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Sir Kier Starmer’s Labour Party has won a landslide victory at the general election, bringing in a change of UK government for the first time in 14 years. The issue of NHS dentistry was a key point of debate in the election battle, with pledges to improve access and reform the NHS dental contract central to the manifestos of all major parties. As a result, the new Labour government now faces the challenge of meeting its campaign promises to tackle the UK’s dental crisis.

What has Labour promised?

In its manifesto, the Labour Party pledged to enforce a new dentistry rescue plan, stating that getting an NHS dentist is becoming ‘a lottery’ in the UK.

This plan is designed to tackle the NHS dentistry crisis by providing 700,000 new urgent dental appointments and recruiting new dentists to the areas most in need. In addition, it has promised to reform the NHS dental contract in order to ‘rebuild dentistry for the long term’.

This would focus on prevention and retaining NHS dentists, and includes golden hellos of £20,000 for those who spend at least three years working in underserved areas. The manifesto also promises to introduce supervised toothbrushing schemes for three- to five-year-olds, in a bid to reduce hospital admission rates for extractions. The party plans to fund this work by closing further non-domicile (‘non-dom’) tax loopholes and investment in reducing tax avoidance.

Contract reform

During Labour’s election campaign, MP for Ilford North Wes Streeting also promised to meet with dental representatives to begin negotiations on the NHS dental contract following the party’s win. He said: ‘Unlike lots of the other parts of the NHS, the challenge in dentistry is that we’ve got quite a lot of dentists, but the contract is so out of date that it just doesn’t pay what the dentistry is worth.

‘So we’re going to have to negotiate a new dentistry contact.’

This was welcomed by British trade union Community, which stated that this commitment is a clear signal of the party’s ambition for the sector.

Community assistant general secretary, Alasdair McDiamid, said: ‘The UK’s dentistry sector has been neglected for far too long by the Tory government.

‘Waiting times are up, staff are demoralised and they have no plan to get us out of this crisis.

“That’s why we welcome Wes Streeting’s commitment to meet with representatives of the dental sector within the first week of a UK Labour government. Because it shows the drive and ambition for patients, dental nurses and dentists to change things for the better.’

Starting the ball rolling

Labour’s pledges have been broadly welcomed by the British Dental Association (BDA).

A BDA statement said: ‘Labour has pledged to start the ball rolling on fundamental reform of NHS dentistry. ‘Other manifesto commitments might take the edge off the crisis millions now face. But only one can end it, and that’s a decent contract, properly funded.’

BDA chair Eddie Crouch has also backed the supervised brushing plan, stating: ‘Supervised brushing is a tried and tested policy that the government’s own modelling shows pays for itself.’

Tooth regrowth drug to enter human trials

A new medicine that has successfully promoted tooth regrowth in animals is set to enter human trials in September.

The drug has already been shown to generate new teeth in mice, ferrets and dogs with no major side effects. Human testing is set to begin at Kyoto University Hospital.

The human trials will involve healthy adults with at least one missing tooth being injected with the medicine and observed. This will establish whether any negative health effects result from human use. Once the safety of the drug has been confirmed, researchers will test it on children aged two to seven with four or more missing teeth.

Researchers have warned that even if the trials are successful, the medicine is unlikely to be available to the public before 2030.

Katsu Takahashi, head of the dentistry and oral surgery department at Kitano Hospital and lead researcher on the project, described regrowth as ‘every dentist’s dream’.

He said: ‘We want to do something to help those who are suffering from tooth loss or absence. While there has been no treatment to date providing a permanent cure, we feel that people’s expectations for tooth growth are high.

The drug works by suppressing USAG-1, a molecule that inhibits bone growth proteins. Researchers hope that regrowing teeth will become a ‘third choice’ alongside implants and dentures.
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What comes next?

So, here we are. After 14 years of Conservative government, the old order has given way to a new regime.

I’m writing to you from the past, while the dust is still settling on the day after the general election, but by the time you read it, Sir Keir Starmer should be thoroughly moved in.

The timing over our print deadline has not paired comfortably with the vote, which is why the majority of our election coverage can be found online but look forward to mock reaction and commentary on the new regime in our next issue (and beyond).

Work to be done

While we wait to see what the UK will look like under its new government, I can’t help but take a moment to reflect on what the outgoing administration has left us with.

It is a truth universally acknowledged that neither Rishi Sunak nor any of his four prime ministerial predecessors have showered themselves in glory as far as NHS dentistry goes, but for the sake of closure, let’s play the hits one more time.

The number of dentists working in the NHS is at its lowest point in more than a decade: at last count around a third have walked away from it entirely, most likely for good. Unsurprisingly, that leaves us in the middle of an unprecedented access crisis. Delivery levels of NHS dentistry are still 15% lower than pre-pandemic levels and the regular news coverage of round the block queues for a handful of NHS appointments have become commonplace.

Horror stories of DIY dentistry and gory, self-administered extractions are rife. Sepsis is running rampant through our hospitals.

So there is work to be done, for sure. But before we blow the fanfare for the arrival of the cavalry (and lest I be accused of bias), let’s remember one thing.

One of the central themes at the heart of this crisis is the (quite rightly) much-maligned NHS dental contract. Who brought said contract in? It was indeed a Labour administration.

No quick fixes

So while it’s been interesting to see the importance of NHS dentistry played out as a key topic of debate during this election – and to note how far we’ve come from the old adage that ‘dentistry is not a vote winner’ – the jury is still out on exactly what comes next.

The problems we’re facing may have their roots in the NHS contract but they also stem from severe workforce issues that impact both the private and national health markets. The economic factors at play are legion, for literally every stakeholder between the government and the end user.

There are no quick fixes here. There is no silver bullet that magically solves these challenges.

I’m not yet convinced that the manifesto pledges from Labour show enough of a grasp on the complexities of the problems to back up the delivery of a solution. ‘Rebuilding’ the contract for the long term is absolutely critical, but it’s another fine headline. Behind the spin, what does that actually look like?

There are voices of reason that I hope will be listened to. Chief dental officer Jason Wong’s grasp of the complexities is impressive, and I think his ideas about addressing many of them are well considered: but I wait to see how willing our new PM will be to grasp the nettle.

The British Dental Association has done a great job at setting its stall out in opposition to the previous government’s policies. But now, it needs to change the record and start offering constructive suggestions for change.

And let’s be honest here: if we want the UK to have dentistry available as part of our health service, then so do we all. The time has come to start putting money where our mouths are, in more ways than one.

Majority of early career dentists view GDC negatively

The majority of dental nurses hold positive views of the General Dental Council (GDC), new statistics have revealed – while most dentists view the regulator negatively.

That’s according to a new GDC survey of almost 1,500 early career dental professionals (ECPs). The findings show that the majority of respondents either had a neutral or negative perception of the regulator. More than two in five (44%) reported a positive perception of the GDC, nearly one third (30%) reported a neutral perception, and just over a quarter (26%) reported a negative perception.

Responses also varied by sub-group. Dental care professionals (DCPs) generally had a more positive perception of the GDC compared to dentists, and individuals registered with the GDC for a longer period of time were generally more negative in their perceptions.

Stefan Czerniawski, executive director of strategy at the GDC, said: ‘This research makes clear that there is still more to do to ensure that the regulatory system is transparent and effective and is seen positively by the dental professionals we regulate. The insights it provides will be invaluable in helping us do that more effectively.’
The invisible solution

Answers to seemingly intractable problems are often in plain sight; Kevin Lewis highlights one of them

Kevin Lewis | Consultant editor

NHS dentistry has been a problem for successive governments for three quarters of a century. It seems longer, I know. In any other general election campaign over that extended period, the NHS and current issues within it would have dominated the doorstep and ‘photo-op’ conversations as the hottest of all red-hot issues, and yet this time around it has been drowned out on many days by all the other political ‘noise’ and more so in some of the devolved nations, than in others. Even the BMA’s strategically timed junior doctors strike attracted minimal attention.

Primary care dentistry is, however unwittingly or improbably, the blueprint for a possible new way forwards for the beleaguered NHS. Is it that the politicians can’t see it? Or that they won’t see it (or can’t admit to seeing it?)? There was a clue in one of the early televised head-to-head debates last month between Rishi Sunak and Keir Starmer, when both leaders were asked whether they would seek private care for a member of their family if they needed surgery but were stranded on a long NHS waiting list.

Within nanoseconds a cultural divide on the scale of the Grand Canyon opened up when Sunak answered with an unequivocal yes (his look of incredulity suggesting that he thought this was a really daft question, the answer being a no-brainer). Starmer sensed an opportunity and with a ‘how very dare you’ facial expression, answered an emphatic ‘no’ alongside a disgusted shake of his head, explaining that he would never use private healthcare under any circumstances. Sunak expanded on his own answer by stressing his conviction that people should be allowed to make their own choices; Starmer countered by explaining that there was no choice to be made because he believed passionately in the NHS and the NHS ‘runs through his DNA’ (sic). Both then followed the approved song sheet by listing family members who work/ worked for the NHS and/or occasions when they had been well served by the NHS and/or had clapped during the pandemic.

A few days later, however, Keir Starmer was at it again, this time confirming that he always attended ‘an NHS dental practice’ before being forced to concede that he was actually treated privately when he got there. Clearly intent on digging himself even deeper into a hole of his own making, he explained that as we all know, adults aren’t entitled to NHS dental treatment so that’s why he was treated privately. Perhaps Starmer’s DNA had been genetically modified where dentistry was concerned – but he is hardly the first or only politician struggling to understand and make sense of the mechanics of dentistry and its semi-detached relationship with the rest of the NHS.

But nobody is under any illusions – for complex reasons, the NHS was already deep in a bind long before the COVID pandemic and it’s an even deeper bind now.

For complex reasons, the NHS was already deep in a bind long before the COVID pandemic and it’s an even deeper bind now

Co-payments

In countries where health insurance, social insurance and/or health funds are widely accepted mechanisms for funding healthcare, the term ‘co-payment’ is often used to describe the direct patient contribution to the overall cost, payable at the point of treatment. Statutory patients charges (as in NHS dentistry) are one form of this: medical insurance ‘deductibles’ (‘excess’ payments) are another. In some countries (like Australia), healthcare providers including dentists are left free to set their own fee levels while patients spread and mitigate the cost by subscribing to health funds, choosing whatever limits on annual cover levels they feel to be appropriate to their needs. This can result in situations
In the midst of all the misplaced ideological rhetoric about NHS treatment being free to all at the point of use sits dentistry – a mixed economy of NHS and private treatment where the patient needs to top this up through a further ‘gap payment’ when the provider’s fees exceed the available cover from the fund at the time treatment is sought.

Nobody bats an eyelid about the fact that UK politicians of all political hues have agreed for over 70 years that it’s OK to charge patients when they visit a dentist, but not OK when they visit a medical GP or receive treatment in an NHS hospital. A comprehensive NHS that is free to all at the point of use is of course not only a sacred cow but also a myth. It is arguable, however, which sacred cow is the more sacred – the popular public view that the NHS should be free, or the view of politicians that the revenue stream provided by charges is too precious to reduce or reverse.

The issue of charges for public healthcare has been re-visited many times over the years, often when healthcare reforms were being mooted. In 2005, for example, the King’s Fund responded to a Health Select Committee consultation which considered the question of co-payments and concluded that: ‘There is the principled argument that given the fundamental founding objective of the NHS, it is anomalous to maintain patient charges when the patient needs to top this up through a further ‘gap payment’ when the provider’s fees exceed the available cover from the fund at the time treatment is sought.

And we all know what happened a year later... I’m not sure where ‘principled arguments’ fit into the 2006 UDA system but the government of the day kept (and in fact, covertly increased) its Patient Charge Revenue under cover of a different system of calculation. By 2023, the same King’s Fund had relatively little to say about the unfairness of singling out these few areas of healthcare to be used as cash cows to underpin the rest. But when such a large proportion of the UK population has been abandoned to its fate – and not just in the so-called ‘dental deserts’ – while NHS dental contract underspends are milked off to plug the gaps elsewhere in healthcare delivery, tinkering at the edges is rendered a nonsense.

Hypothecation

Being the polar opposite of what has been happening in NHS dentistry, ‘hypothecation’ is a term used in economics to describe the ring-fencing of a tax or charge for a specific, clearly-understood purpose. The underlying theory is that people might be more willing to pay a little more if they could be certain that it would be spent for a purpose they valued and approved of.

There have been many examples of this over the years but while governments are initially enthusiastic about any wizard wheeze which pulls in more money without collateral damage, they quickly come to resent the way in which it ties their hands and increases the demand and impatience for service improvements in return – and most such initiatives are binned within years. The same economic theory argues that making the link between charging and spending more direct and visible in this way, trains the public to be more appreciative of the true cost and value of the service.

I am not sure I quite buy that, as many patients who are on benefits are exempt from charges and who don’t pay either tax or National Insurance, look upon a free NHS as one more entitlement. They dislike being stuck on an NHS waiting list just as much as those who do all the paying in, and will be just as vocal when expressing their displeasure – but let’s face it, they have no skin in the game when it comes to appreciating the true cost and value of the service.

There are wider considerations here in terms of health inequality and fairness; there is plenty of evidence that health levels are worse and need is greatest amongst those who don’t contribute financially. But there is also evidence that the deterrent effect of charges is not direct because the non-payers feature disproportionately amongst the non-attenders anyway. It is equally true that those who don’t pay prescription charges account for a disproportionate share of the overall drugs expenditure, and the evidence shows that they are also less likely to take the drugs prescribed for them (and provided to them free of charge).

