fund, for example, a building project may be very different from the way you fund equipment purchase.

Is anyone there?

In a word: yes.

Within a good number of banks there are still specialists who understand the factors that need to be taken into account when providing health profession finance. The trick is knowing where to find them and ensuring that you give

them the right information and answers to their questions.

If you fail to do this, you will not necessarily fail to get the finance you are seeking. It is more likely that, even



if the interest rate is competitive, the way the project is funded will end up costing you more.

So, how do you make certain that this doesn't happen? One way, and certainly my preferred option, is to tap into the contacts and knowledge of our consultants and associates who have held senior banking positions. They know how to put together the information that will enable the banks to provide finance that is relevant to the need rather than simply giving you a 'one size fits all' solution.

To make this point more clearly, let me give you a couple of recent examples. These illustrate only too clearly the frustration and the time that can be wasted if procedures (albeit unknown to the applicant) are not followed.

Examples

A dentist contacted me and told me he had applied to his bank for a loan to undertake property improvement. The bank had turned it down. We put exactly the same proposition to the healthcare specialist in the very same bank. In two weeks, the funding was approved. Not only did the dentist not know that the bank had a healthcare specialist, it turned out that the bank manager who originally turned down the application did not know either!

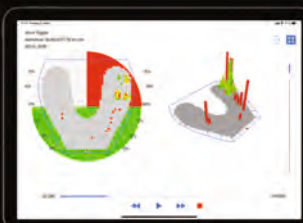
In contrast, a practice principal again seeking funding for a project, approached her bank and was given an enthusiastic and encouraging response. However, and despite putting together a well-argued and costed proposal, time went by with no feedback or confirmation from the bank.

We were not involved in these initial discussions but were subsequently asked if we could help explain the reason for the delay. We had the unfortunate job of telling the applicant that the bank in question rarely, if ever, provided funding for healthcare projects.

Just two examples of the left hand not knowing what the right hand is doing.

The point, however, is this. Banks and their personnel are not trying to be difficult or obstructive. It is simply that the rules have changed and if you know the rules, it's best to play by them. You have a better (much better) chance of winning. **D**

If you feel Medifinance may be able to help you with business planning or funding, give Ray Cox a call on 07785 757782 or email rcox@medifinance.co.uk.



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The power of asking for commitment

Justin Leigh shares how asking a simple question can enhance the performance of your practice

Justin Leigh

Founder of Focus4growth



We've all heard the saying: 'If you don't ask, you don't get'. Well, it's true in a lot of situations. It's particularly true when it comes to asking for commitment from your team and your patients.

One of the common gaps in many practices is the simple act of not asking patients and team members to make a commitment. One of the reasons is because most people don't want to appear to pushy or demanding, but it creates a performance gap that compounds over time.

Let's consider asking patients for commitment. When the discussion about a treatment plan is left without a specific follow-up step, or commitment from the patient or one of the dental team, then time horizons can expand infinitely! When patients are left without the commitment to a next step, they carry on with their lives and 'stuff' takes over. Before they know it, a week has gone by, then a month and six months before they forget why they had the original appointment in the first place.

On the other hand, when they know they have their next appointment booked, or they've agreed a date and time to speak with a member of the team to discuss their decision,

they are committed to getting the result they really want.

Ask the question

For many dental professionals they're unsure how to ask for commitment in a way that doesn't make them feel very uncomfortable, so the easiest thing to do is not to ask.

Take these examples of asking the question at the end of treatment discussion with a patient.

Example 1 – would you like to go away and think about this?

Example 2 – is this something you'd like to go ahead with?

Isn't it amazing how similar these questions are? Both are just as simple to ask, yet one completely relieves either the clinician or the patient of any responsibility or commitment.

The other will simply help the patient understand if this is something they would like to go ahead with.

Just imagine the difference in outcomes from these two questions asked multiple times every day throughout each week, each month and each year!

The impact of one versus the other over time is almost incomparable in the results they deliver. This one change can drive growth in a practice that creates a completely new trajectory. The other strangely positive impact is that because it gives your patients greater

certainty, the experience for the patient is significantly improved.

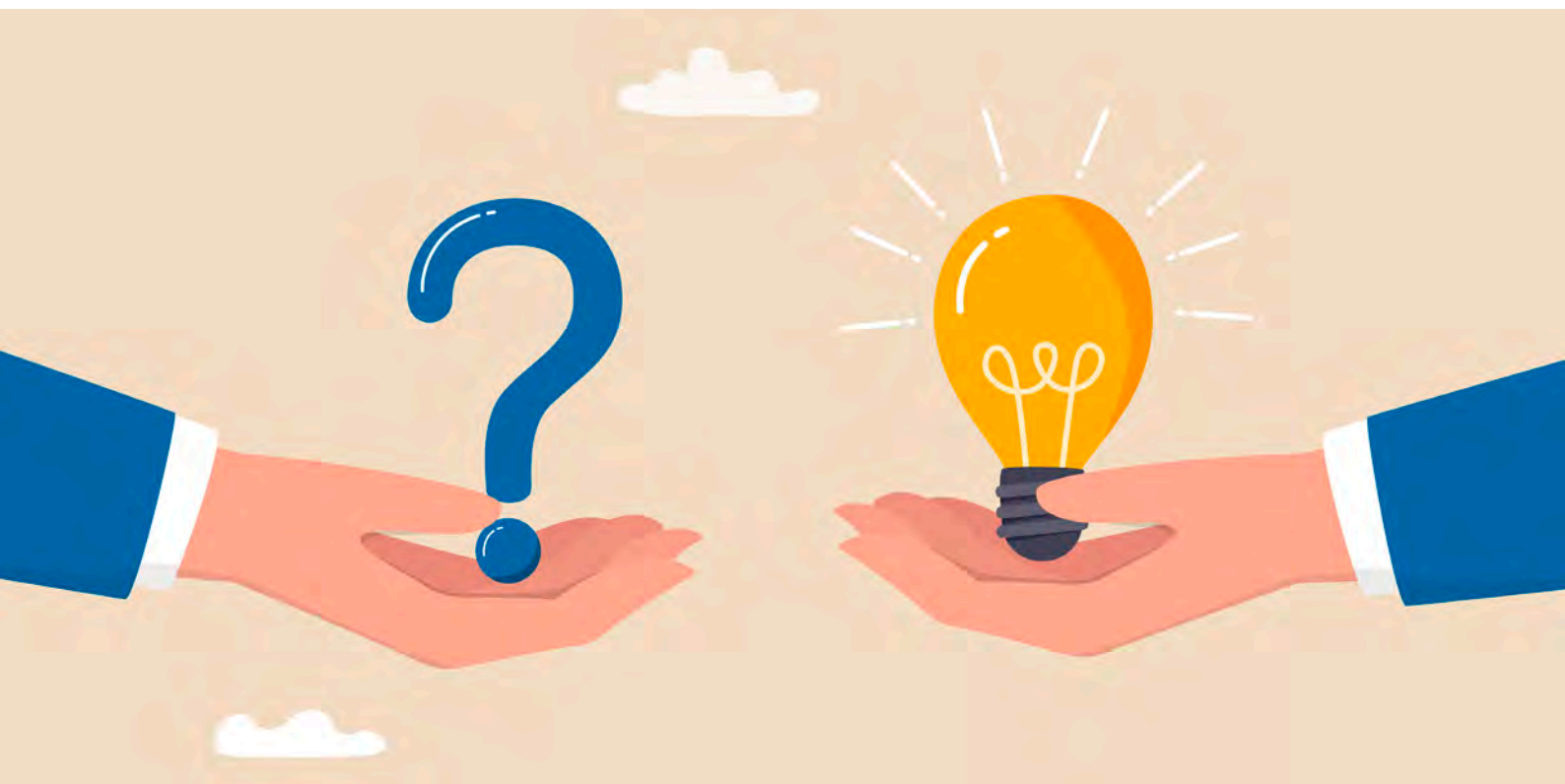
The effect

The act of asking for some form of commitment with every patient conversation, with our team members, and more broadly in your life, has a compounding effect. It enables you to achieve your goals, to feel a greater sense of control and increases productivity. In addition, because you and your team aren't continually following up with people who have forgotten why they came to see you in the first place, it means you can be highly effective and start to predict your results more reliably.

This one simple act, alongside great clinical skills, positive communication, listening to patients and building great relationships, makes a significant difference to the performance of your practice.

So, what will you commit to after reading this article? **D**

If you'd like to know more about the Focus4growth practice growth programmes, feel free to connect with Justin or contact him directly here: linktr.ee/JustinLeigh.

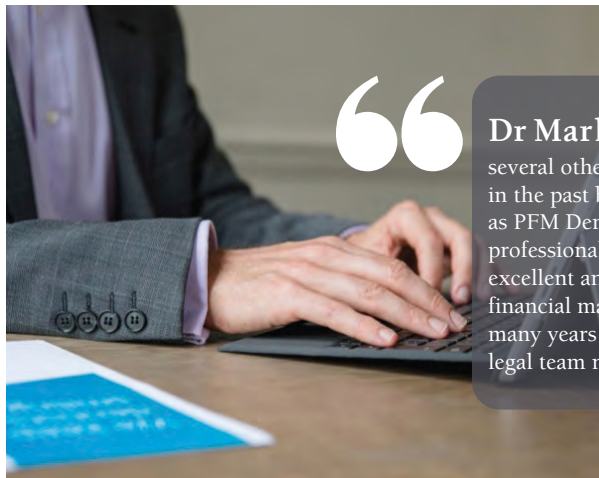


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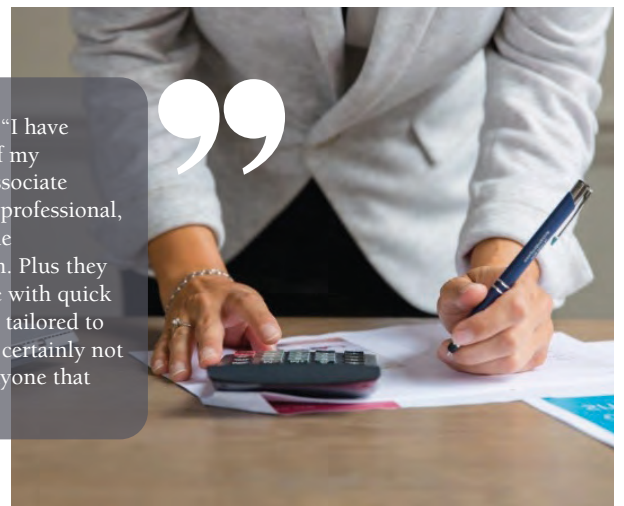
John Alker “As a new practice owner the challenge of tax planning and accounts was extremely daunting. However, thanks to the team at PFM we have been able to get on top of it all with minimal fuss and stress. They are extremely professional and are always on hand to answer our questions, even going so far as to give me a tutorial about the use of Xero - something completely new to me. I wouldn't hesitate to recommend and indeed I already have.”



“

Dr Mark Lawrence “We have used several other specialist dental accountants in the past but none have been as pro-active as PFM Dental Accountancy. Their level of professionalism and approachability has been excellent and an added bonus is the “in-house” financial management we have enjoyed for many years with PFM Dental. The addition of a legal team now can only add to a great team”.

Dr Hussein Hassanali “I have commissioned PFM to take care of my accounts since I first became an associate several years ago. They have been professional, timely, accurate and knowledgeable throughout my dealings with them. Plus they are always available to offer advice with quick responses and precise information tailored to each individual situation. I would certainly not hesitate to recommend them to anyone that asks”.



”

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Challenges and opportunities in the dental recovery plan

In light of the new proposals, **John Makin** advises dental practices not to make any rushed decisions

John Makin

Head of the Dental Defence Union (DDU)



We are in an election year and access to an NHS dentist is undoubtedly something that politicians of all parties will want to promise to their constituents. However, policies to improve access need to be well thought through, clearly communicated and carefully implemented in the interests of dental professionals and patients alike.

A key plank of the government's dental recovery plan in England is to make better use of the skills of the whole dental team. It was recently announced that dental hygienists and therapists will soon be able to administer certain types of medicines – including pain relief and fluoride – without a prescription from a dentist.

And in January 2023 NHS England stated that dental care professionals (DCPs) could open and close courses of NHS treatment, explaining there had been a 'widespread misunderstanding' of the regulations governing NHS dental treatment in force since 2006. Since April 2024, DCPs can submit claims without the need for a dentist's performer number.

