

Dentistry



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^{*} At least one tooth with a BEWE score of at least 2

[†] Age 18–27

1. Recession, dentine hypersensitivity, tooth wear periodontal health and associated risk factors: an observational, cross sectional multi-centre epidemiological study in 7 European countries, December 2023.

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Dentistry

COMPULSORY NHS TIE-IN FOR NEW DENTISTS UNDER CONSIDERATION

The government has launched a consultation on a 'tie-in period' that would require newly-qualified dentists to work in the NHS for several years after graduation.

Launched on 23 May, the eight-week consultation asks whether dentists should commit to delivering a minimum amount of NHS care or have to repay some of the training costs that are subsidised by the government.

The Department of Health and Social Care (DHSC) estimated that training a new dentist costs around £300,000, with £200,000 not repayable by the student. It continued: 'Of more than 35,000 dentists registered with the General Dental Council (GDC) in England, just over 24,000 delivered some NHS care in England in 2022/23.'

'This means nearly one-third of registered dentists are not contributing to NHS dentistry and may be working solely in private practice.'

The government said it hopes that this proposal would increase access to NHS dentistry while ensuring taxpayers benefit from the 'investment' of public money into training dentists.

Health and social care secretary Victoria Atkins said: 'I want to make access to dentistry faster, simpler and fairer for everyone – and part of this is ensuring that dentists are supporting

the NHS with their skills and expertise. Taxpayers make a significant investment in training dentists, so it is only right to expect dental graduates to work in the NHS once they've completed their training.'

'Carrots and not just sticks'

Many figures from the dental profession and wider healthcare sphere have welcomed the opportunity to consult on the proposals.

Neil Carmichael, executive chair of the Association of Dental Groups said: 'We welcome the chance to engage with this consultation and ensure the NHS benefits from the skills of our graduate dentists. We need to see more trained dentists entering the profession and we will work with the government to ensure these proposals reflect the sector's mixed economy and considers the needs of both NHS and private dentistry.'

Louise Ansari, CEO of Healthwatch England said: 'We welcome the opportunity for the public to have their say about these long-term proposals to address dental workforce issues,



especially as access to NHS appointments continues to be one of the main issues we hear about from people across the country.

'We also look forward to seeing separate government proposals on reforming the NHS dental contract in the coming months, as set out in the dental recovery plan. In the meantime,

NHS bodies that plan and fund dentistry across England should take concerted and imaginative action to ensure people in greatest need can get dental care quickly.'

However the idea of a tie-in period for dental graduates has also met with backlash.

British Dental Association (BDA) chair Eddie Crouch said: 'Government plans to shackle graduates to a service facing collapse. It should be asking why experienced colleagues are walking away.'

'A failed contract is pushing away talent every day it remains in force. Patients need NHS dentistry to be a place dentists would choose to work. That requires real reform, not mere tweaks, carrots and not just sticks.'

GDC to extend changes to fitness to practise processes

The General Dental Council (GDC) has announced it will extend and broaden the scope of its pilot to 'improve proportionality and timeliness' of fitness to practise processes.

In September, the GDC launched a pilot to test changes to fitness to practise procedures with the aim of effectively resolving issues faster. The changes included limiting the evidence collected to that which is specifically required for the investigation. The regulator hoped this would limit the time it takes to conclude low-level cases.

The pilot was due to end in April after six months, but will now be extended for a further six months until October 2024. It will also be applied to a broader range of cases, including any

registrant who has had a concern raised about them more than 12 months ago and closed with no action before the case examiner stage.

Positive early signs

The GDC said it has seen positive results from the initial six months of the pilot. Its caseworkers report that dental professionals have been responsive in providing relevant evidence which is allowing for significant reductions in the time it takes to conclude a case.

By the end of April, the pilot had opened 127 cases, of which only eight were referred to a case examiner and the remainder closed. The average time to complete the cases was 12 weeks, which

the GDC said was a positive early sign. The regulator also said it was aiming to assess all cases within 30 weeks.

Theresa Thorp is executive director for regulation at the GDC. She said: 'The early signs look positive from our fitness to practise pilot, so we are pleased to extend and expand its scope. We know that investigations can be complex and lengthy, which can have an impact on the health and wellbeing of those involved.'

'We are committed to improving our processes within the current legislation and we hope that, by working with others, we can continue to see improvements in timeliness without affecting the quality of investigation outcomes.'

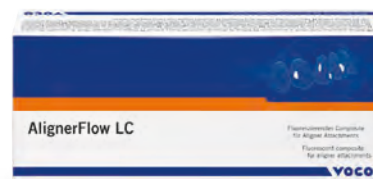


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Dentistry magazine's unparalleled coverage of current affairs, new developments and the latest thinking keeps the dental sector on top of the issues that matter. For further information and to get in touch, email guy.hiscott@fmc.co.uk.

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Discovering a fresh perspective



Guy Hiscott
Editor's view

Isn't it funny how once we notice something – a saying, a phrase, a concept – we start noticing it everywhere?

There's a term for this: it's the Baader-Meinhof phenomenon, or the 'frequency illusion'. It's cognitive bias, more than anything else: whatever concept we've latched

onto doesn't really become suddenly more popular or important. It was always out there in the world – we simply start paying it more attention.

Logically, I'm aware that my brain just loves to find patterns in the world around me, but being aware of this doesn't make me immune to it.

I've been experiencing the Baader-Meinhof effect a lot recently, and for me it's centred on the concept of compliance.

There's an obvious reason for that – we are, after all, still in the relatively early stages of launching Dentistry Compliance, and I've definitely immersed myself in it since we partnered with Apolline to bring it to the world.

It's therefore not a huge surprise that I feel enormous resonance when I hear this under discussion. What has surprised me though, is that it's taken me latching onto it outside of our dental sphere for me to appreciate anew just how important it is.

I'm specifically talking about the discourse surrounding Netflix's latest, controversial smash hit drama, *Baby Reindeer*.

I'll admit to watching the show without paying much attention to the controversy surrounding it (until afterwards, anyway). For the uninitiated, the series tells a deeply uncomfortable story. It covers everything

from stalking to sexual assault and mental illness. It is not for the faint hearted.

It also lays claim to being a true story – and this is where the controversy comes in. It's not light on identifying information, which has led to the real-life individuals involved being sought out and harassed.

In short, it's a colossal safeguarding and compliance disaster.

The fact that it's aired on Netflix has not been missed by other broadcasters, who are bound by stricter rules. Their take on it might feel familiar to us in dentistry – the scriptwriter Russell T Davies, himself no stranger to tackling heavy subjects, told *The Times* that the BBC would have been 'much stricter' in disguising the real-life identities of the characters. 'Compliance and editorial policy drives us mad here but I sleep at night,' he said.

And that's the point that I can't get away from. For many of our readers I suspect that compliance is a cross to bear – it's admin and effort, and something that many people wish would simply go away. I understand that.

But compliance, no matter what field it applies to, is there to protect people.

The fallout from *Baby Reindeer* shows what can happen when people who should know better abdicate themselves of responsibility.

It's a showbiz example of what I think we all know, when you get down to brass tacks. Working in dentistry arguably means these responsibilities weigh heavier on us than many other walks of life, but I think most of us in it would agree that keeping people safe is something we all fundamentally want to do.

Tracking your fire safety certificates or keeping logs from your washer disinfectant can feel like it gets between you and clinical care – but this saga reminded me of the importance of reframing those tasks through that lens.

The Dentistry Top 50 is almost upon us

The unveiling of the renowned Dentistry Top 50, the ultimate who's who in the profession, will be revealed imminently.

Last year, we successfully revamped the selection process for the Top 50 by having Dentistry magazine curate the list instead of relying on public voting. We are taking the same approach for 2024, and our panel will carefully deliberate on

the nominations. Shortly after the announcement, Dentistry will be hosting an exclusive drinks reception in London to bring this year's movers and shakers together, giving the Top 50 the red-carpet treatment it deserves.

Dentistry
Top
50

Blind spots and unlevel playing fields

The law of unintended consequences is alive and well, Kevin Lewis discovers

Kevin Lewis | Consultant editor



“By the time you are reading this, the election campaign will be in full flow and the supply of happy pills may be running dangerously low. I will do my best not to add to your pain, but I can't promise, as any and every comment one makes in and around healthcare has a political dimension, like it or not.

The Dental Recovery Plan may or may not survive the election in its present form, but it is a reasonable assumption that elements of it (e.g. the expansion of skill mix) will do so. It is blindingly obvious that no government (of any complexion and whether central or devolved) can hope to resolve the current NHS dental access crisis without a stepchange in the dental workforce – more people in more places and with a greater appetite for providing basic NHS care and services. Albeit to a varying extent, there is currently a serious dental workforce shortage and recruitment crisis in all four countries of the UK. Desperate situations call for desperate solutions, as the saying goes, and we should view the Department of Health and Social Care's recent consultation on provisional General Dental Council (GDC) registration through that lens; dressing it up any other way would be grossly disingenuous and insulting to the intelligence of existing UK registrants, as well as the general public.

These are early days in the process of designing and implementing such a radical new system, and a balance needs to be struck in terms of how it is being presented to the wide range of interested and affected parties. It is proposed that overseas qualified dentists, once provisionally registered by the GDC, would be free to practise immediately in any dental setting (including primary dental care) under 'appropriate supervision'. Quite

what this would mean in practical terms is open to conjecture but critically important. What it won't mean, you can be quite certain, is the same level of supervision as exists in a UK dental school or even in foundation training. Final year dental students must not be left clutching their overdrafts and loans and wondering why they were given so many more hoops to jump through than the new arrivals.

Those who are scanning the horizon for the first signs of approaching dentists want the business opportunity and revenue that they will bring, not the accompanying supervisory responsibilities. It is not widely known that this kind of loose, informal and sometimes virtual supervision of unregistered dentists is already happening under the auspices of certain dental schools and corporates. Making the journey through to full registration easier, quicker and more attractive than the recent overseas registration exam (ORE) experience will almost guarantee an increase in demand, and the 2,000 dentists said to be stranded in the ORE process and waiting room may turn out to be either the prow of yet another approaching inflatable life raft or the tip of an approaching, and much larger, iceberg. Time will tell.

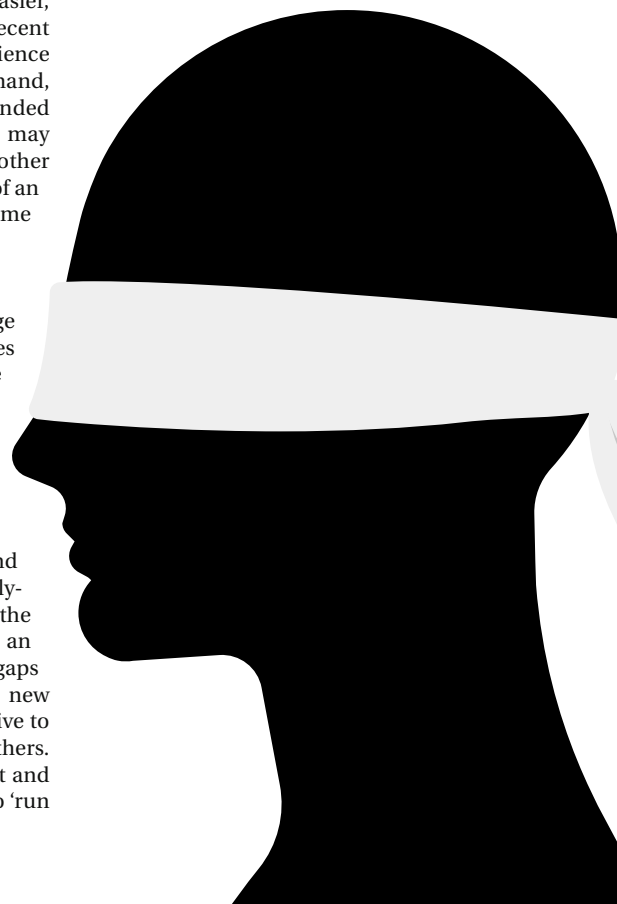
Beware what you wish for

In many parts of the country, it is a huge challenge to recruit and retain associates and no doubt many of those desperate practice owners will welcome these proposals with open arms, even accepting the inevitable delay in implementation. I hope they do so with their eyes open too, recognising the new reality that they may end up being vicariously liable for any negligent acts and omissions on the part of these provisionally-registered new colleagues. Certainly the indemnity providers will need to balance an unusual combination of risk factors and gaps in underwriting information, and these new dental arrivals will be much more attractive to some types of indemnity provider than others. Expect to see a proliferation of cheap 'cut and run' claims made policies with little or no 'run

off' cover. The GDC's guidance on indemnity seems not to realise that insisting upon run off cover looks logical enough but ceases to be relevant or effective once GDC registration ends and the dentist is no longer under the GDC's regulatory jurisdiction just when it matters most. As a result, the government and the GDC may be storing up problems that will come home to roost further down the line.

Nobody ever said it was fair, but it is starting to be rather repetitive, predictable and tiresome

Every comment one makes in and around healthcare has a political dimension, like it or not



“ The government and the GDC may be storing up problems that will come home to roost further down the line

Similarly, the dental corporates have a huge vested commercial interest in securing access to a ready-made source of new recruits to their units of dental activity (UDA) factories. The Association of Dental Groups (ADG) is the representative body for the corporates, and it has been lobbying the government and GDC relentlessly, and very effectively, under Neil Carmichael's leadership, especially to work harder and with greater urgency to unjam the ORE gridlock. But while I can understand that frustration and impatience for a solution to be found, and the attractiveness of an oven-ready 2000-strong workforce, I can't understand the apparent short-sightedness.

How long do you think it will take for the novelty to wear off? What's to stop the new arrivals gaining full registration and then quickly reaching the same conclusions as most of their other dentist colleagues and starting to reduce their dependence upon the NHS?

This Elastoplast won't fix a broken and discredited system.

Accountability

I have mentioned in this column previously (and elsewhere) that the law protects the NHS itself from any responsibility or vicarious liability for NHS care and treatment it has contracted/commissioned – great care has been taken to ensure that the buck stops with the practice owner and his/her provider contract, which agrees to indemnify the NHS and take responsibility for any failings by the NHS, as well as by dentists and other staff members working in the practice. In fairness to the corporates, they are in much the same position as other practice owners (other than their limited liability) in that regard,

but there is a key difference in other respects. While an individual registrant practice owner is personally accountable to the GDC, the dental corporates are almost completely unregulated and beyond the GDC's reach. The proposed supervision of

provisionally registered dentists is to be by individual registrant dentists. It is those individual dentists who will be accountable, not the corporates (and not the NHS either), so yet again all roads of accountability begin and end at the feet of the dentist practice owner. Nobody ever said it was fair, but it is starting to be rather repetitive, predictable and tiresome.

Meanwhile, some corporates are infamous for their readiness to raise concerns to the GDC about dentists with whom they have had a falling out. And so also the NHS and bodies operating under its umbrella, such as NHS-BSA. Easy to do when you know you can't be caught in a volley of return fire from any direction.

Our medical colleagues find themselves in a similar situation where NHS managers are concerned – another group with enormous power but zero accountability. The lobby group Justice for Doctors (JfD) has been highlighting a pattern whereby any doctor who raises concerns about the trust they work for, or its management, is quickly identified as a hostile whistleblower. They can expect to be marginalised by managers, suspended and investigated themselves for sometimes extended periods and on spurious grounds and/or then forced out or dismissed. A common tactic is the threat of being reported to the GMC. A recent member survey conducted by the Hospital Consultants and Specialists Association (HCSA) revealed that a staggering 70% of respondents believed that reporting concerns/blowing the whistle would always damage their career in some way.

The leader of JfD, Dr Salaam Al-Sam, describes the range of 'dirty tricks' regularly deployed by NHS managers in their determination to quell dissent and present their trust's performance (and their own) in the most favourable light possible. If that

This Elastoplast won't fix a broken and discredited system

In one scandal after another, we find that one group of people hold all the power and are encouraged to believe that they can act with impunity

sounds vaguely familiar, it should do. Dr Al-Sam and his campaign has been likened to that of Alan Bates and the sub-postmasters, and it is certainly an interesting parallel. In one scandal after another, we find that one group of people hold all the power and are encouraged to believe that they can act with impunity and invent their own rules as they go along, while another group of people bear the consequences.

Every healthcare scandal back to the Mid-Staffs inquiry and beyond, through to Lucy Letby and the other recent maternity tragedies, has resulted in a call for the mandatory and urgent regulation of NHS managers, creating a level playing field with the clinicians they oversee and sometimes persecute. But the clout of the NHS has ensured that they have got away with a voluntary, unregulated code of practice instead. Similarly, clinicians have had a professional duty of candour for decades and additionally a statutory (legal) duty of candour since 2008 (in England, and later elsewhere). But in the self-serving shadows of the NHS and its management, openness, transparency and adherence to the truth remain strangers. This inexplicable protectionism and imbalance of power is part of the problem, and it should not be (and must not be) part of any proposed solution. It cannot be right, nor in the public interest, that discredited managers walk away to lucrative new jobs while clinicians are named and shamed and their careers and lives are ruined. Not in the Post Office and not in healthcare either. **D**



DDU

Out now

DDU journal Spring 2024

New articles include:



ConfiDental: a listening service for colleagues in need

John Lewis, trustee of the ConfiDental helpline, discusses the value of an anonymous listening service where dental professionals can open up to their peers.



Managing an erroneous extraction

Handling an adverse incident properly can be a daunting task, so it pays to have a plan and know what steps to take.



The power of pulling together

As part of a community of practice, dental professionals are often stronger when everyone looks out for one another, says the DDU's John Makin.



Guidance on practice policies: what you need to know

Working in a busy dental practice means having policies in place - and keeping them up to date. Here's our advice on how to approach your practice policies.

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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.

£20,000 'golden hello' scheme introduced

Around 240 dentists will be offered a £20,000 'golden hello', NHS England has confirmed. NHS guidance has been issued to practices to encourage them to advertise the dentist recruitment scheme, which was first announced as part of the dental recovery plan published by the government in February.

Dentistry heard from parliamentary under-secretary of state for public health Andrea Leadsom on the 'golden hello' scheme and the impact of the dental recovery plan so far:

'Three months have passed since we published the dental recovery plan – and we're already starting to see the impacts. According to NHS England, over 5,000 dental contracts have treated new patients since the start of March. And almost 500 additional dental practices have said they are accepting new adult patients on the NHS Find a Dentist website.

'This is great progress, and today we are announcing the next step in building our dental workforce and improving access across the country. We're rolling out our targeted recruitment scheme – known as 'golden hellos' – to support recruitment of dentists into underserved areas of England. The scheme will see welcome bonuses of £20,000 offered for up

to 240 dentists working in these areas for a minimum of three years. The bonuses will be paid over three years and beneficiaries will be expected to deliver a minimum level of NHS activity – ensuring value for taxpayer's money.

'Faster, simpler and fairer'

'NHS England has issued guidance to contractors and dentists who are interested in securing these 'golden hellos' to support their recruitment efforts. And practices in underserved areas will be able to put in an expression of interest to their local health board to be considered for a golden hello. Once approved, they'll be able to include this financial incentive in their job adverts for dentists coming to work in their practices.

'This isn't the only step we're taking to make access to dentistry faster, simpler and fairer across the country. NHS England is working at pace to help integrated care boards develop plans for procuring dental vans. These vans will bring care to patients in need in remote and isolated parts of the country – including so-called dental deserts such as the south west and east of England. We expect the first vans to be operational in the autumn.'

Provisional registration will be costly, says GDC

Provisional registration plans for overseas dentists will come with 'significant costs', the General Dental Council (GDC) said as it welcomed the government consultation.

The regulator has published its response to the government's proposal, calling it a 'valuable opportunity' for overseas clinicians.

However, the GDC stressed the importance of the proposed legislation providing the right framework. It called for further work for them to develop the rules and system in collaboration with other stakeholders.

In February, the government proposed plans to enable overseas-qualified dentists who have not yet achieved full GDC registration to be able to work in the UK more quickly through a system of provisional registration.

Suitable environment

The GDC's response to the government includes a number of suggestions for amendments to the draft legislation. It says these are needed to ensure that provisional registration can work 'safely and effectively'. This includes areas such as assessment, quality assurance and supervision. In addition, it stresses ensuring

that provisional registration aligns with existing regulatory processes, such as CPD and fitness to practise.

It adds that it will also lead to increased costs. Its response reads: 'Provisional registration will lead to significant costs to the GDC.

'There are upfront costs associated with developing and setting up the regulatory regime; and, on implementation, there will be costs associated with the continuing regulation of provisional registrants and their supervisors.

'These costs will ultimately be met by registrants and by the providers of dental services, since all of the GDC's costs fall to be recovered from fees.

'There will in addition be significant costs attached to the delivery of provisional registration, which will fall directly to other organisations. These include the costs of providing suitable practice environments, the cost of providing supervision, including recruitment and training as well remuneration, and the costs of supporting or remunerating the provisional registrants themselves.'

NEWS IN BRIEF

Study finds childhood caries link

A new study in *Cureus* has found that more than half of participants who had dental caries were not supervised when brushing their teeth as children.



Utilising dental therapists could help access crisis



A report exploring how to combat the dental access crisis and cut costs in UK dentistry suggests the answer could lie in better utilising dental therapists.

London worst UK city for discoloured teeth

A study conducted by *Dentaly.org* used five metrics to determine how likely tooth discolouration was in each city.



Increased private care could lead to 'inequalities'



The Nuffield Trust report states 'serious problems with access to care, workforce relations and financial stability' has led many to perceive, fear or argue for a greater role for the private sector.

Call for miscarriage leave in dentistry

The British Dental Association (BDA) has called for the pregnancy and baby loss policy framework to be extended to the entire dental team.



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Inflation drops to 2.3% – what does this mean for dentistry?

It has been revealed that UK inflation has dropped to 2.3%, a smaller decrease than the 2.1% predicted by economists – how will this affect dentistry?

The inflation rate is down from 3.2% in March, but falls short of the Bank of England's target of 2%. Prime minister Rishi Sunak said that this is a 'major moment for the economy' as it is the closest to the 2% target that inflation has been since 2021.

We heard from Iain Stevenson, head of dental at Wesleyan Financial Services, on what this announcement could mean for dentistry.

'[Almost] hitting the government's 2% inflation target will be welcomed by dentists, helping to mitigate everyday financial pressures,' he said.

'Importantly, it clearly strengthens the case for the Bank of England to cut the interest rates in June, which is promising news for dentists, particularly when it comes to relief on mortgage rates. This could also lead to the cost of debt falling in the future, which will benefit those looking to

secure financing or expand their dental practices.

'However, the bank has been clear that it wants to see inflation settle at or around its target before it acts on rates, so we may need to wait a little bit longer for it to confirm that this isn't just a flash in the pan.'

'Optimistic'

This comes as the Bank of England announced earlier this month that interest rates will be held at 5.25%.

The Monetary Policy Committee voted seven to two in favour of keeping the rate the same. This is the sixth time in a row that the rate has remained at the 16-year high of 5.25%.

However, the bank also suggested that cuts are likely in the future – even as early as June.

Bank of England governor Andrew Bailey said he was 'optimistic' that inflation would continue to decrease. He said: 'We've had encouraging news



on inflation and we think it will fall close to our 2% target in the next couple of months.

'We need to see more evidence that inflation will stay low before we can cut interest rates. I'm optimistic that things are moving in the right direction.'

Bailey added that reduction to the cost of borrowing in June was 'neither ruled out nor a fait accompli'.^D

For dry mouth – when just water is not enough

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TePe® Hydrating Mouth Gel
TePe mouth gel gives immediate and long-lasting comfort*, moistens and soothes the oral mucosa and is convenient and easy to use whenever you need it – great for on-the-go.

*The duration of the comfort is individual; people with no or very little saliva usually experience a more prolonged effect.



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Last chance to enter The Dentistry Awards!

The entry deadline for **The Dentistry Awards 2024** is fast approaching – find out why you should enter and how to submit

Dubbed 'dentistry's biggest party', The Dentistry Awards brings dental professionals together to celebrate outstanding achievements throughout the profession. This year's ceremony is taking place on 13 September 2024 at The Athena in Leicester. With just one month left until the entry deadline of 3 July 2024, why should you enter?

Benefits of awards

Winning an award brings a huge deal of credibility to you and your practice. The Dentistry Awards are judged by well-respected practitioners and key opinion leaders – their opinion counts in the dental profession! Participating in awards also helps to establish trust and confidence with patients. Even being nominated for an award is a marker of high quality care that you can use to

gain new referrals and business opportunities.

There are also huge benefits for your team – attending the ceremony is a great team building activity and staff like knowing that they are working for an award-worthy practice. This also helps with recruiting new members to your team as job seekers are more likely to apply for vacancies at award-winning workplaces.

Finally, The Dentistry Awards are an excellent chance to widen the reach of your personal and practice brands. Being recognised at the awards establishes brand awareness among the dental profession and beyond, cementing your reputation as one of the UK's best dental providers. Being shortlisted or winning an award also comes with inclusion in exclusive marketing content from FMC.

How to enter

The first step is to choose which category or categories you would like to enter. More information about the categories and their judging criteria can be found at dentistry.co.uk/the-dentistry-awards.

Next, head to dentistry.co.uk/the-dentistry-awards and click 'Register Now'. Enter your details and select your categories. You will then be able to complete the online form to submit your entry. Further details of what you need to submit for your entry can be found in the entry guide on the website. Remember to submit your entries by 3 July 2024 to ensure they are counted – we look forward to receiving your submission! **D**

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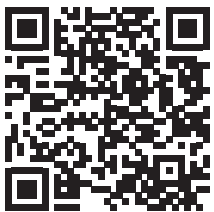
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Ellis Paul: 1930 – 2024

Pioneering private dentist whose tireless championing of teamwork, posture and quality clinical care touched thousands of lives

Dr Ellis Paul, the pioneering clinician and editor who helped shape private dental care in the UK, has died at the age of 93.

His name was synonymous with private practice. As editor-in-chief of the journal *Private Dentistry*, Ellis helped countless principals and businesses embrace a way of working outside the national health service for almost 30 years.

He did not so much ride the crest of private dentistry's wave as tell the tide exactly where to go. In 1996, he launched the quarterly FMC journal *Independent Dentistry* as a new model of practice flourished in the wake of the 1995 NHS dental contract.

'The face of dentistry is changing as it has never done before,' he wrote in the very first issue. His words were prophetic – but even Ellis could not anticipate the sea change his work would help usher in. Within two years the title had grown exponentially in readership and regularity. Further, it had rebranded to a name that endures today – *Private Dentistry* – as the UK embraced private care.

Ellis was editor in chief for 23 years until stepping back in 2018. Unable to replace him even then, the journal appointed him editor emeritus, enshrining his name in the journal that he steered from concept to astonishing success.

Ellis Paul: ahead of his time

Those who knew Ellis will no doubt smile at this. After all, it was all in a day's work for a man so consistently ahead of his time in his thinking about dentistry.

Ellis was the originator of four-handed dentistry, a concept born from his relentless, pioneering focus on teamwork and posture more than 20 years before they became the norm. The concept would inform his first book – *A Manual of Four-handed Dentistry*, commissioned by Quintessence after a tour de force series of lectures for the British Dental Association (BDA).

He refuted the idea that neck and back pain were a given for dental professionals. His solution was to address dentists' posture – most notably the idea that dentists should sit down. This approach, unheard of when he started practising in 1955, is now the standard. If there is any doubt of this impact just ask yourself – how many dentists now work standing up?

Ellis' teachings extended the working life of thousands of dental professionals, and continue to be passed down to new generations today.

Sharing knowledge

His four-handed dentistry concept also revolved around teamwork: another of his calling cards. Performed correctly, the technique he described was a symphony of coordination between dentist and dental nurse.

This thinking powered his second book, *Team Dentistry: Chairside Procedures and*



Ellis Paul, BDS LDS FFGDP(UK) FCID, 1930-2024

Management. Here, he set out the ethos forged over 40 years of clinical practice in Manchester's city centre.

Ellis was ever keen to share his knowledge with the world, and training became a huge part of his life. Whether lecturing at Liverpool University, helping set up evening classes for nurses at Salford Technical College, or offering hands-on training in posture, the thrill of working with new people and sharing his passions never diminished.

Inevitably, this came with recognition from within the dental profession. Ellis was the first chairman of the BDA's Independent Dentistry committee when it launched in 1993. In 2007, he was recognised with Fellowship of the BDA, an accolade followed in 2011 with Fellowship by Election of the Faculty of General Dental Practice (UK).