Some have suggested targeted tax breaks for those who make private arrangements to fund their health and social care needs (thereby reducing the demand and load on the state-funded services and freeing up capacity for the benefit of others), often forgetting that this was tried in a limited way during John Major’s premiership, only to be abolished immediately upon the arrival of Tony Blair. Others have suggested a nominal charge for visiting a medical GP to deter over-usage, but this might store up even bigger problems or divert demand to already-overstretched services like A&E especially if they remained free.

Only dentistry and ophthalmic services have shown that NHS and private care can co-exist, and do so very effectively. The key is to somehow get past all the politics and ideology, to allow the market to operate without excessive state interference, and for the state to be more honest and transparent in explaining what it is willing to fund, why and for whom. I sense that the public is crying out for someone to have the courage to do this.
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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.
**Mouth cancer campaigner Philip Lewis awarded MBE**

Philip Lewis, dentist and past president of the Mouth Cancer Foundation, has been awarded an MBE for his services to oral cancer in the King’s Birthday Honours List.

Through Dr Lewis’ work as a dentist and being involved with the Mouth Cancer Foundation since the charity’s inception 20 years ago, he has been dedicated to raising awareness, educating and promoting the early detection of mouth cancer as well as supporting those affected by it.

On receiving the award, Dr Lewis said: ‘This award is in recognition of over 30 years of campaigning to raise awareness of all head and neck cancers and encourage the dental profession to carry out thorough oral cancer checks on all patients at annual routine appointments.

‘As a trustee and past president of the Mouth Cancer Foundation I have also been involved in devising a self-check which the general public can carry out on themselves.’

‘Amazing legacy’

During his time as president of the Mouth Cancer Foundation, Dr Lewis grew the charity, which continues to go from strength to strength since I very first started raising awareness of head and neck cancers.

A large part of the Mouth Cancer Foundation’s remit today is also educating dental and medical professionals on the early detection of head and neck cancers. The charity has also stated that Dr Philip Lewis and founder Dr Joshi have ‘certainly created an amazing legacy’.

Dr Lewis continued: ‘We have come a long way since I first started raising awareness of head and neck cancers.

‘Dentists took some convincing to carry out checks on patients and often members of the public were unaware cancer existed in the mouth until someone close to them was diagnosed.

‘When I used to lecture many years ago, I would be talking to a handful of people. Now my lectures are packed out with the profession wanting to learn as much as possible about oral cancer.

‘So, progress is being made.’

**GDC to cease publishing interim orders**

The General Dental Council (GDC) is changing the information it publishes about decisions from the Interim Orders Committee (IOC).

After a review of its policy, the Dental Professionals Hearings Service will no longer publish IOC determinations. Instead, the outcome will be published on its website after a month and removed. These have been replaced with the outcome of any hearing or review. Where no order is imposed by the IOC, the outcome will be published for one month and reviewed.

**Assess risk**

The GDC added that there may be instances where it is in the public interest or in the interests of the dental professional or other parties concerned for the registrar to apply discretion to this policy. However, the GDC expects these circumstances to be limited and the need to apply discretion rare.

Theresa Thorp, executive director of regulation at the GDC, said: ‘By limiting publication to the IOC outcomes and any restrictions on a dental professional’s registration, we aim to maintain public safety and confidence while minimising negative effects on dental professionals while fitness to practise matters are investigated. This change in policy recognises that allegations are untested at an IOC hearing or review because the role of the IOC is to assess risk and not to determine the facts of a case.’

All previously published IOC determinations have also been removed. These have been replaced with the outcome of any hearing or review. Where no order is imposed by the IOC, the outcome will be published for one month and then removed.
Dentistry Compliance has unveiled a new suite of free human resources (HR) tools designed to help practices work more effectively and free up their time to focus on patient care.

The new tools address some of the key HR challenges faced in practices – such as managing new team members and keeping on top of HR policies or admin.

The tools will be available without additional cost to all Dentistry Compliance members.

The new functions have been purpose built to meet the exact needs of dental practices. A survey of 230 dental professionals found that 70% already used compliance tools, and 30% used HR tools. The top three most-needed features were HR policy management, file tracking, and secure document storage.

**Key features**

The new HR tools include several key features.

- The HR policy management function offers expertly sourced HR policies along with a compliant employee handbook created in partnership with specialist dental lawyers Buxton Coates. Practices will be able to adopt, personalise, and manage HR policies while ensuring staff engagement with an acknowledgement tracker.

- Elsewhere, an HR file tracking tool has been integrated into Dentistry Compliance’s onboarding and induction workflow, centralising essential HR files such as immunisation records, DBS checks, and right-to-work documents. A reporting overview allows management to monitor the status of these files.

- Finally, the addition of secure document storage will provide a secure area for HR managers to store confidential staff files and other sensitive documents, ensuring compliance and easy access when needed.

**Benefits for practices**

Pat Langley, CEO of Apolline and clinical director of Dentistry Compliance, explained why the move is such a critical one.

‘We know that HR can be a headache for practices,’ she said. ‘But we also know that with the right tools, it doesn’t have to be.

‘We’ve listened to our member practices to develop tools that will make a practical difference to their working lives when it comes to HR in the same way that Dentistry Compliance does for regulatory issues. They’re effective, easy to use and tailor made for dental practices, and perhaps best of all they’re also free!’

‘We think these tools are going to help practice managers work more confidently, flexibly and efficiently. We’re thrilled to bring them to our members.’

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FMC partnership with ADAM ‘will make practice managers’ lives easier’

FMC, publisher of Dentistry, is delighted to announce its partnership with the Association of Dental Administrators and Managers (ADAM). The joint venture will unlock the power of Dentistry Compliance and Dentistry CPD products for ADAM members. Practice managers and other non-clinical members of the dental team will have access to FMC’s vast library of content and support material.

It opens up a new range of useful resources and information on everything from business management to compliance.

FMC’s chief executive officer, Craig Welling, celebrated the partnership, saying: ‘We’re absolutely thrilled to be working with ADAM. FMC’s mission is to connect and support UK dentistry. With this partnership, we are better positioned than ever to do that for practice managers and non-clinical staff.

‘The rate of change in dentistry has been accelerating non-stop in recent years and there are no signs that things are slowing down. If it weren’t challenging enough already, the role of the practice manager is only going to become more complex. But keeping the dental team in the know is something we’ve been doing for more than 30 years.

‘Through Dentistry Compliance and Dentistry CPD we’re applying that experience where it counts. We will support practice managers to focus on patient care rather than worrying about compliance and regulation.

‘We’re passionate about delivering best-in-class support that helps practices become more effective, more efficient and work with confidence. In short, all the things that make practice managers’ lives easier.’

Natural partners
ADAM’s president Lisa Bainham said the partnership will allow teams to focus on building better practices.

‘FMC’s heritage of supporting the dental industry shines through and in recent years their dedication to making the lives of practice managers easier has made us natural partners,’ she said.

‘It’s vital that any compliance support helps practice managers, rather than adding to their workload. Dentistry Compliance and Dentistry CPD do that.

‘By simplifying some of the most time-consuming tasks ADAM members face, this partnership will allow them to focus their energy and efforts on building a better practice.’

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Ian Trenholm steps down as CQC chief executive

The Care Quality Commission (CQC) chief executive and board member Ian Trenholm has stepped down.

The previous deputy chief executive Kate Terroni is now acting as interim chief executive until a permanent appointment is made.

Mr Trenholm said: ‘During my six years leading CQC, we have made important changes to the way we work in order to help improve care and keep people safe. We are now in the final stages of delivering an ambitious transformation programme – this month saw the delivery of the last big milestone in a complex and challenging programme of work.

‘While there will always be more work to do, the conclusion of this stage of the transformation feels like a good time to move on. It has been a privilege to work with such a passionate, committed and talented group of colleagues.

‘I am incredibly proud of what we have achieved together, and I am confident that the organisation will continue to evolve to help support the health and care system to provide good, safe care for people.’

Appointed chief executive in 2018, Ian Trenholm previously served as chief executive of NHS Blood and Transplant for four years. He has also worked for the Department of Environment Food and Rural Affairs (Defra) and the Royal Hong Kong Police Service.

Incoming interim chief executive Kate Terroni is a former social worker who joined CQC in 2019 as chief inspector. She has held several positions with CQC including interim chief operating officer.

Xylitol linked to risk of blood clots

Researchers have warned of a potential link between low-calorie sweetener xylitol and increased risk of life-threatening health problems such as blood clots.

A study published in the European Heart Journal found that consuming high levels of the sweetener was associated with increased risk of heart attacks, strokes and death.

Xylitol is commonly used in food and drinks, chewing gum and toothpaste.

The study was led by Steven Hazen, chair of cardiovascular and metabolic sciences at the Cleveland Clinic. He said: ‘This study again shows the immediate need for investigating sugar alcohols and artificial sweeteners, especially as they continue to be recommended in combatting conditions like obesity or diabetes.’

The Calorie Control Council (CCC) responded to the study in defence of low-calorie sweeteners. CCC president Carla Saunders said: ‘The results of this study are contrary to decades of scientific evidence substantiating the safety and efficacy of low-calorie sweeteners such as xylitol by global health and regulatory agencies.

‘While the authors used multiple methods, it should be noted that the findings are limited in their ability to establish association only. Further, one phase of the study included individuals who were already at increased risk for adverse cardiovascular events. These findings are a disservice to those who rely on alternative sweeteners as a tool to improve their health.’

Nine in 10 practices falsely categorised as ‘accepting NHS patients’

An investigation by the British Dental Association has found that out of 100 practices categorised as accepting NHS patients, only 10 actually had capacity to do so.

In April, the Department of Health and Social Care (DHSC) said that almost 500 more practices were accepting new adult patients across England compared to January.

The DHSC claimed that this increase was as a result of the NHS dental recovery plan.

The British Dental Association (BDA) said it was able to identify and call 100 of the 500 practices this referred to, but only 10% were in a position to accept new patients.

One practice reportedly said it was closing within a month, with others declaring two-year waiting lists.

The BDA also described a practice which had no capacity but said it would consider seeing patients in ‘10/10’ pain as a one off.

The BDA called this approach ‘actively unhelpful’ as it gives patients ‘false hope’. It continued: ‘This new status is effectively measuring whether practices “want” to take on new patients, not if they actually can at this time.’
Keeping the hoop spinning

Catherine Rutland reminds us that a distracted mind can cause daily routines to spin out of control.

In one corner of my study there is a hula hoop. Strange thing to keep in a study maybe, or maybe not! I bought it in the first lockdown to add to the range of activities I could do from home.

Over time its usage has changed. When I have sat for too long and need to clear my brain, I find a few minutes of hula hooping works to repurpose myself. What I am aware of though, is that I cannot keep the hula hoop spinning if my brain is thinking of too much else.

On autopilot

There are many things we do in dentistry that can feel as if we are so used to doing them that we don’t really need to pay full attention. This can range from conversations with patients where we repeatedly ask or say certain things, to cross infection procedures at the end of a patient’s visit, to certain clinical procedures.

Yet like the hula hoop there is a level of detail in all of those things that does require our full attention, or like the hula hoop, something will fall.

Added to this in dentistry is the emotional context. If we are not fully engaged, but all is well with us, we can quickly come back into focus or notice something that is not quite as it should be. But if we are emotionally tired or compromised for whatever reason, we are far less likely to be able to notice or react appropriately to what we need to. Even if we have the emotional energy to notice, whether we can respond becomes a very different matter.

Why has the hoop dropped?

Many times in my life and for many different reasons I have known my decision-making process and focus is not what it should be. It is hard to then make sure you do something to change that, yet we must. For ourselves, for our teams around us, and for patient safety if in clinical practice... so while my hula hoop had its original use, the purpose it has now is far more important. It may take several times of falling to the floor before I pause and consider why I can’t keep it spinning. But consider the reason I must. And then, I have to be kind to myself and work out what to do to keep it, and life, spinning happily.

Secure your exit strategy

Iain Stevenson discusses why now is a great time to focus on retirement planning and the key questions to answer.

Having a general election often helps to focus the mind on certain aspects of financial planning.

It seems to encourage people to think more about how a party might impact on areas such as retirement planning. For that reason, this is a good thing.

Taking time to step back and reflect on your exit strategy and what life after dentistry might look like is positive, and while you are doing so, I would like to share a few thoughts on what you might want to consider.

Questions to ask

Who else is involved in the decision? What are the triggers for you that determine when the right time might be? Does it depend on your children being financially independent?

Will you fully retire or ease yourself out of the practice? Will you sell your practice and is there a set value you expect to get from it? When is a good time to sell? Who should you sell it to?

Where do you intend to live? Is there a holiday or permanent home abroad to consider?

Are you setting up a new business? Do you intend to start a whole new career doing something completely different?

Are there any capital expenditure outlays required over the short, medium or long term?

Are you going to spend more time on certain hobbies or perhaps start new ones? What is the cost of doing so?

Will you have paid off any debt? What is your tax position post-retirement? What age would you like to consider retiring?

Bringing plans to life

There are many more questions you can ask yourself but starting to answer the aforementioned is real retirement planning. You can then build your financial provisions around this to bring it all to life and help to highlight any gaps and where you may need to spend your time and money.

The main benefit of thinking like this is that it gives you the one thing you should be striving for: control. Planning around such factors will help to ensure you get to move onto your life in retirement after a career in dentistry, at a time that suits you and on your terms.