The regulations, in my view, clearly state that any banded course of treatment must contain, at its outset, a comprehensive examination by a dental practitioner. There have been no changes to the regulations themselves and I have yet to see an explanation of the legal basis for this interpretation of the rules.

One can only imagine how dentists previously subjected to financial, regulatory and even criminal sanctions on the basis of the previous interpretation must now be feeling.

Another proposal by the Department of Health and Social Care is provisional registration for overseas-qualified dentists, meaning these colleagues could treat patients under the supervision of a dentist, while awaiting full registration.

Policies to improve access need to be well thought through, clearly communicated and carefully implemented

Apply caution

We all want to see access to NHS dentistry improve. The DDU's view is that the rush to achieve this should not put colleagues in a vulnerable position due to unintended consequences. For example, DCPs being asked to work outside their scope of practice or competence level, or colleagues being compelled to accept responsibility for the supervision of provisional registrants.

Changes also need to be properly communicated to patients.

This will help to avoid a situation

where patients expecting to be treated by a dentist only find out on arrival at the practice, or worse after something has gone wrong, that the treatment was provided by another member of the dental team.

Patients may attribute a perceived poor outcome to the type of practitioner carrying out the treatment, whether this is the case or not.

The challenges ahead are significant and wide-ranging. At the DDU, our role is to ensure dental professionals are aware of best practice and latest guidance so they can practise safely and ethically, while supporting them with any complaints that arise. **D**

Our role is to ensure dental professionals are aware of best practice and latest guidance so they can practise safely



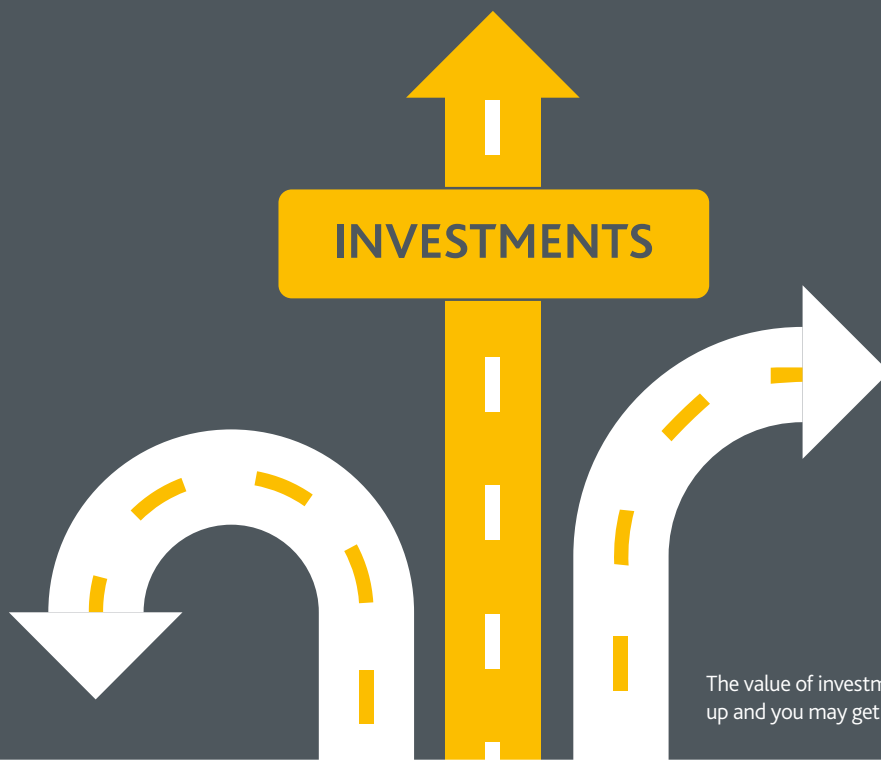
The DDU website has further advice on direct access and scope of practice: ddujournal.theddu.com/issue-archive/spring-2023/clearing-up-the-confusion-direct-access-and-scope-of-practice.

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AI IN DENTISTRY

WITH ALAN CLARKE

Revolutionising the patient experience

Alan Clarke explores how integrating artificial intelligence into your practice can transform the patient journey

Alan Clarke

Cosmetic dentist and the owner of Paste Dental



In the ever-evolving world of dentistry, artificial intelligence (AI) has emerged as a game-changing force, elevating patient experiences to unprecedented heights.

I really want to deep-dive on this positive catalyst by looking at how our professional role is going to be changed forever and what this means for you and your practice.

A premium dental experience

The seamless integration of AI into dental practices creates an unparalleled luxurious experience for patients. At Paste Dental, we were a very early adopter of this technology... Why?

I wanted to really transform our patient journey. We are a small, city-centre private practice with tech-savvy clients, so the quest was to see how we could take the latest trends and technology and run with them.

Could we change the patient journey forever? Could we set ourselves apart at the highest end of the luxury market? And what does that look like in 2024?

Luxury furnishings are amazing, but I believe luxury is firmly rooted in the interaction you have with your patient. The rapport, the connection and the trust all serve to deliver a bespoke, crafted patient experience. So naturally, AI follows suit. Technology is able to provide new levels of bespoke prevention, diagnosis and information: personalised medicine is becoming part of dentistry.

AI serves as a high-end concierge partner, letting me offer tailored solutions based on each patient's dental needs, much earlier than previously possible. Earlier caries detection, calibrated bone loss measurements in seconds, data-driven percentages of carious tissue ingress: all patient-specific, all objective, all putting you ahead of the game in terms of diagnostic ability.

My personal workflow has been curated to include a high-definition series of patient photographs in our professional photo studio, follow by a 3D scan and AI-powered radiographic assessment as baseline. This combination gives my patients high access to knowledge about their dental health in that very moment. It's very cool.

This integration of AI not only enhances the overall quality of care but standardises the diagnostic experience for patients between clinicians. This is vital in a world where luxury needs to be repeatable and practice makes permanent, so that patients on a Monday morning and a Friday afternoon receive the same expert-led diagnosis, from each clinician.

A powerful marketing tool

Artificial intelligence has also revolutionised dental practice marketing strategies. With AI-driven analytics, dentists can now identify patient preferences and tailor their services accordingly. This data-driven approach empowers dental professionals to create targeted marketing campaigns that resonate with their audience. As a result, practices experience increased patient engagement and retention, further establishing you as the go-to prevention focused clinic.

Empowering patients

Perhaps the most significant impact of AI in dentistry is its ability to empower patients with an in-depth understanding of their oral health. These conversations happen daily at Paste, letting patients receive personalised treatment plans, access predictive diagnostics, and track their own treatment progress.

This revolutionary approach fosters a sense of engagement, leading to better oral health outcomes and a higher quality of life.

It builds the wellness-led community we have focused on creating at Paste: open, honest conversations about dental and physical health and learning together with a co-diagnostic approach.

This is so powerful; it really changes the narrative. Gone are those paternalistic, fear-driven methods of behaviour change (that it was the patient's fault they have dental disease).

Rather, it is now a learning process where we can provide a snapshot of their dental health at this very moment, free from judgment and ready to arm our patients to take back control, on their terms.

The game-changing potential of AI

The success of AI integration at Paste serves as a testament to the transformative potential of this cutting-edge technology.

We were the first practice in Ireland to adopt this level of care: it was so exciting and really only the catalyst to how our practice would grow and transform.

We have since curated a treatment menu of options for early prevention as we were seeing new lesions sooner than ever before. Icon from DMG is an amazing addition to our toolkit, offering a super minimally invasive option for those incipient lesions and I can't wait for some of the biomimetic solutions from Switzerland to hit the UK, hopefully later this year.

As more dental practices embrace AI, the future of dentistry looks brighter than ever before – with luxury experiences, personalised care, and patient empowerment at the forefront.

Artificial intelligence has emerged as a powerful catalyst, revolutionising the dental patient experience and unlocking new possibilities in oral health care.

By embracing AI, dental practices like Paste are pioneering a new era of personalised, luxurious care that puts patients first.

As AI continues to advance, the dental industry stands poised to redefine what it means to deliver exceptional patient experiences, one smile at a time.

My advice is to start the process now – give it a go early and you will be surprised how it transforms your practice both for your patients and your whole team. **D**

Introducing private dentistry into your practice

Zoe Close caught up with practice owner **Chris Groombridge** to get his thoughts on mixing NHS and private

Zoe Close
Head of Sales at Practice Plan



Chris Groombridge
Managing director of 543 Dental Centre,
chair of charity Teeth Team, director of
the Association of Dental Groups (ADG)



Despite the changes to the threshold last year, many NHS practices are still facing the prospect of punitive levels of clawback. So, is introducing at least some element of private dentistry the way forward for struggling NHS practices?

Zoe Close (ZC): So, Chris, there are dentists out there who are wrestling with their consciences. They're struggling under the NHS contract but morally, it feels wrong to them to move into the private sector as they think it's not the right thing to do for their patients. Do you find that in practice at all with some of your associates? Or have they gone beyond that stage now?

Chris Groombridge (CG): As a practice owner, it's not just about economics for me. I'm personally committed to the NHS.

On the other hand, I'm a pragmatist and I'm running a business. At the end of the day I've got to make sure the books stack up, so everyone has a roof over their head, whether that be the associates, my employees or my own family.

I passionately would like to continue to be in the NHS, but equally I feel the NHS has turned things into an abusive relationship and taken the Michael wherever they can. I think sometimes people just get to a point where enough is enough and they want to change. If that's what they want, you've got to go with it because, if you don't, an associate who wants to go private will leave and go elsewhere.

I think you also have to accept that private income is more than 50% of all the dentistry in our country now.

It's a fact of life and it has cross subsidised the NHS side of things for a long time. It's not good to have all your eggs in one basket. I don't think having private dentistry in the practice is a bad thing as it's about spreading the risk.

ZC: I agree. Having all your eggs in one basket doesn't feel safe any more.

You have a couple of associates who have converted to private, so they won't be delivering UDAs.

If people want to keep their NHS contract, they need to have people prepared to deliver it and for a lot of contract holders, that's proving difficult because of the recruitment situation.

You are still managing to do both at the moment, but I get asked all the time: 'How do I make my NHS practice more attractive and fill my vacancies?' What do you do?

CG: We pay a good UDA rate, that's the first thing, but we've always tried to do that. Stability and retention are always better than constant churn. However, a lot of our associates are part-time. Only one of our associates is full-time.

So it's a balance isn't it? Between doing so many days private and mixing it: the vast majority of all dentists, 88%, still mix.

We have private evenings, and private afternoons for some of them or they mix their private in with their NHS. So, you've just got to accept that's the way it is. It inevitably means you have a bigger team if you were going to service your current contract and not give anything up. You would have to do that or engage with skill mixing with therapists, as we do.

We have four therapists and a hygienist. We've just hired two more therapists as that's another way of helping to service that large number of UDAs. You just skin the cat differently. What happens is the dentists refer to the therapist, so they can do the work that frees up the dentist, to either do more NHS work or more private work, whichever they prefer, or even a bit of both.

ZC: I see a number of people who aren't keen on buying into skill mix. They're concerned about vicarious liability. How helpful are you finding using therapists? Do you feel that's something people just need to adopt?

CG: I've always been a big supporter of skill mix, but I don't see it as replacing dentists.

I've supported skill mix because it genuinely frees up the dentists to do more private work or do more interesting parts of the NHS, such as the crown and bridge work that might interest them. But skill mix is a fact.

It's not true that skill mix is going to come in tomorrow and replace dentists. There simply aren't enough therapists. The government's own plans would take about 10 years to come to fruition. They don't have the workforce in place to get the right number of therapists in place.

If replacing dentists was their aim, they would need another 10 years of constantly building up the therapists' workforce to get there. So, it's a fact skill mix is good for the practice. It is a fact of life going forward.

ZC: That seems to be a general theme. There are a lot of things that need doing and speed is of the essence. But it feels as if everything's going to take too long, including overseas dentists coming through.

CG: Provisional registration of overseas dentists

is a possibility. I should stress, though, the ADG does not want a wild west. We want everything done with the appropriate checks and mentoring because ultimately, it's about patient safety.

Also, from just a purely reputational point of view, why would you want to hire dentists who are not fit for purpose who could cause serious harm to a patient? It's simply not worth thinking about.

We have a genuine shortage of dentists, so we need overseas dentists. We have a real workforce shortage, and we need to resolve that. We also have a failed contract, which the BDA are right about. I fully support them on this matter, and it needs resolving.