Behind the dental mask

All this was achieved with the humility, diplomacy and professionalism that were his trademark, mixed with no small dose of humour. Indeed, to those who knew him, no picture of Ellis is

complete without his soft Lancastrian chuckle. He found the comedy in everything, though his brand of humour was self-admittedly bone-dry.

Ellis passed away surrounded by family, with his four children Jonny, Alexis, Ben and Gideon at his bedside. While his health had deteriorated in the six years since his beloved wife Jennifer had passed, his fierce devotion to his passions never deserted him.

He insisted on having dental media – especially his cherished *Private Dentistry* – read to him. A devoutly religious man, he proudly embraced Judaism as a fundamental part of his identity, and continued to observe the daily customs of his faith even as his health made doing so more difficult.

It is impossible to imagine dentistry without Dr Ellis Paul's influence.

He was a world-leading, pioneering dentist, whose integrity and vision changed his profession for the better. But behind the dental mask he was so much more: a caring father, a devoted husband and a selfless friend.

May his memory be a blessing. **D**

Dentistry's Big Questions

IS THE ASSOCIATE DENTIST MODEL DESIRABLE?

Dentistry asked the profession whether the associate model is a desirable way for dentists to work

Dentistry's Big Questions explores hot topics on the minds of dental professionals. This time, we asked: is the associate dentist model desirable? Based on our poll, 67% said yes and 33% said no. Several dental professionals shared their thoughts on the pros and cons of the associate dentist model.

Rachel Dilley, practice manager

For me, dentistry is best led by a multidisciplinary approach. Every person within the team has a role to play – each team member helps builds the practice. Dental associates within our model are one of the keys to our sustainability. They are talented, passionate and knowledgeable. We encourage our associates to thrive in their career and support them to

achieve their own success, which in return allows the best patient care and treatments within our practice.

Manrina Rhode, practice principal

Yes! Having worked as an associate for 18 years before setting up my business, I can't stress enough what a great lifestyle being an associate offers. It gives you the freedom to do what you love (assuming clinical dentistry is what you love), without the stress of the day-to-day running of the business.

It gives you a chance to earn a great income while still choosing their own hours. I personally worked three clinical days a week throughout my 30s. This meant I was 'off' more than I was 'on'. I earned an income that allowed me to pursue my hobbies and keep my stress levels down and my quality of life up. As an associate you only ever earn – working doesn't ever cost you anything. You don't have the overheads associated with being a principal.

Don't get me wrong, it's exciting owning my own clinic – it means I'm able to perform my dentistry in exactly the environment I want.

However, there is a price to pay for this luxury. If you need to run your own business because you are more business-minded than clinically-minded, or if you have a fire inside you that means you need to open your own space, then you definitely should. Equally, working as an associate affords you a great work-life balance that, as dentists, I believe we should be grateful for.

Cerise Harriss, practice principal

With work-life balance being at the forefront of most career decisions, is it better to be an associate rather than practice principal? There are always two sides of every coin. However, considering how dentistry is evolving, current trends in the associate business model make it the more favourable choice.

From experience, I find that as regulations and litigation become more prevalent, associates are spending more and more of their clinical time note writing and treatment planning. But with more associates choosing to do less clinical time and having protected admin time, they are able to finish their day and not take their work home with them.

Associates, despite being self-employed, expect the latest technology such as scanners and equipment and the best materials. And practices provide these so associates have no overheads, no finance on large pieces of equipment and they do not have to invest in any marketing. They also have a nursing and reception team provided alongside patients!

As a practice principal, the administrative work never stops. Unless principals are in a very fortunate situation at the time of purchase, principals will not see return on their investment for a many years after initial purchase. It is now a thankless task owning a practice. I think that in the near future we will see more salaried associate positions in the private sector, which I believe will make the associate dentist model the most favourable of all.

Ahmed Hussain, practice principal

Working as an associate under a supportive dentist who may also offer mentorship is desirable in my opinion. You'll be able to purely focus on improving your skills without the need to worry about all of the hassles of running a business and improving your work-life balance.

I'm lucky to be working alongside passionate and highly skilled associates who inspire me every day! It isn't for everyone, but desirable? Yes! **D**

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Different versions of the truth

Catherine Rutland explains the importance of understanding difference



CoreStrengths

Catherine Rutland
Clinical director at Denplan

Is your version of the truth the same as my version of the truth?

Most likely not. Even if we have some of the same evidence for our individual beliefs, layered with that will be our own experience, possibly some different evidence and our own subconscious (and possibly conscious) bias.

This difference is important for us to remember. It can be easy to believe that our version is the correct one, with little room for understanding another's thoughts or feelings. Take patient complaints. The patient and you will most likely have a different version of the truth. Yet you cannot dismiss their version, you do not have to fully agree with it, but you must consider their experience of the events that have led to the complaint and evaluate it next to your own experience.

It is not always the easiest thing to do, especially if there is emotion attached to the situation, either on one, or both sides. But do it we must. We don't have to end up agreeing, but we may be able to find a way forward that respects both versions of the truth.

We are an evidence-based profession and are used to checking facts, research and listening to the views of those around us. If we are prepared to do this for our clinical beliefs, should we not be considering it for all other areas?

We will never be able to know everything, and we must remember that we can't! This is especially the case if we are going to share our version of the truth, whether this is done publicly or privately; through lectures, conversations, and written communication in any form.

It can be too easy to make a judgement based on the information we hold and then share that judgement as fact. We must remember to consider the impact of sharing any version of the truth. For example, many people chose not to watch or listen to the news. It is an active choice, usually to guard themselves from information that may hurt or disturb them. Everyone has that right to protect their own wellbeing.

With the ease in today's world of sharing your version of the truth, always be mindful of how you present it, and the possible impact of those who read or hear it. Once delivered, it is impossible to take back. **D**

Develop your circle of trust

Surrounding yourself with the right people can help build success, says **Iain Stevenson**



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

The future of dental practice ownership is a fascinating one. The proverbial 'crystal ball' is as foggy as it can be at the moment, which can make it really difficult to make life-changing decisions; however, we absolutely must prepare as much as possible whilst taking into consideration that we may have to change what we do along the way.

Buying a dental practice is a major event, it can also be extremely exciting and rewarding.

There is, however, one important thing to bear in mind. If this is something that you have never done before, my suggestion would be to surround yourself with a 'circle of trust' – a group of specialists who can help you navigate through the challenges and decisions you need to make. Of course, you will need to do your research on who these people will be, but I would suggest including a specialist dental solicitor, dental accountant, dental specialist financial adviser, a dental estate agent and, importantly, a mentor.

The mentor should be someone who you know and trust who has already been through the process. They will have made mistakes; they can indicate what might be ahead. Ask questions, share thoughts and experiences, and use this information to help you make decisions.

Your solicitor and accountant should be dental specialists who can help you make informed decisions around setting up as a partnership, limited company, limited liability partnership, expense sharing or sole trader. It is important that you fully understand the implications of each. It is also absolutely vital that you have all the correct contracts in place to cover various eventualities. Doing this will protect your long-term future and ensure you and your business are prepared, if things don't quite go to plan.

The help and guidance of a dental specialist financial adviser will be extremely useful. You may need their help to raise finance, discuss the implications of your pension and retirement plans, consider exit strategies, understand what would happen in the event of illness or injury, and ensure your family would receive the benefits of your business if you were to pass away.

Finally, a dental estate agent will make sure you have the right guidance on the type of practice you want and how much to pay, whilst ensuring there are no nasty surprises when you take ownership.

We never know what may be ahead, but if you are surrounded by good people, you can at least plan with the help and guidance of people who really understand you and dentistry. **D**

Build a life you don't need a vacation from

Carve out some time away from the working treadmill, urges **Nigel Jones**



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

With the summer fast approaching along with the prospect of annual vacations, probably to somewhere with less rain than here in the UK, I'm reminded of a section in one of my favourite books of recent times entitled *Four Thousand Weeks: Time and How to Use It*.

Written by Oliver Burkeman, I have found it a very intelligent

observation on the way we prioritise our time.

The part that springs to mind at this time of year is when he wonders when holidays became all about recharging so you could be better at work. It's as if the point of our existence is to work and everything revolves around how to be better at it and ever more productive.

And with that sort of mentality can come the sacrifice of so many other things. Energy, relationships, positivity, hobbies and health, both physical and mental.

Over the years, many of you will have attended presentations that quote the opening lines of the Winnie the Pooh stories by AA Milne. The ones that are roughly about Christopher Robin dragging Edward Bear down the stairs, bump, bump, bump on the back of his head. Edward Bear knows there is a better way of coming downstairs if only he could stop long enough to think of it.

Many in the profession will be plagued by the same thoughts. There has to be a better way of achieving financial goals without the sort of sacrifices listed above. And no, this is not a push for leaving the NHS and going private, although for hundreds of the dentists with whom I've interacted, that has definitely been part of the answer.

Rather, it's a plea to carve out time away from the treadmill during your working weeks and not only while you're on holiday, to consider whether the way you are approaching your role as a dental professional makes sense in the short, medium and long term.

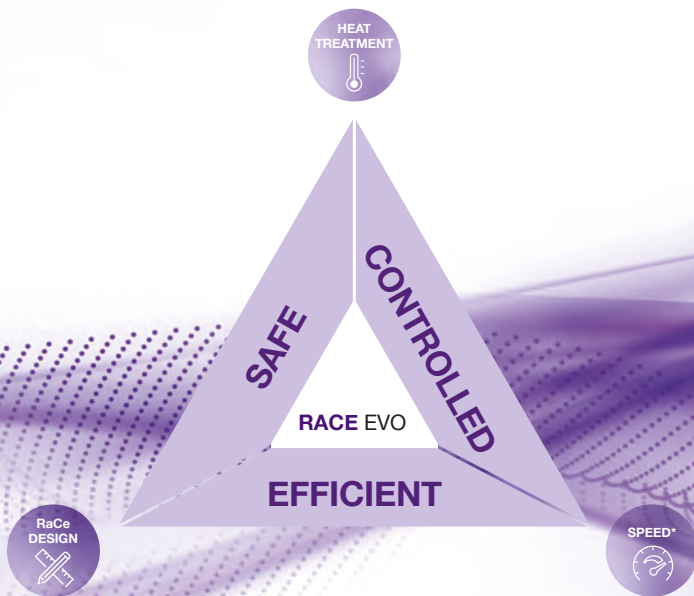
There is so much change surrounding dentistry at the moment, whether it's to do with sustainability and environmental considerations or the adoption of new technologies such as AI; independent or corporate practice ownership; NHS contractual arrangements in all parts of the UK.

Don't keep kicking the can down the road. There is so much more to life than just working and reenergising for work. Don't leave it too late to stop the bumping and think about it. **D**

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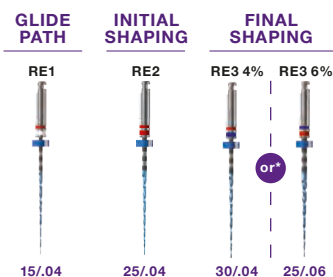
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Shaping a more inclusive future

Gaby Bissett describes the highlights of this year's Black Dental Network Excellence Conference – and why the group is only just getting started

Gaby Bissett

Editor, Dentistry.co.uk



On Saturday 27 April, the Black Dental Network (BDN) welcomed dentists and dental care professionals from across the UK to the BDN Excellence Conference 2024 – its first ever full day conference and evening gala.

Its purpose? To celebrate not only the brilliance of its speakers and presenters but the significance of the gathering as a beacon of black excellence in UK dentistry.

Taking place at the Hilton Metropole in Birmingham, the buzz of the day was evident from the minute you walked in. Every single delegate wanted to be in the room; all were there to learn, network and be inspired by not just the speakers, but by each other.

An impressive array of speakers meant there was never a dull moment. Dr Funmi Oluwajana, a specialist in endodontics and restorative dentistry, kicked off the day with a focus on treatment planning – but this was not your standard lecture.

After introducing her approach, she then invited the audience to assess cases themselves using on-screen QR codes, encouraging delegates to voice how they would plan the treatment.

In a world where branding, both personal and business, increasingly gathers pace in dentistry, the knowledge of Mr Terence Parris – a marketer whose portfolio includes Apple and Puma – has never seemed more valuable. In the words of Dr Kayleigh Vassel, his talk 'spotlighted systemic issues but also emphasised personal reflection and growth as pathways toward effective leadership'.

Important focus

Dr Estella Mensah, a dental surgeon, had travelled from Surrey to attend the conference. She said: 'I've found the day amazing so far – it's so insightful and there's been a lot of knowledge shared that we can take away.'

'It's great to see how much the group has expanded in such a short space of time.'

After a gorgeous buffet lunch, Dr Dammy Awe kicked off the afternoon with a talk on guided digital workflows, followed by a presentation on advanced periodontal care by Dr Lanre Onabolu.

The conference rounded off with an insightful panel discussion with Dr Mide Ojo, Dr Sophia Morris, Simone Ruzario and Dr Emma Grant. The



on-stage dialogue revolved around alternative pathways into dentistry and preparing for the future – a focus that is crucial for aspiring black dentists, according to Yada Yenke, a fourth-year dental student at Peninsula Dental School.

One of the founders of the Black Dental Student group, she said their collaboration with the BDN has been invaluable.

'We thought this would be a great collaboration and networking opportunity,' she said.

'It's really amazing to have these groups exist. We've grown so much over the years – when we first went to dental school, there just wasn't enough visibility for black dental clinicians.'

'But you'd see others such as Dr Yewande Oduwale and Dr Chinwe Akuonu, and it was really inspiring to see their journeys. You realised it was something that you can actually achieve and strive towards.'

'When we first started the group, the ultimate goal was to connect with other black dental clinicians. Within dental school, you can face adversities as a black student. I also feel that mentorship is really important, as well as networking, so I wanted to help create a space where they could have access to this.'

Making the complex simple

Dr Ruth Baidoo said: 'For a relatively new network being able to put together a day conference for the first time was a big task, but thankfully we as a team pulled it off and it all came together seemingly. With help from our numerous sponsors and outstanding speakers we were able to ensure that topics of relevance such as treatment planning, periodontics and digital dentistry all fitted in aptly with the theme for this year – 'making the complex simple'.'

'When it came to the evening aspect of the day – the gala proved to be just as successful as the day conference. It was an opportunity to get dressed up, enjoy a three-course meal and network as well as highlight our grassroots project, which exists to encourage young students from Afro-Caribbean backgrounds to consider careers in dentistry.' **D**

You can get in touch with the Black Dental Network on Instagram @blackdentalnetwork or via its website at www.blackdentalnetwork.com.



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Innovation and tradition

Guy Hiscott visits Dürr Dental's Stuttgart headquarters for the real story on how the legacy of its past is shaping the path to its future

Guy Hiscott

Editor, *Dentistry* magazine



History looms large at Dürr Dental.

And understandably so: the company has been helping dentists treat patients for more than 80 years. But even so, the past is a constant companion at Dürr Dental's offices, whether it's mural-sized photographs of yesteryear or a fragment of the Berlin Wall, decorated and turned into defiant artwork outside its Bietigheim-Bissingen headquarters.

Don't be fooled. If this gives the impression that Dürr Dental is living in the past, it couldn't be further from the truth.

Indeed, even calling it 'history' feels like a disservice to a company that today manufactures and supplies some of the most advanced dental technology on the market to more than 170 countries across the world.

Heritage. Tradition. These are perhaps better terms. And perhaps ironically, nowhere is that heritage more evident than at Dürr Optronic, a production subsidiary of Dürr Dental, where nearly all of its state-of-the-art digital imaging devices are assembled.

The factory nestles in the wooded hills on the fringes of the Schwarzwald, Germany's famous Black Forest.

Before the factory, there was a barn, where the Dürr brothers first plied their trade. The Schwarzwald is rich with stories, and the Dürr Dental team is happy to play its part, sharing



Balancing past and future

At every turn, the company practically resonates with the care it takes to strike a balance between past and its future. It's understandable: the business is still family owned, with CEO Martin Dürrstein the third generation to hold the reins. Over the last eight decades, the company has grown to employ more than 1,300 people, with a turnover of more than €60m. This is not something that happens by clinging to the old ways.

Take Dürr Dental's dedication to flexible working. This is such a big part of the company's remit that at the Dürr Optronic site, it has led to a majority female workforce on the production lines, recruited mostly from the local area.

This same team personally signs off – and sign – each piece of equipment built before it leaves the factory. It's a touch that feels delightfully anachronistic in a world of mass automation, yet it's one that speaks perfectly to the company's approach.

Make no mistake: these are modern, high-tech manufacturing sites. They're powered by Kanban processes, RFID chips and complex machinery – but its fiercely detail-focused engineers are just as important to the mix.

It's fortunate that Dürr Dental cares about detail, because there are many to be shared as we tour the facilities. There are 180 stages to building this component; 80 steps to that. Each new workstation we visit is a portal to new designs and processes.

We learn that CBCT units need optical cable to carry the imaging information ▶

knowledge and anecdotes freely as I tour the facility with a band of engineers and dental dealers from the UK.

Legend has it that the deer's head gazing out impassively over the conference room on the factory's top floor once graced a wall in that original barn. Once, it may have watched brothers Karl and Wilhelm Dürr as they worked, repairing dental handpieces in the wake of World War II.

Today, it observes the fleets of engineers, salespeople and other visitors passing through to hear about Dürr Dental's latest digital innovations.

The modern factory is a far cry from the company's humble beginnings. On the floors below, workers assemble everything from scanners to CBCT units effectively from scratch, even down to printing the circuit boards themselves. (This, of course, is not a new development – Dürr Optronic has been doing so since 1982.)

Did you know?

Dürr is more than dental: one of its biggest subsidiaries is Dürr NDT, which deploys its imaging technology on 'non-destructive testing' in sectors as varied as defence, maritime research and aerospace engineering.

There's a large chance that its air extraction technology is helping keep your local petrol station forecourt significantly less flammable even as you read this. And its compressors – at least, a version of them – can be found in the majority of McDonald's European restaurants, helping carbonate the soft drinks.



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to the processor because copper wiring can't handle that much information. We find out how long it takes for the ball bearings in the motorised arm to even out the lubricant and move smoothly. We learn about the different ways to mount components on circuit boards ('through the hole' and 'surface mount', in case you're interested).

The details are endless, yet they are all fascinating, and it's obvious that we are barely scratching the surface. It doesn't hurt that each fresh fact is delivered with the same blend of pride and passion, and the cast-iron certainty of its importance.

Made in Germany

If there is one fact that the team is adamant that we retain over all others, it's that to ensure maximum quality standards, Dürr Dental produces almost exclusively in Germany.

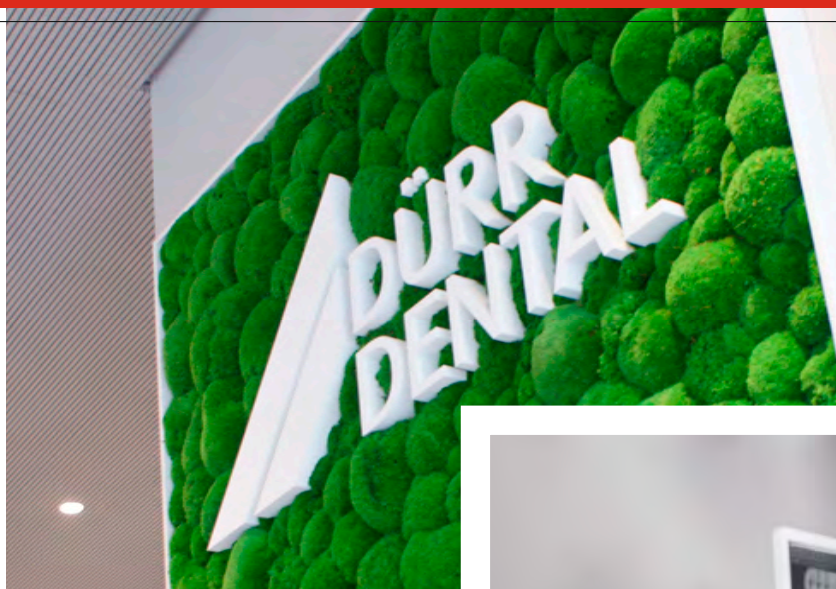
'Before they understand, people always think that we just ship in parts from abroad, put our name on them and send them out,' confides overseer Daniel Theobald, as we walk past an engineer in the head office, carefully assembling a Dürr Dental power tower.

'But we don't deal in other people's parts – we make it all, and we make it all here.'

The full truth of this becomes even more apparent as we pass an area where yet more equipment is being made. This time, it's many of the tools needed to manufacture the products themselves.

'I can buy a bench if I need one,' Daniel continues. 'But if I build the bench that I need, I know I'm getting one that's perfect.'

The manufacturing floors themselves hum with calm, focused activity. Before seeing the facility for myself I expected noisy, automated factories, but there is none of that. Instead, there are carefully ordered rows of craftspeople, working in unison.



Awards and accolades hang everywhere, testament to the quality of the work that these high-tech but still very human places of work put out.

Because that human touch too is a theme. We watch as a compressor is built by hand in front of our eyes. The process pauses at every step of the way for testing. It's just standard practice, Daniel tells us with pride: 'Everything from this factory is not just 100% hand made. It's 100% tested before it goes out, too.'

There is a reason that German engineering carries a premium, of course. There's a palpable sense that the Dürr Dental team is not just shouldering its own responsibility but is delighted about doing so.

'We have about 120 people working here,' explains CEO Peter Dürrstein of the Dürr Optronik facility in Gechingen.

'And we are totally focused on production. We don't have a sales department; we don't have R&D, we don't even have administration – this is all done in Bietigheim. What are we producing here? It's in the name – Optronik. Optics and electronics, so our imaging products, camera sensors, scanners, you name it.

'They're nearly all made here, start to finish. Made in Germany: that's the story.'

Telling stories

It's certainly the headline, but it's not the only story. While dentistry is where the story began, the Dürr Dental Group's work today extends far beyond healthcare.

Its imaging expertise comes in high demand in the non-destructive testing (NDT) market, for example. Dürr's imaging technology can be found doing everything from verifying the integrity of welding on pipelines to putting telecommunication satellites into orbit. Word on



the street is that the Ministry of Defence is a key customer too – though the grapevine doesn't extend to what's being tested.

NDT is a bigger market than dental, it turns out. And one that – brace yourself – asks for even higher imaging standards.

But it doesn't end there. As another example, Dürr's compressor and ventilation technologies being used everywhere from petrol stations to pubs. For a name that looms so large in dentistry, it's a genuine surprise (to me at least) to find out how much further its influence spreads.

Then again, after seeing where this equipment is made, it's perhaps not so surprising.

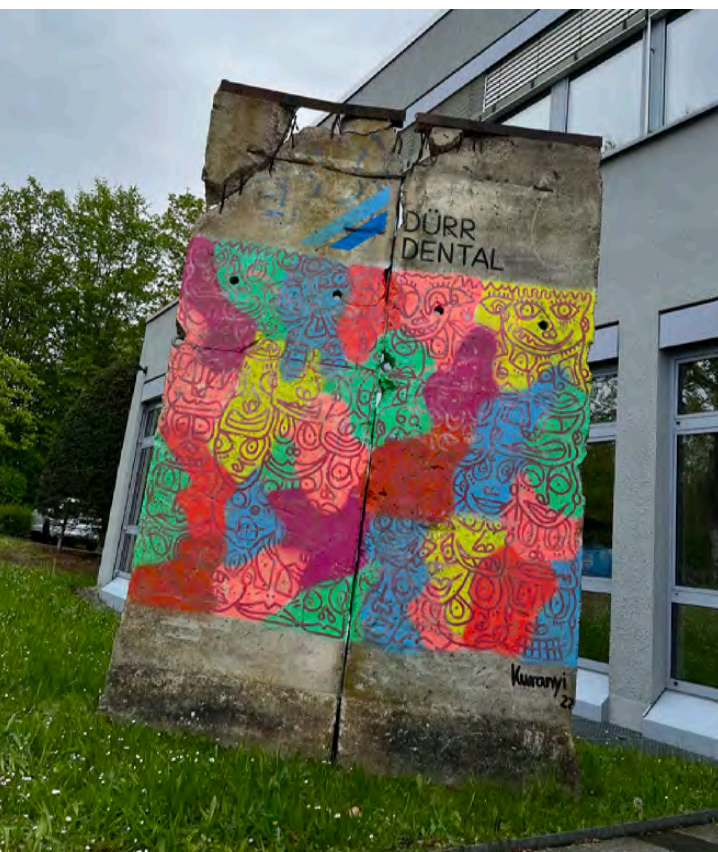
Peter ends our time at his factory by sharing the company's wider philosophy – which predates even the Dürr brothers and their old barn.

'Our approach comes back to words from the Bible – love your neighbour as you would love yourself.

'This is our approach at Dürr Dental too. Treat others right: not just your customers but your employees, your suppliers, the environment. Without our suppliers, we couldn't operate. Without our customers, we would have no business.

'Trying to do better by everyone is just good business – and that's what drives us.'

Between these philosophies and its processes, it's no leap to picture Dürr Dental celebrating more milestones in another 80 years' time. The stories it will have to tell then are anyone's guess – but something tells me there will still be plenty to say. **D**



Top tips from the 2024 judges

The **Dentistry Awards** judges offer their advice on creating a winning awards entry

Philip Lewis

'An awards submission should be more than just a list of achievements. Of course, we want to know how you did it, but just as importantly we want to know why you did it. We need to see what it is that makes you special and why you deserve to be recognised as an individual. Let your personality shine through!'

Melonie Prebble

'Entries for these awards are extremely strong, the competition is high. This means you have to be sure you have hit all of the criteria clearly within the entry.'

'Supporting evidence is vital, demonstrate your growth areas, tell us what you have learned, what challenges you have worked through.'

'Clinical cases are essential for some categories but not all, so be mindful of this when you put together your portfolio. Personally, I like to see that the fundamentals of dental disease management and prevention are always noted by entrants as well as seeing their portfolio of their chosen cases. Don't forget to focus on what dentistry is about.'

Hitesh Panchal

- Show us your practice core values, ethos and culture through your entries
- Follow the entry guidelines to help lay out your entries
- Stick to providing relevant details throughout your entries
- Quality photographs speak a thousand words
- Provide as much proof to back up your entry.

Nilesh Parmar

'A great submission is one that is honest and not overly polished. Very good clinical cases are key – we have seen so many very good entries, but the clinical cases aren't very good. So, ensure the clinical cases demonstrate a high level of skill, especially for categories like Best Young Dentist. Highlight your patient testimonials and showcase extracurricular activities or achievements outside of work to distinguish yourself from others.'

Mani Bhardwaj

- Be truthful and always try to include supporting evidence
- Try to be unique and have your own USP
- Think about the layout of your entry and how a judge would firstly look at it and read it
- Don't be shy to be different, but bear in mind this is not a school project.
- Be concise, but not too short so that you miss information that could sway the judge's opinion
- Make it worthwhile, this is your time to shine!

Bal Chana

'Having attended the awards over the years, each time, I have an amazing time. It is a great opportunity to meet dedicated colleagues and friends. As a judge, I am looking for an individual with the wow factor, someone who is enthusiastic, passionate and dedicated to their profession. Someone who will go that extra mile to make a difference.'

Sophie Lesiuk

'A picture speaks a thousand words'. For example: Practice A: "We've delivered many oral health appointment (OHE) workshops in the community this year". (One picture of two team members speaking in a school).

Practice B: "We've delivered many OHE workshops in the community this year". (One picture of the team at a local primary school, a picture at a high school with a Re-think Your Drink board, a picture of the team at a mother and baby unit, pictures of a DCby1 display, National Smile Month display, Mouth Cancer Action Month displays in a community setting).

'I would instantly score practice B higher as I can visually see the evidence and the wonderful work they're doing! To top it off, some verified feedback for the visits would be a plus.'

Lisa Bainham

'What am I looking for as a judge? As obvious as it sounds, check you have covered the criteria we are looking for! I want to feel the dedication and commitment to the role. It isn't just about ticking off your job description. Is what you do really above and beyond what the role basically entails? Tell us about what makes you stand out.'

'Don't be afraid to blow your own trumpet and speak from the heart! Those things matter immensely! If we are looking for examples of growth and how you have increased efficiency and effectiveness of systems, people and productivity – show me, don't just tell me. Show me your key performance indicators and pretty financial graphs! They speak volumes!'

'A well written, concise, complete and beautifully presented entry is a plus. But I can see through this if the content doesn't wow me. Equally, a less fancy entry can be filled with everything I would hope to see, so don't get too hung up on whether it's not a graphic masterpiece. It's you I want to see.'