You will of course need to build in a degree of flexibility as circumstances change and you will want to be able to adapt.

Place your bets

Nigel Jones asks whether the incoming government will have the political courage to gamble.

‘It felt like I was betting my house on red or black’. So said the owner of a very successful private practice as he described to me the pressure he felt under as he made the decision over a year ago to hand back his very large NHS contract. A decision he believes undoubtedly to have been the right one. For years, even decades, it has felt like successive governments have used the enormity of that decision, and the associated perceived risk, to keep many dentists from leaving the NHS rather than genuinely creating reasons for healthcare professionals to stay within the National Health Service.

However, with every successful NHS conversion, and there have been hundreds in recent years, the sense of a huge gamble is lessening. Partly because the testimonials are very compelling and partly because private practices (usually) see fewer patients so strengthen the position of those that might follow.

This new government is therefore faced with some difficult choices. Finding ways to make it harder to leave the NHS is an option which, I suppose, is where the proposal to tie in dental graduates to the NHS first long with, arguably, the potential to increase competition for patients by flooding the market with overseas dentists.

Challenges and choices

We undeniably have a workforce challenge. I work with private practices that are struggling to recruit associate dentists, therapists and dental nurses. However, addressing this in a manner and speed that adequately protects the safety of the public in the process will be no mean feat. Too fast, and without extensive and costly supervision, quality of care will suffer. Too slow, and the strategy will be partly overtaken by events.

The real choice for this government was most recently distilled down by the Nuffield Trust into a choice between significantly increasing funding, or moving towards a core service targeted at priority groups such as the under 18s and vulnerable adults.

Perhaps the beginning of a new parliamentary term offers the opportunity to be bold and grasp the nettle in the hope that there will be public acceptance by the time of the next general election. Or perhaps it will feel like a political gamble on red or black and the bravery currently being demonstrated by so many dentists across the UK will desert the powers that be.

Time will tell. D
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During the countdown to polling day in this general election, it has been great to see the main political parties making commitments in their manifestos to improve provision of NHS dentistry.

Anyone who has attended a DDU talk on minimising the risk of complaints will have heard me repeat the mantra that when it comes to managing patient expectations, it is better to under promise and overdeliver. The same is true for those setting the future direction of dentistry. We have heard many promises in the election campaign about how many more dental professionals and appointments will be made available to patients and suggestions for how this could be achieved. And under the Conservative government’s dental recovery plan, various initiatives such as provisional registration for overseas dentists and dental care professionals being able to open courses of treatment have recently been announced.

At the time of writing, we don’t yet know the outcome of the election, but people’s expectations will undoubtedly be high of what NHS dentistry can deliver in the coming months. It is hardworking dental professionals who will be on the frontline of meeting those expectations.

What does the profession want to see?
The DDU recently asked members which dento-legal policy areas they wanted the next government to prioritise. Almost all (96%) of the respondents said they want political parties to include plans in their manifestos to support the health and wellbeing of the dental workforce. Eight in ten (80%) of those responding to the DDU’s survey also said they feel negative about the future of the NHS.

One dentist told us: ‘There aren’t enough hours in the day. We are trying to give the best patient care we can, but we have so many patients, it is difficult and stressful.’

Our political leaders need to find a way to improve access to NHS dentistry, but there are no quick solutions. When pulling policy levers, it’s important to consider the impact on both patients and the dental workforce. We care for our patients but we also need healthcare leaders and the government to care for us and not put us in a vulnerable position due to unintended consequences.

We care for our patients but we also need healthcare leaders and the government to care for us and not put us in a vulnerable position due to unintended consequences.

Politicians, like dental professionals, should under promise and overdeliver, says John Makin

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A time of growth: the story on the PortmanDentex merger

Julie Ross discusses the PortmanDentex merger with Guy Hiscott to examine how the new business is celebrating its shared values, purpose and mission – and what the future looks like

Guy Hiscott (GH): In 2023 you described a year of transformation ahead – what’s defined that time?

Julie Ross (JR): About a year ago, Portman Dental Care and Dentex announced that they were going to merge – and PortmanDentex was born. The work since then has been about creating a new combined business – and it very much is a new business.

We’ve almost doubled in size. That’s given us the opportunity to redefine who we are and what we want to achieve. We’ve launched our new name and brand now, telling people we are one business, which was a really important milestone. Bringing those two communities of colleagues and clinicians together has been the defining work of the last 12 months.

Some of that has been quite tactical, bringing systems and processes together for example, but there’s a big cultural element to it as well. Both businesses were very culture-led, so finding a common set of values and a purpose that everyone could get behind has been critical. So yes, it’s been a pivot in culture but exciting places.

GH: What’s it been like merging two businesses so defined by values – have there been any surprises?

JR: We knew that both businesses were very similar on the surface. The headlines tell us that: both businesses were very culture-led, so finding a common set of values and a purpose that everyone could get behind has been critical. So yes, it’s been a pivot in culture but exciting places.

GH: What was the biggest challenge of this process?

JR: The biggest challenge has been getting the central teams into a place where they all felt like one team. At the executive level, we all knew what was going on from an early stage and had time to process the change. And for practices, while there is some change, they continue to operate fairly autonomously in their local markets.

But for our support office teams everything has changed: who they work with, how they work, all of it. The team has been absolutely amazing, and I am very proud of where we have got to – but it’s not been an easy 12 months for them.

It’s been noticeable that we don’t hear ‘Portman’ and ‘Dentex’ anymore, because we have announced our new name as PortmanDentex, and it really feels like one team now.

GH: How prepared is PortmanDentex to tackle challenges outside of the business?

JR: I think we all have to have our eyes wide open about these challenges.

The consumer cost of living crisis is having a huge impact: on our colleagues as well as patients. Private dentistry seems to be incredibly resilient – partly, I think, because unfortunately the NHS isn’t always providing the care that people need. Post COVID, people are realising the benefit of prioritising health. But we are not immune to the macroeconomic environment, and we are aware of the negative headwinds that could impact us. Interest rates going up has been a big issue. It’s one that’s impacted the mergers and acquisitions market because it affects practice valuations.

And of course, there is a shortage of dentists and nurses. We’re fortunate that it’s less of a challenge if you’re focused on the private space, but it’s absolutely still an issue, and one that we’re working hard to mitigate by making sure that our practices are the ones where people want to work. However it’s a real long-term concern for the whole industry. We’re very lucky – we’ve got excellent data from practice roles as nurses or receptionists in our practices and practice colleagues with career development.

GH: How would you sum up the new business?

JR: Our purpose goes beyond fixing teeth: it’s about enabling health and happiness over lifetimes. Our mission is around really using our scale – embracing that, being proud of and using it to make our commitments reality.

We want to continue changing the way dentistry works in a way that’s positive for colleagues, clinicians and patients. And we want to preserve a sense of individuality as one of our core values: we don’t ever want to become a faceless corporate. Maintaining that sense of personal accountability and close contact as we get bigger is really important.

We’ve managed it so far – and I think it will keep setting us apart even as we grow in future.
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Dentistry’s Big Questions explores the hottest topics in the profession. In honour of Pride Month, we asked our audience: is dentistry inclusive of the LGBTQ+ community? Find out what the community had to say below:

**Jenna Ellis**  
Dental technician  
I have worked in dentistry for around 10 years now and overall my experience has been a positive one. I myself am in a same-sex relationship, and have worked and currently work with a great team who support me and understand me without treating me any differently to anybody else.  
However, in the past I have had colleagues make comments or ask inappropriate questions related to my sexuality. Now, being the type of person that I am, in the past this has been seen as banter and has never bothered me. But having said that, when we look at what is going on now around people's rights and accepting peoples’ beliefs, sexualities and races and how this has now become an offence within the law if somebody is discriminated against, the things that I have experienced in the past would be unacceptable today.  
From my understanding, a high percentage of the LGBTQ+ community experience some sort of anxiety or depression and other mental health issues. It is important that the mental wellbeing of those affected is also considered.

**Charlie Steward**  
Dental hygiene and therapy student  
My dental career began in 2021. I had just come out as gay to my family but was still hiding my identity at work. A year into my training, I finally found the courage to come out. I was so lucky to have a supportive team; I couldn't imagine the negative impact I'd have suffered had they not accepted me.  
It is clear that patients are most vulnerable in the dental chair, some more than others such as those with gender dysphoria. These patients walk in to have treatment – not to have their identity judged. Medications including hormone replacement therapy (HRT) can cause oral health problems so we need to create a safe environment for our patients where questions can be asked. Professions will always have members who are prejudiced against certain identities. This is sadly a problem, but I don't believe that dentistry should ever be branded as a profession that is not safe or non-inclusive to the LGBTQ+ community. We, like all medical professionals, are here for our patients and believe in learning to keep in date with the world we live in.

**Nick Coller**  
Dental hygienist and facial aesthetics practioner  
So often conversations around the LGBTQ+ community are toxic. We're angry, we want more rights than other people, we want special and different treatment, we want to take over other people's safe spaces.  
The truth is we have often not had safe spaces of our own. We have known prejudice, violence, bullying and harassment in ways some other members of society have not. Members of the LGBTQ+ community face unique challenges that can all too easily get overlooked. We suffer from 'minority stress'. We are more likely to suffer from depression and anxiety. Our community has a far greater incidence of self-harm, eating disorders, drug abuse, homelessness and suicide compared to the rest of the population.  
I don't hold myself out to and I can't possibly hope to speak for the entire LGBTQ+ community. I can, however, try to raise awareness this Pride Month of the challenges that members of my community face – be they patients or colleagues. Part of our duty of care is to ensure we treat our patients without discrimination. This can mean challenging our own preconceived ideas towards members of society that we might not come into regular contact with outside of work. However, according to Stonewall, one in seven LGBTQ+ people avoid seeking healthcare due to fear of discrimination by staff.  
Ultimately, I believe that you, like me, might have chosen dentistry as it is a caring profession. I take it that you have an interest in people, appreciate differences and you want to make a difference in helping others.
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Introducing the 2024 Dentistry Top 50
Who are the game changers in dentistry today? Where are the trailblazers, the visionaries – and the unsung heroes? Where does the real influence lie within the dental profession?

The Dentistry Top 50 2024 is here to answer these questions for another year.

The Top 50 is no ordinary list – it’s curated by us to shout about the people making the biggest difference in shaping the profession. This is about the people propelling dentistry forward, and celebrating their achievements within the dental community. Because dentistry – and by extension, the patients it serves – arguably needs its heroes more profoundly than ever.

Defying adversity

Today’s dental landscape is an uneven country, between the access crisis that defines NHS dentistry, continuing political change and patient demand for private treatment clashing with rising living costs. Last year, we published a list set against the backdrop of unprecedented disruption. In many ways, the Dentistry Top 50 2024 is no different. But while the world outside the practice walls goes through the difficulties of defining a new normal, the dental profession is – as ever – rising to that challenge in fascinating ways.

The people on this list are instrumental in defining that response.

Making the cut

As ever, there is no single metric for inclusion on the Dentistry Top 50. On this list you will find opinion leaders, mentors and educators – people pushing to extend the dental community’s collective knowledge. They stand shoulder to shoulder with researchers, campaigners and activists: those working tirelessly to improve things for the profession or simply to find some way to deliver oral healthcare where it is needed most. And of course, there are the giants of clinical care and general practice themselves – the clinicians at the sharp edge of dental practice in the UK.

Whether it’s building successful practices, advocating for those in dire need of oral care, or educating others to do the same, the passion and determination displayed have undeniably elevated the field.

In some respects, the new Top 50 remains a gauge of influence and, to some degree, popularity. But it goes far beyond that: the names on this list characterise the innovation, drive, passion, and conviction that define dentistry in 2024.

These results stem from hours of discussion and deliberation from our entire team. We understand that not everyone will agree with all our selections, but rest assured, each one was chosen with care and consideration.

Welcome to Dentistry’s Top 50 2024.
The names on this list characterise the innovation, drive, passion and conviction that define dentistry in 2024.

Colin Campbell
Specialist in oral surgery and director of The Campbell Academy

Debbie Hemington
President of the British Association of Dental Therapists and clinical tutor

Eddie Crouch
Chair of the British Dental Association’s Principal Executive Committee

Fiona Ellwood BEM
Executive director and emeritus chair, Society of British Dental Nurses, and trustee of Dentaid the Dental Charity

Gauri Pradhan
Campaigning practice principal and trustee of the International Dental Organisation

James Goolnik
Dentist, anti-sugar activist and chairman of the British Dental Bleaching Society

Jason Wong
Chief dental officer for England

Jin Vaghela
Director of Smile Clinic Group and visiting lecturer at UCL Eastman Dental Institute

Karen Juggins
Specialist orthodontist and driving force behind the #KeepBritainSmiling and #KeepStokeSmiling campaigns

Kevin Lewis
Consultant editor of Dentistry and ambassador for the College of General Dentistry

Kish Patel
Director of Smile Clinic Group and visiting lecturer at UCL Eastman Dental Institute

Kunal Patel
Entrepreneurial principal of Love Teeth Dental and media go-to commentator on dentistry

Linda Greenwall BEM
Bleaching trailblazer and charity campaigner behind the Dental Wellness Trust

The names on this list characterise the innovation, drive, passion and conviction that define dentistry in 2024.
News feature

Luke Hutchings
President of the British Academy of Cosmetic Dentistry

Manrina Rhode
Aesthetic dentist and chair of comms at the British Association of Private Dentistry

Martina Hodgson
Principal of The Dental Architect and co-founder of Inspiring Women in Dentistry

Milad Shadrooh
Oral health ambassador and media sensation better known as The Singing Dentist

Miranda Steeles
President of the British Society of Dental Hygiene and Therapy

Monik Vasant
Renowned educator, author and minimally invasive aesthetic dentistry pioneer

Natalie Bradley
Clinical director for Dentaid The Dental Charity and consultant in special care dentistry

Nigel Jones
Sales and marketing director at Practice Plan

Nilesh Parmar
High-flying clinician, lecturer and Forbes Business Council member

Nina Frketin
Dental technician championing female technicians through the Nightshift initiative

Paul Tipton
Specialist in prosthodontics and clinical director of Tipton Training

Pat Langley
Compliance expert, dentist and founder and chief executive of Apolline
Dentistry invited its Top 50 list to gather and celebrate each other’s success at a glamorous summer soirée last month.