We do not train enough dentists of our own. We only train approximately 1,000 a year. France and Germany, similar size populations to us, train 2,000 a year each. That tells you something. Pre Brexit, we propped up the system by bringing approximately 650 dentists from overseas into the UK to keep the wolf from the door. Obviously with Brexit that had a huge impact. In Hull, where I am, that meant 30% of the workforce were from overseas.

But there is no point just bringing lots of people from overseas if you are not going to reform the contract that they're working in. Otherwise, just like Brexit, they'd come, stay for two or three years and realise things didn't stack up, and they'd leave. Which means lots of churn, affecting patient continuity of care.

If we do this again and just bring loads of overseas dentists in and don't reform the contract, it's the same as Einstein's definition of insanity – doing the same thing but expecting a different result.

The problem is governments always act for the short term. Things need to be planned out properly. Which means there needs to be a focus on prevention and a contract must be developed that recognises that you can't pay a dentist the same for doing one filling or for 10 fillings. It's demoralising and financially it's crackers. **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 for a chat on stand K50 at Dentistry Show Birmingham on 17-18. Otherwise start the conversation with Practice Plan on 01691 684165, or book your one-to-one NHS to private call today: practiceplan.co.uk/nhsvirtual.

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PRACTICE PRINCIPLES

Empowering dental nurses through collaboration

Could we use dental nurses as a conduit between professionals in practice, asks **Polly Bhambra**

Polly Bhambra

Practice principal,
Treetops Dental Surgery



In today's healthcare world, dental professionals are doing more than ever before, working closely with other healthcare workers to take better care of patients.

As leaders in dental practices, we understand that working well together, or interprofessional collaboration (IPC), is key to good healthcare.

Dental nurses are crucial to this effort. But how can dental nurses boost IPC and, as a result, improve patient care and create a more effective dental practice?

The vital role of dental nurses

Dental nurses are usually the first people patients meet at the dental practice.

Their traditional duties include getting the surgeries ready, helping during dental procedures, and giving aftercare instructions. But they can also serve as important links between different health professionals.

By giving dental nurses bigger roles in IPC, they can help connect different parts of patient care.

1. Improving communication skills

Good communication is essential for IPC.

Training dental nurses in communication can help ensure they share information clearly and accurately with dentists, hygienists, specialists, and patients. For example, a dental nurse might need to tell a patient's GP about dental treatments that could impact their overall health.

Offering workshops and ongoing training in effective communication, conflict resolution, and professional behaviour is very beneficial.

These skills help dental nurses avoid

misunderstandings, reduce mistakes, and keep patient care smooth across different departments.

2. Helping with case management

Dental nurses are also key in managing patient cases. They keep track of treatments and results, and make sure different healthcare providers are coordinated.

This includes scheduling appointments so that all necessary visits are planned properly, and keeping all clinicians updated on the patient's health and treatment plans.

In practices that use digital tools, dental nurses can use electronic health records (EHRs) to keep information organised and accessible to all involved in a patient's care and also take the lead with digital scanning.

This makes the collaboration between healthcare professionals more efficient and effective.

3. Joining in team meetings

It's important for teams to meet regularly to talk about patient cases and plan care.

Dental nurses have a lot of practical knowledge and should be included in these discussions.

Encouraging dental nurses to take part in team meetings not only boosts their morale but also ensures that their insights help shape better care strategies.

Their input can lead to smarter decisions, especially in complex cases involving multiple health issues.

4. Promoting patient education

Dental nurses often interact with patients more than dentists do, making them well-placed to teach patients about their health.

Training dental nurses to provide clear, straightforward information about dental care and its broader health implications can not only improve patients' understanding but their

By enhancing their roles in communication, case management, team participation and patient education, dental nurses can greatly improve how dental practices work together

cooperation too.

Dental nurses can also play a significant role in public health efforts, like educating at-risk groups about how good oral hygiene can prevent diseases like endocarditis.

Participating in such initiatives not only broadens their roles but also enhances the dental practice's reputation in the community.

Conclusion

As we aim for a more unified approach in healthcare, empowering dental nurses is crucial.

By enhancing their roles in communication, case management, team participation, and patient education, dental nurses can greatly improve how dental practices work together.

This not only makes the workplace better but also significantly enhances the quality of patient care.

As dental industry leaders, we must create a supportive environment where teamwork is valued and every team member, including dental nurses, can excel.

It's our duty to unlock the full potential of our dental nurses, making our practices shining examples of comprehensive, collaborative care. **D**



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The MHRA – how does it affect me in practice?

Are you compliant with the MHRA's registration requirements? **Pat Langley** uncovers what you need to know

Pat Langley

Dentist and founder and chief executive of Apolline, now part of Dentistry Compliance



The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for regulating the UK medical devices market.

made dental appliances are required by the Medical Devices Directive 93/42/EEC (MDD) to register with the MHRA and provide a business address and a description of the devices produced.

The UK Medical Devices Directive defines a custom-made device as one that has been made or manufactured to the written prescription of a registered dental practitioner for the sole use of a particular named patient.

In addition to applying to dental laboratories, this also applies if you create medical devices in the practice, for example, milled restorations or retainers.

A failure to register with the MHRA when required to do so may place you at risk of incurring a fine. The General Dental Council (GDC), the CQC, and the regulators in the devolved nations all expect registrants and practices to comply with the MHRA's registration requirements so you may be asked about this at a regulatory inspection.

The MHRA's guidance is divided into sections with different rules applying in Great Britain, Northern Ireland, and the EU. (Please note: Great Britain is England, Wales, and Scotland).

Guidance for Great Britain can be found on www.gov.uk.

Under the Northern Ireland Protocol, different rules apply in Northern Ireland to those in Great Britain. The MHRA has introduced legislation to supplement provisions that were introduced in Northern Ireland on 26 May 2021 when the EU Medical Devices Regulation (2017/745) (EU MDR) took effect. This legislation has introduced a requirement to register all custom-made devices with the MHRA within 28 days of being made available on the Northern Ireland market.

Written prescription and Patient Statement

Laboratories usually provide a written prescription pad for their clients to help ensure all the required details are clearly recorded. Some laboratories combine the patient prescription with the Patient Statement in a second part of the form.

Whether the two forms are combined or separate, the following should always be recorded:

- Patient's name or identification number or code
- Name of the prescriber
- Practice name and address

FULFIL ALL YOUR COMPLIANCE REQUIREMENTS with Dentistry Compliance. Visit dentistry.co.uk/compliance for more information and to sign up.

What do you need to do?

- Check that the dental laboratory/laboratories you use is/are registered
- Check that the technicians working at the laboratory/laboratories you use are all registered with the GDC
- Register with the MHRA if your practice provides custom-made medical devices (that are made at your practice) directly to specific, named patients
- Provide a business address and a description of the devices produced
- Re-register with the MHRA after two years
- Comply with the MHRA's requirements for custom-made medical devices
- Ensure all custom-made medical devices you provide to patients, whether they are manufactured by a laboratory or made in the practice have a written prescription
- Provide a Patient Statement of Manufacture for all custom-made medical devices you provide to patients, whether they are manufactured by a laboratory or made in the practice. It is good practice to offer the Statement of Manufacture to the patient. If they decline you should record the fact that it was offered to the patient and declined in their dental record and either keep the paper version if you keep paper patient records or scan and upload it into the patient's electronic record. If your patient accepts the Statement, record this too.

- Date the work was sent and the date it is required
- Type of appliance and materials to be used
- Outline of the design
- Instructions to the technician.

The Patient Statement should state the following, or something similar with the same meaning: 'This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements.'

Practices that have patients with custom-made medical devices that are made in the practice should modify the wording accordingly.

The Patient Statement should also state that the device was wholly manufactured in the UK.

A nominated UK Responsible Person is required for laboratory work manufactured outside the UK. **D**

Dental laboratories are required to register with the MHRA, and you should check that the laboratory/laboratories you use is/are registered.

Many/most dental practices will know that they should register with the MHRA to ensure they receive updates from them for example when an alert goes out about an item, drug, or piece of equipment that has been recalled. What you may not know though is the other requirements relating to the MHRA and dental practices.

Dental practices that manufacture custom-

Dental practices that manufacture custom-made dental appliances are required by the Medical Devices Directive 93/42/EEC (MDD) to register with the MHRA and provide a business address and a description of the devices produced



The green wave in dentistry

Responsible DENTISTRY

MARK  TOPLEY

In this month's Responsible Dentistry, Mark Topley discusses how sustainability enhances dental practices

Mark Topley

Dental CSR and ESG consultant



In dentistry today, going green is more than just a buzzword – it's a smart move for the business-savvy practice.

Simple changes like using energy-efficient lights and conserving water not only help the environment but can also save a dental practice plenty of cash in utility bills. There is a clear and growing case for sustainability as a commercial imperative.

Cost savings with a conscience

Sustainability in dentistry isn't just about fulfilling our responsibility to protect our lives on the planet; it's a strategic business decision that yields substantial cost savings. A strategy pivoting around energy-saving devices, such as LED lights and energy-efficient dental units, minimises energy bills and operational costs.

According to a study carried out by Dove

Holistic Dental Care (DHDC), practices that implemented such technologies saw a reduction in energy bills by up to 30% within the first year. By responsibly using resources – water, electricity, and supplies – practices witness a reduction in recurring utility expenses.

Investments in better dental practice insulation are long-term cost-savers, as they help maintain consistent temperatures, cutting down on heating and cooling expenses. Employing reverse osmosis machines for water purification can circumvent expensive and wasteful bottled water solutions, while advanced stock control mechanisms ensure that products are used efficiently, reducing waste and surplus ordering.

Reputation as the new currency

In today's eco-conscious market, a dental practice's commitment to sustainability propels its reputation.

The same survey by DHDC attests to this, showing that 91% of respondents view DHDC's environmental efforts as 'important' or higher, with 94% of patients ready to advocate for the practice based on its green practices.

Furthermore, patients are not only noticing these efforts but are willing to place their loyalty in these practices, as DHDC's example so clearly illustrates.

Reputation, often a word-of-mouth magnate, translates into higher patient inflow and retention.

As per PWC's Global Consumer Insights Pulse Survey, a significant number of consumers are willing to associate themselves with brands that reflect their values, further emphasising the advantage of a sustainable reputation.

Beyond savings: the 'why'

Staff engagement in sustainability efforts is pivotal. When a dental practice communicates its mission and 'why' behind its initiatives, it galvanises staff action toward cost-saving policies.

Encouraging lift sharing, cycling, or walking to work not only instils a sense of communal effort but also slices transportation costs and environmental impact. The commitment to a larger cause elevates team morale, enhancing productivity and, ultimately, the practice's bottom line.

The patient at the forefront

Greener dentistry isn't a mere behind-the-scenes endeavour. It's an integral part of the patient experience, fostering a sense of shared responsibility for the planet.

As the DHDC survey highlighted, patients are actively aligning with practices that embody an environmental ethos, which isn't a transient trend but a mainstay concern.

Green is the new gold

Dental practices are perfectly positioned to lead the way in sustainability within healthcare. By embracing green innovations, not only do they flourish financially, but they also cultivate an image of care and responsibility that resonates deeply with modern patients.

Sustainability in dentistry is more than an ethical choice – it's a smart business strategy that assures the health of both the practice and the future of human life on the planet. **D**



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THE ORAL CLES

— Dental hygienists and dental therapists

Embracing smiles across the nation

Miranda Steeples shares how the British Society of Dental Hygiene and Therapy is planning to make the forthcoming National Smile Month both impactful and memorable

Miranda Steeples
President of the BSDHT



As we celebrate our 75th year, our commitment to promoting oral health is stronger than ever. We've got some exciting plans to spread smiles far and wide during National Smile Month (NSM) 2024.

'First Smiles' takes the lead

Our fabulous 'First Smiles' initiative is back, with the kind support of Oral-B, ready to empower our volunteers with the tools they need to make fun, educational visits to schools.

These visits are a fantastic playground of learning for the children, where they can explore oral health through games and fun activities. It's also a wonderful way to get them comfortable with the idea that their friendly dental hygienist or dental therapist is a go-to for great oral healthcare.

If you're eager to be a part of this, bear in mind that applications close on 31 May! We're planning for most of these school visits to happen on 14 June, the grand finale of National Smile Month.

Last year, over 50 dedicated volunteers reached more than 2,000 children. This year, as we celebrate our 75th anniversary, I'm hoping we can hit a new milestone of 75 schools. I'd love it if we could achieve that and help to make 'First Smiles' bigger and better than ever before.