Nishma Sharma

- As dental professionals we are all trying our very best every day with every patient, what makes you stand out?
- What is your USP?
- What would winning this award mean to you? Why do you need this validation?

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- What are you like to work with? Are you a team player? How?
- Life throws us curve balls, what incidents have shaped you to be who you are today?
- The profession is going through a tough time currently, how are you helping to maintain its reputation within your local community?
- With health inequalities at a record high, how are you able to do your bit to help those in need?
- What do you do to unwind and stay positive?
- Remember, being a dental care professional is what you do, not who you are... Who are YOU?

Preete Hylton

- Be genuine about yourself (or your team) and/or your (or your team's) achievements
- The awards are a way to gain recognition for your exceptional professional capabilities and for the genuine positive impact you or your team has in dentistry and/or in the general community. Do good work for the sake of helping someone in need or for a good cause; do not do it just because you want to add it to your list for your awards entry. Genuine charity work always shines through
- Photos are a great way to showcase your achievements – the less filtered they are, the better! Videos are welcome – they are more believable when they don't seem scripted
- Having feedback from patients and colleagues (with their consent, of course) is a great way of showing us how you have had a positive impact on them.

Helen Paisley

'Candidates should present a wide range of clinical cases rather than multiple cases of the same treatment modalities. It also does not help to submit hundreds of pages of clinical cases, there is a limit to how many pages a judge will be able to review when looking at multiple applications and detracts from an application rather than adding to it. The criteria are available for applicants and candidates need to be able to cover all aspects, although we appreciate people will have more strength and content in particular areas. Presentation style is important in judging the quality and care put into the application, so we advise good quality photo or video content.' **D**

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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 Hadley Wood Golf Club, designed by Alister Mackenzie (of Augusta National fame), 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 visiting the website www.dentistry.co.uk/golf-championship. **D**



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Dental Practice Accelerator: the halfway point

At the halfway milestone of the **Dental Practice Accelerator** programme, *Dentistry* caught up with Hannan Saleem and the mentors to uncover how life changing this process really is

Having won the Dental Practice Accelerator, Hannan Saleem and his practice, the London Dental Centre, have been working extremely hard over the past six months with their mentors, Justin Leigh, Shaz Memon, Sameer Patel and Sandeep Kumar. The changes they have been implementing are designed to help them achieve the goal of becoming a million-pound dental practice, so we thought this halfway point would be a great opportunity to catch up and see how things are going so far.

A transformative process

One of the mentors that Hannan has the most contact with is business coach Justin Leigh, founder of Focus4Growth. They catch up monthly to keep Hannan accountable to his plans and help him think about his strategy for the business.

Justin said: 'Hannan has got a great attitude, he's really positive and he takes on board lots of ideas. But like many practices over the last six months, he has experienced some of the key challenges that are facing lots of dentists – retaining key members of his team, recruiting and onboarding. So, we've worked on recruitment, retention strategies, setting really clear objectives and coaching him to lead his team more effectively, so that they start to become more autonomous and take greater responsibility.'

'Hannan was very operationally focused when I first started working with him. He was diving in and rescuing the team in every situation and the result is they start to create dependencies. The team begin to think: "I don't need to do that, because Hannan will pick it up." So, we've been working on getting him to start thinking about how to get his

'We're really excited for the next six months of the Dental Practice Accelerator programme, we've got a lot to uncover and a lot of future plans'



team to take greater ownership. That shift has really helped him to develop as a leader, and his team has started to develop a greater sense of responsibility for embedding what they want in the practice. From here, we can grow.'

Talking to Justin, we really got a sense of how transformative the Dental Practice Accelerator programme really is: 'Hannan sent me a text message one night saying: "This coaching is changing my life." He had been trying to be all things to all people. None of us can do that, it's a recipe for burnout. We have to learn to pause and think about who should be responsible for each area. If we don't do that, we get trapped in the business.'

Staying consistent

The team at the London Dental Centre have also been gaining branding and marketing expertise from Shaz Memon, founder of Digimax Dental, in a bid to attract more of the kinds of patients that they're looking for. The goal is to help them to really understand how they can grow their practice without spending a penny more on marketing.

Shaz explained: 'I've advised them to share their personal story. In the information age that we live in, people are very interested in storytelling, and I think Hannan and Daniel have an amazing story to tell. That's

'Hannan sent me a text message one night saying: "This coaching is changing my life." He had been trying to be all things to all people. None of us can do that, it's a recipe for burnout'

something that really needs to come out and they're comfortable now in sharing that.

'I've been really impressed with Hannan's progress. He has been all ears and he's working extremely hard to focus on the ideas that move the needle. I'm super impressed with everything that they've got in the pipeline for implementation for their practice, I think they're going to make it.

'I've seen the management of their vision, they really understand that they need to look at their business in a very different way. It's not about selling dentistry for them now, it's about sharing with the world how they view the growth of their practice, through the lens of their family.

'As long as they stay consistent with their implementation and keep sharing this story to the world, they will keep making moves that will bring them closer to their million-pound target. I think they will far exceed that.'



Foundations for success

One of the things that all of the mentors, and Hannan himself, wholeheartedly agree on is that the past six months have been about laying the foundations for the success they want to achieve, which is the hardest part of this journey. They also truly believe that Hannan has worked incredibly hard to reach this halfway milestone and they have all been impressed with his progression to date.

Sameer Patel, founder and clinical director at Elleven Dental, said: 'Well done to Hannan on the last six months, it's the hardest bit. You've got to make so many difficult decisions – you need to cleanse out people that are not on the journey with you, re-engage the team or recruit new people, reinforce core and culture, perhaps even identify what your core and culture is. So, the hardest bit is done, but now this is where everything starts.'

Sameer and Hannan have been working on improving the dental business through effective leadership, clear communication with the team and patients, and creating a supporting working environment. Sameer believes now is the crucial turning point: 'This is where I think they are going to really benefit as they have put in the time and effort to lead through true authentic leadership. This is the point where they can define where the clinic is going to be.'

He continued: 'Moving forward now, we've got a great base. I think trackability data, reinforcing job roles for the staff, and reinforcing the vision and core for the culture they want to create is key. That means individual conversations with all of the staff, regularly. Those conversations create great teams because a great team is made up of great individuals.'

'This is where I think they are going to really benefit as they have put in the time and effort to lead through true authentic leadership. This is the point where they can define where the clinic is going to be'



Uncovering the future

For Hannan, this halfway point was an opportunity to catch up with the mentors individually, share his progress and gain some more insight and advice. He said: 'It was great to catch up with the mentors, update them with our progress and also introduce Daniel who's coming on board full time.'

'Today, I learnt quite a lot, especially from Justin about leadership and management operations. Shaz is fantastic to bounce ideas off about our branding and marketing. And it's always good to chat to Sameer about our clinical workflows and improving the actual dental side of things.'

'We're really excited for the next six months of the Dental Practice Accelerator programme, we've got a lot to uncover and a lot of future plans. We've set everything up, now we just need to knock it down over the next six months. It's very exciting.'

It seems that a very bright future lies ahead for Hannan Saleem and the team at the London Dental Centre. He has already taken a lot on board and made exponential changes in the first half of the programme, which bodes exceptionally well for the next six months – we're all excited to see the progress they will continue to make. **D**

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References: 1. Cantore M et al., J Clin Dent 2013; 24(Spec Iss A): A32-44. 2. Wolff M et al. J Clin Dent 2013; 24(Spec Iss A): A45-54. 3. Santarpia P et al. Am. J. Dent 2014; 27(2):100-5.

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Sustainable dental practice

How sustainable is your dental practice?



If you're keen to make changes to the way you work but don't know where to start then the free, simple Dentistry Sustainability Audit is here to demystify the process

If you're wondering how your practice can become more sustainable but don't know where to begin, wonder no longer. *Dentistry's* free sustainability audit, powered by Go Practice Green, is here to help.

We've developed the audit as a simple, clear and effective tool that any practice can use. Completing the questionnaire will build out a custom report for your business, based on your scores across a range of areas – with personalised suggestions on where you can start making changes.

From carbon offsetting to improving biodiversity and effectively reducing waste, the audit covers the core principles of sustainability in dental practice. It's split up into four pillars:

- Recycling, single-use reduction and waste management
- Energy efficiency and greenhouse gas reduction
- Biodiversity and your local environment
- People and processes.

Crucially, the audit is not here to criticise your current set up. It's all about identifying the quick, effective wins that your practice can start working on today to make a difference for tomorrow. Whether you're already well underway on your sustainability journey or just figuring out what your first steps should be, the hints and tips in the audit are engineered to work for you – pain free.

The sustainability imperative

As patients and employees increasingly demand sustainability from every facet of their lives, understanding how to become eco-conscious is not just an ethical imperative – it's a business one too.

But making the change isn't easy. The challenges facing dental practices are legion, from tight budgets to the ever-ticking clock. The thought of adding another task to the list can seem daunting, and that's without considering some of the myths shrouding sustainability – that it costs time and money, or that there's no room in clinical care for becoming greener.

Our research tells us that three quarters of UK dental practices know that demonstrating their sustainability credentials to patients is valuable – and that 90% want to become more sustainable in their working lives.

But there is a knowledge gap, with 80% saying they would like to understand sustainability better. And roughly half worry that adopting sustainable practices will increase costs. By partnering with Go Practice Green, *Dentistry* wants to shatter these misconceptions and show that becoming more sustainable won't cost the Earth. Take the free Dentistry Sustainability Audit today! **D**

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The A-Z of sustainability

Confused by green jargon? *Dentistry's* handy guide is here to help

B Corp

B Corporations are businesses certified to have met various standards relating to the environment, society, transparency and accountability. They are accredited by B Labs and operate in 96 countries.

Biodegradable

Biodegradable materials can be broken down by natural processes into harmless products. For example, wood, bamboo, food waste and paper.

Carbon dioxide (CO2)

Carbon dioxide is a greenhouse gas (GHG) released during human activities (eg burning fossil fuels). CO2's concentration in the atmosphere was 421ppm in May 2022, up from 280ppm in the mid-1700s, making up 74% of GHGs.

Carbon dioxide equivalent

Often abbreviated to CO2e, carbon dioxide equivalent measures the climate impact of other greenhouse gases. For example, one tonne of methane will have the same global warming potential as around 30 tonnes of carbon dioxide.

Carbon footprint

This measurement calculates the climate-damaging emissions released, eg by individuals, activities, businesses and countries. The footprint is calculated in terms of the carbon dioxide and CO2e released into the atmosphere.

Carbon neutral

Carbon neutrality is when carbon dioxide emissions are offset by actions that remove carbon dioxide from the atmosphere, eg planting trees. This is different from net zero, which requires a significant decrease in carbon dioxide and other GHGs, with less emphasis on carbon offsetting.

Carbon offset

Carbon offset is a system by which emissions are offset through schemes such as tree-planting, which capture carbon dioxide from the atmosphere. This is often done through buying carbon credits, each offsetting a tonne of CO2.

Climate positive

This means removing more greenhouse gases from the atmosphere than you put in, and having a net positive impact on cutting emissions.

Compostable

Any form of waste that will biodegrade into harmless products in compost.

Corporate social responsibility (CSR)

CSR refers to businesses integrating social and environmental concerns into their operations.

Cradle to grave

This is a way of assessing the environmental impact of a product through its entire lifecycle, including emissions released during the extraction of the raw materials used for manufacture, through to those released during use and eventual disposal.

Decarbonisation

Decarbonisation is the process of reducing the amount of CO2 released into the atmosphere, eg using more renewable energy and less fossil fuels.

Fossil fuels

Fossil fuels, such as oil, coal and natural gas, are formed from the remains of plants and animals in the earth's crust over millions of years which can be burned as fuel. The leading cause of climate change, their combustion releases GHGs into the atmosphere. Around 70% of GHG added to the atmosphere by humans is CO2 from fossil fuels.

Greenhouse gases (GHGs)

GHGs are gases that absorb and then radiate heat, contributing to global warming. The most abundant GHGs are CO2 (around 75%), methane (16%) and nitrous oxide (around 6%). GHGs have different potencies and durations. Methane traps more heat than carbon but stays in the atmosphere for 10 years – CO2 remains for thousands.

Global warming

Global warming refers to increasing climate temperature due to natural or human activities.

Greenhouse effect

This is the process of global warming from heat trapped in the atmosphere by GHGs. The greenhouse effect can be caused by human activity or nature, eg volcanos and meteor strikes.

Greenwashing

Greenwashing refers to misleading attempts to promote environmental credentials. For example,

a highly polluting manufacturer might publicise a limited tree-planting project to show a green ethos, despite its poor environmental record.

ISO 14001

ISO 14001 is the internationally recognised standard for designing and implementing environment management systems (EMS). These help businesses and other organisations reduce their carbon footprint through behaviour change.

Microplastics

Microplastics are fragments of plastic of less than 5mm. They can be fragments of larger plastics like toothbrushes, or deliberately created for use in cosmetics. Microplastics can harm human and animal health, so plastic use should be limited.

Net zero

Net zero is the concept of shrinking greenhouse gas emissions while offsetting those that remain.

Organic

Within sustainability, organic refers to food and materials based on certain ecological principles, most commonly agricultural methods avoiding harmful fertilisers and pesticides.

Renewable energy

Renewable energy comes from a sustainable source, such as sun, wind or water. It stands in contrast to non-renewable energy sources such as fossil fuels, which release greenhouse gases.

Scope 1, 2 and 3 emissions

Scope 1 emissions come directly from a business, eg fuel combustion in company vehicles. Scope 2 emissions come from the energy purchased by your business, including electricity and gas. Scope 3 is everything else, eg business travel and waste.

Sustainability

Sustainability means using global resources in a way that could continue indefinitely without causing harm. For example, solar energy is infinite but coal supplies can run out.

Triple bottom line

Profits are generally considered to be the bottom line for businesses, but the triple bottom line also considers social and environmental factors. **D**

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SUSTAINABILITY IN DENTISTRY

Carbon neutrality and net zero

Patrick Ward presents a guide to helping your practice become carbon neutral or net zero

Patrick Ward

Editor, Private Dentistry



The impact of climate change is becoming starker every year. In the UK alone we are seeing hotter summers, increased flooding and colder winters. This is impacting everything from public health to food supply chains. As such, the public, including your patients, increasingly want reassurances that the services they pay for are taking action to mitigate their roles in the climate crisis.

That is why more businesses, including dental practices, are looking to go carbon neutral or reach net zero. But what do these terms mean and what can be done to achieve these statuses?

What do these terms mean?

It is first important to understand the meaning of carbon neutrality and net zero. Unhelpfully, the terms are often used interchangeably, but there are some significant differences between them.

Making your practice carbon neutral means that it will, on balance, have a neutral impact on carbon dioxide levels in the atmosphere. That is an important start, because carbon dioxide makes up more than 75% of the greenhouse gases in our atmosphere.

Going net zero takes this one step further, ensuring that you are carbon neutral while also being neutral in terms of other greenhouse gases, which make up around 25% of global greenhouse gas emissions and include methane, nitrous oxide and hydrofluorocarbons.

While carbon neutrality relies mainly on offsetting your carbon footprint, net zero has more of a focus on cutting back your emissions as much as possible, with a more limited role for offsetting.

Becoming carbon neutral is certainly a large step towards combating climate change. However net zero is fast becoming the gold standard for sustainability. Here we will explore both concepts and how you can become an accredited carbon neutral or net zero business.

Carbon neutrality

If you want to become a carbon neutral practice, you will need to do three things: estimate your current emissions, find ways to reduce them and invest in carbon offset schemes, which are ways of drawing carbon dioxide out of the atmosphere.

There are many reasons to work towards being carbon neutral. First and foremost, it is vital to the survival of life on our planet. Carbon dioxide is one of the main causes of climate change.

More than that, it makes you a climate leader. According to Carbon Neutral Britain, 81% of FTSE 100 companies are committed to cutting emissions to zero by 2050 – but just 8% are currently carbon neutral. Time is of the essence in the fight against climate change, and taking decisive steps now can put you ahead of the competition.

Getting started

The first step is to undertake a carbon footprint audit. This will estimate your current carbon emissions. While there are means of doing this yourself, the most effective way is to pay for a third party to conduct the audit. This will ensure the audit meets international standards – notably ISO 14064 and the Greenhouse Gases Emissions Protocol Accounting Standard. It also offers transparency to customers and stakeholders.

Dentistry readers have access to a sustainability audit produced by ESG and CSR coach Mark Topley on page 33 – this is a great place to begin analysing your carbon footprint. Carbon audits will include three types of emissions. Scope 1 emissions are those coming directly from a business, including things like fuel combustion in company vehicles. Scope 2 emissions are those coming from the energy purchased by your business, including electricity and gas. Scope 3 covers everything else – from the fuel used by your patients as they drive into the surgery to how much carbon is released through the manufacture of goods you purchase.

Offsetting

Once your carbon footprint has been estimated, you can offset your emissions. Offsetting projects

may involve planting trees to capture carbon dioxide from the atmosphere or investing in green energy. Because of the global nature of climate change, these offsetting projects can take place anywhere on the planet.

Carbon offsetting often uses carbon credits – each credit holding the value of a tonne of carbon dioxide. So, if you discover that your annual carbon footprint is 10 tonnes, you will need to buy 10 carbon credits to offset it.

It is important to work with suppliers that use effective techniques to capture carbon, so having them accredited by organisations like Gold Standard or the Verified Carbon Standard is a must.

And while planting trees is a popular way to offset your emissions, be warned that they only become effective carbon capturers after around a century. This means you will need reassurances that the trees will stay in the ground for far longer than you will be around!

When this stage is complete and verified, you will be certified as carbon neutral. But the journey does not end there.

Going the extra mile

Achieving carbon neutrality will have a significant impact on how sustainable your practice is – but becoming net zero is fast becoming the benchmark.

One of the reasons for this is that some polluters will use carbon credits and other offsetting schemes as an excuse to increase emissions. If you become fully net zero, you are producing zero greenhouse gas emissions (not just carbon dioxide) in the first place. This definition of net zero is that used by the UK government, which has pledged to meet the target by 2050.

This may be practically impossible – even if your practice runs entirely on renewable energy, for example, there will doubtlessly be some aspects of your operations that involve the combustion of fossil fuels or the release of other greenhouse gases. However, unlike becoming carbon neutral, being net zero requires your business to take practical steps to significantly reduce your emissions. **D**

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SUSTAINABILITY IN DENTISTRY

Leading in sustainability

How Philips is helping dental practitioners transition to a circular economy

Royal Philips, a global leader in health technology, is driving sustainability across its operations, minimising its environmental impact and investing in protective initiatives with a social conscience to positively impact both people's and the planet's health.

As a global health technology leader, Philips is helping to create a more sustainable future for people all around the world through its environmentally conscious business model. Producing ground-breaking innovations for more than 130 years, Philips is leading the transition to a circular economy with eco-by-design product development practices and green initiatives that extend the lifetime value of its solutions.

Philips' environmental achievements so far include:

- Carbon-neutral in its operations
- 100% of operations powered by renewable energy
- 91% of operational waste is recycled
- Zero waste to landfill from industrial sites
- 20% of sales from circular products and solutions
- 71% of sales from green products and services.

Chris Taylor, sustainability lead Philips UK&I said: 'We are dedicated to creating a more sustainable business and know that many of our customers and their patients are becoming much more environmentally conscious, deliberately seeking out companies and brands with a positive focus on minimising their environmental impact.'

'We have worked assiduously to support the dental sector in its journey towards sustainability.'

'From our work at Philips, we know that human health and planet health are intrinsically linked, and so we're working with numerous external partners globally to invest in projects that support underserved communities who experience health inequalities around the world. These include providing safe drinking water to combat waterborne diseases and supplying access to clean energy while improving health and education,' he explains. 'Projects also focus on protecting nature and biodiversity through re-forestation and forest preservation. Buying a Philips product

is a simple way to support a wider environmental campaign. For example, our clean drinking water project in Uganda and Ethiopia has already helped over one million people.'

Championing sustainability across oral healthcare

Philips has updated the sustainability of its Sonicare toothbrushes and brush heads with 70% of the plastic used in brush heads is bio-based, and old brush heads are recycled back into Philips products. Meanwhile, toothbrush handles, and Power Flossers can be recycled in small electronic depositions throughout the UK.

Packaging concerns also remain a key issue in the road to sustainability, particularly when ensuring products meet hygiene regulations. Philips has transformed its packaging for 2025:

- All packaging material is 100% reusable, recyclable or compostable
- Paper and cardboard used contains 100% recycled content or is from 100% certified renewable sources (or a combination of the two)
- Where possible, no plastic is included. If plastics are necessary, they will contain more than 50% recycled content, or 100% bio-based content
- Use of PVC and EPS and other polymeric foam materials has been banned.

'We know dentists are time poor, and communicating any sustainable updates with patients can be a challenge,' says Chris Taylor. 'To combat this, we have created eco passports for each dental product, which allows us to share the environmental benefits of our Philips Green products. Each passport imparts insights about energy efficiency, recycling, and packaging.'

To further encourage the circular economy, Philips has partnered with Terracycle, leaders in



recycling hard-to-recycle materials. To date, with the help of Philips' dental partners, the company has:

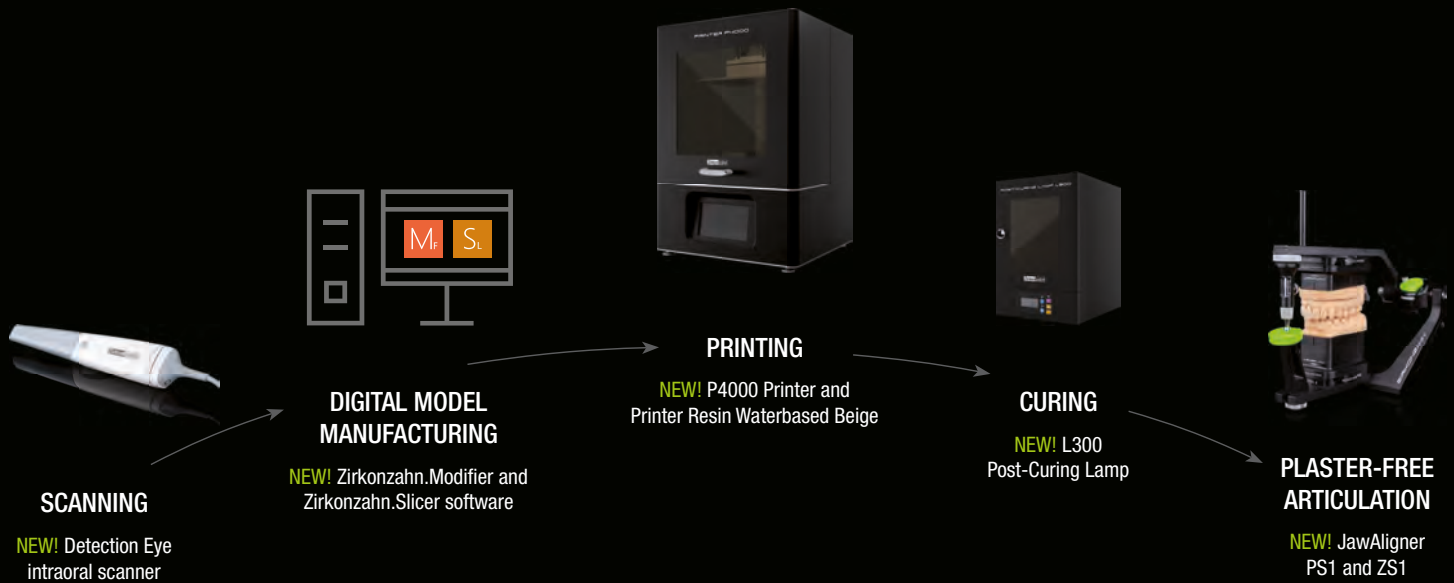
- 420 dental collection points in the UK
- Collected 594 tons of recyclable dental waste
- Facilitated the donation of significant funds to participating practices' nominated charities.

'TerraCycle has the global footprint to scale the program across countries and categories,' says Chris Taylor. 'They are able to support Philips in buying back the recycled waste to put into our manufacturing process. We work with the Terracycle Insights Team to ensure the programme has a positive carbon footprint impact.' **D**

PHILIPS

TO FIND OUT MORE about Philips' Environmental Credentials please visit: www.philips.com/a-w/about/environmental-social-governance/environmental.html.

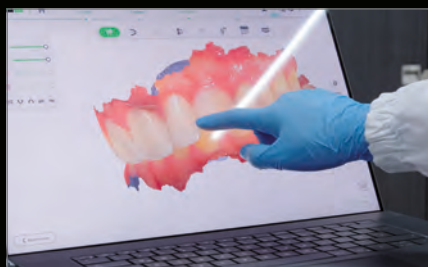
TO FIND OUT MORE about the Philips' Terracycle programme and to sign up, please visit: www.terracycle.com/en-GB/brigades/philips-uk www.philips.co.uk/a-w/about/dental-recycling-scheme.html.



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SUSTAINABILITY IN DENTISTRY

Wake up to Waken

A dental product range dedicated to doing things better

Waken was founded in 2019 with a few questions:

- Why is mouthwash liquid blue?
- Why does it burn when used?
- Why does toothpaste foam so much?
- Why does so much oral care packaging end up in landfill?

These questions highlighted the traditional practices within oral care that seemed out of place if a company was starting with a clean sheet.

The founders of Waken, Simon Duffy and Rhodri Ferrier, were inspired to challenge these conventions, drawing on their experience in creating innovative packaging and unique formulations for Bulldog Skincare, a company they successfully launched in 2007.

'We felt there had to be a better way,' says Duffy. 'We were surprised to find so many advances and ideas from other personal care categories that hadn't made their way into dental products.'

Waken has developed a range of highly effective products by working closely with dentists and formulation chemists. Their exceptional whitening toothpaste, free from hydrogen peroxide, and alcohol-free mouthwashes that provide 12-hour protection for enamel are just some examples. The inclusion of fluoride at the recommended levels (1,450 ppm F in the toothpaste and 250 ppm F in the mouthwashes) underscores their commitment to dental performance and makes them easy for dentists to recommend.

Not only does Waken create products that perform, but they also push the boundaries of clean formulations. Waken's toothpastes don't contain titanium dioxide, which is typically used just for the white colouring, but is mined at a big

environmental cost, or sodium laureth sulfate (SLS), the harsh foaming agent that some patients find challenging. The mouthwashes are also free of unnecessary artificial colours and dyes.

'If it's not essential to performance it doesn't go into the product,' says Duffy.

Natural mint extracts are a cornerstone of Waken's product formulations, and for good reason. Unlike synthetic flavourings, natural mint extracts offer a pure, authentic taste that enhances the overall sensory experience of using oral care products. These extracts are derived from real mint leaves, ensuring a refreshing and invigorating flavour without the use of artificial additives.

Making a difference

Sustainability is a vital part of Waken's mission. They recognise the environmental challenges facing our planet and are dedicated to minimising their impact. By prioritising environmentally friendly practices and materials, Waken ensures that their commitment to the planet is reflected in every aspect of their operations.

Waken's product and packaging decisions underpin these sustainability efforts.

Their toothpaste tubes are made from recycled and endlessly recyclable aluminium, aiming to prevent waste from ending up in landfills. The toothpaste cartons are crafted from FSC-certified cardboard, promoting responsible forest management. Additionally, their mouthwash bottles are made from 100% post-consumer recycled plastic, repurposing materials that would otherwise contribute to plastic pollution. Their expanding dental floss is made from recycled



water bottles while the cardboard packaging is also the product dispenser.

On every Waken product, you will find the line 'Don't just clean. Care.' This mantra encapsulates Waken's philosophy, driving everything they do. They empower consumers to make choices that benefit both their oral health and the planet.

'We have seen so many dental practices working to improve their environmental footprint and we are delighted that we can help to deliver this,' commented Duffy.

Waken invites everyone to join their journey. Together, they believe they can make a difference, one smile at a time. **D**



Waken products are available from ddb Oral Healthcare. To find out more about the brand, visit <https://waken.co.uk>. To find out how to purchase products for your practice, visit <https://ddb.co.uk/brands/waken>



SUSTAINABILITY IN DENTISTRY

Future proofing your practice with Gen-Z

Alan Clarke shares how aligning your ethos with sustainability values can draw in the new generation

Alan Clarke

Cosmetic dentist and the owner of Paste Dental



With the rise of Gen-Z – a generation deeply invested in ethical consumerism and environmental responsibility – it is essential that dental practices demonstrate a commitment to our community and to sustainability to remain relevant and thrive.