The striking London skyline formed a fitting backdrop as attendees enjoyed drinks, canapés and the chance to strengthen connections with others in the dental community.

Guy Hiscott, content director at FMC and editor of Dentistry, paid tribute to the passion and dedication of the whole profession even as he celebrated the achievements of this year’s list.

‘Dentistry has changed so profoundly since we first launched the Top 50 nearly 20 years ago,’ he said.

‘Scarcely anything is the same: the workforce has become more diverse. The challenges that each practitioner faces have become more varied.

I think it’s fair to say that there is more nuance in the profession – and I think that’s a great thing.

‘Selecting this list has been both a profoundly difficult and incredibly rewarding task, because there is so much in dentistry worthy of celebration.

‘The names on this list characterise the very best of it. Whether it’s a case of bringing oral health to those most in need, championing clinical excellence, supporting the next generation of clinicians, or simply showing the world just how much there is to be proud of in UK dentistry, our Top 50 are shaping the profession.

‘They characterise the innovation, the drive, the passion, the conviction that fuels dentistry in the UK today, and we are all stronger for it.’

Turn over to see pictures from the night itself.
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Dental experts from across the UK came together at Woburn House, London on 12 June for the Dental Leadership Network (DLN) event. Convened by the General Dental Council (GDC), the event revolved around the role of dental leaders in supporting the health and wellbeing of the dental community.

The day kicked off with a welcome and introduction, closely followed by a presentation titled: ‘From surviving to thriving: managing a chronic health condition in dentistry.’ Led by Zain Hameed, dental core trainee and DLN working group member, he focused on the challenges experienced by staff members who work in dentistry with a chronic illness.

Safiyah Yacoobali and Sophia Morris, from the Diversity in Dentistry Action Group, delivered a presentation on inclusion and belonging in the workplace.

Dentist Nishma Sharma, who attended the event, said the talk highlighted that there’s a ‘long way to go’ when it comes to compassion in dentistry. ‘In order to be a compassionate leader, you must also be inclusive as well, so you can’t have compassion without that inclusivity,’ she said. ‘I think it’s very clear that the NHS is not a compassionate leader, I think the morale on the ground is at an all-time low.’

‘I don’t agree that fixing NHS dentistry is all about throwing money at it. I think it’s more about feeling valued, having a sense of belonging and a greater purpose. ‘I think there is a long way to go for those in leadership positions.’

Topics tackled
The first panel discussion kicked off just before lunchtime, focusing on the importance of mental wellbeing in the workplace.

The speakers tackled difficult topics, with audience members submitting questions, including the impact of fitness to practise (FTP) procedures, ‘blue-on-blue’ complaints and dental nursing support.

Neena Manek, dentolegal adviser at MDDUS, stressed the importance of case backlogs being solved. ‘The whole dental team is absolutely terrified,’ she said, describing an incident where she said a case took eight months to be considered. She stressed that it is not just FTP cases, citing Dentistry’s Saving Grace campaign and the issue of DCPs being struck off due to missing CPD submission deadlines.

Theresa Thorp, executive director of regulation for the GDC, acknowledged that FTP cases are ‘very stressful for everyone involved’. She said: ‘We have a lot more work to do. We are not there yet. But we have taken action in a number of areas... it is something we need to tackle together.’

‘I don’t want FTP to be the elephant in the room,’ she added.

She listed a number of changes, including adjusting the tone of voice when communicating to make procedures ‘less legalistic’.

High expectations
Ending on a positive note, Wendy Duncan, British Association of Dental Therapists (BADT) council member, said: ‘There is a clear pathway [for mental wellbeing] now, not just a DIY approach.’

Catherine Tannahill, director of clinician engagement for PortmanDentex, emphasised the importance of dental teams simply asking each other how they are. Following a buffet lunch, Mahrulk Khwaja, founder of Mind Ninja, shared her wisdom with the room. She explained how dental leaders can help to build team and individual resilience.

The next panel discussion centred on the idea that a healthy dental team leads to good patient care.

Clinician Ian Wilson has helped to bring awareness on emotional intelligence within the dental workplace. He spoke of the ‘fabrication of dental excellence’ that can come through social media.

Panel members agreed that dental clinicians put high expectations on themselves. Mark O’Hagan, director of people and OD at Community Dental Services (CIC), added that pressures can make them ‘self-critical’. The panel agreed that dentistry, in fact, has a lot to be proud of – it is a profession that gives meaning and purpose. ‘We are being more proud of – it is a profession that gives meaning and purpose.’

From the impact of social media to the role and purpose of GDC regulation, the health and wellbeing focus of the latest Dental Leadership Network event was well and truly examined. In 2024, key dental leaders mostly all agree that there’s a pressing need to address the mental wellbeing of the profession. As the BADT’s Wendy Duncan said, it is fantastic that the days of DIY solutions are behind us and, thanks to the work of some wonderful people and organisations, tools and pathways are available for wellbeing support in dentistry. However, the standout message from the day was that there is still work to be done.

FTP took up a lot of space during the panel discussion on mental wellbeing. Action has been taken by the GDC in recent months. A pilot to ‘improve proportionality and timeliness’ of fitness to practise processes, for example, has been extended to October 2024. But for many, this does not go far enough and the hard part is that there’s no overnight solution to improving wellbeing. As MDDUS’s Neena Manek said: ‘We are being more optimistic. We just need to keep going.’

Walking away from the event, however, I couldn’t help feeling a degree of relief that so many in dentistry feel able to voice the day-to-day struggles of both themselves and their colleagues – and are pushing for change.

Understanding pressures
Wrapping up the event was a speech from Tom Whiting, the new chief executive officer of the GDC.

He laid out his five priorities as incoming chief executive:

- Be clear on context and purpose
- Look at ourselves from the outside in
- Be a learning organisation and help others to learn too
- Engage, listen and respond to perceptions
- Build partnerships

Speaking about the day, Yvonne Shaw, deputy dental director at Dental Protection, said: ‘It’s been incredibly valuable to engage with other organisations and colleagues representing all members of the dental profession to understand what is impacting their teams.

‘We have got a long way to go in providing full wellbeing support across the entire profession but we’re on the journey and that’s really encouraging.’

The next Dental Leadership Network event will take place on 12 November 2024.
Mismile community – the ‘change makers’

As Mismile approaches a decade since its launch, we report from the Mismile Conference to find out why its community continues to flourish

‘The only constant in life is change.’ As we reflect on how our lives have changed over just the last decade, nothing could be truer. This was the theme of the day for the more than 500 attendees who flocked to this year’s Mismile Conference in London.

Mismile is an exclusive network of practices. The team has over 20 years’ experience partnering with practices to increase their Invisalign cases and help build their businesses. In its ninth year, the multi-award-winning Mismile conference has become a key date in the calendar of all ‘Mismilers’.

This year certainly lived up to expectations, with ‘inspiring’, ‘community’ and ‘innovators’ the key words on everybody’s lips.

‘You have to change’

The Mismile numbers are staggering. The 660-strong community has grown to include:
- 135 practices in the Mismile Network
- 401 Mismile Connect members
- 54 orthodontists
- 35 Mismile Connect members in Poland and the Nordics
- More than 40,000 Invisalign cases completed.

This year’s conference certainly felt like a celebration as the founder and host for the day, Sandeep Kumar, highlighted the milestones when he retold the story of how Mismile came about during his inspirational lecture.

Despite these numbers, the theme for the day – ‘Change makers’ – suggests Dr Kumar has no intention of resting on his laurels.

‘With guests from around the world, this truly feels like an international event’, Dr Kumar explained.

‘It’s the biggest and the best it has ever been. But change is inevitable.

‘We’re going to have to change. The question is, are you going to make that change proactively or are you going to wait for something to happen?

‘What I’m trying to tell people here is think two, three or four years ahead.

To be ready for the future, you must change. Otherwise, by the time you have to change, you’ve already been left behind.’

The way forward

As has become custom for the Mismile Conference, the day included a host of leading speakers from both within and outside of the profession.

Align Technology speakers talked delegates through the latest innovations and technology.

They also highlighted key consumer trends both in and out of healthcare. These included the latest statistics from both Google, Meta and Tiktok.

‘Digital is the way forward for many dental practices,’ Dan Gallagher, senior director for special markets at Align Technology, said.

‘But we’re aware that involves a lot of change management in terms of workflow, the patient workflow, the nurses, for the entire team.

‘By working alongside Sandeep and the Mismile Network, we hope that we can support dentists and their teams to be genuine change makers.’

New innovations

During the conference, Mismile launched their own innovations, proving they don’t just talk the talk.

Two key innovations included a Mismile rebrand and the launch of Mismile Media.

‘The current brand started nine years ago, and it’s done phenomenally well,’ Dr Kumar explained.

‘But we need to keep up with Gen Z, the Tiktok generation, and we need to create a brand that appeals to them.

‘We need quick and easy ways to communicate, and this was the whole purpose of the rebrand.’

Mismile Media is an example of how the team is continually striving to find new ways to help their community.

‘Enthusiasm and excitement’

The day was full of lectures and learning for delegates, with practical advice they could take away and implement into their practice on Monday morning.

Two big highlights from the day included a step-by-step guide to starting a Tiktok account, from Justin Owens, agency partnerships at Tiktok, and how to make your voice resonate with patients.

The other was an inspirational lecture from Harpreet Kaur, winner of The Apprentice 2022
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A word from our sponsors

Hear from the companies whose support is making the Dentistry Awards 2024 possible

Agilio
Agilio’s mission is to streamline your professional life with market-leading software solutions. Designed to optimise efficiency, its products offer significant time and cost savings while minimising stress. Its suite of services, renowned for excellence, encompasses compliance, CPD, HR, asset management, mentoring programmes, automated associate pay and dental plans. Its comprehensive support allows you to focus on delivering outstanding patient care and expanding your business, secure in the knowledge that the operational aspects are expertly managed.

Agilio's managing director, Laura Edgar says: ‘We don’t just sell dental products; we offer full, impartial, product-agnostic, expert advice. And it’s all free.’

The company’s ethos is clear: practices need only reach out for help, and Aura is readily available to assist, making access to expert guidance as easy as possible.

What distinguishes Aura’s expertise is not only its knowledge of dental decontamination products but also its deep understanding of protocols and best practices.

With an industry-leading NPS score of +84, it’s easy to see why Aura’s customers recommend it so highly.

Aura introduced Alpron, a leading dental unit waterline treatment, to the UK.

Bupa Dental Care
Bupa’s aim is simple: to deliver world-class care at a local level. Providing exceptional dental care is its passion, and with many ways to pay and even a subscription plan available, it believes that everyone deserves a happy and healthy smile.

Bupa delivers quality dentistry at more than 325 practices around the UK, offering both private and NHS services.

Always looking forward, its focus on the future means it continues to invest in its practices and the development of its teams. This ensures it can meet demand while remaining at the forefront of dentistry.

As part of this, it gives access to the latest digital technologies and innovations available within the sector. As a business, it continues to deliver high-quality care with cutting edge equipment, with you and your wellbeing at the heart of everything it does.

DD Group
DD offers an extensive range of specialist and exclusive products, equipment and support services across both the dental and the aesthetics markets.

Its customers have access to a wide range of dental practice equipment and repairs undertaken by the largest team of engineers in the industry.

DD supplies over 12,000 dental practices and 6,000 medical aesthetics clinics across the UK and ROI. It has three registered pharmacies that are regulated by the General Pharmaceutical Council.

To aid the profession, its dental and aesthetics customers can also benefit from product support and assistance with training and compliance.

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Denplan
Denplan, part of Simplyhealth, is a leading UK dental payment plan specialist, with 6,600+ member dentists nationwide, caring for approximately 1.4 million patients.

Denplan offers a range of services, including the Denplan Quality Programme and Denplan Excel Certification Programme for ongoing professional development. It also provides regulatory advice, business and marketing consultancy services and networking opportunities.

Denplan is committed to advocating for dental practices and the profession through active political engagement and stakeholder activity.

Dentaid
Dentaid The Dental Charity provides dental care for people experiencing homelessness, abuse, poverty, and harm. Its nine charity dental units visit hostels, community centres, soup kitchens and support services with volunteer dental professionals providing dental treatment and oral health programmes for the most vulnerable people in our communities.

Its charitable approach helps to break down barriers and gives hard-to-reach patients the best possible chance of accessing dental care. Dentaid The Dental Charity is growing fast, and this year will deliver almost 1,000 mobile dental clinics across the UK. Its patients include people experiencing homelessness, survivors of domestic abuse, cancer patients, fishing communities, families experiencing poverty and health inequalities, refugees and asylum seekers and those facing addiction, substance misuse and harm.