Spreading the word

We know that the right message at the right time can change lives. That's why we're taking the key messages of National Smile Month with its critical advice on brushing teeth with a fluoride toothpaste for two minutes, last thing at night and one other time during the day. We

will also be pushing these messages across all our social media platforms.

Expect engaging posts and lively videos that not only educate but also entertain. Plus, we're rallying all our members to help amplify these messages in their communities. One of our biggest hurdles is ensuring our message reaches beyond our current followers. That's where our incredible members come in, sharing our posts and spreading the word far beyond our usual reach.

It's about creating ripples that turn into waves of positive change. The more we share, the further the message travels!

Broadening NSM's reach

The Oral Health Foundation (OHF) remains a top resource for reliable, evidence-based advice. Each year, National Smile Month delivers clear and effective preventive oral health messages. By following these guidelines, individuals can significantly improve and maintain their oral health.

With this in mind, we're also delighted to be partnering up with the OHF for an innovative

'Ask the expert' session on Instagram. It's a fantastic opportunity for members of the public to jump online and get top-notch advice straight from our experts. This collaboration isn't just about answering questions; it's also about building a community that values good oral health.

We're particularly focused on bridging the gap in oral healthcare in underserved communities and that goes hand-in-hand with initiatives like '75 hours for 75 years'. This involves members stepping out into their communities offering oral hygiene advice, volunteering on a Dentaaid van, and even organising donations of toothbrushes or toothpaste for local food banks. We believe everyone deserves a healthy smile, and we're determined to make that a reality.

Why we do what we do

Participating in National Smile Month is more than just an event for us; it's a reminder of why we chose this profession. It's about getting back to basics and focusing on what really matters – helping people take care of their smiles. Personally, I find this month to be a reinvigorating time that reconnects us with our passion for oral healthcare.

So, as we gear up for this exciting month, I am filled with hope and enthusiasm for the potential to make a lasting impact. At BSDHT, we're more than just dental professionals; we're advocates for healthy smiles, dedicated educators, and passionate volunteers.

Let's work together to make this National Smile Month one for the history books – full of smiles, education and community spirit. Please join us in spreading smiles across the nation! **D**



Interested in joining? Visit www.bsdht.org.uk/regional-groups and choose your local area.

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Simon, Rhana, Ads



Supporting our labs

Luke Hutchings explains how dentists can develop strong relationships with dental technicians as essential members of the team

Luke Hutchings

President of the British Academy of Cosmetic Dentistry



High quality dentistry is very much a team effort. It requires the skills and dedication of several professionals to deliver the highest standard of care to patients. An important part of the dental team is the dental technician and it's incredibly important that we do our bit as dentists to support our lab partners wherever we can.

Why do labs need some love?

We are aware throughout the profession of the declining number of dental laboratories in the UK. They are facing pressures from price-driven international labs and a dwindling number of dental technicians entering the UK profession, alongside the significant increase of day to day costs that we all have to contend with. In addition, the challenges faced since the pandemic mean that many dental labs have sadly closed in recent years.

This is not good news for UK dentistry – we are far stronger together and we need an array of high-quality laboratories to support practices as we attempt to tackle oral health concerns across the nation. There is still a huge backlog of patients needing essential dental care, but if dentists don't have lab partners they can trust to deliver high-quality, accurate and long-lasting products, then they will struggle even more to meet patient demand.

I really believe that technicians are the unsung heroes of our profession. Without their

exceptional craftsmanship and technological know-how, we would not be able to deliver the complex restorative solutions that so many of our patients need. That's why we should be looking out for them and playing our part to support their businesses.

Communication

An effective working relationship starts with good communication. Gone are the days when we would send a lab ticket with half-arsed instructions and then complain when the resulting prosthetic requires major alterations! In fact, there is little

excuse for not providing your lab with the wealth of detail they need to produce the stunning restorations that they are more than capable of.

Digital technology has streamlined this entire workflow, making it possible to send highly accurate impressions, clinical photographs, radiographs, shade guides and personal notes with the click of a button.

Not only does communicating all this improve our patient care thanks to faster turnarounds and therefore shorter treatment times, but it also increases efficiency and profitability for both lab and practice.

Showing appreciation

On the subject of money, it is just as important that we are paying our lab bills on time. We would not accept late payment from those that we invoice so we should not be delaying payment to our laboratories either. Prompt reimbursement shows respect and supports a healthy working relationship for the long-term.

It is equally as important to show our appreciation for our technicians by acknowledging their amazing work. This is very easily done by naming the technician or lab when posting cases on social media and joining the #tagyourtech campaign.

Ultimately, to be able to provide excellent dentistry, we have to work effectively as a team across practice and laboratory. By building strong working relationships built on communication and trust, we can ensure that patients receive the very best care. And that, after all, is what it's all about. **D**



For more information about the British Academy of Cosmetic Dentistry, visit bacd.com.

The Prettau zirconia line

Zirkonzahn

Zirkonzahn's zirconia range has grown over time into a material line consisting of six different types of Prettau zirconia.

- With a very wide range of applications Prettau solves common problems such as narrow spaces, bruxism or ceramic chipping
- Prettau 2 and Prettau 2 Dispersive are translucent with excellent flexural strength. Their aesthetic properties allow the design of monolithic restorations. Patients receive biocompatible, individual and stable dental restorations, from single crowns to full arches
- With the new Prettau 3 Dispersive zirconia, the concept of Gradual-Triplex-Technology was introduced. While the incisally increasing translucency results in a highly translucent incisal edge, the cervically increasing flexural strength leads to high flexural strength at the tooth neck
- Prettau 4 Anterior and Prettau 4 Anterior Dispersive have been specially designed for the anterior region, suitable for single crowns, inlays, onlays, veneers and three-unit bridges.

Zirkonzahn Shade Guides are composed of monolithic zirconia sample teeth, available for each type of zirconia.

www.zirkonzahn.com



12-hour fluoride protection!

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Conventional 1450ppm and above fluoride toothpastes only deliver fluoride for a maximum of 90 minutes, whatever their fluoride content and provided the patient does not rinse. Despite its lower 530ppm fluoride content, Biomin F remains active for up to 12 hours, continuously releasing fluoride to strengthen teeth and protect against decay, even if the patient's toothbrushing is erratic and inefficient.

Available from Trycare, Biomin F contains tiny bioglass particles made up of fluoro calcium phosphosilicate bioactive glass which bonds to teeth and enters the dentinal tubules, where they gradually dissolve for up to 12 hours, slowly releasing calcium, fluoride and phosphate ions. These combine with saliva to form fluorapatite which strengthens teeth, aids effective remineralisation of enamel and provides effective treatment for hypersensitivity.

Patients also report that teeth feel smoother and cleaner, there is a noticeable absence of background oral sensitivity and that gums are healthier and less prone to bleeding.

A genuine practice builder, Biomin F enables patients to enhance their smile and improve their oral health and comfort. It is the only toothpaste approved by the Oral Health Foundation for sensitivity relief and remineralisation.

www.trycare.co.uk/biomin
01274 885544



Eagerly anticipated new products

Planmeca

Planmeca was delighted to unveil the Viso G3 CBCT imaging unit and preview the new Planmeca Pro50 dental unit to representatives from its distributor network at a special event in March.

Out now, the Viso G3 brings new features to the market including video-based field of view placement and a new generation sensor with an even better signal-to-noise ratio. There is also an optional back of the head support for more comfortable positioning and a graphical user interface which matches the style of the Planmeca Romexis software for ease of use.

Coming this Autumn, the Pro50 dental unit is a masterpiece of sophisticated technology with an easy to use seven-inch touchscreen and a cuspidor that can be positioned on either side of the patient. The new suction arm has an extended reach and can be height adjusted for ease as well.

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Save time, see more patients

Straumann

Intraoral scanning gives the dental professional accurate data and streamlines processes, while patients benefit from greater comfort than traditional impressions alongside enhanced education and trust.

The award-winning Virtuo Vivo Intraoral Scanner from the Straumann Group is a small and lightweight solution which is ergonomically designed for a pen-like grip. It uses an open system, allowing the clinician to easily export and share scan data with partner laboratories.

With the Virtuo Vivo hard and soft tissue are scanned from multiple orientations simultaneously, capturing difficult-to-see areas with minimal effort. It also boasts a removable, autoclavable sleeve in coated metal to ensure proper hygiene standards.

With two out of three patients saying they would consider switching to a dentist who uses more advanced technology, discover how the Virtuo Vivo Intraoral Scanner could transform your practice by visiting the website today!

www.straumann.com/digital/us/en/home/equipment/io-scanners.html



Full freedom of movement

Coltene

Simplicity and flexibility are key when providing endodontic treatment. That's why the Canalpro X-Move endomotor from Coltene offers clinicians full freedom of movement.

The motor provides two movement modes: a



COLTENE

fully rotating and reciprocating motion for all file systems and with an adjustable reciprocating angle to reduce the risk of instrument fracture and improve preparation efficiency. Canalpro X-Move also features an integrated apex locator, as well as an insulated contra-angle with a super-mini head and slim neck.

Plus, with pre-programmed file settings for Coltene files, treatment is simpler, faster and more intuitive than ever. For efficient root canal preparation, the motor offers power and accuracy, with a stable torque output.

info.uk@coltene.com
0800 254 5115

Smile Brighter

Tooth Club Introduces its Newest Location

Tooth Club proudly announces the opening of our newest clinic in the vibrant community of Bury St Edmunds, Suffolk. Nestled in a bustling market town with a rich history and charming local attractions like the renowned Abbey gardens, this location underscores our dedication to delivering VIP oral healthcare and enhancing smiles across West Suffolk.

Since our grand opening, the response has been phenomenal. In just six weeks, supported by Smile Care, our dental plan provider, we've welcomed over 300 new patients to our plan, a testament to the community's embrace of our commitment to improve dental health.

Tooth Club

Tooth Club is a group of modern dental practices specialising in both corrective and cosmetic dental services. We offer a comprehensive suite of treatments, including General Dentistry, MIS Dental Implants, Spark Aligners, Composite Bonding, and Boutique Whitening, all aimed at helping our patients achieve their desired smile transformations.

Our innovative approach involves transforming greenfield sites into premium dental practices, a goal realised with the establishment of eleven practices across the UK. Each clinic combines aesthetic appeal with comfort, ensuring a welcoming environment equipped with the latest technology and staffed by dental professionals committed to the highest standards of dental care.

At Tooth Club, we prioritise patient comfort and satisfaction. From the moment patients enter, they receive personalised, premium care in clinics designed for both functionality and tranquillity.

Our rapid expansion, accomplished in just 12 weeks, was made possible through the support of our amazing partners and our proven technique in converting squat sites into high end dental practices in just weeks.



Our Partners

Establishing these clinics would not have been possible without our strategic partners. From navigating lease agreements with Carter Bond Solicitors to ensuring regulatory compliance with Dental Compliance Made Easier, and securing cutting-edge dental equipment from Clark Dental as well as IT solutions from Microminder, our partners have been crucial. We only use the very best equipment from Dentsply Sirona.

Tooth Club is now the number 1 provider of Boutique Whitening in the UK.

The operational running of a new site is instrumental in the success of a new practice, Dentally's cloud based dental software and supplies from Ivoclar have been instrumental in our operations, enhancing our service delivery and patient care standards.

We are thankful for the support that has enabled us to significantly impact the communities we serve, consistently striving to establish new standards of excellence in dental care.



Frank Taylor & Associates



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This A-silicone will offer you optimised flow, better surface affinity and it is autoclavable, too. Safe, stable and easy to use and handle, Affinis takes impressions to a new level.

Available in stunning colours, choose your preferred combination. Affinis light body provides a low contact angle, and will wet the tooth and gingiva effectively. Regular body is a medium wash consistency. Affinis heavy body Black Edition works well with Affinis Precious, in silver or gold, for decadent impressions that your laboratory will be happy to receive.

The dental team will love working with Affinis and these materials are well-tolerated by patients too.

www.coltene.com

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COLTENE

State-of-the-art bone regeneration **Trycare**

Tecnoss's Osteobiol GTO is the state-of-the-art second generation guided bone regeneration material distributed by Trycare.

All Tecnoss Osteobiol products are second generation because they contain a dual-phase resorbable bone matrix incorporating both mineral component and collagen. Unlike ceramised first generation materials which undergo very little resorption and are therefore never completely replaced by newly formed bone, dual-phase biomaterials do resorb progressively and are replaced by adequate new vital bone.