I want to deep-dive into what that looks like for your clinic and help you communicate your purpose and core message clearly to resonate with the changing face of the dental consumer.

As a cosmetic dentist, practice owner and thought leader in the dental branding space, I have found more so than ever that authenticity is key. Marketing strategies from 2010-2020 are lost on a Gen-Z audience.

Why? Because they were exactly that – a marketing ploy, a game to get people to spend. Gen-Z don't buy it, and it's important to understand that.

Who are Gen-Z?

Gen-Z are the generation following Millennials, born roughly between 1997 and 2012. Gen-Z are digital natives, entrepreneurial in spirit, environmentally conscious and deeply driven by values.

They are the generation that saw their parents saddled with debt, having overspent to 'keep up with the Joneses', working two jobs to make ends meet during the worst recession of our lifetime. It seems that the over arching mission for Gen-Z is to ensure they do not repeat this.

Gen-Z want to ensure that they have access to the products and care they need. They want to form meaningful relationships on the journey and they show respect to our planet, kicking the disposable throw-away culture once and for all. The question is, how can we as dental leaders and clinicians learn from this generation?

Champion ethical practice

We all enter dentistry wanting to make a difference. We want to impact the lives of our patients, do great dentistry and be financially secure. Yet these messages have been diluted as sceptics cite dentists as 'money-grabbing', 'untrustworthy' individuals – a message so far from our core, it stings. I believe marketing practices of the past 10-15 years have not helped in dispelling these critical voices.

So, it's time to get back to your core values. We want to offer amazing care, provide the best dentistry we can, offer the most beautiful aesthetics alongside function, all with a patient-centred approach that is delivered safely.

For us, financial reward is important, it is a measure of a job well done and the time and dedication, but actually it is about buying time away from the clinic; time away from work, a life affording balance to see our families and to explore human connection.

I love Gen-Z, because they actually get this! They want to be treated by clinicians who have these values, who want a work/life balance – clinicians who want to hustle hard, be proud of their abilities and earn well to discover the world and ourselves, leaving a lasting impact on society.

So champion these values, stop marketing and start sharing your story and you will be able to attract and grow a thriving word of mouth practice with a community surrounding you that believes in you, that trusts your decisions and that wants to do 'life' with you, telling friends and being part of your story!

Embrace sustainability as one of your core values

Gen-Z is more environmentally conscious than any generation before them, and they expect businesses to align with their values.

By integrating sustainability into the foundation of your practice, you're not only future-proofing your business but also building a strong connection with this burgeoning patient base.

Show your dedication to eco-friendly practices by implementing initiatives like digital dentistry to reduce carbon footprint, recycling programmes, waste reduction strategies and eco-conscious commuting options for staff.

Don't hesitate to communicate these changes to your patients, actually celebrate them – transparency is key in fostering trust and loyalty.

Communicate your commitments

Your story and commitment to ethical dentistry and sustainability is vital, just as it is equally important to showcase these values effectively and truthfully.

Utilise social media platforms to share your green initiatives, showcase eco-friendly products and engage in open dialogue with your patients. Feature patients talking about the impact you have had on their lives and the chapter they play in your story and decision making. This creates a platform for meaningful conversations about sustainability and deep-rooted care and helps to build a community of like-minded individuals, within and outside of your clinical space.

Collaborate and listen

Engage Gen-Z patients by actively seeking their input and feedback on your efforts and the community you have created.

Encourage them to share their ideas and participate in green initiatives, fostering a sense of ownership and engagement. This not only strengthens patient relationships but also provides valuable insights to help guide your practice's continued growth.

Future-proofing your dental practice with sustainability isn't just about adopting eco-friendly practices; it's about effectively communicating your values and actively involving the next generation in your journey.

By doing so, you'll cultivate a practice that resonates with Gen-Z and ensures continued success in an ever-changing world. **D**

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SUSTAINABILITY IN DENTISTRY

Orsing Bio: the future of your dental

Orsing explains how practices can make greener choices when ordering dental supplies and join them in creating a more sustainable future for dentistry

Though dental professionals and patients alike are becoming more aware of the need to live and work more sustainably, reducing their environmental impact can seem like a huge task for dental practices. One small change that can make a big difference is your choice of dental supplies.

Introducing Orsing Bio

Did you know that, for more than five years, Orsing has a range of products made from Green PE? Green PE is a bio-based fossil-free polyethylene produced from sugarcane, a renewable raw material with all of the benefits of similar fossil-based materials.

Benefits of Green PE

- Green PE reduces CO2 emissions by >80% compared to fossil plastics
- Sugarcane plants are renewable up to eight harvests with little need for using

machines in between harvests

- The large leaves of sugarcane plants absorb a huge amount of CO2 while growing
- Sugarcane is grown in areas where rainforests and agriculture do not thrive, meaning manufacturing it does not affect biodiversity.

What does this mean for practices?

- Increased costs are minimal, making switching to Green PE a cost-effective way to reduce your environmental impact
- More and more patients are looking for sustainability in their chosen practice
- Recruitment is easier when staff feel that they are working for an ethical business. Together clinics and patients are giving

more thought to the environmental cost of dentistry. Choosing more sustainable products supports the reduction and slowing of natural catastrophes, which is an urgent need.

How to make the switch

All you need to do is place an order with Orsing! The Bio line by Orsing contains of more than 15 products. These include saliva ejectors, aspirator tubes, adaptors and the Bio Cup. If

you and your clinic order via your dental dealer, Orsing are ready to produce.

All clinics can download the Green Clinic Certificate from the Orsing website to show their patients that they are supporting the environment by using fossil-free products.

The certificate can be found at www.orsing.se/certificate.

Orsing is committed to a sustainable future for dentistry – creating the Bio line is the company's first step towards reducing the environmental impact of the dental industry. It's up to clinics now to join Orsing in making their green vision a reality. **D**



FOR MORE INFORMATION and to order the Bio line by Orsing, visit www.orsing.se/products/bio-products.



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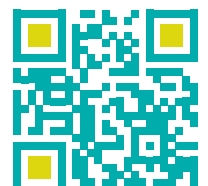
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SUSTAINABILITY IN DENTISTRY

How can dental waste management be more sustainable?

Pete Gibbons discusses how practices can make simple changes to waste management to reduce its carbon footprint

Pete Gibbons

Decontamination consultant,
known to many as Decon Pete



HTM 07-01, which was updated in 2022, has started to come into effect with the introduction of yellow and black 'tiger' bags being introduced into dentistry. If you haven't read the new update and are not aware of the changes that will be happening, here's a quick recap...

'The new document supports the NHS's drive to be a Net Zero health system, prioritising decarbonisation, and circular economy measures in alignment with Defra's *A Green Future: Our 25 Year Plan to Improve the Environment* (2018a) and *Our waste, our resources: a strategy for England* (2018b), as well as the NHS's *Delivering a 'Net Zero' National Health Service* (2020a) and *The NHS Long Term Plan* (2019b).'

'The key changes within the new document focus on trying to eliminate avoidable waste, supporting a drive to prevent offensive waste being incorrectly classified and to improve the effectiveness of waste management systems. This is outlined in the following changes targets:

- '20% reduction of waste segregated to be sent to incineration, with only 4% of that being hazardous/clinical incineration
- '20% reduction of waste segregated to be sent to alternative treatment
- '60% increase of waste segregated to be classified as offensive waste.'

Hazardous and non-hazardous

All healthcare waste produced in practices can be categorised as either non-hazardous waste or hazardous waste.

Non-hazardous waste is any rubbish or recycling that causes no harm to humans or environmental health. These are also waste items produced from the treatment of non-infectious patients and not contaminated with infectious body fluid. This waste stream is disposed of in any of the following national colour coded bags: yellow and black 'tiger', black, clear.

Hazardous waste is waste that is considered hazardous under environmental legislation and could be harmful to human health or the environment. This waste could come from the treatment of infectious patients or those suspected of having an infection, or it could be waste contaminated with body fluids of known infectious patients. This waste stream is disposed of in the following national colour coded bags/containers: orange, yellow, red, purple, blue.

To coincide with this implementation, Defra have been in consultation to discuss the possible banning of all wipes in the UK that contain plastic. This will have a huge impact on dentistry as profession as we dispose of an enormous amount of wipes every year.

I am finding that many practices are now seeking to become more sustainable in an effort to reduce their individual carbon footprint and also to reduce the additional cost burden seeking alternative products can have. Let's explore some of the possible ways that practices could do this...

How can practices reduce their carbon footprint with waste?

Saliva ejectors and aspirator tips

Rather than using single use saliva ejectors and aspirator tips, we could look at using reusable ones which are available in the market.

Unlike items such as metal three-in-one tips, these items can be cleaned internally as cleaning brushes usually come with them. They can also be sterilised through vacuum autoclaves.

Pouching alternatives

As an industry, dentistry disposes of a huge amount of sterilisation pouches used for storing dental instruments. Not all instruments need to be pouched, particularly those that are going to be used in the day's procedures.

There are also solutions in the market that offer full storage safety without using pouching or wraps, such as Melag Melastore. These systems are typically metal boxes which comprise of a sterile filter to keep the instruments sterile for any period of time. These are designed with safety

in mind and also help to dramatically reduce unnecessary waste.

Hypochlorous acid generating units

If a UK-wide ban on wipes containing plastic comes into effect then practices will be required to source alternative solutions, including wipes that do not contain plastic.

Hypochlorous acid is a mild form of acid that is naturally produced in the human immune system to kill invading germs. Units are available that produce this and the resulting solution can then be used in many areas through the practice, ie surface cleaning/disinfection, dental unit waterlines disinfection etc. Because it contains no alcohol, chemicals or irritants, it is classified as non-hazardous thus making it more sustainable.

Plastic cups

Why not look at using paper or metal alternatives to the traditional plastic cups? Paper cups have been available for many years, but I have seen many practices reverting to metal cups that are cleaned and disinfected after each use.

These are just a couple of ways practices could start to reduce the amount of unnecessary waste by using re-usable or environmentally friendly alternatives. I would say that, before changing to a reusable product, always consider if the item can be fully cleaned and sterilised. If the answer is no, changing over should be avoided.

Implementing the new HTM 07-01 strategy will ultimately see a reduction in the quantity of hazardous waste (orange bags) by 20% and an increase in the quantity of offensive waste (tiger bags) by 60%. This will also mean that in treatment and decontamination areas, another bin for the newly adopted tiger bags will be introduced. These areas will now provide space for black, orange, tiger and sharps bins where space allows. **D**

If you need some help and assistance with implementing HTM or want to look at sustainable alternatives, please email info@deconpete.co.uk or visit www.deconpete.co.uk.



SUSTAINABILITY IN DENTISTRY

Green dentistry can truly improve profitability

Going paperless is good for the planet and your profits

Green dentistry, eco-friendly dentistry, sustainable dentistry – call it what you will, there's a big drive at the moment for dental practices to reduce their impact on the environment and avoid wasting valuable resources.

There are many ways that you can make your dental practice greener, more eco friendly, and sustainable – everything from improving the insulation of your premises to implementing a more energy efficient sterilisation programme. However, many of them require significant financial investment that will take years to recoup.

The quickest, easiest and least expensive way to become a more eco-friendly dental practice is to switch from paper-based communications to electronic communications. Almost every industry, including many dental practices, now use electronic media to communicate – and for a host of good reasons.

Digital marketing for practices

The benefits of paperless communications are hard to ignore – your practice will save time, money, effort and the planet. Ignore them and you are missing out on improved productivity and profitability.

Printing is expensive, both in terms of money and resources. Especially when literature needs constant updating, wasting more paper and money every time.

Equally important, patients prefer to get their information on a screen and to store it digitally – printed materials are likely ignored then discarded! Digital marketing materials, such as digital leaflets to promote lucrative cosmetic treatments, will be read more carefully and are easily retrieved when the patient is ready to make a decision. This means that a digital leaflet generates a much greater number of treatment bookings than a printed one – less investment plus a much better financial return.

Pre and post-appointment information

Digital patient communications make it easy to provide patients with useful information before

an appointment. This means they arrive better prepared and know what to expect. After the appointment, digital communication makes it simple to provide the patient with all the after-care information they need. You and your team will spend less time talking to patients. What's more, patients only remember a small amount of what you tell them – a digitally delivered document they can refer back to is much better for you and them.

Digitised patient communications also provide an audit trail to demonstrate your patients have received excellent levels of care. This helps ensure that you are complying with CQC requirements and provides proof patients have been informed before, during or after a course of treatment.

Go paperless – but do it properly!

You need to design your digital leaflets, information sheets and patient messages correctly. That means delivering the content in a format that's responsive to the device your patient is using, whether that be a smartphone, tablet or desktop – otherwise they won't be able to read it.

Trying to read a document on your phone is not easy but when on a computer screen it is much easier. So having content that adapts to the device is important. With digital, unlike print, you are also no longer restricted to words and pictures. You can utilise video and buttons to link to functions (such as calling or visiting a website).

Dental waiting room TV

These days people are so busy and overloaded with information that their attention span is almost non-existent. Businesses find it very difficult to communicate even a small part of their offering before people mentally switch off – they'd pay a fortune for the opportunity to sit potential customers down and have their undivided attention. Your practice has this opportunity – the waiting room! Patients waiting for their appointment are sat in a relatively distraction-free environment where they welcome a distraction – often feeling nervous about what lies ahead. They may not actively engage with posters and leaflets but waiting room TV is very hard to ignore.

It's important to show the right content mix and make up. If it includes news, entertainment and sport as well as information about treatments, then the levels of engagement are maximised.

We admit to being a bit geeky about this stuff and have an unhealthy obsession with studying how to get and maintain attention long enough for viewers to understand the benefits and act on it. We've spent years studying the psychology, and experimenting with different approaches, to get the best possible results for our clients.

We talk the green talk - but do we walk the green walk?

We constantly look at how we make improvements to our products and offices to increase our environmental performance.

All our communications with customers and prospects are paperless. We recycle all our equipment and donate any kit we no longer need to schools. Our offices are powered by solar panels and have been comprehensively insulated. We invested in a hot cup as it potentially reduces the power consumed by a kettle by over 75%!

We minimise the environmental impact of travel by conducting meetings via video calls wherever possible. In a current technical project, we are looking at how to improve our software performance to reduce power consumption used at the datacentre.

The old ways of communicating are unsustainable

Whatever information you must share with your patients there really is now only one way to do it – digitally. Going paperless and switching to electronic media improves the patient experience, generates a greater number of treatment enquiries and bookings, saves your team time and reduces your cost whilst also demonstrating your commitment to protecting the environment. **D**

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A recognition of sustainability champions

Introducing the Sustainable Business Award category at the Dental Industry Awards



With the highly anticipated Dental Industry Awards set to return for its 10th anniversary in 2024, FMC is delighted to announce the launch of a new Sustainable Business Award. With patients and practices more dedicated to reducing their environmental impact than ever, recognising companies who are making dentistry a greener industry is paramount.

Though the existing Corporate Social Responsibility category is a fantastic opportunity for companies to demonstrate how they give back to the community, FMC believes that the issue of environmental impact in the dental industry deserves a distinct award.

What makes a sustainable company?

If your company has taken steps to evaluate its environmental footprint, FMC would love to receive your entry. Why is sustainability important to you? What are your sustainability goals and how have you worked to achieve them? How have you engaged your staff and customers on the issue of sustainability? These are the questions that a successful entry will answer.

Some specific areas of focus that our judges are interested in include

reduction of single-use materials, carbon emissions and energy use, and encouragement of biodiversity. They also want to hear how these sustainable practices have been integrated into your business, from the changes you have made to your premises to how you're empowering your team and delegating eco-conscious tasks.

How to enter

If you think you could be in with a chance of winning the Sustainable Business Award, it's important to submit your entry by the deadline (18 September 2024). Put together up to 500 words on why you should win, plus any supporting evidence. Full judging criteria can be found in the entry guide at dentistry.co.uk/dental-industry-awards.

Once you have compiled your entry, head over to dentistry.co.uk/dental-industry-awards and click on 'Register Now'. Add your details and select your categories. You can then fill out the online form to submit your entry.

Entry costs £50 plus VAT per category and entries must be received by Friday 18 September to be counted. **D**

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SUSTAINABILITY IN DENTISTRY

Business as a force for good

How you can start your own sustainability journey with Denplan's support

At Denplan, we are proud to be a B Corp business, a recognition of our high environmental and social ambitions and continued positive impacts in using our business as a force for good. We're a business without shareholders, so the profit we make is reinvested into our business to support dentists and donated to support charitable and community programmes and projects across the UK.

As well as being a B Corp business, we're part of the global and UK B Corp movement. Together, with other B Corp businesses, we're using our collective voice to demonstrate how business can benefit all people, communities and the planet.

A collective voice

We also use our position as the UK's leading dental plan provider to ensure dentists have a collective voice within the dental industry. Our philosophy is that when we come together with others, we can make a difference to help drive the conversation and action around vital topics forward.

Charlotte Cook, ESG lead for Denplan and Simplyhealth, explains why being a responsible business means so much to us: 'As a purpose-led health company, we exist to improve access to healthcare for all in the UK. For over 150 years, we've always stood for a healthier world, through our positive impact on the environment, in the way we contribute to society, and by governing ourselves in a responsible way.'

Never have the challenges in healthcare and dentistry been so acute. This makes the conversation around sustainability even more relevant, particularly within dentistry where we see the topic gaining momentum, and rightly so.

Playing our part

Within the dental industry, we can all play our part, finding new ways to meet the needs of the present, without compromising on the ability of future generations to meet their own needs.

In our *Annual Sustainability Report* released

on 15 May, we shared our ESG (environmental, social and governance) ambitions and progress delivered across the Simplyhealth Group over the past 12 months (Jan-Dec 2023), which included:

- Donating £1.05m to health and community related charities
- Donating 1,509 hours of volunteering during work hours
- Collectively fundraising £49,081 via our colleagues' activities
- A 57.3% reduction in Scope 1 & 2 Greenhouse Gas direct emissions*
- A 73.8% reduction in Operational Office Waste*
- Recycling 86.7% of operational waste
- Maintaining our Forest Stewardship Council standard for responsible paper use
- Launching and embedding a new Environmental Purchasing Policy.

*Compared to 2019 baseline.

Community programmes

Most recently, as part of our sustainability goals, we've invested in and launched two significant programmes.

Firstly, through Dentaaid The Dental Charity, in late 2023 we announced our partnership and £100k funding to significantly upscale BrightBites, an oral health education programme. Together, we're aiming to make a difference for 90,000 school-aged children. In 2023, 15 million school days were missed due to dental problems, but we're committed to changing this by targeting schools, nurseries and clubs for low-income families (Denplan, 2023). The volunteers deliver interactive and fun, in-person oral health education sessions and every child leaves with a toothbrush, toothpaste and a smile on their face.

Secondly, in March 2024 we launched our exciting Green Dentistry programme to support the dental community with the knowledge, skills and tools to improve environmental dentistry practices. Within the programme we explore the different choices a dentist can

make in their drive for sustainability. We also provide a patient travel survey, so practices can understand how their patients travel to their appointments and where improvements can be made, because nearly two-thirds of dentistry's greenhouse gas emissions relate to patient and staff travel (Public Health England, 2018). You can also access a simple Carbon Footprint Toolkit, which provides suggestions on reducing the practice's carbon footprint.

Learning from others

With Denplan Academy Online and as part of the Green Dentistry programme, you can also access Sustainable Dentistry, a webinar series with over ten episodes hosted by Professor Brett Duane, an expert in environmentally sustainable healthcare.

Remember, it's difficult to manage (and improve) what you're not measuring. Our advice is to start somewhere by taking your first few steps. Over time, you can evolve your approach and progress your positive impacts, with the support of peers, experts and the wider dental community.

No single person, business, non-government organisation (NGO), or government has all the answers to the many environmental and social challenges we face today. We need passionate people, businesses and a dental community who are ready to lead by example with action. At Denplan, we're doing just that. We will always use our business as a force good and we're ready to support you and your practice every step of the way too.

For references, email newsdesk@fmc.co.uk. **D**

WANT TO DISCOVER how you can make a positive difference? Join our Green Dentistry training programme at www.denplan.co.uk/dentists/training/green-dentistry, sign up to be a BrightBites volunteer at www.denplan.co.uk/patients/brightbites or learn more about the B Corp movement at www.simplyhealth.co.uk/about-us/sustainability/b-corp.



The green practice revolution

Dürr Dental explains why dental companies should embrace sustainable practices with a clear vision for a greener future

Environmental sustainability is a growing concern worldwide and a significant business priority. Forward-thinking companies are already reassessing their everyday practices, workplace culture, and purchasing choices to embrace a greener approach.

Dentistry's reliance on various equipment and disposable materials results in a shockingly large footprint. A recent study suggests the overall carbon footprint of dental practices has risen from 27 tonnes to 35 tonnes, with increased waste and staff travel having an impact – despite a decrease in electricity-related emissions (Duane et al, 2024).

According to FDI World Dental Federation: 'There is an urgent need for the oral healthcare profession to acknowledge responsibility for its impact and ensure high-quality, environmentally sustainable care for all.'

To reduce waste and curb pollution, proponents of a more holistic approach to dentistry are already innovating and placing sustainability at the heart of their operations.

The profession can significantly improve its burden by implementing sustainable practices such as:

- Reducing water and energy consumption
- Encouraging alternatives to car use for work travel
- Minimising waste
- Using eco-friendly materials
- Sourcing equipment from companies mindful of their environmental impact and taking action to minimise it.

Of course, prioritising eco-friendly practices must be balanced with a continual commitment to the safest possible care delivery for patients.

The call for sustainability

The UK government's recent move to ban wet wipes, designed to eradicate the pollution caused by their breaking down into microplastics, reminds us of the environmental impact of everyday items. When legislation is passed (this is promised before the government's summer recess), an 18-month transition period will allow businesses to prepare. With overwhelming support for the new law (and

some criticism that it has taken so long), there's a growing demand for sustainable alternatives.

Disinfection wipes are widely used in dentistry, contributing to the significant burden on ecosystems. Dürr Dental is a third-generation family business deeply committed to sustainability. Recognising its responsibility to future generations, it has become a cornerstone of its business strategy. From its buildings and production plants to products and research, it is actively pursuing initiatives to minimise its environmental footprint.

It is already meeting the need for sustainable alternatives to plastic wipes. Its FD green disinfection wipes add a big sustainability boost to its proven surface disinfection systems. The new wipe material comprises plastic-free natural fibres from certified renewable raw materials. It demonstrates that the company takes sustainability seriously, quickly meeting the need for change.

Building and production

Significant achievements in energy efficiency have marked the company's journey towards carbon neutrality. Through sustainable heating systems, self-generated electricity from solar panels and energy refurbishments of its buildings, it has already achieved a remarkable 70% reduction in primary energy consumption. Investments in green roofs and LED lighting further demonstrate a commitment to a more sustainable infrastructure.

The company is also moving to e-mobility for its passenger car fleet and establishing e-charging infrastructure at its sites. It implements work bikes and mobile working/home office arrangements to reduce its carbon footprint.

Unsurprisingly, its products are also designed for energy efficiency and longevity. For example, the VistaScan Mini View 2.0 image plate scanner boasts a 40% reduction in energy consumption, while the new Tyscor suction units achieve an impressive 75% reduction. The company's commitment to ecological packaging and local supplier structures also reflects a holistic approach to sustainability.

Dr Manoj Parmar is the principal at the award-winning Acorn Implant & Dental Practice in Birmingham and has been a keen advocate of technology, which meets modern-day expectations on all fronts, including sustainability.

He says: 'We are constantly bombarded with technological advancements in dentistry, usually wrapped in marketing rhetoric on how it will improve efficiency, improve results, reduce costs, make dentistry more sustainable or a combination of the above. We embrace digital advancements in our practices and laboratory, but this is always done with considerable thought and research to ensure that quality of care is not compromised. At some point, you have to take the leap, so Dürr's VistaScan Mini View, for example, integrates well with any practice management system – and has a minimal footprint.'

Dürr Dental's dedication to sustainability extends beyond its internal operations. Its Gechingen production site has been carbon neutral since 2023, with measures like insulation, renewable energy sources and LED lighting contributing to its eco-friendly footprint. Similar efforts are underway at its headquarters in Bietigheim-Bissingen, demonstrating a company-wide commitment to environmental stewardship.

As governments worldwide take decisive action to combat plastic pollution, the dental industry must heed the call for sustainability.

Dürr Dental's pioneering initiatives demonstrate what is possible when companies prioritise environmental responsibility. With innovative products, sustainable practices and a clear vision for a greener future, it is leading the charge towards a more sustainable dentistry landscape. **D**

Reference

Duane B, Weinbach I, What is the environmental footprint of a dental practice? A life cycle analysis (Part 1), *British Dental Journal* 2024

FOR MORE INFORMATION about Dürr Dental, visit www.duerrdental.com/en/.

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Digital success story: Feldspar ceramics in the aesthetic zone

Bárbara Calero shows how the tried and tested feldspar ceramic impressively enriches the material portfolio of a laboratory for the digital workflow

Bárbara Calero

Dental technician, Málaga, Spain



For some, the developments in digital dentistry and dental technology seem to have come out of nowhere. For several years now, new technologies and materials have been pervasive. But the first CAD/CAM material, Vitablocs (Vita Zahnfabrik, Bad Säckingen, Germany), already has a 35-year success story. A time when fine-structure feldspar ceramics have not only been scientifically established as the gold standard worldwide (Labban et al, 2021) but also clinically as reliable (Morimoto et al, 2016), (Otto, 2017), (Morimoto et al, 2016) and highly aesthetic (Kurbad, 2010) restoration material.

In 2007, the polychromatic development of Vitablocs Triluxe forte came onto the market with a natural shade gradient from the neck to the incisal area. This enabled highly aesthetic restorations to be created even more efficiently and monolithically in the anterior region. In the following case report, dental technician Bárbara Calero (Málaga, Spain), in collaboration with dentist Dr Bennani Salahadinne (Casablanca, Morocco), shows how the tried and tested feldspar ceramic impressively enriches the material portfolio of a laboratory for the digital workflow.

Initial clinical situation

A patient presented in the dental practice because of trauma to teeth 11 and 21, with composite build-ups that were now several years old. She was dissatisfied with the aesthetics of both teeth, as she did not like their shade and shape. Because of this, she had wanted a new restoration for some time. The initial photographs of this case show that the physiological rest position, the middle and the maximum expression of the smile line, represented an advantageous, restorative basis and only minor aesthetic defects could be detected.

After analysing the anterior teeth and the aesthetic zone, we suggested that the patient not only have teeth 11 and 21 restoratively replaced, but also teeth 12 and 22, which were slightly tilted palatally, in order to achieve a better overall aesthetic result.

In view of the fundamentally advantageous tooth substance and the balanced relationship between the labial and gingival areas, we decided on four veneers on 11, 12, 21 and 22 made of the highly aesthetic fine-structure feldspar ceramic Vitablocs Triluxe forte, since a natural chroma gradient and fluorescent effects are already



Fig. 1: The physiological rest position



Fig. 2: The incisal edges harmonise with the line of the lower lip



Fig. 3 to 6: Initial condition, integrated mock-up, functional control with protrusion, functional control with laterotrusion

integrated. The patient trusted the dental and dental technical team and, after thorough consultation, agreed to the proposed treatment.

Planning with analogue mock-up

Before the preparation, a mock-up should be produced in the first step in order to define and check the shape, aesthetics and final function. The mock-up should be produced on the basis of a wax-up. The focus was on the appropriate anatomical shape in order to be able to realistically simulate the natural proportions of the face and lips and then reproduce them as a biogeneric copy as the basis for the virtual construction in the CAD software. In addition, care was taken to ensure that a functional dynamic occlusion was integrated into the four restorations for canine guidance, laterotrusion and protrusion, precisely because the line of the incisal edges in the anterior region of the lower jaw featured significant irregularities. After the successful clinical try-in and control, we were able to continue with the treatment.

Tooth shade determination and preparation

Before the preparation, the tried-and-tested mock-up was scanned intraorally as the construction basis. After the guided mock-up preparation, a photo was taken with a polarisation filter in order to determine the shade of the tooth structure, and to be able to select the Vitablocs Triluxe forte blank in the corresponding shade. The choice fell on a block in shade 1M2C in the Vita System 3D-Master shade standard.