By offering a regular, sustainable dental service, Dentaid The Dental Charity helps patients re-engage with dental services, resulting in a significant improvement in their oral health and self-esteem.

This work is supported by an oral programme including its Brightbites scheme delivered at schools and family support services, particularly in areas facing social deprivation.

Aura Infection Control
Aura Infection Control is a leading supplier of infection control products and services to the dental market in the UK and Ireland. It has been supplying innovative infection control solutions for more than 20 years.

Its experts deliver accredited IPC training to dental practices and support thousands of dentists and DCPS to develop their knowledge.

Aura delivers the highly-rated ILM Leadership and Management in Dental Decontamination – the UK’s foremost dental decon lead course.

Aura’s managing director, Laura Edgar says: ‘We don’t just sell dental products; we offer full, impartial, product-agnostic, expert advice. And it’s all free.’

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Aura introduced Alpron, a leading dental unit waterline treatment, to the UK.
Dental Protection

There’s never been a more challenging time to practise dentistry. Dental Protection has been by your side for over 130 years and knows exactly what it takes to protect your career and reputation from complaints and legal challenge.

Membership means expert dentolegal advice when you need it most, from its in-house team that includes dentists like you, who understand the challenges you face.

If the unexpected happens, its experience comes into its own. The dedicated team, made up of experienced claims managers, solicitors and dentolegal consultants, can be by your side for every step of the clinical negligence claims process. Dental Protection also fights your corner at GDC proceedings on a wide range of matters – including that of personal conduct. And it’s not just here if things go wrong, it offers a huge range of verified CPD included as standard as part of membership, you can build your skills through training days, workshops, events and a wealth of online learning resources. Its members can also benefit from an exclusive wellbeing service, which includes access to confidential counselling.

Dentally

Dentally is a market leading fully cloud-based solution for faster, simpler dental practice management – trusted by over 30,000 dental practitioners worldwide.

Providing a powerful cloud-based solution that streamlines operations for dental professionals, Dentally facilitates seamless work from anywhere, enabling practices to operate more efficiently while freeing up precious time to focus on practice growth and patient care.

Designed in collaboration with dentists, Dentally emphasises simplicity and efficiency across all aspects of the dental practice – from its intuitive interface, administration and patient care to team management. It removes the need for costly hardware, offering secure cloud storage that reduces operational costs.

Dentally is tailored to support various dental practice structures, including single-site practices, multi-site groups, new practices starting out, practice structures, including single-site practices, and highly rated dental marketing agencies – from initial consultations with the patient to aftercare, and all steps in between.

Microminder

Microminder is a leading provider of IT services to the dental sector. Its solutions are inspired by the latest technology and delivered with a strategic, consultative approach.

Microminder works closely with its clients to provide cutting-edge, innovative solutions. Its team is passionate about technology and is committed to providing excellent service, leaving you rest-assured that your IT services are in safe hands, while you focus on caring for your patients. Microminder’s experts are always on hand to support and guide you.

Smilelign

Smilelign supports dentists, dental technicians, dental hygienists and therapists both professionally and personally in fulfilling their passion and purpose: to ensure that people have the best possible oral health and quality of life, today and in the future.

The history of its daily business dates back to 1923. Today, it is one of the world’s leading-edge dental companies. Its integrated solutions are helping to improve the state of oral health worldwide. Like its customers, Ivoclar never stands still – it shares one mission: making people smile.

Ivoclar

Ivoclar supports dentists, dental technicians, dental hygienists and therapists both professionally and personally in fulfilling their passion and purpose: to ensure that people have the best possible oral health and quality of life, today and in the future.

Ivoclar knows that intensive research, extensive testing and a healthy does of curiosity are required to develop truly successful innovations. That is why it listens to dentists and dental technicians and learn to understand their daily working needs.

Ivoclar’s complete product portfolios work together to ensure efficient and reliable results. Its smart systems are designed for entire workflows, from initial consultations with the patient to aftercare, and all steps in between.

S4S Dental

S4S Dental supplies clinically proven treatments in the areas of snoring and obstructive sleep apnoea, bruxism and orthodontics – including Smilelign clear aligners.

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It is proud to be the exclusive providers of the Sleepwell – a clinically proven MAS for snoring, mild to moderate obstructive sleep apnoea, the Sleep Clench Inhibitor (SCD) – FDA-approved for the treatment of bruxism and medically diagnosed migraines, and Smilelign – a clear aligner system manufactured wholly in the UK.

It is also the provider of Duratain ultra-strength retainers, Protex sports mouthguards and Smilefixed brackets.

Advocates of digital dentistry, over 70% of all lab work received is now from digital scans and, in support of dentists making the digital leap, S4S Dental does not charge for 3D model printing with appliances submitted digitally. It is also one of the only UK suppliers of certified pre-owned intraoral scanners, the environmentally friendly way to go digital.

Until

Introducing Until, the clinic model of the future, designed to help dentists scale their business by providing flexible access to their network of state-of-the-art facilities, providing patient support services and a thriving community.

Until provides modern facilities for practitioners to see their clients. It is disrupting the health and wellness industry by providing flexible access with no long-term tie-ins, additional overheads or surcharges.

Membership means expert dentolegal advice – from those who treat, to those who train, coach or consult. Facilities are available to dentists, personal trainers, physios, therapists, doctors, coaches, nutritionists and more.

The company currently operates three central London clubs, Soho, Liverpool Street and Marylebone, with dentistry available in Marylebone. Until’s dental surgeries have been designed to be the perfect mix of luxury and cutting-edge functionality, creating a superior experience for both you and your patients.

Until’s Marylebone club, situated on Wigmore Street, houses six luxurious dental surgeries, kitted out with premium Siemens Intra chairs, Itero scanners and ceiling mounted TVs.

It even offers access to an onsite CBCT and OPG scanner, decon room and client consultation area. This ensures that dentists and dental practitioners have the platform and equipment to provide amazing patient care without worrying about overheads, maintenance of the property or landlords increasing rent.

Everything you need to get going:

- Marketing services – from social media support to website development or Google Ads management. It has got all bases covered for you at prices that cannot be beat elsewhere
- Block book – block bookings allow you to reserve the same room each week at the same time, giving you peace of mind at the best possible rate. You can book two-, four-, six-, eight-, 10- or 12-hour slots
- Temp nurse – it has exclusive partnerships with two affiliate agencies to provide you with a temporary nurse should you need one
- Equipment storage – it has a range of storage options depending on your needs and the size of your equipment. Prices vary accordingly
- OPG and CBCT scans included – as part of its commitment to help dentists grow their businesses, Until is offering every new dentist free scans.
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The beautiful Palma de Mallorca was recently the host of Exocad’s unforgettable Insights 2024 conference. Here, dentists and dental technicians gathered for two days of learning and networking right on the beachfront, where they could get face-to-face with innovation and technological advancements.

Having heard how engaging and lively the last Insights event was in 2022, this one had a lot to live up to. But it’s fair to say it went above and beyond my expectations. The completely sold-out event held a huge number of inspirational and informative talks from leading dental professionals. Topics included communication, 3D printing, smile analysis, smile design, treatment planning and all things CAD.

In addition, the expansive dental exhibition area hosted some of the biggest dental brands, sharing their expertise and latest products with the delegates. The ‘pearly white’ evening celebration, a particular highlight, also saw delegates relax, network and celebrate with great food, drinks and live music.

The ‘funky’ side of dentistry
For Eva Kolb, product manager at Vita, it was the second time she had attended the event, and she thinks ‘it’s just getting better’! She said: ‘It’s very well organised and a great networking experience. It’s also a great place to see some new developments from competitors. So, I would always absolutely recommend it.’

Likewise, Marcos White, principal dentist, lab owner and one of the lecturers at Insights 2024, was impressed by the friendliness of the event. He said: ‘I remember a time when symposiums and conferences were a bit daunting – you would see superstar dentists doing dentistry you could never do.

‘But here it really seems like peers doing their very best with good technology, and just trying to help each other out. And whether it’s a CEO of a company, a technician, a dentist or a dental therapist, they all learn from each other.’

He aimed to simplify the benefits of adopting new technology through his lectures, one which was co-presented with lab owner Ashley Byrne. This lecture focused on the importance of communication between dentist and technician, and how digital tools can enhance it.

Ashley said he hopes the attendees took away ‘the importance of communication, the importance of documentation and the importance of working together as a team.’

‘If everyone is communicating well, we’re storing the data correctly and we’re sharing problems as well as solutions, we can generally do a much higher standard of dentistry for the patient.’

For Ashley, Exocad’s Insights is one of his favourite congresses to come to. He said: ‘It’s a really educational, cool, funky, digital side of dentistry. And location wise, I mean, you’re on the beach basically!’

He added: ‘And I think one of the most important things for me is that you’ve got around 750 dental professionals here, and it’s very rare that you get that volume of technicians together.’

‘Hub of knowledge’

With a high number of delegates and a noticeably friendly and engaging atmosphere, Insights 2024 was the perfect place for networking and learning. In fact, the very essence of the conference lived up to its motto of ‘Network. Innovate. Lead.’, meaning delegates left feeling both inspired and informed.

For those using Exocad or thinking about adopting a digital workflow, the variety of lectures were very useful.

‘Peer Meier, a dentist from Germany, said he attended Insights 2024 because he is planning to digitalise his practice. ‘So, this is a good opportunity to become informed about all the relevant firms,’ he said.

He also added that he would recommend others attend the next Insights event because ‘especially for the digital market, you’re well informed and connected with other people – and it’s an interesting topic.’

Mark Crowle, a dental technician from Cornwall, decided to attend Insights 2024 because his lab uses Exocad ‘for just about everything’ and so he thought this would be an informative event to come to. He said: ‘I’ve gained a lot more knowledge and I wanted to see what the future of dentistry is and how to get there.’

Education was truly at the forefront of Insights 2024, with delegates, speakers and exhibitors alike able to ask questions, share knowledge and be inspired. Dental technician Kristina Vaitelyte, one of the closing lecturers at Insights 2024, said the experience was ‘mind-blowing’. ‘It is fantastic to find the answers to my questions as a professional, and also share my answers to other people who have the questions I had in the past. ‘It’s a hub of knowledge.’

Kristina’s lecture discussed how to utilise all of the tools and features in Exocad to achieve...
the best treatment for the patient, using case studies. ‘I have learned a lot. You need to go to conferences, you need to educate yourself, you need to expand your knowledge. Otherwise, you’re resisting change. To really see your full potential, you need to meet as many people as possible.’

**Sharing expertise**

Dental therapist Cat Edney was another notable speaker at the event. She discussed how digital technology has transformed her practice and the positive impact this has had on relationships within the team. She also highlighted the importance of a collaborative approach to treatment planning and how patients can feel empowered to make positive steps toward long term oral health.

‘Coming to Palma for such an open and progressive event has been such an eye opener!’ Cat said. ‘The main takeaway for me was the incredible amount of technology we have to support us as clinicians.

‘I think dental therapists especially have felt that they cannot access the expertise of dental laboratories and technicians, but this event has really opened my eyes to the potential for growth when team members connect.’

The opportunity to share expertise was also a highlight for Raj Juneja, clinical director and principal dentist. He discussed the Hero Design Suite, which allows dentists to design restorations and appliances, print models and start their journey in 3D printing. This will allow labs which are inundated with work to concentrate on bigger ticket items.

Raj said: ‘It’s been great because when you get in a room with people who have a similar mindset, as most of the dentists and technicians here are digitally savvy, you can learn a lot from each other.

‘The talks have been amazing, and all the speakers have shared their workflows very openly. We can go back having been inspired and change things in our own workflows.’

He continued: ‘The biggest thing for me is the rapid evolution and the growth that’s happening in the dental industry. Things are changing so fast, so it’s always important to keep up. ‘Digital technology has grown to a level where it’s unparalleled, and it’s only going to get better. I’m super excited for the future.’

**Digital dentistry is now**

To me, Insights 2024 demonstrated that digital dentistry is not just the future, it’s very much the present and it has no signs of slowing down. In addition, it highlighted how reachable digital dentistry is across the globe – no one can survive in the industry without digital dentistry today. It has enhanced every aspect of dental care, from treatment planning to DCP collaboration. And particularly for dental technicians and labs, of whom many often feel under-appreciated, this conference celebrated their passion, potential and technical brilliance, with dental technology taking centre stage.

This sentiment was shared by dental technician Margarita Vaitelyte, who said her key takeaway from Insights 2024 was the ‘feeling of security’. She said: ‘Seeing the dental industry and us, technicians, involved in it makes me feel confident.

‘The progress of technology, the tools we have and the communication we are now able to develop between the dental surgery and lab are helping us to become a better team.’

She was also impressed by the atmosphere and speaker line-up, and was ‘extremely happy’ to be able to meet her ‘professional idols’ in person. She continued: ‘If you are looking for a good excuse to escape, Insights 2024 offers the perfect combination without the feeling of guilt: professional development hours plus the beach and sun!’

The success of Insights 2024 was crystal clear from day one. There was no shortage of lively discussions or helpful tips, and delegates left feeling inspired and engaged.

Christine McClymont, global head of marketing and communications at Exocad, said: ‘I hope that no matter where the attendees stood in their digital journey, they walked away with at least one key lesson on how to improve their workflows further. I am confident everyone did and that every participant made a valuable connection to a peer or a manufacturer and to us.’