Handling like a sticky putty, Osteobiol GTO is Tecnoss's state-of-the-art ready-to-use pre-hydrated biomaterial that can be easily dispensed into defect sites direct from the syringe. It enables clinicians to skip the hydration phase with saline or blood, saving time and decreasing the risk of accidental exposure to pathogens. Osteobiol GTO contains Tecnoss's innovative Osteobiol TSV Gel which ensures optimal stickiness of the material, allowing easy adaptability to the recipient site and extreme stability.

Conceived as a universal biomaterial, easily adaptable to any bone defect, it has proven clinically valid for horizontal augmentation of two-wall defects and socket preservation with compromised buccal plates. It can also be used to treat peri-implant lesions and severe bony defects, also in combination with Osteobiol Soft Cortical Lamina.

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www.trycare.co.uk/osteobiol



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Learn with the best **Straumann**

Explore the many benefits of the premier clear aligner, Clearcorrect, at an inspiring educational conference this summer.

Elevating Clearcorrect Excellence 2024 on 14 June at Millennium Point, Birmingham, is a one-day experience for dental professionals who want to know more about the latest innovations in clear aligner treatment. It will also cover how to achieve the outstanding results made possible through Clearcorrect with sessions presented by practitioners already well-versed in the system.

Learn about the advantages of Clearpilot 8.0., the Clearcorrect planning software, which puts full control over treatment plans in the hands of the dental professional as well as enabling greater collaboration with patients.

Clearcorrect, the innovative clear aligner treatment trusted by clinicians all over the world for predictable results.

event.clearcorrecteducation.co.uk



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Fast and effective whitening

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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.

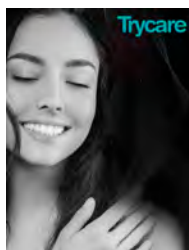
They don't require gingival barriers, which saves time and money, and can be combined within the dental hygiene appointment. They are the ideal add-on to EMS guided biofilm therapy and other forms of prophylaxis treatment.

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 a fast and effective way.

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Dr Ash Parmar, The Academy by Ash

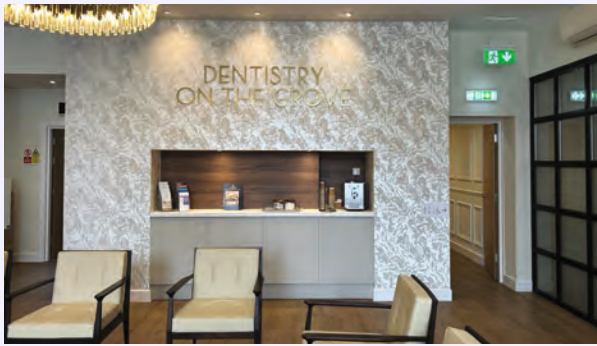
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The best way to finance practice refurbishment

In today's competitive market, first impressions are as important as functionality. So investing in the appearance of your practice...from its immediate eye appeal, to its waiting room and to its surgery... makes sound business sense.

Banks and Financial Institutions generally look very favourably on such investment, so sourcing funding for an unsecured business loan should not be a problem. What can be far more difficult to achieve is funding that is not simply competitive but takes account of your specific needs and the needs of your practice.

Depending on the nature and scale of your project, it may well prove to be beneficial if finance is sourced from several funders with terms and conditions that are tailored to specific aspects of the job. For example, appropriate funding for your surgery and its equipment will be different from funding for your renovation and/or refurbishment.

At Medifinance we have many years' experience of working with the dental profession and our independence and knowledge of the financial markets mean we are consistently able to source funding that precisely meets our clients requirements.

Do please contact us, without any commitment, if you are considering practice refurbishment and / or renovation.



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Take your practice to another level **Carestream Dental**

When your dental practice grows, you need a management system that can develop with you. Sensei Cloud is a dental practice management software-as-a-service platform from Sensei, the practice and patient management brand from Carestream Dental. Use Sensei Cloud to engage patients and expand your business potential.



R4+
a Sensei product

The cloud-based platform lays out live metrics on performance and finances in real-time dashboards, allowing dental professionals to simply analyse the potential opportunities for growth. Only the relevant information is shown, making business management accessible whether you are running your first practice, or 10th.

Plus, as you open new sites, scheduling can be made seamless across multiple locations and specialties. Liaising with patients is easily organised and incredibly effective through the platform, creating professional relationships that last.

By utilising the internet, Sensei Cloud can be accessed from anywhere, at any time. All of your data is still kept secure and GDPR compliant, combining convenience with reliability.

gosensei.co.uk

Supporting new implant dentists **ADI**



Dr Viraj Patel was among the coveted speakers at the inaugural ADI Next Gen Masterclass, which was designed for clinicians who are relatively new to implant dentistry. Viraj's session, entitled 'Socket grafting for successful long term implant outcomes', explored the literature available in the field.

He said: 'The ADI is one of the few organisations in the UK that is unbiased in that it has no affiliations to any particular brand or manufacturer. It also gives every clinician an opportunity to learn, which is amazing.'

'The ADI has a family feel, made up of like-minded clinicians without egos – it's just a great environment to be in. ADI events are a big networking benefit and there are always great speakers.'

'The biennial ADI Team Congress, for example, is the one event that is 100% in my calendar every time!'

www.adi.org.uk

New path to clinical freedom **Straumann**

Learning new skills can open new possibilities and help advance your clinical career. And with more than 130,000 implants being placed in the UK every year already, implant dentistry has an exciting future.

The Straumann Group brand Anthogyr, in conjunction with training academy Implant Connect, has put together a postgraduate diploma in implant dentistry (awarded by EduQual). Targeted at clinicians who are new to dental implants or who need to build confidence, it comprises 13 modules and includes eight clinical days and one residential module.

The course is delivered in a flexible format that enables dental professionals to learn around their current commitments.

www.straumann.com/anthogyr/en/home.html

All-on-4

and Restorative Referrals

Refer to Dr Sami Sherif, Specialist in Prosthodontics and Prof Paulo Malo, the inventor of the All on 4 procedure.



Tell us a bit about your background

I spent my childhood in Derbyshire with my parents, brother and sister. I completed my undergraduate degree from Guy's in 2003. I was accepted onto a 5-year prosthodontic residency and PhD at Harvard Med School. The teaching was very focussed on full mouth reconstructions, as well as implant and aesthetic dentistry. I was very lucky to have great teachers like the inventor of immediate loading and several of the heads of the ITI. I was offered a position to stay as faculty at Harvard as head of department or go to Beverly Hills. I was offered a job in one of the big two cosmetic practices. I decided to follow the sunshine. I went on to buy his other location near Malibu and worked out there with my own specialty clinic with a lot of well-known patients.

What challenges have you faced in your own practicing career?

After several years with practices in Harley Street, Derbyshire and California, the pull of European life and commuting was too much and I sold the US practice. I have a New York licence so have resisted the challenge to open a branch in Manhattan and have focussed all my energy on my Harley Street patients and teaching my www.GetBondedStayBonded.co.uk courses.

What is it about dental implants that makes the treatment so exciting for you?

I love the final reveal and seeing the patient's instant lift. Taking them from minus ten to feeling ten out of ten with new teeth. That can be an aesthetic single central that gives me the fun of the challenge of recreating the soft and hard tissue or a full arch where they're happy to smile and chew again.

Do you have a preferred implant system?

I place Straumann as I love the tissue level implant and have published research on their fixtures over the last 16 years. Having worked with Paulo Malo I enjoy using Nobel Biocare. I was also a USA speaker for 3i Zimmer. I am happy to work with the general dentist to place what they prefer from various other systems. It's all about working cohesively with the referrer and providing what's in the best interest of the patient.

Tell us about your practice

I provide a very structured and streamlined service to my patients. I try and make the practice and surgery as luxurious as possible to help the patient feel more comfortable and escape any trepidation they may have. I work exclusively within my speciality to ensure I provide the highest quality results and refer out any other specialty treatments.

What sort of cases do you accept?

I accept any simple or advanced prosthodontic cases that the referring dentist feels needs a specialist opinion or is out of their scope of practice. This includes but is not limited to 'All on 4' cases (having the inventor of the procedure in the practice), full and partial dentures, complex aesthetics and full mouth reconstruction.

What is it about complex cases that appeals to you?

Dentistry is truly my passion and I enjoy each stage of a case. From meeting the patient and hearing their concerns and expectations, examining and treatment planning. Building a rapport and explaining their options. Feeling that I can meet or exceed their expectations. Using my teaching and over 20 years of clinical experience to transform not only their appearance but often their quality of life.

Why can practices feel safe in referring their patients to you?

Referring dentists can be very secure in the knowledge that their patients will be getting the most up to date dentistry to the highest clinical standard. I will only treat the patient for what they have been referred for. I enjoy open communication with the refer/referral practice. If the patient asks for more than the referral has asked for or the treatment plan needs to be discussed I am always happy to have a chat on the phone or in person.

We would love to meet all our colleagues at our networking event which is complimentary for our referrers. This event will have lectures from Professor Malo, Dr Biju and Dr Sam Sherif.

Dr Sami Sherif
PROSTHODONTIST

www.harleystreetdentistry.com

40 Harley Street, London W1G 9PP | contact@harleystreetdentistry.com



Periodontology MSc (Distance Learning) at UCL Eastman Dental Institute

Learn more about postgraduate periodontology training at the UCL Eastman Dental Institute

This innovative, flexible and inclusive three-year part-time MSc is ideal for dentists looking to expand their knowledge of the non-surgical and surgical management of patients with periodontal needs.

The course is a blended learning programme delivered via a virtual learning environment and residential weeks based at UCL Eastman Dental Institute. It also allows early exit with a certificate or diploma, following completion of the relevant modules.

The course includes a mix of live and recorded sessions online and compressed face-to-face teaching in London. As a busy dental practitioner, you can plan your life around your study and complete periodontal training while studying at a time that suits you.

Clinical skills training is delivered during residential weeks or days, using phantom heads and pig jaw models, and covering all aspects of managing periodontal diseases and conditions.

Our mix of theory, latest scientific evidence and technical skills provides an exciting



opportunity, and this course will give you:

- Advanced practical skills in nonsurgical periodontal therapy, including hand and mechanical instrumentation
- Knowledge and hands-on training on surgical procedures, including the latest minimally invasive surgical techniques for periodontal regenerative surgery
- Fundamental concepts of implant therapy

and the diagnosis and management of peri-implant diseases

- Access to UCL's highly advanced simulation facilities for non-surgical and surgical periodontal training
- Opportunities to learn directly from experienced academics and develop projects that will be clinically applicable to your future career
- Engagement with some of the key opinion leaders in periodontology and implant dentistry
- Confidence to manage patients with periodontal needs and the ability to tailor your practice to learn operative skills at the forefront of modern periodontology. **D**

FIND OUT MORE AND APPLY AT:
www.ucl.ac.uk/prospective-students/graduate/taught-degrees/periodontology-distance-learning-msc

EASTMAN DENTAL INSTITUTE

 **UCL**



Periodontology MSc (Distance Learning)

An innovative, flexible and inclusive three-year part-time MSc ideal for dentists looking to expand their knowledge of the non-surgical and surgical management of patients with periodontal needs.

This blended-learning programme is delivered via a virtual learning environment and residential teaching based at UCL Eastman Dental Institute.

Clinical skills training is delivered during residential weeks or days, using phantom heads and pig jaw models, and covering all aspects of managing periodontal diseases and conditions.

As a busy dental practitioner, you can plan your life around your study and complete periodontal training while studying at a time that suits you.

Explore our programmes, visit ucl.ac.uk/eastman

eastman DENTAL INSTITUTE

Implant Dentistry MSc at UCL Eastman Dental Institute

Learn more about postgraduate periodontology training at the UCL Eastman Dental Institute

Modern implant dentistry is an exciting and expanding branch of clinical practice that requires the development of new skills. This MSc programme will train dentists to assess, plan, place, restore and maintain straightforward implant cases using contemporary methods and an evidence-based approach. The programme has a hybrid, part-time format, so is ideally suited for busy practitioners.

The MSc will cover academic, clinical and research components, and is suitable for dentists with little or no experience in implantology. From the outset, it will enable clinicians to apply concepts directly into their practice.

You will be able to identify low and high-risk patients, have extensive experience in digital implant planning and perform guided surgery. Students will be proficient in both digital and conventional restorative workflows and be able to formulate an appropriate implant maintenance plan in relation to patient risk profile. You will also be able to recognise and manage common complications in implant



dentistry.