Digital workflow

The digital workflow began. The upper and lower jaws were scanned and the bite registration performed with the Cerec Omnicam. Then the veneers were constructed on this basis in the CAD software, the scan of the mock-up being copied with the Cerec software 4.4. The resulting reconstructions could then be manufactured with CAD/CAM support using the MC XL milling unit (all Dentsply Sirona, Bensheim, Germany). In the CAD design, the veneers were morphologically



Fig. 7 and 8: Deep grooves were created in the mock-up and marked in pencil for controlled reduction



Fig. 9: The shade situation after preparation, photographed with a polarisation filter



Fig. 10: Isolation of the neighboring teeth using a Teflon band



Fig. 11: Etching of 11 and 21 with phosphoric acid



Fig. 12: Adhesive bonding with composite



Fig. 13 and 14: The integrated restorations made of Vitablocs Triluxe forte without (left) and with polarisation filter (right)



Fig. 15 and 16: The highly aesthetic, monolithic restoration results in the posterior and anterior views



designed as planned in the analogue wax-up. The macrotexture was also taken into account, so that after the restorations had been milled, only small details of the microtexture had to be worked in and the final finishing had to be carried out in order to be able to glaze. After the grinding process, the veneers were finished manually as planned. To do this, the grinding pin is first removed from the remaining Vitablocs Triluxe forte block using a diamond grinder or a coarse, flexible cutting disc.

Elaboration and checking the fit

The fit of the four veneers and the contact points directly on the prepared teeth were then checked. The proximal contact areas were then polished. All irregularities are slowly and carefully removed with flexible discs. Under no circumstances should the fine-structure feldspar ceramic Vitablocs be reworked with carbide burs, as this will cause microcracks in the ceramic. The contouring of the veneers should be done, whenever possible, with water cooling, with little pressure and only with fine-grain diamond

grinders (40 µm). After adjusting and examining the surface, it can be analysed in more detail with a silver or gold surface marker. Such texture markers must then be completely removed with steam, in order to avoid changes in shade on the ceramic. Once the morphological verification of the veneers has been completed, they can be finished. During a clinical try-in, it should be noted that, until the final adhesive cementation, the restorations can break if the patient clenches. This should be avoided at all costs. The restorations can be temporarily secured to the preparation with glycerine gel for try-in.

Staining and glazing

The Vitablocs Triluxe forte blank consists of four layers of various shade intensity. The chroma decreases more and more from the intensive neck area to the enamel-like incisal layer. For this reason, it is usually not necessary to characterise with stains. If specific areas absorb light, an incisal halo effect is to be achieved, or if areas are to be emphasised or a higher chroma intensity is to be established in the neck area, this can all

be accomplished with the multifaceted ceramic stain system Vita Akzent Plus. However, if the veneers made of Vitablocs Triluxe forte are to be characterised and/or glazed in the laboratory, this must be done using a resin die material that reflects the shade of the tooth's hard substance. In our case, the blue Vita Akzent Plus Effect Stains 11 (ES11) were used to establish small light-absorbing areas on the incisal edge, and at the same time, to contrast with the cream-coloured characterisations (ES02) on the mesial and distal flanks. Then the fixation firing took place at T 850°C with four minutes of drying and a rise of 80°C/min without vacuum and one minute holding time. The final glazing was done with Vita Akzent Plus Glaze LT. The restorations were then tried on the resin die to check whether the shade effect and the level of gloss achieved were as desired. The final glaze firing took place with six minutes of drying, a rise of 80°C/min and a holding temperature of 950°C for one minute, without vacuum.

Adhesive cementing

Flowable, light-curing or dual-curing luting composites, such as Vita Adiva F-Cem, should be used for the adhesive cementation of veneers made from Vitablocs restorations.

Conclusion

If there is sufficient or very well preserved enamel, I prefer to use Vitablocs feldspar ceramic in one of the three available material variants for my highly aesthetic 'My Perfect Match restorations': monochrome Mark II and polychrome Triluxe forte or Realife. Because natural chromatic properties and a high, tooth-like fluorescence are already integrated into these blanks. In this way, the most highly aesthetic restorations can be created with minimal effort. In combination with a functional-aesthetic mock-up, the precise shade fidelity of the Vitablocs blanks to the Vita shade standards and the simulation of the die shade in the laboratory, the feldspar ceramic veneer restorations can be created in an absolutely predictable and efficient manner. **D**

For references, email newsdesk@fmc.co.uk.



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 The Dentistry Show

Teen smile transformation

This case presentation features a teenager's journey to corrected occlusion using **ClearX invisible aligners**

Miguel Teixeira

Senior clinical manager, K Line Europe

The journey to a harmonious smile is often complex and requires meticulous planning, especially in cases that present with both aesthetic and functional challenges.

In the case of this 17-year-old female patient, the clinical findings necessitated a carefully strategised treatment plan using ClearX invisible aligners to address her specific orthodontic needs.

Clinical findings and treatment objectives

The patient's initial assessment revealed a half-unit Class II canine relationship, square arches, mild crowding, and a slight lower midline shift.

These findings were significant as they not only impacted her smile aesthetically but could potentially lead to functional issues in the future.

The treatment objectives were clear: to correct the malocclusion; realign the dental arches into a more natural, parabolic shape; address the crowding; and correct the midline shift to improve both dental function and facial aesthetics.

Treatment plan and execution

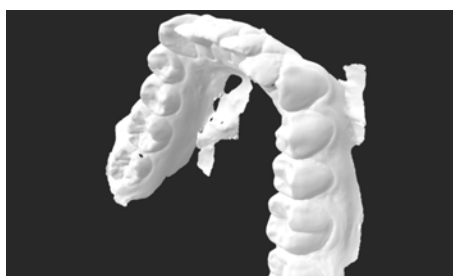
The treatment plan was devised to span over one year, with the following key phases:

1. Arch expansion

To address the square arches and create room for the canines to move into their correct positions, arch expansion was carried out. This initial phase was crucial in laying the groundwork for subsequent alignment (Figures 1a-2e).

2. Sequential distalisation

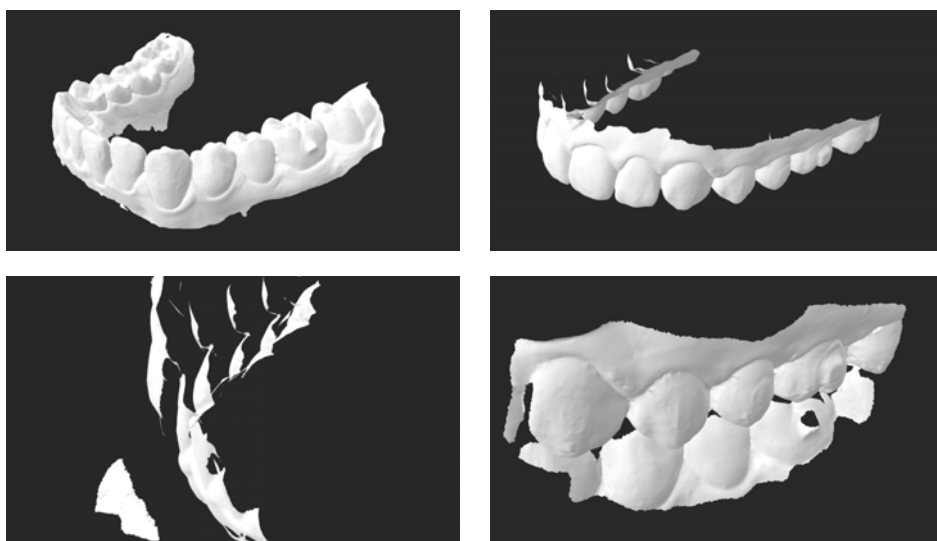
Achieving a Class I canine relation was essential for proper bite function. Sequential distalisation was performed, utilising ►



Figures 1a-1e: Clinical photos of the initial condition – mild to moderate crowding, square arches, midline shift, half unit Class II canine relation

Figures 2a-2d: The corresponding digital stl files of the initial condition

Figures 3a-3e: The clinical condition mid-treatment. Improved midline, improved alignment, occlusion still unsettled



Figures 4a-4d: Corresponding stage in the treatment plan simulation showing good case tracking as compared to the clinical condition



Figures 5a-5e: The final clinical condition after finishing treatment. Coinciding midlines, anterior alignment, rounded arches, Class I relation with full intercuspation



Figures 6a-6c: Extraoral clinical photos showing patient's smile before, during and after treatment

Class II elastics to assist in this movement. Special hooks were integrated into the aligners to facilitate the use of elastics without compromising the aesthetic benefit of the invisible aligners. Medium force elastics are used with aligner hooks, to avoid hook bending and deformation with heavy force elastics (Figures 3a-3e).

3. Anterior segment rounding and alignment
With the expanded arch and the canines moving into place, focus was then placed on the anterior segment. Rounding and alignment procedures were executed to straighten the teeth and achieve a rounded arch form, contributing to a more pleasing smile line (Figures 4a-4e).

4. Final refinement and occlusion settling
The final phase of treatment involved detailed refinement to ensure each tooth was ideally positioned. Additionally, occlusion settling was performed to ensure the upper and lower teeth worked together harmoniously (Figures 5a-6c).

Clinical outcomes

The use of ClearX aligners allowed for a discreet treatment process, which is often a significant consideration for patients, especially teenagers.

The aligners provided the necessary force to achieve the desired movements while being comfortable and minimally invasive. By the end of the treatment period, the patient's malocclusion was corrected, and the midline shift was resolved.

The final occlusion was functional, stable, and aesthetically pleasing, with a natural arch form that complemented the patient's facial features.

Conclusion

This case illustrates the versatility and effectiveness of ClearX invisible aligners in treating complex orthodontic cases.

Through a well-planned treatment sequence and the use of innovative orthodontic tools, it was possible to transform the patient's dental profile, enhancing her smile and boosting her confidence.

This case highlights the importance of individualised treatment planning and the capabilities of modern orthodontic solutions. **D**

About ClearX

ClearX is pioneering a transformative approach to orthodontics. Leveraging cutting-edge 4D shape-shifting technology, ClearX is not only revolutionising the way people smile but also promoting sustainable orthodontic practices. Each ClearX aligner is programmed to have two different shapes. The shapeshifting can be carried out by the patient at home through thermal treatment of the aligner following simple instructions in the ClearX App.

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- Customised treatment: comprehensive personal treatment planning carried out by qualified clinicians
- High efficiency and precision: superior outcomes with up to 20% faster treatment time and a much lower refinement rate.

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Viewing challenges as opportunities

How dentist **Mehdiya Haider** is building on the Scottish government's NHS dentistry reform to support her passion for prevention and patient-centred care

The Scottish government's bold reform of NHS dentistry has been hailed as the most radical change to primary care dentistry since the 1990 contract. Introduced last November, it aims to overhaul the NHS dental system by streamlining procedures, increasing affordability and empowering dentists to focus on prevention and treatment.

Central to this is a significant reduction in the number of 'items of service' from 500-plus to just 45. Coupled with increased fees for common dental treatments, this restructuring, the government maintains, incentivises dentists to provide more NHS services, reduces waiting lists and improves patient accessibility.

One notable change is the shift from fixed six-month check-ups to a more flexible scheduling system based on individual patient needs, giving dentists greater clinical discretion.

While the Scottish government lauds the reform as a step towards a modern, patient-centred NHS dental service, there have been mixed reactions. Critics argue that it fails to address fundamental issues, with the British Dental Association (BDA) expressing concerns over the continued emphasis on what it calls a 'drill-and-fill' model. Conversely, the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery viewed the reform as more streamlined than the previous item-of-service funding model that had 'disproportionately emphasised treatment over prevention'. It went on to suggest that this will mean GPs in Scotland 'will be remunerated for aiding in the prevention of oral health issues as well as treatment in a bid to tackle soaring waiting list backlogs within the NHS'.

Passionate about prevention

Dentist Mehdiya Haider practises at The Cross Dental and Implant Centre team in Edinburgh and is passionate about prevention. Over the past seven years, she has refined her general dentistry skills to deliver optimum dental care to her patients. 'My primary goal is to offer exceptional care, alleviate patients' anxiety and transform their perceptions of dental experiences. This commitment has fuelled my journey.'

She is a proponent of the new reform. She views it as an opportunity to promote preventive at-home regimens as it supports her work helping patients achieve optimum oral health.

She explains: 'The move towards prevention-focused care and flexible scheduling will make



dental care more accessible to our patients and address those longstanding issues of patient access and affordability. While the reduction of items of service and emphasis on prevention may initially raise concerns, I believe this reform will ultimately enhance the quality of care patients receive under the NHS dental system.'

For Mehdiya, promoting preventive measures has a significant impact.

'Adopting a more holistic approach to oral health benefits patients with personalised care plans, leading to improved clinical outcomes.'

She also suggests that shifting from fixed six-month check-ups to a more flexible scheduling system benefits patients and dentists alike.

'Patients receive timely care based on their needs, leading to better clinical outcomes and increased patient satisfaction. For dentists, this approach allows for more efficient use of time and resources, enabling them to focus on delivering comprehensive care and promptly addressing emerging oral health concerns. And, while some critics may argue that the reform still favours a "drill-and-fill" model, it's essential to emphasise that preventive-focused care remains a cornerstone of the NHS dental system.'

Education boosts prevention

Educating patients, intervening early and advocating for good oral hygiene practices are fundamental aspects of this reform, mirroring Mehdiya's approach to dentistry. By continuously monitoring and evaluating, dental care can adapt to meet evolving patient needs, prioritising preventive care over treatment.

'Patient education is fundamental to ensuring preventive care for my patients. Leveraging tools like the iO Test Drive and the Oral-B Professional coupons helps to promote

good at-home regimens among my patients.

The iO Test Drive has revolutionised oral healthcare. It allows clinicians to engage patients actively and demonstrate best practices using an oscillating rotating power toothbrush. 'This hands-on approach ensures patients grasp techniques and understand pressure levels to achieve the best results,' Mehdiya explains.

'The increased charges for common dental treatments under the NHS may raise concerns about patient access and affordability, particularly those from low-income backgrounds. However, it's important to note that the reform includes provisions to support vulnerable groups and ensure everyone has access to essential dental care.

Via a distinctive partnership using dental professional coupons (distributed via Oral-B's territory managers), Oral-B donates five per cent of the discounted retail price to Dentaid The Dental Charity. This allows it to scale up its mobile dental unit programme to provide equitable dental care and oral health advice for people experiencing homelessness and other under-served communities who often face challenges accessing NHS dentistry.

Since its launch on 1 March 2023 and until 30 April 2024, the Oral-B Professional coupon initiative has raised £188,432.

Challenges as opportunities

Looking ahead, NHS dentistry continues to face significant challenges such as workforce shortages, potential budgetary constraints and the all-important equitable access to care.

Mehdiya concludes: 'It's important to view challenges as opportunities to innovate, collaborate and find sustainable solutions. By leveraging tools like the iO Test drive and Oral-B Professional coupons, we can prioritise patient-centred care and promote long-term oral health outcomes for everyone across Scotland.

'By encouraging regular dental hygiene practices and providing access to innovative oral care products, we can empower patients to take proactive steps towards maintaining their oral health, thereby reducing the need for extensive dental interventions in the future,' Mehdiya explains.

FOR MORE INFORMATION

Anyone interested can contact an Oral-B Professional to provide further information on how to participate.

Reinforcement from within

John Maloney explains how fibre-reinforced composites optimise dentine reinforcement and core build-up in today's amalgam-free restorative dentistry

John Maloney

Director/country manager UK, Ireland and South Africa at GC UK



Following a landmark vote by the European Parliament, dental amalgam, with a few limited exceptions, will be phased out of the EU by 1 January 2025 – five years earlier than expected. The production and import of amalgam to the EU will also be phased out by the end of June 2026.

The European Network for Environmental Medicine recently reported that some 40 tons of mercury is used each year in the EU, with an average of 0.6 grams per filling. In the UK, amalgam remains the most common material for NHS permanent fillings, according to the British Dental Association.

Despite the UK no longer being a member of the EU, this phase-out of amalgam will still have a significant impact on UK dentistry, due to expected higher costs and disruptions to the supply chain. The impact will be particularly high in Northern Ireland, which, under post-Brexit arrangements, will be expected to phase out dental amalgam on the same basis as EU member states.

The good news is that dental manufacturers like GC have long been pioneering new materials to rival those containing amalgam and there are many viable mercury-free alternatives currently available. Restorative success now relies squarely on the bond between dentine and composite and in the selection of the appropriate restorative materials and techniques.

There is no single material that can replace amalgam in all applications. Instead, clinical factors (including the cavity class, tooth type, size and location of the restoration) as well as patient-related aspects need to be considered, to ensure that all requirements are met for successful restorative outcomes.

There is no single material that can replace amalgam in all applications. Instead, clinical factors (including the cavity class, tooth type, size and location of the restoration) as well as patient-related aspects need to be considered

Reinforced flowable composite

Restoration of endodontically treated teeth is one of the most challenging aspects of restorative dentistry, where the susceptibility to fracture means a high-strength, direct restorative material is required.

Advances in material science have developed very strong direct options for large restorations and core build-up, which bring the stability, strength and aesthetics for long-lasting restorations, making them a viable alternative to amalgam.

Everx Flow from GC is a short-fibre reinforced flowable composite indicated for dentine replacement in direct restorations and for core build-up preparations. It has a very thixotropic viscosity, which allows it to flow and adapt to any cavity without slumping, making it easy to use in all indications, even in the upper jaw.

When choosing a material for the final occlusal layer, leading expert in cosmetic and restorative dentistry Céline Highton always selects 'a material that doesn't slump, that polishes well, wears well and has very high fracture resistance. My preference is to use Everx Flow, a short-fibre reinforced flowable composite indicated for dentine replacement and for core build-up preparations.'

Thanks to the short fibres it contains, Everx Flow effectively reinforces restorations and brings exceptional fracture toughness that helps to reduce cracks and lessen the risk of catastrophic failures. This makes Everx Flow an ideal material to use in weakened or cracked teeth, large posterior cavities, endo-treated teeth and after amalgam removal.

Specialist endodontist Daniel Flynn treats a large number of structurally compromised teeth: 'We focus on preserving dentine during endo access. Everx has the properties to help us reinforce restorations and provide a high fracture toughness.'

Everx Flow is available in two shades to answer all clinical needs. The Bulk shade with a depth of cure of 5.5mm is ideal for deep cavities and when there is a need to speed up treatment. The Dentine shade has a higher opacity that requires layering and is the best choice for the highest long-term aesthetic results and for core build-up.

Dealing with shrinkage stress

When it comes to the placement of posterior composite restorations, shrinkage stress can be a real issue, leading to detrimental effects, including loss of marginal integrity, postoperative sensitivity and secondary cavities.

To reduce the C-factor of composite, Céline Highton recommends opening up wider preparations and placing composite

in increments rather than in bulk. Material choice also matters, and in larger cavities she recommends using a fibre-reinforced composite such as Everx Posterior from GC.

When the composite shrinks, the fibres in Everx Posterior work to dissipate shrinkage stress, making it an ideal material for root-treated teeth where a composite with the least shrinkage stress and good translucency is required.

The short fibres also prevent fracture propagation in fillings and tooth structure, one of the main causes of composite failures, with a fracture toughness equivalent to dentine and almost double that of any other composite that brings unsurpassed strength to the restoration.

It is likely that in the not-too-distant future, the use of amalgam will cease completely in most healthcare systems

The end of amalgam

The age of dental amalgam is slowly drawing to a close, and it is likely that in the not-too-distant future, the use of amalgam will cease completely in most healthcare systems. A range of materials to replace amalgam are already available and clinicians must now make informed choices as to which material fits which indication best.

While most modern composites offer an alternative to amalgam, with features for enamel replacement with high wear resistance and aesthetics, they are not able to equal dentine when it comes to resistance to fracture.

Everx Flow and Everx Posterior overcome this issue with a fracture toughness close to that of dentine thanks to the high number of short fibres strongly bonded to the resin matrix – enough to efficiently reinforce even the largest posterior restorations and offer a truly viable alternative to amalgam. **D**

FIND OUT ABOUT GC's range of materials that are recommended as alternatives to amalgam: <https://campaigns-gceurope.com/amalgam-alternative/>



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Deferred consideration explained

Jamie Williams shares his expertise on the topic of deferred consideration in dental practice sales

Jamie Williams

Associate director – dental, Christie & Co



Deferred consideration is an increasingly common element in high-value corporate dental practice deals. But how does it work and what should you look for when considering such an arrangement?

What is deferred consideration?

Deferred consideration refers to a process in dental practice sales and acquisitions where a portion of the buyer's payment is withheld during the formal tie-in period that the selling principal decides to continue working for the new owner.

How much is deferred depends on the type of practice, its specialisms and the revenue generated by the selling principal and other key dentists. Typically 20-30% is deferred, although some buyers may try to negotiate more.

Anything over 30% is not commonplace in the market, even though some dental corporates may suggest otherwise.

Sometimes, the deferred element is tied to specific performance targets, such as individual turnover goals or the business's post-sale earnings before interest, taxes, depreciation, and amortisation (EBITDA), but it can be as flexible as the principal committing to work a certain number of days a week for a defined period following the completion of the transaction.

Traditionally in the private dental sector, a proportion of the agreed sale price is deferred for a period of up to five years and is inextricably linked to the principal remaining in a clinical capacity. This is to mitigate the general risk of transitioning a practice from an independent owner to a corporate or group purchaser, while simultaneously incentivising the seller to support and assist in future revenue delivery.

For example, a high-end private or specialist practice with significant income being generated by an owner principal is perceived to be a higher risk than an associate-led practice where income is more evenly distributed across a team of clinicians.

How do I get my money back?

Typically, the funds are only released if the business performance meets the agreed-upon level or other pre-defined metrics have been achieved during the tie-in period.

Deferred consideration is generally repaid in bullet payments at the end of each year of the deferred period, with a penalty if there is a shortfall in income. This is usually calculated on a pound-for-pound basis, but there are ways to negotiate a lower-risk deal for the seller whilst giving the buyer the security that they require.

How is the deferred element evolving?

As the market adjusts and corporate/group buyers have become more cautious, we have seen an increase in the amount of deferred consideration that is built into offers from this specific buyer pool. This is partly reflective of the risk of transition but also the effective deployment of

capital. In other words, the more a buyer can defer, the less they need to commit to upon completion and the more practices they can buy.

Across both corporate and small-group buyer pools, we are seeing an increase in the overall percentage of transactions that feature a deferred consideration.

However, the proportion of small-group transactions with a deferred element is still significantly lower than corporate acquisitions, and usually comes with less onerous terms – the devil really is in the detail!

Some buyers will consider granting equity or bonus incentives, where the retained principal can potentially realise an upside during the agreed period post-completion. These could be:

- Conversion of deferred cash consideration to equity, which could realise additional value through enhanced share price
- A cash amount based on increased turnover and/or EBITDA.

The growth incentives are commonly targeted and will generally allow for inflationary increases on an annual target which, in the current climate, could make a significant difference to earn out realisation.

Is it necessary to defer?

People often ask whether it's necessary to defer for a period after completion. Generally, the answer is 'yes'. The transfer of patient relationships is a sensitive area for a buyer and its lending bank or institution.

It also often suits the outgoing principal's circumstances to continue working, and this is usually on the income that they generated working as a principal.

Typically, the greater the principal's income, the higher the buyer's risk and the longer they're likely to tie-in for. When the principal is remaining post-sale as a clinician, it's important to agree on remuneration terms at the outset of the deal. This includes negotiating the rate of pay for NHS, plan and private treatments, the working days and hours, lab contribution and other adjustments, such as hygiene referrals and bonuses.

It's also important to study the offer letter and subsequent sale agreement details, which often include a competition clause. This will restrict the outgoing principal acquiring or working in businesses within close proximity of their practice after completion. This can vary in both the mile radius agreed and the period of time it applies for post-sale.

FOR A CONFIDENTIAL CHAT about your business sales options, contact Jamie Williams at jamie.williams@christie.com or 0773 260 1749.



How versatile an IOS is in everyday dentistry

The digital scanner: the Swissknife of impressions in everyday dentistry

Dr Gérard Duminil

Private practice in oral rehabilitation, member of French association of implantologists, member of french college of occlusodontology

Dr Gary Finelle

Visiting faculty at Harvard School of Dental Medicine, private practice: implantology and esthetic dentistry

An intraoral scanner is now recognised as the ideal impression tool in all prosthetic situations. Here are some clinical examples showcasing the performance of Medit's new intraoral scanner: the Medit i900.

Previously seen as an unpopular aspect of dentistry due to inconsistent outcomes, adjunctive prosthetics have undergone a transformation with the advent of digital scanning. This technology has turned them into a favoured domain for precision. With the scanner's ability to achieve optimal depth of field, it captures tooth structures and mucous membranes with equal proficiency (Figure 1). The precise capture of amelo-plasty, vital for supporting occlusal cleats, along with sharp mucosal contours and distortion-free rendering of undercuts, makes it ideal for CAD-based frame design.



Figure 1: Excellent impressions of partially edentulous mandibular arches

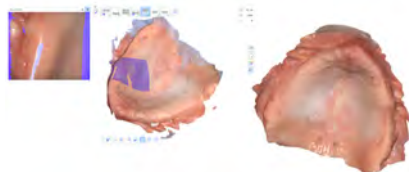


Figure 2: The wide mouthpiece enables rapid capture of the entire arch in just a few seconds



Figure 3: Even on shiny surfaces, the Medit i900 delivers perfect images



Figure 4: A scanner sensor recognises the colour code in the tips

The wide field of view is a significant advantage for a fully edentulous maxillary arch. The larger capture window enables the whole scanning can be taken in seconds, producing high-quality results (Figure 2). It is also possible to capture an existing device on both sides (Figure 3).

The scanning process is smooth and intelligent. The scanner comes with different tips, including a large and medium available and a small one. The Medit i900 automatically recognises the tip once it is inserted, using a colour code (Figure 4). The impression scanning process starts right away by using the touchpad with your thumb to adjust the image or zoom in on all significant areas (Figure 5). This helps you quickly determine whether you need to complete the scan or not all at once, without leaving the scanner.

The fixed single or multi-unit prosthesis (Figure 6) once again demonstrates its superiority. Marginal boundaries are precisely acquired and defined by the scanner before sending the data to a laboratory. With the pre-preparation scan, occlusion registration occurs before that of the prepared teeth, thus preserving the occlusion (Figure 7). A simple swipe on the touch band allows for transitioning from one step to another (Figure 8). The presence of inlay-cores only



Figure 5: The touchpad allows you to check the print from any angle



Figure 6: The cervical limits are clearly visible on all preparations

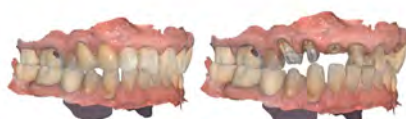


Figure 7: The occlusion recorded during pre-preparation is retained for the impression of the prepared teeth



Figure 8: Slide the index finger over the control ring to move on to the next step or return to the previous step

requires an additional scan on the relevant teeth (Figure 9). The prosthetic procedure can be completed for the next appointment.

Implant prostheses can benefit significantly from the advantages of digital technology. The process involves capturing the peri-implant soft tissue, followed by a scan body. The entire impression, including the top, bottom, and occlusion, takes less than few minutes. This process is comfortable for both the patient and dentist. After taking the shade and selecting the appropriate color from the chart (Figure 10), the prosthesis is fitted in just two appointments (Figure 11).

The scanner's weight is only 165g, making it easy to use. It can capture occlusal, palatal, and lingual surfaces with slightly oscillating movement. The USBC cable, which ensures seamless data transmission, is also not bothered during the use. The optical scanning system and software advances significantly enhance image quality. The unibody scanner is easy to clean, and the new intuitive touch interface makes it possible to control the various stages of the impression process. The scanner is easy for both men and women, even for those who did not have prior intraoral scanning experiences.



Figure 9: A short additional step completes the impression for inlay cores



Figure 10: Effective aid for shade selection directly in the impression software



Figure 11: Comfort, precision, and aesthetic restoration in just two appointments

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

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Traumatic dental injury

How **innovative new technology** can help dentists provide more favourable results

Mark Allen
General manager, Coltene



It is estimated that one billion people have suffered a traumatic dental injury (TDI) at some point in their lives. One in five children in the UK have experienced a TDI to their permanent anterior teeth before leaving school (Abbott, 2023). Almost 90% of TDIs occur before the age of 20 and are rarely experienced after the age of 30 (Ramachandran et al, 2021). TDIs account for 5% of all traumatic injuries in people seeking first aid (Antipovien et al, 2021).

The most common causes of injuries to permanent teeth are falls (40%), traffic accidents (33%), and violent assault (21%) (Kallel et al, 2020). Global statistical studies suggest that males are between 34%-52% more likely to experience TDI than females (Antipovien et al, 2021).