She added: ‘Our big takeaway is that it was the right decision to grow the event, as there continues to be a great need for education in CAD/CAM. It really is the key to success in digital dentistry, and we see how inspiring and rewarding it is to spend time face-to-face with the global Exocad community.’
I came to the UK on 14 September 2007. I had qualified in India with a BDS and then went on to do my master’s in oral and maxillofacial surgery. The post-graduation degree was an intensive seven-day week, with on calls and night shifts for three years, which included the submission of multiple paper presentations and two dissertations.

After that, I thought nothing could beat the stress. I was wrong. I quickly realised that my master’s degree would go to waste along with my graduate degree as they aren’t recognised in the UK. It still hadn’t dawned on me that I would have to jump through multiple hoops – including the overseas registration exam (ORE) – in order to practise in the UK.

If I wanted to go the oral and maxillofacial route, I would have to go through a formal training in medicine which meant another 10-plus years of training after the eight years I had already had back in India.

**Big surprise**

I was very keen to work, and I decided to apply for senior house officer (SHO) positions in hospitals. This was both to gain UK experience but also to earn money to take courses to prepare for the exam and pay for the exam itself. I went to London and started dropping copies of my CV in every hospital in the area I had Googled. I was lucky to get a job as an SHO at the Northwick Park Hospital. My SHO experience helped me a lot and I met some helpful people including my consultants, but the hours needed to do the job did limit the opportunities I had to prepare wholly for the ORE.

The ORE exam, I had not realised, was going to be the most expensive examination I was going to take, and I am not just talking about the exam fee. There were courses to take, travelling to do and investments to be made in equipment. I had set up a mini surgery in my house to practice for the exam, like a compressor, suction, mannequin and instruments needed for dentistry. I assure you all people taking this exam have this room set up. This was all while I had a young family.

**Difficulties with the overseas registration exam**

I got in touch with people from different countries taking or preparing for the exam and started my own preparation using every free minute I had, studying late into the night and working the next morning.

I took the first part of the ORE and passed. When I passed part one, I recall thinking to myself that if you prepare well enough you will pass so why do people say it’s tough to get through? But I was in for a big surprise, which lasted three to four years.

I continued working in hospital as an SHO while taking the part two of the exam. I prepared for part two, sat it and failed it. So, I prepared again, sat it and failed it the second time. I then prepared again, sat it and failed it again.

By the third failed attempt, I was almost full-term pregnant when I took the exam and recall one of the examiners said ‘please don’t give birth here’ in jest to lighten things up.

**‘I broke down’**

It was a very difficult time. I recall very clearly that I received my ORE results in the afternoon and I got a call later that evening from the hospital asking me to come in as reports suggested that the baby might have problems in development due to my age, so they needed to run more tests.

This was the point I broke down. I could not see a light at the end of the tunnel.

The rules say that one must pass this exam within five years of sitting part one otherwise you have to retake the first part, which meant I had one more go at the exam. This was when everything was at stake, because I was thinking of going back to India if I were to fail again.

My parents, who are renowned in the field of dentistry, told me that I should change my career and maybe it was not meant to be. I could not give up – I was top of the class at my university so how was I failing this exam again?

I prepared, retook the exam and thank God I finally passed (hats off to people who have been more successful than me).

All the above was done was done while in a full-time job and later with a child.

**Help for overseas dentists**

Time has passed and my son is now 12. It was a tough time for me and my family. I would only prepare for exams or work. There was nothing else I would do during those years. I recall a mortgage adviser who came home to discuss options. While he was asking us our expenditure he said: ‘How often do you go out to eat?’ My husband and I answered together: ‘Never.’ He was surprised.

I think back and ask myself several times, did it need to be so difficult? If I hadn’t put so much time and money into funding the exam, could I have had more children? Could I have been a consultant? Where would I be? I have been pushed back a good five to seven years in my career.

After passing the exam, I decided to assist overseas dentists who were unfamiliar with the exam, its preparation, and life in the UK. I founded a charity and, alongside my close friend Shivani Bhandari, who shared my vision, dedicated 10 years to this cause. Unfortunately, political issues arose, prompting us to leave.

We then co-founded the International Dental Organisation – UK (IDO-UK), where I’m pleased to say all trustees share our goals. Our charity focuses on providing guidance, support, and a platform for overseas dentists and dental care professionals (DCPs) to help them settle in the UK, all free of cost.

**Final thoughts**

1. The exam is not tough, but passing it in all areas is the challenge. Apart from the preparation, one’s mental strength, attitude, perseverance and luck are tested.
2. There are those lucky few who get through on the first attempt but most of us must go through the painful process of resitting the exam. I have colleagues who have worked at Tesco and McDonald’s, etc to take this exam.
3. Did it need to be so expensive? All the courses offered are private and frightfully costly. There is no quality assurance for these courses.
4. After passing the exam, getting a job is not straightforward in the NHS. I could have become a private dentist the day I registered but I wanted to work for the NHS. For me, there is a sense of pride about working within the NHS. My dad sings its praises from his lungs.

Gauri Pradhan
NHS dental practice owner, founder of IDO-UK

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We’re the only UK dental group that’s officially certified a ‘Great Place to Work™’. We’re a clinically led organisation that places our people at the heart of everything we do. We’re large enough to give you the career development, support and progression you want, but small enough to care for your own personal needs.

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- Prefer NHS only? We have contracts available
- Looking for a ‘mostly private’ income? We have opportunities
- Juggling a family / home life? We’re a family-friendly, flexible employer
- Want to develop your skills or grow your specialism? We offer structured CPD verified training via our Academy
- Is a friendly, supportive and collaborative practice team important to you? This is part of our DNA. And it’s why we’re officially certified a Great Place to Work™

We’re a clinically led organisation that places our people at the heart of everything we do. We’re large enough to give you the career development, support and progression you want, but small enough to care for your own personal needs.

To find out more about a career at Colosseum Dental, get in touch with Lee on 07936 358 758, at lee.catlin@colosseumdental.co.uk. Or visit the careers page on our website: colosseumdental.co.uk/careers
The main goal of Invisalign manufacturer Align is to ‘work with doctors to digitise the industry’, the company’s UK and Ireland general manager Evren Koksal told an audience as he opened the Invisalign Live event in London.

The clear aligner and 3D scanner company’s flagship event saw more than 500 dentists, orthodontic specialists and practice teams from the UK and beyond get hands-on experience with the latest technology, attend talks and network on Friday 7 June and Saturday 8 June at Sancroft, St Paul’s, in the capital.

Patrick Ward reports back from the highly-anticipated Invisalign Live event in London

Koksal said: ‘This is the biggest event that we ever organised in the UK. And it is a very special meeting – it’s the first time, maybe in the last 10 years, we are bringing in specialists, general dental practitioners and staff team members to one event. So that’s why it is important, it’s not only about the size but it also has a very important meaning for us.’

Attendees took the opportunity to network over coffee and lunch and sharpen their knowledge at a series of sessions. These were on topics ranging from gingival aesthetics to the benefits of the Align Digital Platform.

Next generation technology
Much of the event focused on utilising Align’s technology to streamline the dental process. Many attendees flocked to see the new Itero Luminia scanner, which allows for faster and higher quality imaging of patients’ teeth using a tool half the size of its predecessor.

Combined with other Align technologies, this allows practitioners to quickly create a 3D model of the teeth before generating a video simulation of how a patient would look after Invisalign treatment. This data can then be quickly sent off so that a series of individualised Invisalign clear aligners can be manufactured.

Guy Deeming, a specialist orthodontist and partner at Queensway Orthodontics, said: ‘Itero Luminia feels like a significant piece of the jigsaw puzzle as we start to join the dots between all the fantastic pieces of technology, which up to this point have been
a little disparate. And what that has meant is that we’re able to take patients on a more streamlined journey, which is more efficient, is more pleasant, which is faster, which is going to be more economically viable for them.’

Dentist Ahmed Abouserwel had travelled all the way from Sweden to attend the event. ‘It took six hours, but it was well worth the trip,’ he said. He added that the technology on show suggested that ‘it won’t be long before everything is done on one platform’.

The pace of technological change was a hot topic among attendees. ‘I’ve had a scanner for five years, how I do things has changed,’ said Sarah Holmes, a dentist from London. ‘When I started in 1995, I had no idea I would even straighten teeth as a dentist. My whole job has completely changed.’

Increased efficiencies
Align says it has spent more than $1.3bn on marketing its products since its inception, helping more than 17 million patients improve their smiles. Many of the speakers focused on how dentists can use Align products and software to increase patients treated thanks to increased efficiencies.

Simon Beard, Align’s executive vice president and managing director, said: ‘Align was formed 27 years ago by some graduates from Stanford University, who agreed there was a better way of moving teeth. And essentially the company has maintained that purpose over 27 years...

‘Being at the forefront of digital and artificial intelligence, we’ve really developed our solutions for orthodontic specialists but also general dentists, and our main goal is to work with doctors to digitise the industry. We believe very remarkable efficiencies can be created.’

Of the 20 or so speakers over the two days, one of the most popular was New York dentist David Galler, president of the American Academy of Clear Aligners. His humorous, energetic talks kept his audiences captivated. He ended Friday’s closing plenary by saying: ‘There’s a lot of darkness in the world right now, there’s a lot of anger, there’s a lot of hatred… I get very overwhelmed with all the heat out there. But there is one group of people in the world whose job it is to make smiles. I don’t know if we’re going to fix the world, but the more smiles, more straight teeth, more confident, happy people, at least we’re making a start at it.’

The best way to finance practice purchase
At whatever stage in their careers, and whether it’s outright purchase or setting up a squat, dentists have always been considered a good risk by banks. Which is an encouraging start if you are looking for practice purchase funding. Sourcing precisely the right funding in today’s financial market, however, requires knowledgeable planning preparation, well considered forecasting and skilled negotiation. All of which Medifinance, with its years of experience working with and for the profession, is able to advise upon and undertake on your behalf.

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Holistic health – the full picture

Mark Allan explains that Bupa Dental Care’s top priority is taking care of the health and wellbeing of practice teams

Mark Allan General manager, Bupa Dental Care

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

**Mark Allan (MA):** My name is Mark Allan and I’m the general manager at Bupa Dental Care, which is a leading dental care provider in the UK.

I’ve been in the role almost two years and I’m passionate about making Bupa Dental Care the best place for dental professionals to work and providing the right support for our people to thrive professionally and personally.

**DM:** What do you mean when you talk about holistic health?

**MA:** At Bupa, people and their health and wellbeing are at the heart of everything we do. When it comes to healthcare, our patients come to us for quality care and largely in times of need.

It’s important that we support our people to give them the right care, as well as maintain their own resilience and all-round wellbeing. This means making a difference to the lives of our people with good mental, physical, and financial health.

At Bupa, we are a dental provider as well as a market-leading health insurance business. This means we take a holistic, rounded approach to caring for our people, which sets us apart in the sector.

Over the coming months we’ll deep dive into all aspects of health and wellbeing and share advice from experts across our network – from mental health to women’s health, cancer and much more.

What makes us truly different is that we provide our practice managers, who are on the ground, with the necessary tools and resources to be well-informed and able to support and have sensitive conversations with our colleagues about health matters.

As health issues are part of everyday life, we want them to feel empowered and give them the tools they need to take care of their teams.

**DM:** Talk us through some of the initiatives you have introduced to highlight these values.

**MA:** We strive to be the employer of choice in dentistry – this means offering outstanding career opportunities and a wide range of healthcare choices that sets us apart and supports our purpose of helping people live longer, healthier, happier lives.

We support our practice teams with JAAQ at Work and our Bupa Academy; JAAQ, which stands for Just Ask A Question, gives our people access to over 80 mental health and wellbeing topics, from depression, addiction and stress to fertility, bereavement, suicide prevention and everything in between.

We’ve worked hard to raise awareness and increase compassionate support for colleagues who are neurodiverse, LGBTQIA+, or are parents, or who are going through menopause, bereavement, or pregnancy loss.

Women’s health, such as period pain and menopause, can have a huge impact on the careers of many of our colleagues. We offer employees a Menopause Plan, completely free, which includes two appointments with a GP who is trained in the menopause.

We also offer a free Period Plan which includes an appointment with a GP to create an individual care plan for premenstrual syndrome, premenstrual dysphoric disorder, heavy, painful, or irregular periods. As well as a follow-up appointment to check how your plan is going and if your symptoms have eased or you have any concerns.

For our self-employed colleagues, we also offer subsidised Bupa health insurance so they can access the same high standards of healthcare to support. These are just some examples of what we offer to take care of our people.

**DM:** How do these initiatives impact your people?

**MA:** We know that people who feel listened to, valued and recognised stay in their workplace for longer, so boosting engagement is key and we’re proud to say our people are increasingly advocating Bupa Dental Care as a great place to work. We’re always striving to be an employer of choice and are confident that our efforts to look after our people better are making a difference.

We continue to receive an extremely positive response from our 8,000 employed and self-employed people, and it makes me so proud to feel the world-class engagement we now have across Bupa Dental Care.

In particular, engagement within our self-employed community is up, who play such a critical part of our team. This demonstrates our continued commitment and investment in providing comprehensive, all-round care for our employees. This supports their physical and mental wellbeing and their career advancement, making our practices great places to work that they enjoy coming to every day.

**DM:** Do you have any exciting plans you can share with us?

**MA:** We are just at the start of this journey and there is always more to do. To ensure we know what our employees and self-employed colleagues want when it comes to health and wellbeing, we have created new specialist roles to represent the clinical voice across the business.