This part-time MSc programme has multiple exit points to suit various career pathways, giving students the option to exit with a Certificate or Diploma. Applicants must have full and current registration with the UK General Dental Council (or equivalent) and be in dental practice with access to patients for the duration of the programme.

What this course will give you:

- The opportunity to treat your patients

in UCL's top-class facilities with direct, specialist supervision

- Teaching in a seminar setting, hands-on workshops, interactive case discussion and treatment planning exercises
- Demonstrations of a range of procedures in both skill laboratories and patients
- Teaching by experienced specialists who are part of the institute's faculty and complemented by respected visiting speakers
- Increased scope for working in private dental practices
- Opportunities for further study in dentistry, recent alumni have progressed to the specialist programme in prosthodontics at UCL Eastman.

FIND OUT MORE AT

www.ucl.ac.uk/prospective-students/graduate/taught-degrees/implant-dentistry-msc

EASTMAN DENTAL INSTITUTE

 **UCL**



Join a world-leading academic centre for postgraduate dentistry

Elevate your career and join a prestigious institution renowned for groundbreaking research and cutting-edge dental education. UCL Eastman Dental Institute provides the expertise and resources to propel you to the forefront of dental excellence. Benefit from world-class training, state-of-the-art facilities, and hands-on clinical experience. Embark on a transformative journey in dentistry with us.

With opportunities to study with us in 2024 on a range of courses including: **aesthetic dentistry, implant dentistry, oral medicine, periodontology (distance learning), restorative dentistry, special care dentistry.**

Find out more at a free taster day - meet the course team, ask questions, see the facilities.

Explore our programmes, visit ucl.ac.uk/eastman

eastman DENTAL INSTITUTE

Defining excellence in restorative dentistry

Tipton Training introduces its Level 7 Certificate in Restorative Dentistry, designed to strengthen foundational skills that can be brought into practice the very next day

In an era where the demands on dental professionals are ever-evolving, Tipton Training's Level 7 Certificate in Restorative Dentistry stands out as a beacon of excellence and innovation. This flagship course, spread over a one-year period, offers a blended learning experience that integrates theoretical and practical face-to-face sessions with dynamic online lectures and seminars.



WHICH TOPICS ARE COVERED?

Spanning 15 comprehensive modules, the course is a deep dive into the essential topics that are pivotal for a dentist's success. Among these, occlusion receives significant attention – acclaimed by founder and clinical lead Professor Tipton as the cornerstone of dentistry.

This focus is reflective of the course's commitment to foundational knowledge, alongside coverage of other critical areas such as articulators, TMJ splints, tooth preparations, and digital workflow to name a few.

The combination of 12 in-person training days and three online Zoom sessions over the course of a year provides dentists with the flexibility to participate in the course without needing to take extended time away from their practice. The primary objective of the course is to ensure that everything learned can be immediately applied into practice the very next day.

WHICH QUALIFICATION WILL I EARN?

The recognition and endorsements from esteemed institutions add a layer of prestige to the certificate. Tipton Training stands out as the pioneering recipient of Level 7 status from Eduqual.

Additionally, they hold the distinction of being the first and only private dental training institution accredited by The Royal College of Surgeons of England, which sets a benchmark for quality and excellence in dental education. This recognition is not just a badge of honour but a testament to the course's commitment to upholding the highest standards of dental education.

As the dental landscape continues to evolve, Tipton Training's Level 7 Certificate in Restorative Dentistry stands as a testament to the power of high-quality education. It not only equips dental professionals with the skills and knowledge to excel in their field but also empowers them to provide their patients with unparalleled care. This course is not just an educational journey; it is a pathway to excellence in the field of restorative dentistry.

WHAT DO ALUMNI THINK?

The course's ethos is centred around enhancing confidence and refining restorative techniques under the mentorship of expert tutors, including Professor Tipton himself. It is this aspect that alumni frequently highlight as transformative.

Dr Jacob Howard from London reflects on his experience, saying: 'Enrolling in the postgraduate restorative dentistry course was transformative for my practice. The comprehensive curriculum, hands-on experience, and expert tutors provided invaluable skills in advanced restorative techniques.'

'This course exceeded my expectations, enhancing my professional competence and elevating patient care in my dental practice. Highly recommended.'

Indeed, the course goes above acquiring new knowledge; it is designed to revolutionise clinical skills and enhance abilities.

Dr Sahar Sadiq from Newcastle echoed this sentiment, stating: 'I enjoyed the course and learning a wealth of knowledge from various tutors. The restorative course has given me more confidence in planning and performing more complex treatment plans and given me

renewed confidence in my dental abilities.'

Dr Anna Graham from Newcastle describes the course as 'an excellent one-year course if you are looking to improve your overall restorative knowledge and skills in all areas of restorative dentistry'. She highlights the benefit of receiving specific advice on one's own cases at any time and the first-class mentoring from the team at Tipton Training.

Dr Emily Davison offers a perspective on the course's foundational impact, stating: 'Attending the Tipton Course has been eye opening and has changed the way I practice my dentistry every day.'

'I'm really glad I went on this course early on in my career, as the teaching has filled many gaps I had in my understanding when I left university. It has provided an excellent foundation to begin to tackle more complex treatment under mentorship and guidance. I feel more confident as a practitioner.'

WHERE CAN I ATTEND?

Tipton Training have announced their next Level 7 Certificate in Restorative Dentistry courses for 2024 in the below locations:

- Belfast – June 2024
- Newcastle – September 2024
- London – October 2024
- Manchester – October 2024. **D**

IF YOU ARE INTERESTED in finding out more information about the Level 7 Certificate in Restorative Dentistry, please visit Tipton Training's website at www.tiptontraining.co.uk, or get in touch on 0161 348 7849 or enquiries@tiptontraining.co.uk to register.

Level 7 Certificate in

RESTORATIVE DENTISTRY

Enhance Your Clinical Expertise & Gain Competence in Restorative Dentistry, under the tutelage of the renowned Professor Paul Tipton.

This Level 7 course combines theory with practical sessions to ensure a truly transformative educational experience. Join us as we explore the fundamental aspects of dental success, focusing on Occlusion - the most important subject in dentistry according to our Founder and Clinical Lead, Professor Paul Tipton. This key topic will be covered over several days of the course, providing valuable insights into dental practice.

Delve deep into a variety of essential topics, from Articulators, TMD & Occlusal Splints, to the cutting edge realms of Digital Workflow. Sink your teeth into Tooth Preparations, Full Dentures, Treatment Planning and Adhesion Composites, and learn all about Posts and Bridge Design. This diverse range of subjects promises a well-rounded, holistic and engaging learning experience.

Aimed at Dentists Wishing To:

- Improve their clinical work
- Master the intricacies of Occlusion
- Boost their confidence in dentistry
- Provide better quality patient care
- Expand their treatment options
- Enhance the level of satisfaction in their work

Duration:

15 modules over 1-year

Enhanced CPD:

72 Hours

Locations & Start Dates:

- **Newcastle:** June 2024
- **Belfast:** June 2024
- **London:** October 2024
- **Manchester:** October 2024

Course Fees:

£9,480 (inc VAT) plus a one-time registration fee of £500 (inc VAT).

Payment Plans:

Spread the cost of the course over 12-months via interest free direct debits.

Pay £790 (inc VAT) p/m.

Under the guidance and mentorship of our expert tutors, including Professor Tipton himself, you will elevate your restorative skills to unparalleled heights and experience an exhilarating surge in confidence. Plus, don't miss the opportunity to gain a recognised qualification accredited by **EduQual** and the **Royal College of Surgeons of England**.

**ADDITIONAL
COURSE INTAKES
ANNOUNCED
FOR 2024**

Contact Us Today!

0161 348 7849

www.tiptontraining.co.uk

enquiries@tiptontraining.co.uk



Course Accredited By:

EduQual



Royal College
of Surgeons
of England

GBT emerges as top choice among patients

A survey involving more than 278,000 patients revealed that an overwhelming 94% favour guided biofilm therapy (GBT) over conventional dental prophylaxis

Created by EMS Dental in partnership with leading dental professionals, guided biofilm therapy (GBT) is transforming the field of oral healthcare.

A powerful endorsement of its effectiveness comes from a worldwide survey of over 278,000 patients, showing a remarkable trend: 94% of respondents preferred GBT to conventional dental cleaning techniques. A similar proportion would recommend it to friends and family.

In summary, GBT is an evidence-based, indication-orientated, systematic, modular prevention for prophylaxis and a therapy protocol for all dental applications.

It utilises treatment plans customised to the diagnosis and risk assessment of each patient to achieve optimal results. It is delivered through minimally invasive techniques, focusing on patient comfort, safety and efficiency.

Moreover, the therapy includes advice on oral hygiene, education for patients, and encouragement to maintain natural teeth and implants for as long as possible (see box for details).

A STRONG FOUNDATION

The foundational research by Axelsson and Lindhe, beginning in 1975 and extending over subsequent decades, emphasised the significance of understanding and managing biofilm (plaque bacteria) in oral health.

Their studies demonstrated that effective plaque control, combined with the use of fluoride, plays a crucial role in maintaining oral hygiene and preventing caries. The initial study over 10 months showed that meticulous at-home oral hygiene paired with professional cleaning could maintain high hygiene standards

GBT in eight simple steps

- 1. Assess** – probe and screen every clinical case
- 2. Disclose** – make biofilm visible
- 3. Motivate** – raise awareness and teach
- 4. Airflow** – remove biofilm, stains and early calculus
- 5. Perioflow** – remove biofilm in >4 to 9mm pockets
- 6. Piezon No Pain** – remove remaining calculus
- 7. Check** – make your patient smile
- 8. Recall** – a healthy patient equals a happy patient.



without significant differences between the use of fluoridated products and non-fluoridated ones.

Further research by the team over the years, including studies in 1981, 1991, and a comprehensive 30-year study reported in 2004, consistently underscored that regular professional intervention and diligent at-home care could significantly minimise the incidence of caries, periodontal tissue loss, and tooth loss due to oral diseases.

This long-term research firmly establishes the importance of biofilm management in preventing oral diseases.

MODERN MANAGEMENT

Indeed, the growing body of research, which highlights the effectiveness of removing biofilm for oral health, has significantly contributed to the development of GBT.

Studies by Botti et al (2010), Graumann et al (2013) and Hongsathavij et al (2017) have enriched the foundational knowledge, promoting innovations such as plaque disclosure and airflow techniques used in GBT.

Further research continues to strengthen this evidence base. A 2021 randomised controlled trial by Shrivastava and colleagues confirmed that GBT is highly effective in managing dental biofilm around both teeth and implants.

In 2022, research by Vouros and colleagues demonstrated that biofilm removal techniques

like erythritol Airflow and ultrasonic piezo-electric instruments, key components of GBT, are as effective as traditional scaling and root planing.

This study also noted that GBT requires less treatment time and is preferred by patients over conventional methods, building a robust case for its widespread adoption in dental care.

A REVOLUTION IN CARE

GBT marks a revolutionary shift in dental care, providing a highly effective solution that meets the demands of modern, well-informed patients for treatments that are both minimally invasive and comfortable.

For both patients and dental professionals, embracing GBT means moving towards a healthier, brighter future in dental care – a future where excellent oral health is not just an aspiration, but an achievable reality for everyone.

Consider making GBT a part of your practice offering and join the forefront of oral health innovation. **D**

For references, email newsdesk@fmc.co.uk.

FOR FURTHER INFORMATION on what EMS has to offer dental professionals in the UK, please visit www.ems-dental.com.



94%

OF ALL PATIENTS
PREFER GBT

Join the movement &
elevate your practice today

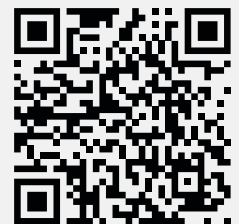
Backed by a global survey involving 278,000 patients, the results speak volumes – 94% of respondents express enthusiasm for GBT and would recommend this treatment to their family and friends.

Join the ranks of practitioners who have witnessed the success and positive impact of GBT. Elevate your practice by scanning the QR code to embark on a journey of discovery.

Book a demo today, and witness first hand how GBT can transform your patient care, boost your practice's reputation, and create a ripple effect of satisfied patients eager to recommend your services.

Don't miss out on the opportunity to revolutionise your approach to dental care. Let GBT be the driving force behind your practice's success.