Most dental trauma affects the anterior teeth – particularly the maxillary central incisors (Abbott, 2023). Crown fractures to the permanent incisors account for about 18%-22% of dental hard tissue injuries. 28%-44% are uncomplicated and 11%-15% are complex, usually requiring root canal treatment (RCT) combined with restorative techniques, such as composite or ceramic restorations and intra-radicular posts with crown placement (Lakshmaiah et al, 2023).

Endodontic treatment considerations

The goal of conventional endodontic treatment is the prevention and/or elimination of apical periodontitis. The additional goal in the treatment of immature teeth is, wherever possible, to preserve pulp vitality. Complications associated with TDIs, as well as delays in treatment, can affect pulp health to an extent that treatment options are limited (Kallel et al, 2020).

Because dental trauma is often accompanied with other serious injuries, treatment is frequently overlooked or delayed. Emergency care is focused on issues that pose a threat to life, and patients may be on medications to treat pain or inflammation caused by other trauma that initially mask symptoms of TDIs. Dental professionals may not be involved until several days after the trauma (Kallel et al, 2020). However, swift and correct diagnosis is vital for managing complex TDIs, ensuring the correct management strategy is implemented quickly. The time between the moment of trauma and date of consultation is a decisive element in the therapeutic choice, and prognosis is affected (Krstl et al, 2021).

The tissues affected by TDIs are primarily the dental pulp, the periradicular tissues (periodontal ligament, alveolar bone) and the soft tissues of the mouth (gingivae, mucosa). Many factors such as the type of injury, the degree of displacement of a tooth, the stage of root development, the emergency management, the presence of caries and the presence of restorations determine the most appropriate clinical response. Some dental pulp reactions to TDI, especially pulp necrosis and infection, have an impact on reaction of the periradicular tissues (Abbott, 2023).

Some injuries will require immediate RCT during their emergency management. Teeth with complicated crown fractures, complicated crown-root fractures and sub-crestal coronal third root fractures require immediate RCT to enable restoration of the tooth. Some luxation and avulsion injuries require RCT to prevent external inflammatory resorption. For most injuries, however, RCT should only be carried out when there are definite signs of pulp necrosis and infection of the root canal system (Abbott, 2023).

Monitoring traumatised teeth is important to ensure early treatment of complications that can develop over time. Pulp necrosis can develop up to three months after trauma and calcific metamorphosis (CM), or pulp canal obliteration (PCO), can occur a year after the injury, discolouring the teeth or resulting in loss of pulp vitality (Vinagre ET AL, 2021).

Electronic apex locators

When RCT treatment is advised, the removal of all pulp tissue, necrotic material and microorganisms from the root canal is essential for endodontic success. This can only be achieved if the length of the tooth and its canal shape is accurately measured (Gordon, 2004). Inaccurate determination of

working length (WL) may result in retained necrotic tissues, which will continue to drive infection within the canal if underextended. An overextended working length may result in irritation to the apical tissues (British Endodontic Society).

Where sometimes multiple radiographs may have been used in complex cases, electronic apex locators (EALs) are now commonly used by endodontists to establish WL. Modern electronic apex locators can determine WL with accuracies of greater than 90%, and can reduce the number of radiographs required, minimising radiation exposure. EALs are now able to detect root perforations, root fractures, cracks and internal or external resorption, making them an excellent diagnostic tool in TDI treatment (Gordon, 2004).

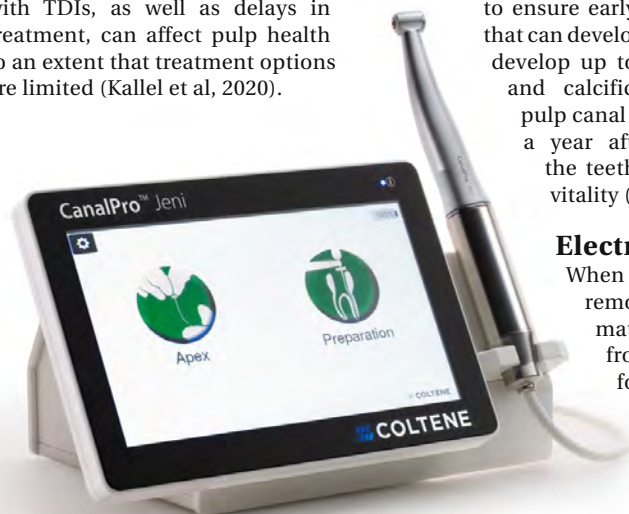
Distinct tooth morphology, lack of patency, the accumulation of dentine debris and calcifications can affect accurate WL determination with some EALs. Those that incorporate constant recapitulation and irrigation produce a more accurate electronic length readings during instrumentation (Gordon, 2004).

Coltene has developed a solution for canal preparation that takes the advantages of modern EALs to a new level. It's a completely integrated, autonomous assistance system that guides mechanical and chemical preparation step by step. The innovative CanalPro™ Jeni endomotor from COLTENE uses complex algorithms that enable the system to continuously adapt to the contours of the individual root canal anatomy. It enables continuous, precise measurement of working length, and controls variable file movements within millisecond intervals. The system gives automated acoustic signals when irrigation is required, and new integrated software detects the performance of files, recommending file changes when needed.

TDIs affect a vast number of people in the world, and the consequences can be devastating to patients, both in the short and long term. Early diagnosis and effective treatment planning with consistent follow-ups are all important factors for optimising outcomes after a TDI. Embracing innovative new technology can help dentists provide traumatised patients with more favourable results.

For a list of references, please email newsdesk@fmc.co.uk.

FOR MORE INFORMATION email info.uk@coltene.com or call 0800 254 5115. Discover the COLTENE loyalty scheme: [rewards.coltene.com](https://coltene.com).



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As well as multiple opportunities to meet exhibitors and connections on the trade show floor, you can visit the networking lounges at the

show to unite with like-minded parties and also attend a stand that is hosting an event. Many exhibitors also provide tickets for parties they are hosting to showcase a new product, technology, equipment or service – these provide a chance to meet a diverse range of professionals and allow you to engage with people you may not have met in an informal and relaxed setting.

Ahead of the free-to-attend event you can also connect with other attendees, exhibitors and speakers via the Dentistry Shows event app, helping you to prepare and network in advance as well as maximise your time at the show itself.

Celebrating innovation

This one-stop shop is the place to be when it comes to recognising and celebrating modern dentistry.

Leading exhibitors representing all aspects of dentistry, including Agilio Software, Colgate, Dental Implant Education Ltd, the GDC, Ivoclar, Listerine, MDDUS, and NHS Dental Services, will be on hand to demonstrate their latest innovations and connect with delegates. From cutting-edge products to the latest clinical techniques and equipment, the floor is set to be abuzz with trends, celebrating dynamism and creativity as well as giving valuable insights into the industry's future.

Business owners looking to attend will learn

resolution tactics for issues they may have noticed in their practice and find out more about the latest clinical techniques and equipment.

Enhanced CPD hours

Attendees will have the chance to earn enhanced CPD hours whilst they are visiting the show. Across the engaging theatres, the most relevant and applicable hot topics will be discussed allowing you to gain up to 12 CPD hours across the two days. A great way for individuals to keep their professional knowledge up to date and for teams to come together and be inspired from the best the industry has to offer. Planning is key to ensure you maximise your time at the capital's premier dental event and leave with valuable information to help meet and maintain high professional standards.

Portfolio director, Alex Harden, is excited about what 2024 has in store: 'Every year we aim to raise the bar for the Dental industry and this year is no exception. With a fantastic line up of interactive workshops, inspiring keynote speakers and the very latest innovations in dental equipment, materials, and software, we are confident that the show will be a phenomenal success. We hope delegates can unite and thrive over the two days and leave feeling refreshed, inspired and empowered.

'We are committed to providing a platform for networking, learning and innovation within the dental community and our London event is testament to this mission. We're thrilled about opening the doors again in October and look forward to meeting everyone plus gaining valuable feedback from attendees, exhibitors and speakers.'

As the dental profession and industry continue to evolve, Dentistry Show London remains committed to facilitating knowledge exchange, promoting professional development, and supporting the community in delivering exceptional patient care.

The event follows the success of the British Dental Conference & Dentistry Show (BDCDS) in Birmingham, which took place earlier this year in May. With an exceptional line up already planned and a host of fresh opportunities on offer, London is set to follow in its footsteps.



FIND OUT MORE about Dentistry Show London and register your interest at london.dentistryshow.co.uk as well as following @dentistryshowCS on Instagram to receive updates on delegate registration going live and exciting news about what 2024 has in store.



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Helping patients to smile all over their faces

It's no secret that facial aesthetics is a big market that's continuing to grow – **Andy Thomas** looks at the market and how patient finance can help patients smile all over their faces

Andy Thomas

Business development manager
at Medenta



The number of non-surgical procedures performed worldwide between 2018 and 2022 rose by 57.8% and there is little sign of things slowing down. With more than 500,000 procedures carried out in 2022, estimates are that by 2026 the aesthetics industry in the UK will be worth around £5.4 billion.

Dentists joining in

As with cosmetic dentistry, facial aesthetics can be about improving self-esteem and confidence. Patients often opt for cosmetic dentistry as well as facial aesthetics, and it appears that many in dental teams have cottoned on to this complementary booming business. According to a survey that appeared in *Aesthetic Surgery* in November 2023, of 3,000 websites offering facial aesthetics 24% of practitioners were dentists and 8% were dental nurses. Given their knowledge and understanding of facial muscles and nerves in the face along with their familiarity with injectable anaesthetics, facial aesthetics offers a good fit for their skill set.

Social media

There's little doubt that social media has influenced people's desire to sculpt and alter their appearance. Part of the appeal of facial aesthetics lies in the speed of recovery and quick results. Unlike cosmetic surgery, which can entail being out of action for weeks, fillers can be administered quickly without needing to hide away for long periods of time afterwards.

As the effects of fillers or Botox are temporary, lasting between four and 12 months, depending on the treatment, there is regular repeat business built into the model. Patients accept that regular top ups are essential if they want to maintain their look. There has also been considerable development in fillers shifting the emphasis more onto improving skin texture than changing someone's look. This could widen the appeal of facial aesthetics even further, resulting in even more procedures being carried out.

Patient finance

However, with treatment plans costing hundreds of pounds for the initial treatment, plus the need to pay for top ups, there will be some prospective patients who may be put off by the cost.



This is where patient finance comes into its own. Being able to offer 0% finance alongside the treatments makes life much easier for the patient. Spreading the cost monthly brings the desired treatment within reach of a patient who may struggle to pay the full cost upfront but can manage the monthly payments comfortably. The total cost of the treatments become less important as long as they can afford the amount they need to pay monthly.

So, with a 0% finance offer, patients pay no more than if they had paid up front, but still have the facility to spread the cost over a number of months. This brings treatments that may originally have been unaffordable within their reach. For a patient, it's a no-brainer!

Dr Sanaa Kader, of Indigo Dental in Leeds, employs an associate who is developing her facial aesthetics client base alongside her dentistry. 'She's currently studying for a level seven diploma in facial aesthetics,' she explains. 'Although she's been with us three years now, she recently expressed that she'd like to do more facial aesthetics, so she's just starting to find her feet with it now.'

Having been a Medenta customer for several years, Dr Kader can see how patient finance improves treatment uptake for both dental treatment and facial aesthetics. 'It really helps

get treatment plans accepted because patients understandably don't always want to pay up front,' she says. 'They like to have the comfort of finance to spread out the cost.'

Using a patient finance company isn't only of benefit to the patient, though. Practices are paid the full cost of the treatment as soon as it begins. This means, rather than having to wait for each monthly payment, the money is there immediately to cover any costs related to the treatment which is great news for the practice's cashflow. Dr Kader agrees this is of benefit to her practice: 'From our point of view, having the formal finance means that as a practice, the money comes in as soon as the treatment starts. So, we don't have to worry about covering our costs. I would advise others to definitely look at introducing patient finance,' she says.

Medenta offers some of the lowest subsidy rates in the market and is one of the few providers of finance solutions to also offer a comprehensive support service.

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When a tray solves it all

How to treat **dyschromia** with non-invasive dentistry

Dr Sara Laface
Dentist



Since tooth colour is a key issue for patients, it is an essential topic in dental aesthetics. Dentistry has moved toward methods that are safer, more conservative, and more predictable. This evolution has a substantial impact on dental bleaching, often known as whitening. Yet, since aesthetic dentistry, including bleaching, is a subjective profession, dentists must have access to analytical tools to monitor

and discuss their findings. This could be possible by using some tools such as shade tabs, spectrophotometers, colorimeters like Optishade (Smile Line, Switzerland), and the new eLAB approach as well as recent reports validating that dental digital photography might be used as one of the reliable methods for shade selection in a clinical setup. Vital teeth whitening is a conservative, safe, and effective treatment for dental discoloration. This could be accomplished by either the patient placing low concentrations of carbamide peroxide (CP) into a custom-fit tray or by the dentist inserting high concentrations of hydrogen peroxide (HP).

Fruitful results have been reported since the introduction of the at-home bleaching technique. This popular cosmetic treatment produces quick results, requires less cost and chair time, and has a lower risk of side effects than in-office bleaching. Recently, the use of 16% CP (Teeth whitening gels, White Dental Beauty Professional Tooth Whitening) has gained popularity. Thus, the aim of this article is to showcase the importance of using a lower concentration of CP to improve the confident smile of a complex patient case.

A 38-year-old male visited the dental clinic and asked to figure out a solution for his teeth discoloration issue that he is



Figure 1



Figure 2



Figure 3



Figure 4

been facing (Figure 1). The initial situation revealed a trauma and root canal treatment on #12 more than 15 years ago. After a clinical and radiographical analyses, apical lesions were not seen, accordingly there is no need for new root canal treatments.

Other dentists suggested an extraction and implant placement on #12 and veneers on #11 and #21. However, being conservative is the key in the mission of the dentist. So, no drilling intervention was made, and the solution was done to the patient by doing only a tray.

A shot taken edge-to-edge comparing colour discrepancies between the teeth and the shade guide. In this situation, the initial shade obtained was 4.5 M2 (Figure 2).

Digital impressions were taken to make the design of the tray (Figure 3). In this case, hard tray 0.6mm was delivered to the patient with multiples syringes of CP 16% (White Dental Beauty Professional Tooth Whitening). The patient was instructed on how to use the whitening gel (one drop per tooth, one to two hours per day) and was asked to follow up

(total syringes upper arch: 5 x 3ml x 16%; 2 x 1.2ml x 16% for 16 weeks and lower arch: 1x 3ml x 16% for five weeks).

Figure 4 shows 11-week follow-up for the upper arch. The colour obtained was assessed with the same shade guide and the most suitable was 0M1, which is a good result. Further, he did not report any sensitivity to the bleaching procedure.

The patient was happy with the final outcome (16 weeks of home bleaching for the upper arch and 5 weeks for the lower arch) (Figure 5). Figure 6 shows before and after bleaching. This comparison with the samples (shade guides) emphasises whether and to what extent the goal has been reached. The whitest point of the VITA shade was reached (Figure 7). The change reaches maximum satisfaction of the patient with a minimally invasive approach (Figure 8).

Conclusions

The tooth sensitivity was decreased with the home bleaching tool that used 16% CP (White Dental Beauty Professional

Tooth Whitening). It was thought to be the least invasive approach of correcting stained teeth.

The dental photography helps in showing the progress of bleaching treatment for both dentists and patients in a bigger scale.

The use of a dental shade guide could enhance the reliability of visual comparisons of bleaching efficacy as well as a colorimeter (Optishade). The use of a tray made with digital or conventional approach could both be considered as minimal invasive dentistry. With the combination of some tools presented in the office of each dentist, a predictable outcome will be achieved.

PRODUCTS USED

White Dental Beauty Professional Tooth Whitening - Optident

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To find out more about White Dental Beauty, please visit whitedentalbeauty.com



Figure 5



Figure 7



Figure 6



Figure 8

Zirkonzahn Preparation Course for dentists

Two-day introductory course about minimally invasive tooth preparation

A new course has been launched within 'The Zirkonzahn School', the extensive educational programme for dentists and dental technicians developed by the Italian company Zirkonzahn (South Tyrol).

The new course focuses on the importance of a conservative approach to dental treatments, combining digital and analogue workflow steps. It is conceived for all dentists willing to practice and improve skills on minimally invasive tooth preparation for different clinical situations.

Course programme:

Day 1 – from 9.00 am to 6.00 pm:

- Explanation of the importance of minimally invasive preparation
- Step-by-step demonstration of the five tooth preparation phases to produce zirconia crowns which each participant will re-apply on their own models.

Day 2 – from 9.00 am to 6.00 pm:

- Finalisation of the preparations
- Digital scanning of the final models with the new Detection Eye intraoral scanner
- Verifying the accuracy of the preparations in the software
- Introduction to the cementation technique and demonstration
- Crown cementation on the prepared models.

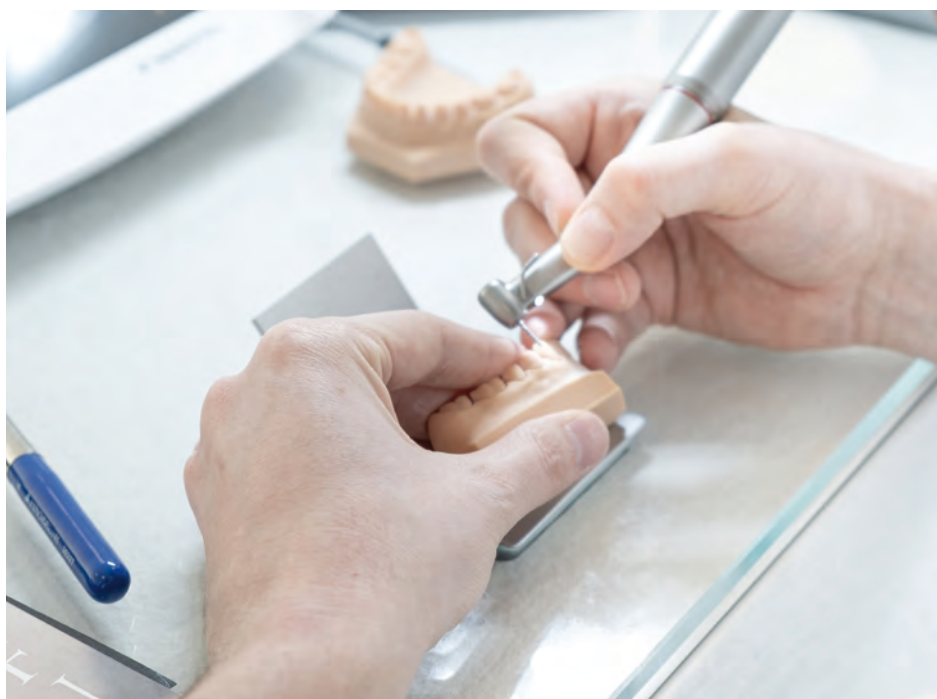
The course will be held on 26-27 September by a qualified dentist and allows a maximum of six participants.

It takes place at Zirkonzahn Education Center Brunico, one of Zirkonzahn's nine training centres located in South Tyrol (Italy), which was designed to host events focusing on interdisciplinary collaboration between clinics and laboratories.

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I highly recommend future editions of Dentistry Show London. The event offers an enriching and enlightening experience for anyone in the dental field. The diverse topics and engaging sessions provided valuable insights into TCO, management practices, and the business side of dental practices. Looking forward to more enlightening experiences and learning opportunities in the upcoming editions of DSL!

ALESSIA CAIAZZO,
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DSL gave me a platform to improve my awareness on latest dental technology, increase my knowledge on different dental clinical situations and how to manage them as well as the importance of volunteering for the dental industry to become an well-rounded dental professional!

MEHAK JAFFERY, DENTAL THERAPIST

I think this show is such a fantastic opportunity for people to get out of their surgery, out of their clinical doors, and engage with each other in peer-to-peer communication and networking, but also to make sure they're staying up-to-date with all the new technologies and products that are on the market. We've been getting great engagement from the profession, lots of people asking for information on our latest products, really getting into detail about the technology and how this can benefit their patients. It's been brilliant.

JESS HULME, PROFESSIONAL GROUP BRAND MANAGER,
COLGATE-PALMOLIVE



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Dentistry Shows



The Dentistry Show

Beating imposter syndrome, together

Emily and Eleanor Pittard discuss how building a culture of collaboration can help combat imposter syndrome and burnout

Emily Pittard

CDT, clinical director and co-owner of
Hive Dental Laboratory



Eleanor Pittard

Managing director and co-owner of
Hive Dental Laboratory



In the realm of personal and professional growth, there exists an undeniable truth: asking for help and working as a team are invaluable assets.

Yet, despite this understanding, many of us find ourselves grappling with imposter syndrome – an internalised fear of being exposed as a fraud despite evident competence. This phenomenon often intersects with the reluctance to seek assistance, creating a toxic cycle that perpetuates feelings of inadequacy and isolation.

Imposter syndrome can rear its head in various aspects of life, from academic pursuits to corporate environments, casting a shadow over even the most accomplished individuals. The fear of appearing incompetent or burdensome can lead many to avoid seeking help altogether, opting instead to shoulder the burden alone.

However, this reluctance to collaborate not only hampers personal growth but also inhibits the potential for collective success.

Culture of collaboration

At the heart of imposter syndrome lies a misconception: the belief that success must be attained in solitude. In reality, collaboration fosters innovation, creativity and resilience.

By pooling diverse perspectives and skill sets, teams can tackle challenges with greater efficiency and effectiveness. Moreover, the act of seeking help demonstrates vulnerability – a trait often misconstrued as weakness but which, in truth, serves as a catalyst for growth and connection.

The detrimental effects of imposter syndrome extend beyond individual wellbeing, permeating organisational cultures and contributing to burnout.

When individuals feel compelled to prove their worth independently, the burden becomes overwhelming, leading to exhaustion and disillusionment.

However, by fostering a culture of collaboration and support, organisations can mitigate the risk of burnout and cultivate environments where individuals thrive.

Learning is a lifelong journey

Central to combating imposter syndrome and burnout is the recognition that learning is a lifelong journey.

Embracing a growth mindset entails a willingness to seek out new knowledge, challenge assumptions and adapt to evolving circumstances.

Moreover, it requires humility – the acknowledgment that no individual possesses

all the answers and that collaboration is essential for progress.

In essence, the pursuit of knowledge and innovation is a collective endeavour – one that transcends individual limitations and fosters collective growth.

By harnessing the power of collaboration, we not only expand our own horizons but also contribute to the advancement of our field as a whole.

In this journey of continuous learning, it is imperative to surround oneself with individuals who inspire and challenge us.

Seeking out smarter people does not diminish our worth but rather elevates our potential.

Moreover, it is crucial to believe in oneself – to recognise that our contributions are valuable, regardless of perceived shortcomings or insecurities (this is the moment that you pause and give yourself a round of applause for everything you have achieved so far, because, why not?).

The value of asking for help and working as a team cannot be overstated. By transcending the barriers imposed by imposter syndrome, we unlock the full potential of collaboration and pave the way for personal and collective success.

This is something that we firmly believe in at Nightshift. If you haven't heard of us, check out our Instagram.

It's time to embrace the journey of lifelong learning, collaboration and believing in our own abilities! **D**





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Broseley Dental Surgery – a successful mixed practice

Is a mixed dental practice the **best of both worlds**? It's certainly the most popular business model according to recent figures released by the GDC

Helen Evans

Practice manager,
Broseley Dental Surgery



Of the roughly 25,000 people who responded to the GDC's request for workforce data, published in March this year, 19% were working in fully private practices and 15% in NHS only ones. This means 66% of respondents work in mixed practices. So, the decision in summer 2019 of the team at Broseley Dental to extend its offering of private dental services was similar to one made by many practices before them.

Brand ethos and values

Although there were already a few Denplan patients at the practice, practice manager, Helen Evans, and principal dentist, Manoj Joshi, were looking to grow the private side of the business and wanted a plan provider that would help them do this. Helen was already aware of Practice Plan and was happy to recommend them to Manoj. 'Having worked at a practice previously which had introduced Practice Plan and was working well for them, we decided to introduce Practice Plan to our patients as we believe in the Practice Plan brand and their ethics,' she explains.

The only reservation she had about making the switch was regarding the reaction of their existing Denplan patients. 'We were slightly nervous about how they might react,' she confesses. 'We wondered whether we would be able to get them on board with the change to Practice Plan and whether the transfer of these patients would be smooth?'

The practice is now much busier than when the switch was made to Practice Plan, especially since the pandemic. Although the cost-of-living crisis saw numbers of patients joining the plan slow for a period, things have begun to increase again now

In the event, their concerns were unfounded. The switch went seamlessly. As Helen and the team discovered, their patients were loyal to the practice and not the plan provider. So, changing from one company to another made little or no difference to their patients.

Excellent support

Helen credits the support of her regional support manager, Josie Hutchings, as the reason why everything went so smoothly. 'Josie was amazing at implementing the plan into the practice. The training she delivered was exceptional, which helped get the staff on board right from the outset.'

Informing the patients of the change was straightforward. Denplan patients were sent letters letting them know that Practice Plan would be taking over their membership plan. Ahead of time, practice staff made sure posters were displayed around the practice giving notice to patients of when things would be changing and what they needed to do about it. To underline the message, they also wore badges bearing the information.

When it came time for Practice Plan to pick up the reins, Helen and the team experienced little or no adverse reactions from patients. 'My advice to anyone introducing a new plan provider is to be honest and transparent with your patients,' she says. 'Explain your reasons regarding the changes. When they understand why something's happening, most patients are happy.'

Retaining the NHS contract

Although the team was keen to expand its private dentistry, handing back their NHS contract was not part of their plan.

'We are the only practice in the village,' Helen explains. 'As we only have a small NHS contract it felt necessary to keep it especially as, at the time, the biggest proportion of our patients were aged 65 years, or older.'

As the only dentist in the practice, Manoj was happy to divide his time between NHS and private patients.

The team manages his workload through strict diary zoning. NHS patients are offered a limited choice of dates and times as to when they can be offered appointments. While pay as you go, private and plan patients can take advantage of more flexible times including early morning and late afternoon or evening appointments, which they appreciate.

Having made the move several years ago now the team is happy with the way things are

In the event, their concerns were unfounded. The switch went seamlessly. As Helen and the team discovered, their patients were loyal to the practice and not the plan provider. So, changing from one company to another made little or no difference to their patients

working. As Helen says, their mixed practice model offers a lot of benefits.

'The way we work now means we can offer NHS treatment to patients who need it, especially children and people in receipt of benefits. They're grateful to still be able to see an NHS dentist. Private patients appreciate having the extended appointments and access to a comprehensive range of treatments. So, if the patients are happier, then so are we!'

The practice is now much busier than when the switch was made to Practice Plan, especially since the pandemic. Although the cost-of-living crisis saw numbers of patients joining the plan slow for a period, things have begun to increase again now.

So, what advice would Helen give to someone considering introducing private dentistry into their practice? 'Just go for it!' she says. 'Whichever way you decide to choose, whether you stay as a mixed practice or go fully private, you will be supported by your RSM and all at Practice Plan if you choose to go with them. You won't regret it!' **D**

If you are interested in finding out more about how we help practices to become more profitable, why not have a chat with Practice Plan on 01691 684165.

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Planning is pivotal

Ray Cox explains why it is so important to be well informed when you set up your own business

Ray Cox

Managing director, Medifinance



Before I started to write this article, I did a little online research and asked: 'How many businesses in the UK have a written business plan?' The answer is about a third. One third have no business plan at all and the remaining third get by with a kind of ad hoc collection of notes and thoughts that rarely, if ever, see the light of day.

I have frequently written about the need for a written business plan, and I hope that most entrepreneurs in the health professions would consider it an essential start point when considering running/setting up a practice. It should be a consistent reference point as the business evolves and develops.

What may not be so obvious is the need for your business plan to cover the relevant implications and requirements if you intend to run your practice as a limited company. So here are some key points that you should take into account if this is the route you may decide (or have decided) to follow.