They support with engaging colleagues on the ground and keeps us in sync with want our people need and want – and we’re excited to share future plans overtime. Ultimately, we know Bupa Dental Care has a lot to offer and by prioritising wellbeing we can support our people to have happy, healthy, long-lasting careers with us.

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**Mark Allan**

General manager, Bupa Dental Care

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**Menopause Plan**

Menopause Plan, completely free, which includes two appointments with a GP who is trained in the menopause.

**Period Plan**

Free Period Plan which includes an appointment with a GP to create an individual care plan for premenstrual syndrome, premenstrual dysphoric disorder, heavy, painful, or irregular periods.

**Just Ask A Question (JAAQ)**

JAAQ, which stands for Just Ask A Question, gives our people access to over 80 mental health and wellbeing topics.
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HALEON
Dentists in the United Kingdom trained to treat with the Invisalign System now have access to a professional whitening system with the Opalescence PF whitening formula from Ultradent.

The Invisalign Professional Whitening System – powered by Opalescence – is optimised for use with Invisalign clear aligners and Vivera retainers. It offers the great whitening outcomes and streamlined practice experience dental professionals expect during active tooth movement with Invisalign aligners, as well as during passive retention using Vivera retainers.

A POWERFUL BENEFIT
The Invisalign Professional Whitening System can be administered during Invisalign treatment. It will whiten under attachments (McCaslin et al, 1999; Kugel et al, 2007), allowing simultaneous straightening and whitening.

This is corroborated by doctors asked to submit case examples of patients treated with the new system. When asked to confirm if whitening was observed underneath the site of attachments, 100% answered affirmatively (Align Technology, 2023). This means there is no need to wait to whiten until the end of alignment – unless that is the practice’s typical workflow, or the patient’s preference.

Other benefits of the system include:
- All-inclusive: no whitening trays, gingival barriers, specialised lights, cheek retractors, or other equipment needed to start whitening treatment
- No cold storage requirement and a long shelf life, making delivery and storage as easy as possible for the practice.

AN ALL-IN-ONE SOLUTION
‘A brighter, whiter smile is an important part of the Invisalign patient journey. In fact, a survey of Invisalign practices shows that half of their patients ask for teeth whitening during or after they complete Invisalign treatment (Align Technology, 2017),’ said Raj Pudipeddi, Align Technology chief product and marketing officer, and SVP and managing director of the Asia Pacific Region.

‘We are providing an all-in-one solution that combines a leading teeth-whitening system with the most advanced clear aligner system in the world. This enables Invisalign trained doctors to enhance their patients’ treatment experience with a seamless workflow.

‘This also enables practice efficiency and growth. We’re very excited to partner with Ultradent to offer the first professional whitening system optimised for use with Invisalign clear aligners and Vivera retainers.’

‘We’re honoured to partner with Align to make the top professional teeth whitening products available to more clinicians and patients around the world,’ said Ultradent President and CEO Dirk Jeffs.

‘Providing Align with teeth whitening products, ideal for use with Invisalign aligners and Vivera retainers, is a considerable step toward our mission of improving oral health globally. We look forward to pursuing this mission together.’

PATIENT TESTIMONIAL
Patients have been equally impressed.
Patient K (teacher, London) said: ‘I have been happy with the results of my Invisalign journey so far. When my dentist said I could whiten my teeth without doing anything extra, I jumped at the opportunity.

‘The Invisalign Professional Whitening System contains gel syringes which made it easy and quick to apply to my retainers. I simply filled the retainers (top and bottom) about a quarter full of gel, popped them in overnight (as you would anyway with Invisalign aligners) and woke up with whiter teeth. Strongly recommend it.’

HOW TO ORDER
The Invisalign Professional Whitening System powered by Opalescence can be easily ordered through the Invisalign Doctor Site. Dental professionals can do this in a single click after approving the ClinCheck treatment plan of their patients. It can also be purchased through the Invisalign Web Store. The solution cannot be ordered directly by consumers and is available only through Invisalign trained clinicians.

For references, email newsdesk@fmc.co.uk.
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FREE FOR DENTAL PROFESSIONALS
See the Light with Pola Light professional whitening

Meet growing demand for brighter smiles with the innovative Pola Light LED whitening system

Achieving rapid results with user-friendly products is necessary in a fiercely competitive whitening market. SDI stands out as a major player with the Pola Advanced Tooth Whitening System, boasting a 25-year track record of proven research and clinical success that continues to prioritise enhancing efficacy, shortening treatment times, and improving the patient experience.

To get the most out of your whitening business, it’s crucial to position your practice as a premium whitening provider and make sensible choices that ultimately impact the bottom line. Enter Pola Light – a game-changing innovation in professional teeth whitening that combines advanced LED technology with SDI’s award-winning whitening formula to help boost your whitening business.

POLA LIGHT ADVANCED LED TECHNOLOGY

Perfectly complementing the comprehensive Pola whitening range, the Pola Light system offers an effective solution for take-home whitening. It harnesses the power of LED light technology to accelerate the whitening process and deliver visibly brighter smiles in just five days.

At the heart of this system is the Pola LED mouthpiece, a portable, rechargeable device that is both comfortable and easy to use. Unlike traditional whitening trays that require messy impressions and custom fabrication, the Pola Light mouthpiece is a universal, one-size-fits-all design, saving valuable chair time for both you and your patients.

The Pola Light kit also includes SDI’s highly acclaimed Pola Day whitening gel, a 6% hydrogen peroxide formula renowned for its efficacy and gentle action. This blend incorporates soothers, conditioners and a high water content, minimising sensitivity and ensuring maximum patient comfort throughout the whitening process.

UNMATCHED CONVENIENCE AND COMPLIANCE

One of the biggest challenges with take-home whitening systems is patient compliance. However, the Pola Light system addresses this issue head-on with its user-friendly design and convenient treatment regimen. Patients simply need to follow a straightforward routine of two 10- or 15-minute treatments per day, easily fitting even into the busiest of schedules. The cordless, rechargeable mouthpiece eliminates the hassle of tangled wires, allowing patients to whiten their teeth while multitasking or on the go.

Furthermore, the Pola Light system addresses a common complaint associated with whitening treatments – the risk of leakage and mess. The high-viscosity Pola Day gel remains securely in place, eliminating the need for excessive gel and reducing the risk of leakage and discomfort.

PROVEN RESULTS AND SAFETY

While convenience and ease of use are paramount, dental professionals must also prioritise safety and efficacy when recommending whitening treatments. The Pola Light system excels in both regards, backed by SDI’s decades of research and clinical success.

The Pola Day whitening gel is formulated to safely remove long-term stains while remineralising and strengthening tooth enamel. Its unique blend of ingredients ensures that patients achieve the whitest natural shade possible without compromising the health and integrity of their teeth. Pola’s high water content formulation has a neutral pH and high viscosity designed to protect your patient’s gums during treatment. In addition, the Pola Light system is fully compliant with current EU regulations, limiting the concentration of hydrogen peroxide to a safe and effective 6%.

CHOOSE CHOICE, CHOOSE POLA

While the Pola Light system is an exceptional take-home whitening option, SDI’s Pola range offers a comprehensive suite of solutions to cater to every patient’s needs and preferences.

With options ranging from in-practice treatments to take-home kits and ‘on-the-go’ touch-ups, every patient can find a solution that aligns with their lifestyle and preferences.

- Pola Rapid – for those seeking fast, in-practice results, the Pola Rapid treatment delivers unparalleled whitening in just one 45-minute appointment. This exceptional system utilises a 6% hydrogen peroxide formula that triggers whitening without needing a UV light, minimising sensitivity and gum irritation.
- Pola Day and Pola Night – alternatively, the Pola Day and Pola Night take-home kits provide flexible options for patients to whiten their teeth conveniently. These solutions come in varying hydrogen peroxide and carbamide peroxide concentrations, allowing you to tailor the treatment to each patient’s unique needs and sensitivity levels.
- Pola Luminate – for patients seeking touch-ups or ‘on-the-go’ whitening, the Pola Luminate brush-on gel is a convenient and discreet solution. This low-viscosity, fast-drying gel can be applied twice daily without the need for trays, making it an ideal choice for busy professionals or frequent travellers. Plus, it fits perfectly in your pocket or bag.

SAY GOODBYE TO SENSITIVITY

Addressing common teeth whitening concerns such as sensitivity is made easier with Pola Desensitising Technology (PDT). Firstly, the high water content in Pola reduces dehydration and decreases patient sensitivity, plus its fluoride-releasing remineralises the tooth surface to help protect against post-operative sensitivity.

Patients can also be reassured that if sensitivity does occur, the Pola Soothe desensitising gel, which contains 6% potassium nitrate for desensitisation, can support treatment and help alleviate any discomfort.

ENHANCE PATIENT EXPERIENCE

Adapting to shifting demographics and evolving demands, Pola consistently addresses the crucial factors of speed and ease in take-home whitening treatments alongside patient comfort and reduced sensitivity while improving compliance and setting new benchmarks for safe and efficient professional teeth whitening.

The Pola Light supports this, presenting an exciting opportunity for practice growth and patient engagement. As Dr Linda Greenwall, a world-renowned authority on tooth whitening and aesthetic dentistry, notes: ‘The LED light is something that really appeals, especially to the influential Instagram generation… it has the potential to be a fantastic practice builder.’

By leveraging the visual appeal and social media potential of the Pola Light, dental professionals can generate buzz, attract new patients, and foster a loyal following.

Encouraging patients to share their whitening journey on social media platforms can create a powerful word-of-mouth marketing engine, driving increased awareness and demand for your practice’s cosmetic services.

In the ever-evolving world of whitening, staying ahead of the curve is essential. The Pola Light system, combined with the comprehensive Pola range, represents a significant step forward in professional teeth whitening, offering unparalleled convenience, safety and efficacy.

By embracing this technology, you can meet the demand for whiter smiles and position yourself as a leader in cosmetic dentistry.

With Pola’s diverse whitening solutions, watch your business thrive, driven by patient satisfaction and a cosmetic edge. Unlock your potential with Pola, the trusted name in professional tooth whitening at sdipola.co.uk
Accompany your colleagues and friends to Dentistry Show London and walk away with the enhanced CPD, latest innovations and connections you need to thrive and grow.

DSL24 takes place at ExCeL London on Friday 4 and Saturday 5 October 2024. Free to attend for all dental professionals.

Join Dentistry Show London, you’ll see all the latest concepts in dentistry from both national and international suppliers. With plenty of special offers exclusive to the event, it’s your opportunity to kit out your practice with cutting-edge materials, supplies, and equipment.

180+ of the greatest and growing companies are exhibiting, offering excellent networking opportunities. Dentistry Show London is also your chance to learn, engage and experience the latest in dentistry. With a who’s who of key technology providers and training course organisers, there is something for everyone at this event.
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

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!

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Tooth whitening as an entry point to better oral health

Philips introduces its Zoom! tooth whitening range and how it can be used as a gateway to more comprehensive oral healthcare.

Patient demand for cosmetic dental treatments is showing no sign of abating. Tooth whitening is often the gateway treatment to entice new people into the practice or drive revenue from existing patients. According to the Oral Health Foundation, 46% of people want to have their teeth whitened within the next 12 months, and 32% of Brits would like whiter teeth. Two thirds (66%) have actively considered having a treatment (Oral Health Foundation, 2020).

‘In my practice, the majority of whitening is carried out as part of a wider cosmetic plan,’ outlines Dr Andy Wallace, lecturer, trainer and mentor for the IAS Academy for cosmetic orthodontics and ortho-restorative treatment.

‘Philips Zoom! tooth whitening is part of the align, bleach, bond (ABB) protocol we advocate. However, we also offer whitening treatments as a stand-alone procedure. Interestingly, once patients come for this, they suddenly become more aware of and interested in their smile and teeth and often ask for further cosmetic procedures. It is an entry level into a more comprehensive treatment process. We often see improved oral hygiene when patients become more aware of their smile. The key to maximising the business potential offered by tooth whitening is patient identification and selection.’

A COMPREHENSIVE APPROACH
To capitalise on the demand for tooth whitening, Philips offers a comprehensive approach to achieving significant whitening results. Philips Zoom! chairside whitens teeth by up to seven shades in an hour for time-poor patients or those who want immediate results. Studies have shown that the LED technology in its WhiteSpeed lamp makes whitening 40% more effective than non-light activated systems. Philips’ award-winning Zoom! DayWhite and NiteWhite products provide superior at-home whitening for visibly whiter teeth in one day and the whitest, healthiest smile seven to 14 days later. A dual treatment protocol is recognised as the gold standard. While chairside whitening is taking place, at-home trays can be produced, and patients can then continue the whitening for up to six days using daytime or night-time versions of its at-home kits.

The advanced formulas of Philips whitening products are clinically proven to whiten safely and effectively. The power of three that sets its products apart from the rest: formulated with amorphous calcium phosphate (ACP), potassium nitrate and 900 parts per million of fluoride.

WHAT MOTIVATES PATIENTS?
‘Patients normally seek dental care when they are motivated,’ says Dr Alif Moosajee, award-winning principal dentist at Oadlade Dental. ‘Essentially, they either come when they are in pain or something’s broken. Or when they want to improve some aspect of their teeth such as their ability to function – or their appearance.’

‘I have used many whitening systems and I am really happy with the Philips Zoom system, which has some unique advantages,’ Dr Moosajee continues. ‘We find that patients are very happy with the outcomes of this whitening regime and we have noted that their teeth are not only several shades lighter, but generally have a healthy lustre.’