BOOK A
GBT DEMO



www.ems-dental.com

info@ems-unitedkingdom.com

EMS+

Your pathway to continuous growth

VSSAcademy explains why its certificate in implant dentistry is the perfect route to new clinical horizons

In the dynamic landscape of modern dentistry, the pursuit of postgraduate education is not just a choice – it's a gateway to excellence. As the demand for implant dentistry continues to soar, there has never been a more opportune time to elevate your skills and expertise in this specialised field.

Join us at VSSAcademy as we embark on a transformative journey, redefining the standards of care and empowering dental professionals to achieve new heights of success.

HYBRID LEARNING FOR MAXIMUM CONVENIENCE

We understand the demands of your busy schedule, which is why our programme offers a hybrid learning approach. Contact days are conveniently scheduled on Saturdays, minimising disruptions to your work week while maximising your learning potential. With VSSAcademy, you can advance your skills without compromising your professional commitments.

SUPERVISED PATIENT TREATMENT

Experience the thrill of hands-on learning with dedicated supervised treatment days on live patients in a safe environment. You will be provided with patients and place implants on a planned case during clinical supervision at one of our training centres giving you invaluable practical experience in a controlled environment. Guided by experienced mentors, you'll hone your techniques and gain the confidence needed to pursue a successful career and special interest in implant dentistry.

IMMEDIATE IMPLEMENTATION WITH MENTOR SUPPORT

Why wait to start transforming smiles? At VSSAcademy, we believe in learning by doing. That's why our programme empowers delegates to begin placing implants under the guidance of a mentor while they study. With personalised support, you'll rapidly expand your capabilities and make a tangible impact on your patients' lives.



maximise success rates, ensuring that every implant procedure yields the most favourable outcomes for your patients. Not only will you acquire the surgical skills, but you will also learn to analyse and question the research and literature in order to be able to provide patients with accurate information and evidence-based treatments. With VSSAcademy, you'll master proven strategies that enhance safety, longevity and patient satisfaction.

LIFELONG SUPPORT

Join a vibrant community of alumni who share your passion for excellence. As a graduate of VSSAcademy's certificate programme, you'll gain access to alumni events where you can reconnect with peers, exchange insights and stay abreast of the latest advancements in implant dentistry during events filled with insightful speakers providing valuable CPD.

All year long, you can

engage in live case discussions and article reviews from the comfort of your home by registering for coffee conversations with VSSAcademy. You can even bring your own interesting or perplexing cases and leverage collective wisdom to tackle complex challenges with confidence. Our panel of seasoned professionals and colleagues curates the latest research and developments in implant dentistry, keeping you informed and inspired. Whether you're exploring emerging trends or refining your skills, VSSAcademy provides the platform for lifelong learning and growth. **D**

COMPREHENSIVE CBCT TRAINING FOR UK COMPLIANCE

Stay ahead of the curve and meet UK regulatory requirements with ease. Our programme includes full CBCT training, ensuring that you're equipped to handle the latest technology and adhere to industry standards without the additional costs in time and expense of needing to take the course elsewhere on your own.

FAST TRACK MSC ACCESS

Through the APL (approved prior learning) pathway, after completing the certificate in implant dentistry, you can proceed to gaining access to the second year of UCLan's MSc in clinical implant dentistry (terms apply). If you are interested in learning more about the APL pathway, you can request more details on the VSSAcademy website.

EVIDENCE-BASED TECHNIQUES FOR OPTIMAL OUTCOMES

At the heart of our programme lies a commitment to evidence-based practice. We prioritise techniques that minimise risks and

DON'T MISS THIS OPPORTUNITY to revolutionise your career in implant dentistry. Join VSSAcademy's certificate in implant dentistry today and start unlocking your full potential as a dental professional. Places are limited, so book your place now! Scan the QR code for full details.



Your journey to excellence starts here.



VSSACADEMY[®]
Unlock your potential



Lifelong relationship
and support



Join a network of
like-minded professionals



Grow your business

Our Dental Courses: Highlights



Certificate in Implant Dentistry

- Learn to place implants (straightforward cases)
- Hybrid learning with all contact days on Saturdays
- Hands-on learning and cadaveric surgical skills practice on fresh cadaver heads

Book now for
March - December
2024



MSc Programmes

- Choose Clinical Implantology or Endodontology
- Awarded by UCLan
- Programmes feature hands-on training
- Supervised patient treatment with patients provided

Now accepting
applications for
Sept. 2024!



Cadaver Course for Complex Surgical Implant Procedures

- Grow your business by offering a wider range of complex treatments for your patients
- Learn to perform sinus lifts, soft tissue grafting and bone grafting in a safe space on fresh cadaver heads
- A ratio of two delegates per cadaver head

Applications open
for November 2024

Register for free access to VSSAcademy's live online case discussions and article reviews with a panel of dental professionals and lecturers. Follow us on Facebook or Instagram for more information.

Contact
us



courses@vssacademy.co.uk



vssacademy.co.uk

Veneers by Ash

Ash Parmar introduces the two-day hands-on 'Veneers by Ash' course – everything you need to know to carry out dazzling smile makeovers with porcelain veneers

Ash Parmar

Dentist and mentor, The Academy by Ash



Would you like to learn everything about providing porcelain veneer cases in one excellent hands-on course? Would you like to learn from a renowned dentist with over 30 years of experience? Increase your confidence and deliver successful and predictable smile makeovers with porcelain veneers with the 'Veneers by Ash' course.

Through this inspirational and intensive two-day hands-on course in London, run by leading cosmetic dentist Dr Ash Parmar, you can learn the A-Z of how to develop a successful career in cosmetic dentistry and carry out porcelain veneer treatments with enhanced skill and confidence. Enjoy world-class dental education and an enjoyable gastronomic experience to make these two days of training unforgettable!

Words are not enough to describe the level of excellence!

The course will introduce how to do perfect veneer preparations, trial smile creation, trial smile review and cementation. It will also increase your confidence with occlusion to ensure you provide beautiful, healthy and long-lasting smiles, avoiding fractures and expensive remakes.

Another aspect that the course will touch on is preparation. For example, which equipment, materials and burs to use and how to choose which cases to treat.

Finally, Ash will help you communicate ideally with the patient and technician to avoid mistakes and ensure your patients are really happy with the end result.

WHAT WILL THE COURSE COVER?

- Professionalism and customer care – how to really look after your patients and create 'raving fans'
- Ideal marketing – the best ways to attract the right patients for porcelain veneers
- Step-by-step training to develop your cosmetic, technical and occlusion skills
- The art of ethical selling and communication – maximise your case acceptance
- Comprehensive dental examinations – smile analysis and how to design the ideal smile

- Photography – how to take perfect digital photographs
- Treatment planning – develop your diagnostic skills and avoid errors
- Wear cases – how to treat a more complex case that requires opening up the vertical dimension with treatment in CR (centric relation)
- Digital smile design, cosmetic imaging, direct mock ups, wax ups and 'test drive a trial smile' – which is the best and easiest to do?
- Hands-on experience – carry out ideal, minimal veneer preparations on eight upper teeth on a digitally printed model. Ash will show you step-by-step how to do great veneer preparations, then it's your turn
- Clinical records required for smile makeovers – live demonstration and hands-on session
- Use the best burs, equipment and materials for optimum results
- Technology – use of 3D scanners, lasers (for gingival recontouring) and T Scan (the best digital occlusion analysis software in the world), live demonstration of this impressive technology
- Laboratory communication – getting the best results for your patient, predictably! Learn the exact ceramic choices/shades for each type of smile you are likely to provide
- Stress-free cementation – how to fit veneers properly using rubber dam. Live demonstration on a model of how Ash fits eight to 10 veneers predictably, safely and stress free
- Personal and professional development – learn how to achieve a balanced and fulfilled life and run a successful and profitable practice. This course is not just about porcelain veneers, but also how to become a holistic and complete dentist.

'WOW' MOMENTS

'I consider this course as a life changing experience. There were a lot of "wow" moments and I also felt emotional watching the transformation the patients experienced in Ash's presentations.

'Ash is not only one of the top dentists in cosmetic dentistry in the UK, but also a wonderful human being. He is genuinely interested in improving his patients' smiles and lives and he has no limits in sharing everything he knows – good and bad experiences. **D**



FOR FURTHER INFORMATION
visit www.theacademybyash.co.uk.

VENEERS BY ASH

2-DAY HANDS ON COURSE PORCELAIN VENEERS

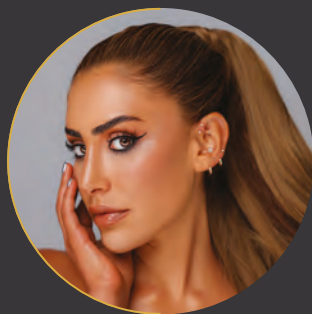


LEARN HOW TO DO THIS IN ONLY 2 DAYS!

- 30 years of knowledge & experience
- Inspirational, step-by-step training
- Lectures, demonstrations & hands on
- Detailed course workbook

“The course I created is for any dentist that wants to successfully provide Smile Makeovers with porcelain restorations to the highest standard, with total confidence.”

Dr Ash Parmar



“...I knew I had to find one of the best in the game for Smile Makeovers. Dr Ash Parmar is a master when it comes to ceramic dentistry. He is my mentor in clinical dentistry. Ash has taught me how to use premium equipment and advanced techniques to achieve world class results. He brings together art and science, and has the ability to make complex subjects like occlusion easy to understand.”

Dr Rhona Eskander

BOOK NOW

28/29 JUNE 2024

13/14 SEPTEMBER 2024

WWW.THEACADEMYBYASH.CO.UK

 **@ashparmardentist**

Study at the new state-of-the-art Bristol Dental School

Explore the range of postgraduate courses at the newly opened **Bristol Dental School**

Officially opened in September 2023, explore the range of postgraduate courses at Bristol Dental School including the new Postgraduate Certificate in Conscious Sedation and Anxiety Management or combined Postgraduate Diploma in Clinical Oral Surgery, Conscious Sedation and Anxiety Management.



enhance knowledge and skills in dental conscious sedation. Students will achieve 20+ one-to-one mentored cases in as little as five clinical contact days, including Immediate Life Support (ILS) training delivered by the specialist team.

their peers. Assessment will stimulate critical thinking and application of theory through assignments, examination and workplace-based assessments. Students will maintain a validated clinical logbook to evidence their experience and enable reflection.

POSTGRADUATE CERTIFICATE IN CONSCIOUS SEDATION AND ANXIETY MANAGEMENT

Bristol Dental School is re-introducing the Postgraduate Certificate in Conscious Sedation and Anxiety Management from September 2024. This part-time, flexible one-year course has been designed for busy dental practitioners who wish to become an accredited conscious sedation provider.

The curriculum has been developed in line with the IACSD *Standards for Conscious Sedation in the Provision of Dental Care* to

POSTGRADUATE DIPLOMA IN CLINICAL ORAL SURGERY, CONSCIOUS SEDATION AND ANXIETY MANAGEMENT

Students can build their skills and experience in oral surgery by also enrolling on the one-year Postgraduate Certificate in Clinical Oral Surgery to exit with a postgraduate diploma.

These programmes offer quality-assured clinical experience for students, with hands-on training and contact study days where students will learn through simulation and in small groups alongside

NEW FACILITIES

Bristol Dental School's £36 million purpose-designed building, offers state-of-the-art clinical, teaching and breakout spaces. Ranked fourth in UK for dentistry (*Complete University Guide 2024*) the Dental School aims to create a supportive learning environment and a strong sense of belonging among the postgraduate community. **D**

FOR MORE DETAILS
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Curriculum in Implant Dentistry



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£10,380 INC.VAT



Year Two

The Year Two Implant Course has been designed to give dentists who have a foundation in straightforward implant dentistry, a launchpad into more advanced procedures including aesthetic implant restorations and sinus grafting.

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Year Three

Master the most challenging cases and prepare for the ITI Diploma with our innovative and immersive Year Three Implant Course.

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Complex Dental Implant Training



Hard and Soft Tissue Masterclass with Rony Jung

11th & 12th July 2024

Rony will provide a two-day, intimate, hands-on education masterclass about anterior aesthetic implant dentistry, which will be novel, innovative, and unique. This event offers implant surgeons in the UK the opportunity to learn from a true expert in the field of implant dentistry.

This course is a game changer, which would utterly change your practice and be one of the educational experiences you would consider the best you've ever seen.