Planning a limited company

1. You may be running/setting up a practice, but if you incorporate it as a limited liability company it is a registered business and subject to a very different set of constraints and legal requirements from those of an unlimited liability company/partnership/sole trader
2. You should choose an accountant with healthcare profession experience who is able to advise and contribute way beyond simply auditing and giving a bit of advice on how to avoid paying too much tax. In my opinion the services of a good accountant, with experience and knowledge of the profession, are absolutely key to your short- and long-term success
3. Ensure you fully understand the law in relation to limited liability registration. I am not suggesting you need be worried about structuring your business in this way, but you should understand not only the advantages but also the possible implications if things do go wrong. It could well be worth your while taking legal advice at an early stage, just to be on the safe side and avoid any costly mistakes
4. If you are the sole director, it can all too easily become the norm that you avoid having meetings that monitor progress, address problems and review management accounts. Such meetings with your team (and advisers such as your accountant) are vital if you are to keep your finger on the pulse of your business. I would recommend

monthly meetings, so that you stay ahead of the game. But failing that, ensure they are held every quarter

5. Well kept company records and such things as monthly management accounts will not only help you run the business in a well-informed manner, but they will also give your company considerable credibility if and when it comes to seeking funding. Banks will always respond more quickly (and frequently offer more favourable terms) to applications for finance that are well presented and clearly demonstrate that directors have a firm hand on the tiller. In reality, banks tend to assume that limited companies are well run and accordingly look less kindly on poorly presented applications for funding.

Don't cut corners

However you decide to structure your business, be it as a partnership, sole trader or as a limited company, it will pay huge dividends to ensure you are well-informed before you

venture forth. I cannot stress too strongly the importance of retaining the services of an accountant (and particularly one with healthcare profession experience), who will be able not only to help you set up your business but keep it on track as it progresses.

I have briefly detailed above some of the major points that need addressing when you form a business, but there are a good number of other considerations that you should cover with advisers. Make sure you're up to speed with such things as:

- Insurance cover
- Employment issues
- Tax implications and benefits
- Sourcing funding
- Dividend payments
- Shares and classes of shares
- Roles and responsibilities of directors.

None of this is too arduous or should put you off setting up on your own. Simply ensure the basic disciplines are in place and you will be running a very successful and profitable business. **D**

I cannot stress too strongly the importance of retaining the services of an accountant (and particularly one with healthcare profession experience), who will be able not only to help you set up your business but keep it on track as it progresses



If you have any immediate or longer-term funding requirements you wish to discuss, call Ray Cox on **07785 757782** or email **r.cox@medifinance.co.uk**.

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Establishing values

Justin Leigh discusses the importance of agreeing values with your practice team

Justin Leigh

Founder of Focus4growth



In a dental practice, the significance of establishing and agreeing shared values cannot be overstated, but it's something very often overlooked. These values serve as the foundation upon which the practice's culture is built, guiding behaviours, decision-making, and interactions both within the team and with patients. By embedding agreed-upon values into the fabric of the practice, dental teams can gain lots of benefits, including improved standards, positive behaviours, greater clarity of purpose, team unity, better superior recruitment and retention, and more effective leadership.

1. Linking to standards

Agreeing the right values as a dental team directly influences standards. When values such as excellence, integrity, and patient-centred care are collectively embraced, they create a benchmark for the quality of service provided. These values set clear expectations for clinical and non-clinical staff, ensuring consistency in delivering a superior patient experience every time. By aligning daily operations with these standards, the practice can create a reputation for continuously delivering excellence, ultimately leading to increased patient satisfaction and team loyalty.

2. Improved behaviours

Values play a crucial role in shaping behaviours within a dental team. When team members share common values, it fosters an environment of mutual respect, cooperation, and accountability. For instance, a value of continuous improvement encourages staff to seek ongoing professional development, stay updated with the latest dental innovation, and adopt best practices. Similarly, valuing empathy promotes compassionate patient and team interactions, enhancing the overall patient experience. By embedding these values into the practice, positive behaviours become second nature, creating a culture that nurtures and attracts talented people.

3. Greater clarity of purpose

Values can help to provide a clear sense of direction and purpose for the dental team. The right values act as a guiding star, helping the team understand the 'why' behind their work. For example, a commitment to patient wellbeing as a core value ensures that every decision, from treatment planning to patient communication, is made with the patient's best interest in mind. This clarity of purpose not only motivates the team but also helps align their efforts towards common goals. It enables the practice to navigate challenges and make strategic decisions that are consistent with its mission and values.

4. Galvanising the team

Shared values have a powerful unifying effect on a dental team. When everyone is aligned with the same principles, it creates a sense of belonging and collective identity. Team members feel more connected to each other and to the practice as a whole. This unity fosters collaboration, as individuals are more likely to support each other and work together towards common objectives. It also enhances morale, as employees feel part of something larger than themselves. By galvanising the team around shared values, the practice can build a cohesive, motivated, and high-performing practice team.

5. Improving the recruitment process

Agreed values are invaluable in attracting the right candidates during the recruitment process. Clearly communicated values help potential hires understand what the practice stands for and whether they align with its culture. This alignment is crucial for ensuring a good fit between the candidate and the practice. For instance, if a practice values innovation and progressive techniques, it will attract candidates who are forward-thinking and open to adopting new methods. By attracting individuals who share the

same values, the practice can build a team that is more likely to be engaged, committed, and aligned with its goals.

6. Retaining great people

Retention of top talent is a critical concern for all practices as there is a continuing challenge with finding and keeping the right people, and agreed values play a key role in achieving this. When employees feel that their personal values are in sync with those of the practice, they are more likely to experience job satisfaction and loyalty. This alignment creates a positive work environment where employees feel valued and understood. Moreover, a strong value-based culture supports professional growth and recognition, further enhancing retention. Practices that prioritise values such as respect, recognition and professional development are more likely to retain their best people, reducing turnover and the associated costs.

7. Making it easier for leaders to lead

For leaders in a dental practice, agreed values provide a solid framework for decision making, management and leadership. These values serve as a reference point for addressing challenges, resolving conflicts and setting priorities. Leaders can rely on shared values to communicate expectations clearly and to guide their teams effectively. This consistency helps build trust and credibility, as team members know what to expect and can count on their leaders to act in accordance with the established values. Moreover, values-driven leadership fosters an environment of transparency and fairness, making it easier for leaders to inspire and motivate their teams equally.

Conclusion

In conclusion, agreeing on and embedding shared values in a dental practice is not just a theoretical exercise but a practical necessity that impacts every aspect of the practice's operations. From linking to high standards and improving behaviours to providing clarity of purpose and galvanising the team, the benefits are extensive. Agreed values enhance the recruitment process, aid in retaining great people, and facilitate more effective leadership. By prioritising and nurturing these values, a dental practice can create a cohesive, high-performing, and patient-centred environment that stands out in the competitive field of dentistry. **D**

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





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Managing patient expectations

Lesley Taylor explains how managing patient expectations can be hugely important in achieving a satisfactory outcome

Lesley Taylor

Dento-legal adviser,
Dental Defence Union (DDU)



Ideally, dental professionals and patients should both be on the same page when it comes to expectations and outcomes of any treatment. Unfortunately, this isn't always the case, which may increase the likelihood of a complaint. As such, managing patient expectations from the beginning is a vitally important skill for the whole dental team.

A patient's expectations are likely to extend beyond their clinical care into non-clinical areas of care, for example, the emotional impact of the experience, or if they felt cared about (and cared for) by the dental team.

There are many issues that might lead to a patient having unrealistic expectations when receiving dental treatment:

- Lack of information – patients may not have been appropriately informed about what to expect. They could have unrealistic expectations about things like waiting times, treatment availability or complications of treatment

- Too much information – patients might attend the practice with a preconception of how they will be treated. This might be because they have based their expectations on previous experiences or on the experiences of friends and family whose situation may have been different
- Time pressures – it can be challenging to manage appointment times but spending enough time talking to a patient to check they fully understand the issues involved in their care, the potential complications of their treatment or alternative treatment options is still a vitally important step
- Anxiety – if a patient is anxious when they come to the practice, this can make misunderstandings more likely.

Reassure and build trust

Patients' expectations can be managed by the dental team in a number of different ways. Firstly, it is important to ensure that information is easily accessible and consistent across all practice channels, including web pages, social media, answering machines and posters in waiting rooms.

Secondly, every patient is different and will

have different levels of understanding. Ensure you avoid dental terminology, abbreviations and jargon, and with the patient's permission, involve those close to them in the discussion where appropriate and check that the patient has understood all of the information you have given.

Also, consider providing patient information leaflets for the patient to read at home to help reinforce the information you provide in surgery.

Developing a non-confrontational way for patients to discuss concerns or leave feedback can allow you to address any issues early on and hopefully avoid escalation to a complaint. This might also help you to make any changes that can improve patient confidence in the care you provide.

Giving patients opportunities for them to discuss their care also improves patient confidence and lets you reassure them, manage their expectations and build trust.

Managing a patient complaint

If a patient feels that their expectations have not been met and does decide to make a complaint, it is important to have a clear complaint procedure in place that is understood and followed by the whole dental team.

The type of complaints dental practices are having to deal with include:

- Capacity issues resulting in not being able to accept new patients or patients who have not attended regularly – both in the NHS and the private sector
- Lack of access for both emergency care and routine examination appointments
- Delays between examination appointments and being seen for completion of the treatment plan.

If a patient is unhappy about their ability to access care, handling any complaint quickly and professionally should go a long way towards avoiding escalation. It usually helps to empathise with patients about their frustration and explain what steps are being taken to address any access issues.

Remember that verbal complaints are just as valid as written complaints. Don't insist that patients put their complaint in writing, as this might encourage them to complain elsewhere. **D**



DDU members who are facing a complaint due to a mismatch of expectations can contact the DDU's dento-legal advisers on 0800 374 626 or visit the website: <https://www.theddu.com/>



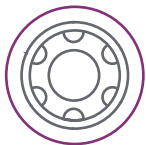
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AI IN DENTISTRY

WITH ALAN CLARKE

The ethical implications of AI in dentistry

Alan Clarke unravels the risks and benefits to help you navigate this new era

Alan Clarke

Cosmetic dentist and the owner of
Paste Dental



Artificial intelligence (AI) in dentistry will come in many forms; treatment planning, AI-assisted lead management, chat bots, radiographic interpretation and eventually clinical diagnosis. There's no doubt that AI in dentistry is here to stay, but what are the implications and is it ethically right?

Having a background in medical law and ethics as well as cosmetic and general dentistry, I hope to unpack the risks and benefits and help you navigate this new world, taking every opportunity it affords along the way.

Data safety

Big data, the underlying method powering this technology, requires large sample sets, independently verified and assessed to give that algorithmic base to seat learning upon.

Don't panic – GDPR laws prevent big data obtaining and using your patient data for these causes and AI companies are way ahead on this, building in privacy features to ensure your patient data is secure at all times, within your servers and protected against wandering eyes from other patients, blinding patient records in house.

Dental samples are pooled and ever growing, with Pearl AI, for instance, having many millions of dental radiographs, independently verified by a number of clinicians for accuracy when adding to the base sample. Your images are then compared against this learning, however they are not combined or added to the sample so they are safely stored within your control always. This ensures data privacy remains in the control of your data protection lead, clinicians and patients and is so reassuring for patients and staff.

Who am I talking to?

We all know about ChatGPT, website based chatbots to funnel your patient leads and new and novel ways to market and retarget ads to your exact

patient demographic. AI models are increasingly used in dental marketing and as part of an initial screening process to obtain details from your patients and point them in the right direction. Careful consideration needs to be placed when using these amazing services to ensure that limited functions are placed so that clinical recommendations are not given and patients are aware this is a machine they are talking to and not you on the other side of the screen.

Transparency

The benefits of AI now do outweigh the risks, but I feel clinicians and team members at all levels in your business should gather a baseline knowledge of how AI works. Transparency is vital in communicating with your patients exactly how the algorithms work. This explainability is crucial for patients to understand the basis for AI-driven decisions and recommendations. Lack of transparency could lead to mistrust and hinder patient adoption to the correct treatment for their diagnosis.

Diagnosis

AI-assisted diagnostics are an amazing tool, but can have false positives or areas they didn't detect. Having used AI in practice now for more than two years, I see this having reduced over time as the technologies improve. However, I think the most important ethical point to make in terms of AI adoption is that this tech doesn't replace your role as a clinician.

Second Opinion was named this for a reason. It is an aid to back sound clinician judgments from a clinical operator. The patient in front of you is relying on your years of expertise, training and rationale to help them come to the correct and best healthcare plan for their mouth. AI technology cannot replace your role, however it can be that second pair of eyes when you are on the fence. It can be that accountability partner when the diary is mega busy and you have patients waiting, or during that fatigue phase when you have looked at many, many radiographic films all week, it is Friday afternoon and your mind is wandering.

Accountability and repeatability is critical for healthcare in 2024.

AI-enhanced practice takes this to a new level, guaranteeing a baseline level of care amongst associate clinicians, knowing that things will be picked up.

Training

It is then vital for clinicians to be well trained to know how to use the tech to aid their clinical skills and not take away from them. It is important to have that level of independent thought to say: 'Yes, I agree, but I am going to put the patient on a preventive strategy for this lesion, rather than a drill and fill approach'. Judicious use yields the best outcomes, improves your capabilities and takes your dentistry to the next level.

Failure to use the technology

I think a really interesting ethical dilemma will appear soon in terms of usage of AI.

What happens when clinicians choose not to use the technology, through mistrust, arrogance or simply time? A real ethical dilemma could present if failure to diagnose and treat present disease occurs, if it was detected radiographically from AI platforms in real time. If the patient becomes aware of this and the dentist failed to use the technology, it could open the doors to areas of clinical negligence. Watch this space!

Don't fear the future

AI is a learning model itself, a platform that continues to evolve and grow, and we need to be right at the cusp with it, shaping its very use in our industry and dictating how we take the good bits, shelve the bad and enhance patient trust, diagnosis, communication and loyalty along the way. Do not be fearful of the future, it will come as it always does, but learn, be open and think about raising your game and helping more patients effectively. We got into dentistry to care, so let's take everything out there and run with it to put that into action, learning instead of fearing and respecting our own knowledge as we train the next generation to think for themselves too! **D**



PRACTICE PRINCIPLES

The Twin Dentists and launching the DNA

Polly Bhambra interviews Hassan and Hussein Dalghous, as they explain what drives them in dentistry and why they have launched the Dental Nurse Association (DNA)

Polly Bhambra

Practice principal,
Treetops Dental Surgery



Polly Bhambra: Please introduce yourselves, who are you and why did you both become dentists?

Hassan Dalghous: We both studied dentistry in Valencia, where we developed a deep fascination with the transformative impact that dental treatments can have on people's lives.

This wasn't just about the technical aspects of dentistry however, but also about the confidence and joy that a healthy, natural smile can bring.

We started Yorkshire Dental Suite in 2016, alongside our father, Dr Abdul Dalghous.

Initially, we were hands-on and treated patients ourselves, which allowed us to hone our skills and understand the ins and outs of patient care.

However, as our practice grew, so did our vision. We transitioned into leadership roles, focusing on enhancing the practice's operational efficiency and patient experience.

Our aim is to provide not just industry-leading treatments, but an exceptional patient journey.

We strive to make our practice a place where people look forward to their visits, confident that they will receive high-quality care in a first-class, welcoming environment.

We've seen first-hand how dentistry can impact people's lives and give them more confidence, which has real benefits. It's so exciting to be part of one of the fastest growing industries in the world.

Hussein Dalghous: Although we both respect dentists and love dentistry and the treatments, we enjoy looking for ways to improve the journey, and providing a better service for patients.

As we progressed in our careers, we realised that our passion extended beyond individual patient care. We found immense satisfaction in improving the overall patient experience and pushing the boundaries of what a dental practice could offer.

In life, you've got to do what makes you happy. While we enjoyed treating patients, we really love what we're doing at the forefront of the business.

Polly: How have you built up such a big profile in such a relatively short career?

Hassan: We've built up such a huge profile by taking aggressive, bold action with confidence.

So many people have great ideas, but don't know how to execute them. We have great ideas, and we know how to execute them – that's the difference.

Hussein: We think outside the box and do things differently, by playing to our strengths rather than our weaknesses. We've built up a great team around us and, together, we really can achieve anything we set our minds to.

Polly: What is the Dental Nurse Association and why did you launch it?

Hassan: The Dental Nurse Association (DNA) is a supportive and empowering platform for dental nurses in the UK and other parts of the world.

We listen to their concerns, offer guidance, and recognise their achievements, something that is unfortunately rare in many dental practices.

Generally, the work of dental nurses is overlooked in dentistry. They're often not rewarded for their work and made to feel like an add-on rather than a valued part of the patient's treatment journey.

Hussein: The inspiration for the initiative stemmed from a random act of kindness. After a particularly busy month, we gifted bracelets to our dental nurses as a token of appreciation. The gesture resonated deeply, and the video we posted on social media went viral, highlighting the often-overlooked contributions of dental nurses.

We received an overwhelming response from dental nurses countrywide who felt undervalued in their current roles and wanted more from their employers. The feedback inspired us to start DNA.

Polly: What reception did the DNA receive and what are the future plans for the association?

Hassan: The reception was unbelievable, we had 1,400 people join the DNA when it first launched. There's currently an active Whatsapp group where over 800 members can chat, offer advice and learn.

We've held events in cities throughout the UK, and plan to expand these to award ceremonies to celebrate the hard work of dental nurses.

Hussein: As for the future, we'd like to launch a training academy for dental nurses where they can upskill. We also want to verify dental practices through the DNA, so that dental nurses can choose to work for practices where they know they will be valued. We want to set the standards

for dental nurses, so they receive nothing less than they deserve.

Polly: What are your thoughts on the state of dental nursing at the moment?

Hassan: We've been a driving force in the implementation of better standards for dental nurses within dental practices.

We push for the rights of nurses, as well as encouraging a better working environment.

Hussein: Unfortunately, there's still work to be done, but we're proud to have kickstarted it.

Polly: What are your future plans for YDS?

Hassan: We're the number one cosmetic dental brand in the UK, and our mission at the moment is to expand to different locations across the country, allowing everyone to be able to access our treatments and quality of care.

This year, we will be opening several new practices, bringing our innovative treatments, like our Nanofill Composite Bonding, to a wider audience. We also want to focus on full mouth implant treatments, making them accessible to more people across the country.

Hussein: As well as growing the practice, we'd also like to share our knowledge with others. We believe in the power of preventive care and want to educate people, especially children, on how to maintain good oral health.

Obviously, the NHS is under a lot of pressure at the moment, and by educating people on how to care for their teeth, we can help alleviate some of that pressure.

We look forward to the future as we continue to make a difference and leave our mark on the world of dentistry. It's an exciting time for us! **D**



Patients prefer a recommendation

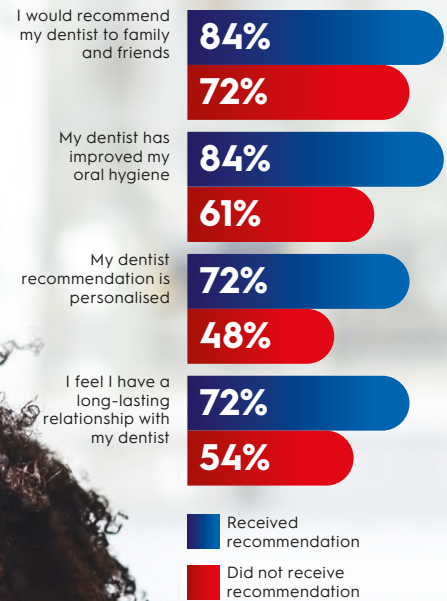
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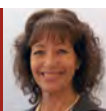


What to know about the CQC single assessment framework

Pat Langley provides some insight into what is and isn't changing under the new framework and what this means for your practice

Pat Langley

Founder/chief executive, Appoline



Since its inception in 2011, the Care Quality Commission (CQC) has evolved the way it inspects and regulates. The first major change was in April 2015, and another evolution is currently underway with the creation of a new single assessment framework.

This time they have taken things slowly and tested every element to ensure it is fit for purpose before going live with it.

At every stage during the development of the new framework, they also sought and acted on feedback from all involved.

The CQC has also launched a new portal and this continues to present challenges to the developers with work still required for it to be fit for purpose. Of course, 'challenges for the developers' means there are challenges for users, and social media channels carry criticism of the portal on a daily basis. Never work with children, animals or IT springs to mind, but I am confident they will get there!

So, what is the 'single assessment framework'? The first thing to mention is that it sounds scary when it really isn't. Needless to say, there has been much scaremongering about the new framework, which given the fact that most people don't like change may be inevitable.

In plain English, it is a framework in which health and social care service providers, local authorities and integrated care systems are inspected using a single set of criteria. Prior to implementing the single assessment framework, this was not the case. You may already know that from 13 May 2024, the CQC started inspecting dental practices using the new framework.

Perhaps the most important thing that isn't changing is that good will still be good. That means if your practice is currently compliant or 'on balance' compliant it still will be under the single assessment framework

Unsurprisingly, practices are very keen to understand what is different and how this will affect them. In practice, it is unlikely that your inspection will feel particularly different if your last inspection was in the past few years.

Practices that will notice a significant difference are those that were last inspected before April 2015. There are also practices that have never been inspected, and the CQC will be prioritising both of these groups.

I think it is true to say that one of the biggest challenges with compliance is you don't know what you don't know, so I think it's worth looking at what is not changing as well as what is changing.

What is not changing?

Perhaps the most important thing that isn't changing is that good will still be good. That means if your practice is currently compliant or 'on balance' compliant it will still be under the single assessment framework. This is not surprising since infection control and the methods for controlling or eliminating infectious microbes and preventing their transmission have not changed. A similar argument is also true of radiation protection and all the other elements that contribute to having a safe and compliant practice, such as health and safety requirements and having sufficient competent staff.

On the flip side of this, practices that need to make improvements will still need to improve.

The five key questions are also not changing, with inspectors wanting to know whether your practice provides care that is safe and effective, whether the service you provide is responsive and caring and whether, with the governance systems you have in place, this means your practice team is well-led.

Other things that are not changing are:

- The regulations are still governed by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Risk-based assessments will still be important – this means practices the CQC has concerns about
- The CQC will continue to inspect 10% of dental practices every year
- Dental practices will still not be rated
- The key areas of focus will be very similar to their current areas of focus.

What is changing?

The key lines of enquiry (KLOEs) that have been used to guide inspections since 2015 have now been replaced with 34 quality statements, with

practices being required to provide evidence of compliance with the relevant quality statement.

For each evidence category, practices will be assessed as:

- Regulations met or
- Regulations not all met.

Feedback

There will be a significant emphasis on feedback from patients and team members, and good methods of obtaining this are likely to be of particular importance.

Whilst an interest in feedback has always been important to the CQC, it seems feedback will assume an even more important role under the new single assessment framework.

Feedback is critical to the success of all businesses – how do you know if your patients and team members are happy unless you ask them?

Why bother with compliance?

My view of compliance has always been that practices should not 'do compliance' because the regulators tell you to; you should do it because it's the right thing to do and has considerable benefits.

Benefits of a compliant practice:

- You will be better organised
- Your patients and team members will feel safe
- You should have fewer complaints and fewer significant incidents
- Your team will be less stressed and more motivated
- You get to stay open!

So if your practice is already compliant – well done! And if it isn't, please get help. **D**

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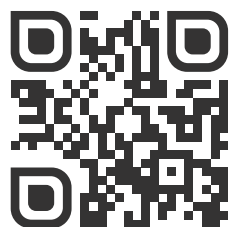
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Flexible dentistry

Dr Adarsh Thanki explores the current issues the dental industry faces and how to work smarter during this economy

Dr Adarsh Thanki

Principal dentist of the Ace Dental Group and dental director at UNTIL



Pressures in the dental industry in the UK have reached an all-time high, with more than a third of the five million registered patients in Scotland not being able to book a check-up or treatment for three years.

In 2023, the UK saw a total of 11,583 businesses operating within the dental practice sector, with private sector dentistry constituting 15% of independent practices.

The British Dental Association reveals that 60% of dentists in England are thinking of leaving the NHS. The significance of private-only dentists has been on the rise, as an expanding number of patients opt for private treatment.

In light of the mounting pressures faced by dentists, it's understandable that many are transitioning to private practices, seeking increased autonomy over their services, better compensation, and improved work-life balance.

Modern workspace providers offer flexible memberships so dental practitioners can hire dental treatment rooms for however many hours required and can choose what treatments to offer and specialise in depending on their interests and salary goals

Enhanced autonomy and control

The ongoing recruitment crisis in the industry has made managing long patient and treatment lists challenging. Having greater control over their professional lives may be attractive for many dentists and those working in private practice enjoy more freedom over their schedules, treatment plans, and business decisions compared to their counterparts in NHS practices.

Patient-centric approach

Many dentists have found that private practices enable them to deliver more personalised care to their patients. Unbound by NHS policies or regulations, dentists in private practice can easily customise their services to better meet each patient's individual needs.

As well as this, dentists can derive greater job satisfaction and fulfilment from private practice settings, where they can cultivate long-term patient relationships and directly influence their oral health outcomes.

However, being in a position to be able to cater to a patient's needs takes time and money, which isn't always an easy and affordable option. It's estimated that the cost of starting a dental practice is anything between £100k to £500k, depending on the location – and, unsurprisingly, central London costs are significantly higher.

The figure takes into account the cost of the property, legal fees, dental equipment, staff costs and marketing required to run a successful practice.

Flexible workspaces that are Care Quality

Commission (CQC) registered allow you to start work immediately without the high start-up costs. These facilities are equipped with the latest equipment including intraoral scanners, dental chairs and TVs to keep your customers comfortable during their treatment and elevate your service levels with a concierge and luxurious waiting area.

Flexible spaces that offer dental rooms to rent with a fixed hourly rate can support dentists in avoiding increasing running costs, including utilities, because it's all included in the price.

Community and collaboration

With the dental industry facing an increase in challenges, some NHS dentists have expressed an inability to allocate sufficient time to patients or offer the level of care required, resulting in a significant surge in physical or verbal abuse from patients.

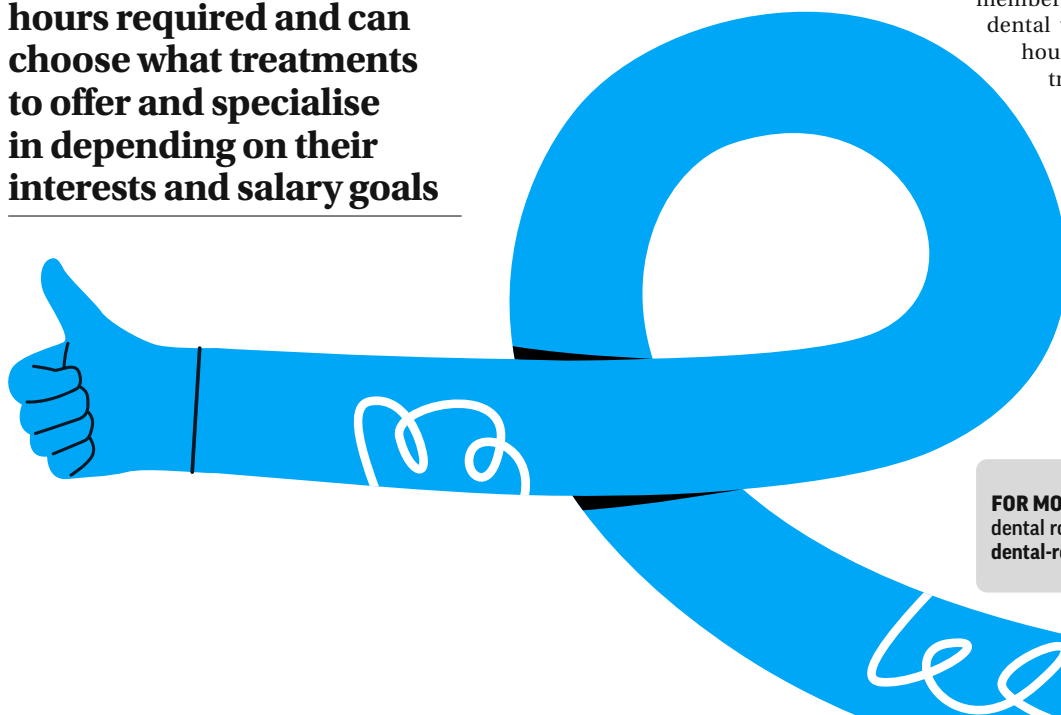
By its nature, dentistry can be a lonely profession and situations such as these can be difficult to handle independently. The dentistry census carried out in 2021 revealed that many dentists felt nervous and insecure as a result of their profession.

Flexible workspaces are designed with collaboration and community in mind. Dentists would be working alongside practitioners across different disciplines, and many have a designated space for professionals to connect with other members.

Working on a flexible basis becomes even more important for practitioners looking to take control of their working hours. Modern workspace providers offer flexible memberships so dental practitioners can hire dental treatment rooms for however many hours required and can choose what treatments to offer and specialise in depending on their interests and salary goals.

As well as cross referral opportunities that can benefit business, being in a hub with other practitioners can boost morale and dentists can learn from one another. Some flexible workspaces also offer the use of gym facilities, which can also go a long way in boosting mental and physical health. **D**

FOR MORE INFORMATION on UNTIL flexible dental rooms visit: www.until.co.uk/dental/rent-dental-rooms.



An overview of the sustainable dental industry

Responsible DENTISTRY

Mark Topley introduces some of the companies and procedures that are pioneering sustainability in the dental sector

MARK  TOPLEY

Mark Topley

Dental CSR and ESG consultant



Over the past five years, I've observed remarkable progress in the dental industry's approach to environmental sustainability. When I started in corporate social responsibility and sustainability, mentioning sustainable products often led to confusion or dismissals due to perceived lack of demand. However, there has been a significant shift since then.

This article showcases the initiatives of some of the top suppliers and offers some advice on incorporating eco-friendly practices, reflecting the industry's growing commitment to sustainability.

Green suppliers

Dental Sky is expanding its eco-friendly portfolio. They've introduced biodegradable wipes and ensured that their packaging and paper products are environmentally friendly. Notably, they've eliminated plastic cups, opting for paper or bamboo.

Their future plans include energy-efficient upgrades like LED lighting and solar panels, demonstrating a strong commitment to reducing their environmental footprint.

Kent Express Dental Supplies aims to become the UK's greenest dental supplier. They have adopted hybrid working policies, switched to low-energy lighting and use recycled materials for packaging. Their product range includes items like bamboo toothbrushes and biodegradable dental products, emphasising their dedication to sustainability.

Henry Schein supports dental practices in going green through their 'Practice Green' programme. They offer products made from recyclable materials and those designed to reduce waste. Their initiatives focus on helping dental practices reduce their ecological impact while maintaining high-quality care.

Expert insights

Davinder Raju, a dentist and sustainable dentistry expert, suggests several sustainable

processes. Among the most notable are hypochlorous acid (HOCl) and aligner systems.

HOCl offers significant environmental benefits as a dental disinfectant for surface cleaning and waterline treatment. Its production from water, food-grade salt and electricity minimises hazardous substances, aligns with green chemistry principles and reduces water and electricity use. HOCl is biodegradable, non-toxic and poses minimal ecological risks.

Aligner brands can be chosen based on the sustainability credentials of the manufacturer. Some are able to produce units with 60% less plastic and half the carbon footprint.

Davinder also recommends the use of technology to reduce carbon footprints, such as computer-aided design/computer-aided manufacturing, teledentistry and the use of artificial intelligence to diagnose proximal caries, leading to early intervention and less resource heavy treatments.

Sustainable toothpaste

Brands like Waken, Prism and Parla are leading the way in sustainable dental care products. Environmentally friendly toothpastes often use natural, organic ingredients and avoid synthetic chemicals found in traditional toothpastes.

They are also packaged in recyclable or biodegradable materials, like glass or aluminium, reducing plastic waste. These toothpastes are designed to be biodegradable and safe for aquatic ecosystems, and their production often involves sustainable practices to minimise environmental impact.

Official recommendations

The Office of the Chief Dental Officer encourages dental practices to adopt sustainable measures, which is encouraging. After all, the dental team plays a crucial role in reducing the environmental impact of dental products, which

account for a significant portion of the dental industry's carbon footprint.

Procurement decisions should consider the sustainability of the supply chain, including ethical sourcing, stock management, product materials and packaging. Engaging suppliers and manufacturers in the supply chain is essential for progressing toward a circular economy, which addresses global challenges like climate change and waste.

Research is ongoing to develop sustainable materials for dental products, and some recycling schemes are already showing promise, though availability varies by region.

While this overview covers some initiatives, products and suppliers, it's important to acknowledge that the landscape of sustainable dentistry is broad and ever evolving. Companies with innovative solutions are invited to share developments on responsibledentistry.com, promoting a collaborative effort towards a greener future in dental care.

The journey towards sustainability in dentistry is ongoing, and every step taken is a step towards a healthier planet. Let's continue to innovate and inspire for a sustainable tomorrow in dental care. **D**

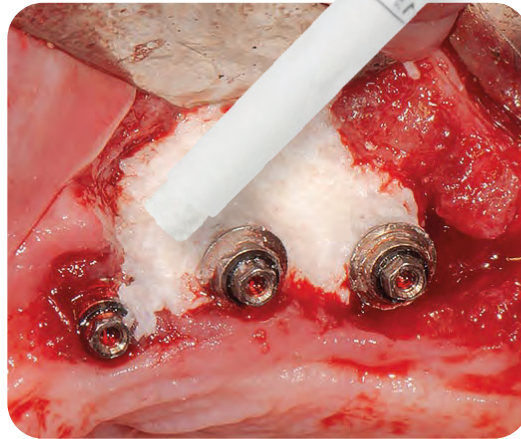
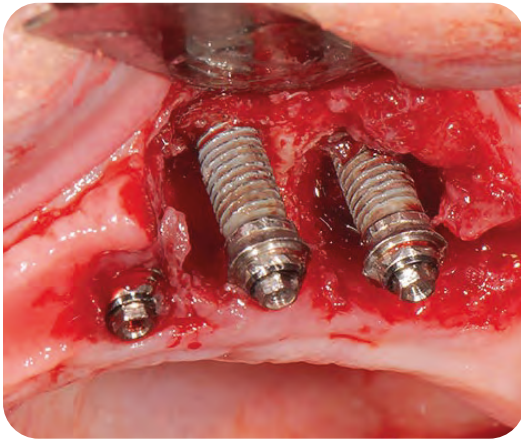


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THE ORAL CLES

— Dental hygienists and dental therapists

A new era in oral healthcare

Miranda Steeples shares insight into the dental hygienist and dental therapist approval of exemptions legislation

Miranda Steeples
President of the BSDHT



In a recent stride towards enhancing the operational capacity and efficacy of oral healthcare in the UK, a pivotal legislative amendment is underway. This change pertains to the Human Medicines Regulations 2012 (HMRs), enabling dental hygienists and dental therapists to supply and administer specified medications.

This move, initiated by the BSDHT and BADT back in 2013 and developed over the past 11 years, aligns with the broader objectives of the *NHS Long Term Workforce Plan*, aiming to bolster direct patient care while liberating dentists to tackle more complex procedures within the NHS framework.

At the BSDHT, we wholeheartedly support the initiative to empower our professionals by expanding their capabilities, allowing them to provide the comprehensive care our patients require. This development promises to enhance the efficiency of the oral healthcare team, ensuring smoother operations and more effective use of time for everyone involved.

Potential benefits of exemptions legislation

1. Improved patient access and efficiency – by enabling dental hygienists and dental therapists to administer treatments like high-strength fluoride and local anaesthetics independently, patient waiting times are expected to decrease significantly
2. Enhanced professional practice – this legislative change allows dental hygienists and dental therapists to practise to their full potential, reducing dependency on dentists for prescriptions and enhancing job satisfaction and professional autonomy
3. Support for preventive care – with easier access to necessary medications, dental teams can better engage in preventive treatments, crucial for long-term oral health.

Legislative background

Initiated by a public consultation that was open from 18 August to 15 September 2023, this legislative amendment seeks to give dental hygienists and dental therapists the authority to supply or administer specific medicines independently.

The consultation garnered significant attention, with 2,743 responses indicating a robust engagement from the dental community and the public. The overwhelming support, with 97% agreement, underscores a collective endorsement of this initiative across England, Wales, Scotland and Northern Ireland.

It is also important to note that numerous consultation respondents highlighted direct access. They suggested that the proposed exemptions would enable dental hygienists and dental therapists to leverage direct access fully, allowing them to treat their patients comprehensively within their scope of practice and utilising their training, competence and indemnity coverage.

As it stands, dental therapists and dental hygienists can administer treatments such as local anaesthetic and high-strength fluoride, but only after obtaining a prescription from a dentist. This requirement often disrupts both the patient's treatment flow and the dentist's work to secure the necessary signatures.

So, this change will streamline the treatment process, enhance efficiency across practices, minimise the need for multiple patient visits and allow these professionals to fully employ their expertise.

Challenges and considerations

Despite a generally positive reception, some concerns have been raised regarding the need for appropriate indemnity coverage and the potential lack of comprehensive knowledge required for assessing and prescribing medications. These issues point to the necessity of continuous professional development and potential adjustments in educational curricula to incorporate these new competencies.

With these regulatory changes, the role of dental hygienists and dental therapists is poised to expand significantly, aligning with

the government's broader healthcare strategy to optimise the use of mixed professional skills across the NHS. This legislative update not only promises improved patient care and professional satisfaction but also marks a significant shift in how dental services are delivered across the UK.

A time of change

The approval of exemptions for dental hygienists and dental therapists to administer specific medications marks a transformative period in oral care delivery. As the legislation moves towards implementation, it holds the promise of a more efficient, autonomous and comprehensive oral care system, directly benefiting patients and the dental profession alike.

After reviewing the consultation responses and considering the broad support for the proposal and its regulation, the Department of Health has pledged to advance efforts to amend the HMRs. Only then will dental hygienists and dental therapists be able to supply or administer medicines under exemptions.

We expect these changes to take effect by the end of the year. The BSDHT will offer guidance to our members as developments occur. Please check our social media pages for updates and keep an eye out for further communications from us on this significant issue. **D**



FOR MORE INFORMATION about the British Society of Dental Hygiene and Therapy, visit www.bsdht.org.uk.

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The rise and rise of AI

Luke Hutchings discusses how AI has become a part of everyday working life within dentistry, and predicts this trend to continue

Luke Hutchings

President British Academy of
Cosmetic Dentistry



Everyone practising dentistry today will do so with the support of artificial intelligence (AI). Whether you utilise a fully digital workflow or not, you will likely rely on a number of AI-supported technologies to communicate with and provide care to patients, and to run your business. AI is becoming an increasingly transformative tool within dentistry, streamlining how the professional team works and improving the patient experience.

What's all the hype about?

Put simply, AI makes our lives easier in practice while enhancing the quality of care we can deliver. For example, it is widely adopted within the diagnostic and treatment planning stages. In this context, it can help to ensure that nothing is missed from radiographs, highlighting anomalies and supporting the clinical decision-making process. The technology is essentially a second pair of eyes looking for potential areas of concern, affording greater confidence among dentists that they have identified everything they can from diagnostic images. There is even emerging evidence that patients appreciate the reduced medical bias and improved diagnostic accuracy than come with AI-supported healthcare

provision (Padgett, 2023) – although they still favour human interaction over completely automated care. The technology can also help to design the most appropriate treatment plan, using automated processes to make this phase of the treatment journey quicker and simpler.

The other area in which AI is being embraced by dentists is that of clinical record keeping. A vital yet arduous daily task, note taking requires a significant amount of time and can remove attention from the patient during a consultation when using traditional methods. There are a number of solutions now available that make this faster and easier for dentists, while also reducing the risk of litigation. Some platforms offer note templates to follow during the appointment, ensuring nothing is missed, while others can provide an audio recording of the session for fully contemporaneous notes every single time. These provide a new layer of protection for the clinician should a patient complaint be made, delivering total peace of mind for the professional team.

What's next?

Although no one has a crystal ball, it's not a stretch to predict that AI will play an even bigger role in dentistry in the years to come. Its existing applications will expand and diversify, further improving both the patient and professional experience.

I would also expect substantial growth within the computer-aided design/computer-aided

manufacturing space. This is a field that AI could really propel forwards, facilitating the automated manufacture of various devices and appliances for a highly efficient process in both the dental practice and lab. Initial research (Khadka et al, 2023) suggests that AI has massive potential in process optimisation, quality control and predictive maintenance. Current proposals for AI-assisted milling machines are particularly interesting and I predict that the next generation of equipment will transform the way we do dentistry once again.

Whether you are an early adopter or not, AI-driven technologies are very much a part of our world today. Dentistry is fully integrated with this technology already and we will only see further development in the future. **D**

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Get set for summer

The crucial role of **decontamination** in dental practices

As summer draws near, dental practices prepare for the seasonal influx of patients seeking oral care. However, amidst the busy schedule, it's vital not to overlook the importance of maintaining impeccable hygiene standards within the practice. With more people coming in and temperatures rising, the risk of bacteria spreading increases, making strict disinfection protocols more crucial than ever. This summer, dental practices can strengthen their defences against pathogens by giving top priority to disinfection, especially in dental unit waterlines (DUWLs) and autoclaves.

During the summer months, dentists often take some well-deserved time off, and it is no coincidence that this happens at the same time as a national increase in contaminated waterlines. As dental chairs remain unused, biofilm builds up, consisting of micro-organisms like bacteria that stubbornly adhere to the tubing. Such build-ups can quickly turn clean waterlines into contamination ones. One key method for effective dental decontamination during extended chair inactivity periods, such as over 48 hours, is the use of advanced solutions like Bilpron in DUWLs. Bilpron is specially designed for use during inactive periods.

Prominent dental unit manufacturers, including industry leaders like Dentsply Sirona, support Bilpron, endorsing it as an excellent solution for extended disinfection and longevity of dental unit waterlines. The effectiveness of Bilpron isn't just marketing hyperbole; it has undergone rigorous clinical testing and emerged as a trusted ally in waterline maintenance. For practices unsure of their waterline quality, experts recommend starting with the Alpron biofilm removal system, preceded by a comprehensive red sampler test.

If not adequately maintained, dental unit waterlines can become breeding grounds for harmful bacteria, endangering both patients and staff. Bilpron, with its potent antimicrobial properties, acts as a formidable barrier against microbial colonisation, ensuring that water flowing through dental units remains clean and safe. By integrating Bilpron into their regular disinfection protocols, dental practices can uphold the highest standards of water quality.

We spoke with Laura Edgar, managing director of Aura Infection Control, a leading provider of decontamination solutions in the UK, and she had an important message for dental practices: 'As the summer season approaches and we all anticipate some well-deserved downtime, it's crucial not to lower our guard against potential health risks. We need to be proactive, thinking ahead of any summer breaks. Treating waterlines now can prevent major hygiene issues in the summer.'

Besides maintaining pristine water quality, summer is an ideal time for thorough cleaning and disinfection of autoclaves, essential for sterilising dental instruments. The heat and humidity of the season create optimal conditions for microbial growth, making thorough autoclave maintenance essential. Restore tabs offer a convenient and effective solution for deep cleaning autoclaves, reaching even the most inaccessible areas to eliminate stubborn biofilm and microbial contaminants. By incorporating Restore tabs into their autoclave maintenance routine, dental practices can ensure optimal performance and reliability, reducing the risk of cross-contamination and infection transmission.

Moreover, summer provides an ideal opportunity to reinforce manual cleaning protocols and observe the dental team to ensure compliance with established policies and procedures. From verifying appropriate temperatures and contact times for disinfectants to monitoring proper technique and hygiene practices, diligent oversight is crucial in maintaining a culture of cleanliness and safety within the practice.

Making the most of summer downtime

In the dynamic field of dental care, downtime during the summer period presents a valuable opportunity for practices to improve their operational efficiency without compromising on clinical time. By using these intervals effectively, dental practices can prioritise deep cleaning and training initiatives, ensuring uninterrupted patient care.

Deep cleaning during downtime is a proactive strategy to maintain impeccable hygiene standards within the practice environment. From sterilisation equipment to treatment rooms, thorough cleaning and disinfection procedures can mitigate the risk of cross-contamination and

ensure a safe environment for both patients and staff.

Leading dental practices recognise that regular training sessions and refresher courses empower their dental staff with the knowledge and skills necessary to maintain stringent hygiene standards, fostering a collaborative approach to infection prevention. Furthermore, downtime serves as an opportune moment for staff training and professional development. With the emergence of virtual training platforms, dental practices can leverage the expertise of dental decontamination companies to deliver comprehensive training modules remotely. These virtual trainers offer enhanced continuing professional development (ECPD) in diverse topics, ranging from decontamination best practices to validation procedures and dental unit waterline management.

Ensuring safety and vigilance this summer

As dental practices confront the challenges of the summer season, they must remain unwavering in their dedication to upholding pristine hygiene standards. By utilising advanced solutions like Bilpron in DUWLs, implementing thorough cleaning protocols for autoclaves with Restore tabs, reinforcing manual cleaning procedures, and conducting smart training, dental practices can strengthen their defences against infections. **D**

If you would like to know more about Bilpron and decontamination, or if you would like to book a free decontamination review, visit <https://www.aiconline.co.uk/dental-decontamination-review/> or contact Laura Edgar on 01833 630393 or email orders@aiconline.co.uk.

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Maintenance is key

Top tips on avoiding handpiece breakdown

In modern dental practices, importance is increasingly being attached to proficient maintenance and optimum preparation of instruments. Experts say that the primary cause of handpiece breakdown and failure is insufficient or incorrect oiling. Common causes include using incorrect oil adaptors, oiling machine failure, or simply a lack of staff training. Checking air and oil quality, using the correct adaptors, and a regular overhaul of maintenance procedures means you can spot any signs of trouble early, and if you do, then it's time to get some expert advice. In this article, we look at some of the key points to consider to avoid handpiece breakdown.

Air quality

Ensuring your dental practice has good-quality, clean and dry compressed air is essential to the health of your dental handpieces. When you consider an air turbine spinning at speeds of up to 400,000 rpm (revolutions per minute) with bearings that are difficult to see with the naked eye, you will understand the importance of clean air! It only takes the most minute speck of dust to get into the bearings and cause complete bearing failure. Ensure your compressor is regularly serviced and filters replaced, and check that the location of the compressor is in a well-ventilated and dust-free environment.

Air pressure

Every dentist wants maximum power at the point of delivery, but it's important to understand that increased air pressure doesn't always mean increased torque! Every handpiece manufacturer has their own recommendation

on optimum air pressure, so always check the handpiece instruction manual. As a general guide, the air pressure at the point of delivery should be between two and a half and three bars. Obviously, low pressure will not provide enough torque but conversely, pressure that is too high can burn out the bearings very quickly and not necessarily provide additional torque.

Oil quality

Using a quality maintenance oil is absolutely vital to ensuring effective maintenance of your dental handpieces. The manufacturer's recommended lubricants have been specifically formulated and tested to optimise the performance of the handpieces. Try to avoid cheaper 'own brand' handpiece lubricants, as these are often made from inferior mineral-based oils, which can be very 'thick and greasy'.

Reliable burs

Dental burs should be sourced from a reliable quality dental distributor, as poor-quality burs will be inconsistent in shank diameter and can cause chuck damage through excessive wear or 'jamming'. Also, be sure to reject any burs that become distorted, as these will easily get stuck in the chuck and require handpiece repair. Don't overlook the need to oil the chuck of the handpiece (where the bur is inserted). The bur chuck mechanism (friction grip) is the most intricate and delicate piece of micromechanical engineering in the handpiece and, therefore, one of the most expensive components. The chuck also happens to be the component closest to the point of abrasion and can become compromised with the ingress of body fluid. Oiling the chuck is a simple procedure with a

pointed-type nozzle on the oil can, but it will significantly increase the life of the chuck.

Water supply

Adequate water supply to the bur during use is essential to maintaining patient comfort and keeping the handpiece operation cool. If the handpiece overheats, not only does this pose a burn risk to the patient, but it can also inflict serious damage to the chuck mechanism. Needless to say, any debris or contaminant in the water bottle supply can block the very small water tubes in the handpiece, requiring urgent repairs. Always ensure your water bottle and water lines are kept scrupulously clean by using a waterline disinfectant daily.

Maintenance

A well-trained reprocessing team is your biggest asset in maintaining your dental handpieces to the correct standards. Rotating staff members with no cross-training will introduce inconsistency in the procedures and risk inadequate oiling, leading to some expensive repair costs. Introducing an automatic handpiece maintenance unit will improve efficiency and consistency in your processes along with reducing long-term costs associated with manual oiling. Most automatic maintenance units also clean the drive/chip air handpiece channels in addition to oiling giving you that extra level of decontamination. **D**

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The best way to finance equipment purchase

In today's competitive market on going investment in equipment is a necessity. But by its very nature such equipment is both high tech and, perhaps, reassuringly expensive.

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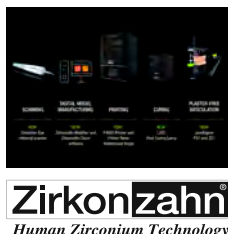
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Industry innovations

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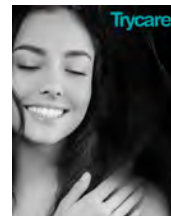
In an era when the pace of change in dentistry is accelerating, Dentistry Show London stands at the forefront, offering attendees the opportunity to engage with more than 180 exhibitors and pick from over 100 leading speakers. Attendees will also have the chance to earn enhanced CPD hours.

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No gingival barriers are required, which saves time and money. The treatment is the ideal add-on to EMS guided biofilm therapy and can be combined with the hygiene appointment.

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 that break down the peroxide in such an effective way and at a speed that cannot be achieved by the chemical reactions of traditional whitening systems.

www.trycare.co.uk

01274 885544

Exceptional implant training **Straumann**

Dr Amit Bhalla completed the Campbell Academy's year-long implant course, which is supported by Straumann. He reflects on the training and the impact it has had on his dentistry since: 'I wanted to become proficient at placing and restoring implants and after doing my research I felt that the Campbell Academy was best suited for me to do this.'



'The training exceeded my expectations with respect to the excellent course content, delivery of the material by superb speakers and on-going support after the course had finished, which was very important to me. Particular highlights included placing my first implant and performing a sinus lift procedure with Colin Campbell.'

'It was also useful to have access to the Straumann solutions, which include an excellent implant system that can cater for different surgical and anatomical scenarios. Since completing the course, I have been able to successfully implement implant dentistry into our practice with the help of the Campbell Academy.'

www.straumanncourses.com

Celebrating achievements

ADI

Professor Nikolaos Donos, academic representative on the ADI board, has been honoured with the prestigious IADR Distinguished Scientist Award for Research in Periodontal Disease.



This accolade is the highest international award in periodontology. It celebrates exceptional contributions to research in this field. This award recognises Professor Donos's remarkable achievements and his commitment to advancing periodontal science. He has played a pivotal role in oral health research, facilitating innovation and excellence in the profession.

The IADR Distinguished Scientist Award in Research in Periodontal Disease is a testament to Professor Donos's unwavering commitment to excellence in dental research.

www.qmul.ac.uk/media/news/2024/

www.adi.org.uk

BSSPD Oral Award Winner

Schottlander

Rachael Jablonski from the University of Leeds is this year's winner for her presentation entitled 'The impressed study: improving facial prosthesis construction with contactless scanning and digital workflow'. This translational research project explored the impact of digital manufacturing on facial prosthesis production by using basic science, patient orientated and early population-based research.



The feasibility randomised control trial recruited 15 participants and had a 27% attrition rate. Around 45% of participants preferred the digitally manufactured facial prostheses compared with 27% who preferred the conventionally manufactured prostheses. The qualitative sub-study recruited 10 participants. Most participants (90%) preferred the digital manufacturing processes. Participants were averagely willing to trade off a three-month wait to commence treatment if it meant they could undergo the digital manufacturing processes. Public engagement activities have been co developed with patients, artists, clinicians and researchers to disseminate research findings and share the lived experience of people with facial prostheses. Arts exhibition based dissemination events are planned in 2024.

schottlander.com

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. It contains a dual-phase resorbable bone matrix incorporating both mineral component and collagen. Dual-phase biomaterials 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.

01274 885544

www.trycare.co.uk/osteobiol

'Best places to work' survey

Henry Schein

For the second successive year, Henry Schein One UK (Software of Excellence and Dently) has been listed as one of the UK's top employers with between 50 and 249 employees in the *Sunday Times* 'Best places to work 2024'.

Henry Schein One UK recognises that the strength of a team is determined by collaboration and transparency. This approach includes allowing individuals to choose either remote or hybrid working and encourages charitable work by giving staff two paid charity days per year.

Helen Kaye, vice president of human resource, expressed her pride at the prestigious award: 'I am delighted that Henry Schein One UK has been accredited in the *Sunday Times* 'Best places to work 2024' programme! This is testament to the great people within our organisation and all the hard work they put in to build the culture that we have today. This level of achievement only happens when we all act together as one great team.'

careers.henryscheinone.co.uk

Accelerate your clinical imaging

Carestream Dental

For the busiest of dental practices, speed and efficiency are the key factors that will set your treatment plans apart. The CS 7200 Neo Edition imaging plate system from Carestream Dental takes your workflows a step ahead, with exceptional image quality at uncompromising speeds.



In fact, detailed images that are made up of a true resolution of 19 lp/mm can be accessed in as little as eight seconds. The CS 7200 Neo provides almost instantaneous insight at every stage.

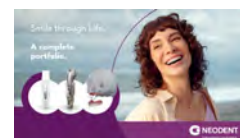
Learning to use the system is easy and fast too. Simply take an image, insert the plate into the main unit, scan it and diagnose from there. The plates are automatically erased for quick reuse, and the images are directly sent to the appropriate patient file for immediate access without any mix ups.

www.carestreamdental.co.uk

Optimal function and results

Straumann

These are truly exciting times for innovations in technology allowing for the immediate restoration of a smile in edentulous patients. Neodent tops the list with the Grand Morse implant system, combined with Neoarch Immediate fixed full-arch solution.



Neodent Grand Morse Implant System significantly improves oral health-related quality of life for edentulous patients, including those with a severely atrophic maxilla. The optimised implant designs from Neodent achieve high primary stability in all bone types, even with different conditions of the residual alveolar bone. The Neoarch immediately restores function and natural-looking aesthetics thanks to the stable foundation.

Find out more about the life-changing solutions offered to patients by the Neodent Implant System today.

www.neodent-uk.co/portal

Tempit: still going strong!

Trycare

Available exclusively from Trycare, Centrix offer three specific and proven temporary filling material formulas providing optimal results in any clinical situation.

Trycare



For endodontic access cavity sealing and short-term temporary restorations, use original Tempit, which is moisture activated and expands slightly to completely seal any cavity. Tempit-E offers all the benefits of Tempit plus it contains Eugenol. It offers an anti-inflammatory and local anaesthetic effect, which helps facilitate pulpal healing. For indirect inlay and onlay restorations, Tempit L/C sets firm but remains flexible so that it can be easily removed with an instrument without the need for drilling.

Setting in minutes and easy to remove when required, they are supplied in single unit dose capsules. They can be dispensed directly, precisely and perfectly every time, saving time, reducing waste and providing the right filling material for each application.

Whichever option you use, simply dispense Tempit into the cavity and adapt it to shape. No mixing, no spatulation, no cross-contamination and no messy placement.

www.trycare.co.uk

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Our services include procedures designed to address the unique oral health needs of young patients. From routine check-ups and hygiene appointments to specialized treatments such as sealants, fillings, crowns, pulpotomy's, root canal treatment for baby teeth and immature adult teeth, extractions plus space maintainers, paediatric prostheses, and early orthodontics.



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As a team, we understand that sometimes children may feel anxious, particularly if they are very young or have had a previous negative experience. As a result, we offer personalised support by using different treatment methods such as Dental Hypnosis, Nitrous Oxide and Intravenous (I.V) sedation.

Toothbeary is proud to have received official recognition from the IACSD (Intercollegiate Advisory Committee for Sedation in Dentistry), to fulfil all the requirements to provide safe sedation.



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Speakers



Dr Sameer Patel
CEO, Partner and Co-Founder of
E11even Dental Wellness



Sir Clive Woodward
England's 2003 Rugby World Cup
Winning Head Coach



Megan Mailey
Leader in Consumer Goods & Retail
Industry, Former Nike GM



Hassan Khan
Graduate and Advisor at Harvard
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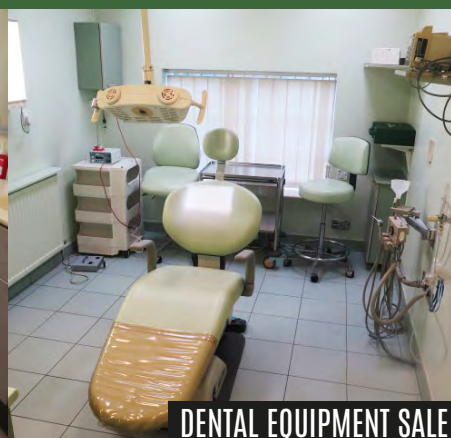
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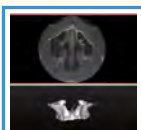
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