£2,400 Inc. VAT

Soft Tissue Management with Daniele Cardaropoli

10th & 11th October 2024

This Masterclass is designed to provide detailed information and instruction on the use of soft tissue augmentation in implant dentistry (and other disciplines).

Daniele will explore the techniques and indications for the use of such grafts in implant surgery using both autograft material from a patient with connective tissue grafting and free epithelial grafting and also synthetic product grafting using Geistlich's products, Fibro-Gide and Mucograft.

£2,400 Inc. VAT

Immediate Full Arch Loading Live Skills

25th - 27th September 2024

The Full Arch Live Skills course aims to give experienced implant clinicians the knowledge and practical skills for immediate full arch reconstruction allowing them to begin to introduce this into their practice.

From planning to surgery, the provisional restoration, and the final reconstruction, we will look at how this treatment can be carried out carefully and predictably on the RIGHT patients.

£3,300 Inc. VAT



Clinical endodontic seminar for those of a nervous disposition

Alpha Omega presents Endodontic Mishaps and Calamities (and how to avoid them!)



Agenda

- 09:00 – 09:30: Registration and welcome
- 09:30 – 10:15: Basic endodontic science and the rationale for endodontic treatment
- 10:15 – 10:30: Morning break with refreshments
- 10:30 – 11:30: Common endodontic complications – prevention and management
- 11:30 – 12:30: Modern endodontic preparation and obturation techniques
- 12:30 – 13:30: Lunch
- 13:30 – 16:30: Hands-on. Root canal preparation and obturation (refreshment break around 15:00)
- 16:30 – 17:00: Summary and reflections

We've all been there... something that should be straightforward and easy turns into a complex and time-consuming nightmare!

Alpha Omega (London) with the kind support of Dentsply Sirona are happy to announce a one-day seminar with a hands-on afternoon designed for general dentists and aspiring specialists to acquire cutting-edge knowledge of the latest techniques and materials at a state-of-the-art venue in Surrey on 20 June 2024.

We are thrilled to invite you to an immersive and transformative day of hands-on learning, tailored to general dental practitioners seeking to expand their horizons and sharpen their skills.

This course is your gateway to a world of leading knowledge, where the latest techniques for overcoming complications

and challenges such as: finding canals, blocked canals, ledges, perforations, and fractured instruments as well as the aims and protocols for preparation and obturation.

Elevate your expertise, expand your professional network, and explore the issues in practical endodontic management. This course promises not only valuable insights but also hands-on experience that will empower you to enhance your clinical practice.

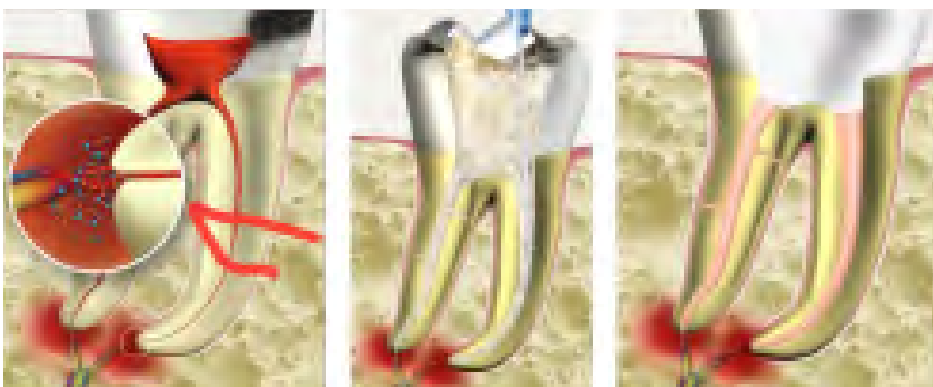
ABOUT THE SPEAKER

Dr David Z Selouk BChD, MSc, MRD (Lond), RCS, co-director academy of advanced endodontics is a specialist in endodontics.



This course is your gateway to a world of leading knowledge

David is a highly experienced endodontic specialist and educator with a passion for cutting-edge endodontics and saving teeth. He maintains a specialist referral practice at the Harley Street Academy of Advanced Endodontics where he also provides mentoring and training in advanced endodontic techniques sharing his philosophy of excellent patient care using cutting-edge technology. David is also an honorary clinical lecturer at the Eastman. **D**



Secure your spot today!

Join us at the Dentsply Sirona Academy for a day that promises to shape the future of your career.

Date: **20 June 2024**

Time: **09:00 – 17:00**

Venue: **The Academy at Dentsply Sirona, Building 3, The Heights, Weybridge KT13 0NY, UK**

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Introducing biomimetics

Sam Sherif shares five steps to enhancing dentist and patient experiences with biomimetics

Sam Sherif

Specialist in prosthodontics



THE PROBLEM

If there was an easily implemented way of producing predictable, pain-free, adhesive, operative and cosmetic dentistry that doesn't fall out, lead to calls about sensitivity or suffer recurrent decay in under five years, then dentistry would be a lot more enjoyable for many dentists.

A usual scenario is a patient who has an occlusal filling, and after 48 hours they come back complaining of short sharp pain. The usual approach is to adjust the occlusion, check for leakage, or consider it normal for an etch and rinse technique. But let's look at more important factors.

THE DIAGNOSTICS

We start with looking at the preoperative vitality tests and how the tooth responded to stimuli. From here we move to the dentine surface – is any decay present? Were any cracks identifiable and were they removed? Was time given to allow the hybrid layer to form without stress peeling it off the dentine? Which bonding agent was used? Was layering appropriate and accounting for C-factor?

It is natural to think if the right products are available success will follow, or conversely if one learns a technique then materials become secondary. It is a union between the two.

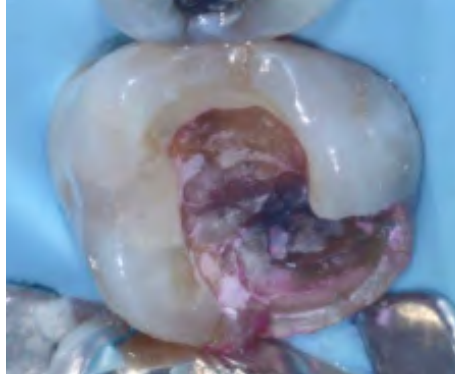
THE SOLUTIONS

There is a four-point diagnostic system to objectively identify if a tooth can suffice with just a direct restoration, a semi-direct onlay or if a laboratory fabricated onlay is indicated. This leads the conversation with the patient about treatment options and their rationale.

These four points also remove the doubt in the dentist's mind if the planned filling consented to will inadvertently become an indirect restoration, with a subsequent loss of trust with the patient.

1. DECAY AND CRACK REMOVAL

Once the decision is made to intervene, decay and crack removal follows. Kuraray Caries Detector dye can be used to non-subjectively (which is what happens with an explorer) define which areas are a) decayed and b) have demineralisation – pink outer caries, versus red non reversible collagen denaturation, known as inner caries. It also tells us the expected bond strength that can be achieved in a low C-factor cavity with a gold standard dentine bonding agent (DBA). We know we can reliably achieve 30-50MPa with the correct steps – similar to the strength that enamel bonds to dentine.



Restoration removal and identification of inner and outer caries, left, and final lithium disilicate restoration bonded with a nano hybrid heated composite, right



Cracks lead to short, sharp pain (Brannstrom, 1986) when in dentine and dull pain if in the pulp (which would show up on pre operative vitality tests). These can be removed or at least broken up within the defined safe zone, which is 5mm from the occlusal surface of a molar and the 3mm periphery from the contact point (Magne and Alleman, 2012). Dehydration, transillumination with some curing lights, or placing the primer of a self-etching system can show up cracks.

2. THE DENTINE BONDING AGENT

The three-step etch and rinse and the two-step self-etch adhesives are most resistant to breakdown because they have a separate hydrophobic bond to provide a final dry resin layer in the second bottle, proven in a classic article (De Munck, 2012). There are thus only three DBAs to use as one bottle systems suffer a 30% loss in bond strength. The equal top of the bond strength scores is Kuraray Clearfill SE Bond 2 (J&S Davis).

The reasons for opting for a sixth generation self etch (SE) primer in a separate bottle to the primer are numerous. Firstly, SE systems are less technique sensitive as they do not remove the Whitlockite crystals and allow pulpal fluid movement. The dentist does not have to worry about over drying or matrix metallo-proteinase activation as much as with total etch systems (acid activates MMPs).

As the Tri-B calcium phosphate/Whitlockite crystals remain in the tubules there is no post operative sensitivity caused by the DBA as fluid cannot travel between the pulp on hybrid layer.

Calcium ion binding from the MDP, which is in the bonding agent and allows dentine adhesion to the Whitlockite, is also strong but longer lasting than mechanical retention of etch and rinse.

A resin coating, 0.5mm in thickness is then placed to protect the hybrid layer and form a secure rather than total bond. The modulus of elasticity is very important, a flowable that is too bendy or a glass ionomer will not work. The research shows that a micro hybrid like Clearfill

Majesty Flow functions best here (Jayasooriah, 2003).

3. LAYERING

There are two composites in dentistry which act like intermediate dentine. One is APX, a nano hybrid by Clearfill and bends like a tooth, and also handles easily without sticking to the instrument.

Research has shown that this needs to be placed in 1mm thick horizontal layers to control C-factor (Nikolenko, 2004; Bacathau, 2014). Too thick and it will pull the hybrid layer off the dentine and leave a gap. This is why we do not use bulk fills as the restoration will be sealed at the sides, but a have a gap on the preparation floor and the dynamic movement of pulpal fluid will cause pain.

Composite is attracted to the most mineralised part of the tooth which is superficial dentine and enamel, not dentine over the pulp. If the tooth is in need of fracture strengthening then a short fibre-reinforced composite (GC Everx Posterior) would be used.

4. ENAMEL PLACEMENT

The restoration of the top 1.5mm of tooth would be with a composite with a higher (92%) filler content such as Clearfill Majesty Posterior (22GPa), lithium disilicate (95GPa) or gold (105GPa). These can mimic the flexural strength and behaviour of enamel (80GPa). Zirconia is too stiff (200GPa) with too high of a modulus of elasticity for this task.

For references, email newsdesk@fmc.co.uk.

Dr Sam Sherif BDS DMedSc is a specialist prosthodontist from Harvard University who is licensed in California and New York and is practising in Harley Street. To find out more about these approaches when related to operative dentistry, immediate dentine sealing, onlays and veneers visit www.getbondedstaybonded.co.uk or email sami@getbondedstaybonded.co.uk.

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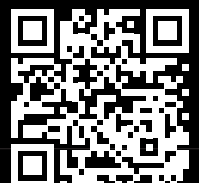


REGISTER NOW!



This course has to be the best and most transformational course I have ever taken in my 37 years as a dentist. If you want to provide predictable, long-lasting dentistry with all the science to back you up, then this is the course. It will also enable you to confidently diagnose and deal with those cracks we see all the time in teeth. My only regret is I didn't find this course sooner. Whether you're newly qualified or more experienced, this is a must-do course"

**Dr Niall Hutchinson BDS,
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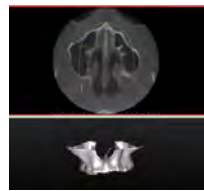
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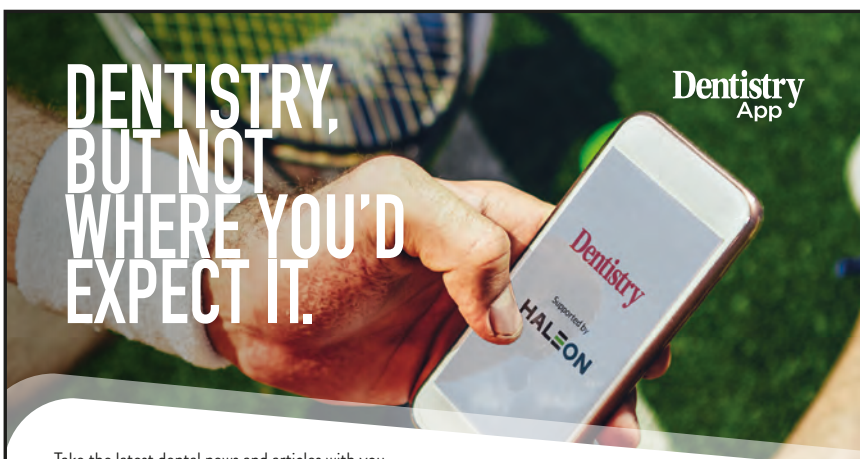
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