‘Another benefit of the Zoom! whitening system is that it is presented in a dual-barrel syringe. We advise patients that because the whitening gel is present in a dual-barrel, it is mixed as it is dispensed and therefore the patient simply needs to inject a tiny dot into each scallop of the whitening trays and the syringes do not need to be stored in a fridge.’

PATIENT EDUCATION
Patient education is a key factor in increasing safety and compliance.

‘We have a moral duty to educate our patients when it comes to their oral choices and to alert them to the risks they take when they are misled by “miracle” products offered on consumer platforms. We also have a huge amount of expertise that we need to put forward to differentiate our offering,’ says Megan Fairhall, dental hygienist, dental therapist and tooth whitening expert.

‘I think it does not help that patients are often misinformed,’ Dr Wallace concurs. ‘They hear stories in the press and on social media that tooth whitening strips off enamel or causes pain and sensitivity, and patients believe whatever they read from sources that are not always reliable, to say the least.’

‘The first thing I have to do is reassure them that what they have heard is not necessarily true or has been skewed,’ continues Dr Wallace. ‘Then I advise them that I use and recommend Philips Zoom! DayWhite which contains amorphous calcium phosphate. So in actual fact, whitening when using the right product can build a degree of protection for patients’ teeth. So it is all about educating dentists to have the right answers when patients express their fears.’

Megan agrees: ‘There is also misinformation, or shall I say lack of information, when it comes to crowns, bridges, implants and veneers which won’t whiten, but patients rarely know that when they purchase products themselves. Conversely, our standard protocol calls for a full dental assessment in order to provide the patient with a bespoke treatment plan, ensuring that their teeth get whitened prior to the restorations to avoid a colour mismatch.’

FOR MORE INFORMATION about Philips Zoom! to place an order or view Philips Oral Healthcare products, visit www.b2bshop.philips.com.
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The pathogenesis conundrum

Varkha Rattu pieces together the periodontitis puzzle and explores the inflammation-mediated polymicrobial-emergence and dysbiotic-exacerbation model

Exploring the complex link between inflammation and the polymicrobial biofilm is crucial for understanding periodontitis. Both aspects play pivotal roles in the development and progression of this condition, and they often influence each other. Yet, despite advancements in periodontal research, the conundrum persists – which one comes first?

Periodontitis, defined as a chronic multifactorial inflammatory disease associated with a dysbiotic biofilm, is characterised by the gradual destruction of the tooth-supporting structures (Papapanou et al, 2018). While a pathogenic biofilm is a prerequisite of periodontitis, it alone is not adequate to induce the disease (Meyle and Chapple, 2015). Most people lacking optimal oral hygiene and with minimal periodontal care typically experience mild to moderate periodontitis (Löe et al, 1986). Thus, disease risk is primarily influenced by the individual rather than bacterial composition (Socransky and Haffajee, 2005).

Periodontitis is determined by the complex interplay between the biofilm and the immune-inflammatory response (Meyle and Chapple, 2015). But the golden question remains – does the immune-inflammatory response precede or follow the alteration in the biofilm?

To enhance our understanding regarding this dynamic relationship, we first need more clarity on the following questions:

1. What is the stimulus that triggers the transition from the controlled inflammation seen in gingivitis to the more advancing and destructive periodontitis?
2. At what point and via which mechanisms does the biofilm become dysbiotic?
3. How does the timing align between the dysbiotic biofilm and immune-inflammatory response?
4. Is the bacterial invasion of tissues the instigator or the outcome of the disease process?

To answer these, we require an updated and in-depth understanding of the processes involved in disease initiation, exacerbation and resolution.

Initiation

Homeostasis involves low grade inflammation, characterised by the presence of neutrophils in the gingiva, without observable signs of inflammation. The biofilm in health maintains a balanced equilibrium with the host.

For most individuals, irregular removal of
the biofilm at the gingival margin will result in gingivitis – an inflammatory condition causing localised collagen loss that can be reversed upon resolution.

Gingivitis, which is also considered a steady inflammatory state, can progress to the destructive phases of periodontitis in specific cases (Van Dyke et al, 2020).

Exacerbation
The transition from gingivitis to periodontitis remains complex, as the stimulus involved in this transition remains unclear.

With ‘putative pathogens’ having been demonstrated in both health and disease, specific bacteria cannot be inferred as the cause of periodontitis (Oliveira et al, 2016; Riep et al, 2009).

However, the transition of the subgingival biofilm from periodontal health to periodontitis shows an ecological shift, marked by the rise of an increase in biomass and dominant taxa in periodontitis (Oliveira et al, 2016).

Although specific bacteria appear in increased abundance in disease, they cannot be conclusively attributed to the direct cause of periodontitis.

It is equally plausible that they are favoured due to inflammation-mediated changes in the environment – a concept that first gained recognition in the 1990s as the ‘ecological plaque hypothesis’ (Marsh, 1994).

The ecological plaque hypothesis acknowledged the impact of diverse environmental conditions, otherwise known as selective pressures, on bacterial habitats (Marsh, 1994).

Bacterial proliferation may vary under differing environmental factors (for example, pH, nutrient availability, and redox potential), subsequently influencing the balance within the biofilm’s communities at specific sites and eventually disrupt their natural equilibrium (Marsh, 1994).

This concept allowed for supposed ‘putative pathogens’ to exist in health but have the ability to flourish and become dominant members of the community when the microenvironment conditions favour them.

Excess soft tissue inflammation and pocket formation present in gingivitis renders the local environment anaerobic. As the periodontal pocket becomes enriched with degradation remnants, plasma proteins and haemoglobin from bleeding, the conditions favour the growth of anaerobic gram-negative bacteria. Such bacteria possess proteolytic abilities and depend on essential amino acids and haemin as sources of energy.

Furthermore, their ‘quorum-sensing’ capabilities aid their ability to detect and impact changes in their surroundings via sophisticated chemical signalling systems (Meyle and Chapple, 2015).

The altered growth conditions create an environment that influences the physiology, pathogenicity and expression of virulence factors within the biofilm – a concept first acknowledged as the ‘keystone pathogen’ (Hajishengallis et al, 2011) and further modified in the polymicrobial synergy and dysbiosis (PSD) model (Hajishengallis and Lamont, 2012; Lamont and Hajishengallis, 2015).

Certain species wield a considerable impact on their communities, despite their low abundance, and thus serve as pivotal components (a keystone pathogen) in shaping the community’s structure (Hajishengallis et al, 2012; Hajishengallis et al, 2011).

Mechanisms affecting the ability of the keystone pathogen to evade the body’s immune surveillance, known as immune subversion, have been demonstrated (Hajishengallis et al, 2012). Notably, the complement pathway plays a crucial role in immune response modulation (Hajishengallis and Lambris, 2010).

Porphyromonas gingivalis, a keystone pathogen, activates the complement pathway, triggering a widespread impact (Hajishengallis et al, 2011).

In mice, P. gingivalis-induced bone loss required both commensal microbes and the complement pathway. Germ-free mice or those lacking complement receptors did not exhibit bone loss post-P. gingivalis inoculation (Hajishengallis et al, 2011). These findings were utilised to form the PSD model.

The PSD model proposes that microbes within communities may frequently collaborate synergistically, amplifying their ability to colonise and provoke disease. This approach integrates the notions of disrupted homeostasis and keystone pathogen, while re-examining the central significance of the red complex (Hajishengallis et al, 2011).
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In the context of the periodontal biofilm, the concept of polymicrobial synergy has been demonstrated via animal model studies. They consistently reveal heightened pathogenicity when microorganisms are combined compared to single-species infections. This synergy can arise from various interactions between species, such as providing attachment surfaces for colonisation, nutritional cross-feeding, and coordinated metabolism of complex substances (Lamont et al., 2018).

These hypotheses delving into the aetiology and pathogenesis of periodontitis suggest the escalation in the population of certain bacteria occur as a result of favourable microenvironment changes.

Inflammatory conditions consistently precede the overgrowth of the pathogens. Hence, it may be deemed plausible to suggest that the outcome of the host–parasite interactions within periodontal pockets is determined more by the host response as opposed to the microbes within the biofilm per se.

**Resolution**

The resolution of disease by reducing the bacterial load, via traditional debridement, results in a subsequent reduction of inflammation. However, the question remains as to why this concept proves to be partially effective for some cases of periodontitis and unsuccessful in others (Rattu et al., 2023).

Understanding the interface between inflammation and dysbiosis is supported by the discovery of inflammation resolution pathways. While initially being considered as the passive cessation of inflammation, inflammation resolution is now understood as an active set of biochemical and metabolic processes guiding the return of inflamed tissues to homeostasis (Serhan et al., 2008).

Now recognised as a separate process from anti-inflammatory mechanisms, resolution of inflammation involves dual action anti-inflammatory and pro-resolution molecules. Such molecules not only facilitate the engulfment and removal, via macrophages, of apoptotic cells and microorganisms, but also stimulate the antimicrobial activities of mucosal epithelial cells (Serhan et al., 2008).

This process involves a dynamic change in the primary mediators within exudates. Initially, traditional molecules such as prostaglandins and leukotrienes that trigger and amplify the initial inflammation are generated. Subtypes of prostaglandins progressively stimulate the creation of mediators that exhibit both anti-inflammatory and pro-resolution properties – lipoxins, resolvins and protectins (Serhan et al., 2008).

Topical treatment with resolvins E1 (RvE1), in the prevention and treatment of ligature-induced experimental periodontitis models in rats, demonstrated an inhibition and reversal of bone loss in the preventive and treatment experiments, respectively (Lee et al., 2016).

Furthermore, there was a tendency observed to shift the biofilm from a dysbiotic profile to one more linked to health (Lee et al., 2016).

**The IMPEDE model**

The most recent model proposed to aid our understanding of the pathogenesis of periodontitis is the ‘inflammation-mediated polymicrobial-emergence and dysbiotic exacerbation’ (IMPEDE) model (Van Dyke et al., 2020).

With the current classification of periodontitis encompassing four stages distinguished by severity and complexity (Papanopoulos et al., 2018), the IMPEDE model was created with the intention to demonstrate how inflammation may be the principal driver from stages one to four, influencing the clinical conditions evident at each stage (Van Dyke et al., 2020).

In line with the theories outlined above, gingivitis is marked by an ongoing proliferation of the largely commensal organisms that trigger soft tissue inflammation, resulting in pocket formation. Consequentially, there is an escalation in microbial diversity within the pocket.

Prolonged inflammation may initiate alterations in the subgingival environment and plaque composition, leading to the emergence of gram-negative bacterial species. The combination of persistent inflammation and an anaerobic environment of the pocket may further increase the prevalence of particular bacterial species more amenable to this environment.

This could further intensify the inflammation, resulting in further tissue damage (Van Dyke et al., 2020).

The IMPEDE model, as outlined in Figure 1, suggests that the primary force behind the progression of periodontal diseases, from gingivitis to periodontitis, is inflammation and its continuum (Van Dyke et al., 2020).

Microbial specificity only becomes more influential in the later stages (Van Dyke et al., 2020).

Taking into the account the role of inflammation in periodontitis and the theory proposed by the IMPEDE model, various risk factors may contribute to periodontitis via alterations of the immune-inflammatory pathway. Therefore, theoretically, helping your periodontitis patients minimise or eliminate such risk factors may inevitably improve their periodontal condition and treatment response.

Table 1 lists some of the possible factors with plausible mechanisms that may associate them with periodontitis. Some risk factors are more widely recognised with a strong evidence base supporting the link – for example, diabetes.

**Conclusion**

Unraveling the intricate interplay between inflammation and polymicrobial biofilm is essential for comprehending periodontitis.

Periodontitis, characterised by the gradual deterioration of tooth-supporting structures, involves a complex relationship between individual factors and bacterial composition.

Despite advancements, the order of events in the development of periodontitis remains elusive.

The transition from controlled inflammation in gingivitis to advanced periodontitis is marked by ecological shifts in the subgingival biofilm, influenced by environmental conditions.

Inflammatory conditions precede pathogen overgrowth, emphasising the significance of the host response.

The IMPEDE model proposes inflammation as the principal driver, guiding attention towards understanding how resolving inflammation may restore microbial homeostasis.

Resolution pathways, involving pro-resolution molecules like resolvins, offer insights into mitigating periodontitis.

Personalised periodontics, involving the consideration of individual factors, may be a method in optimising prevention and treatment strategies for improved periodontal health. [For a full list of references, email nevodesk@dmc.co.uk](mailto:nevodesk@dmc.co.uk)
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Paul Lowe Dentistry went from 10 online reviews in 35 years to 200 in 12 months when they integrated Working Feedback with their EXACT software

Paul Lowe Dentistry has been providing an excellent service to patients across Solihull since the late 1980s.

At that time, feedback was (understandably!) handled in-person, and word-of-mouth became the main method of winning new clients.

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Clearly, referrals and word-of-mouth advertising are a great way to win patients, but it’s tough to achieve at scale. The problem with Paul Lowe Dentistry’s original feedback process was that reviews couldn’t be shared online!

Sure, patients were happy and they’d go and tell some friends, but potential patients visiting the company website would have no idea about the excellent service offered by the practice. Beyond that, opportunities to deliver additional services were being missed. There was no formal follow-up process in place, so no data was being captured on what other treatments people may have been interested in.

The strategy

With Working Feedback, Paul Lowe Dentistry could instantly request online feedback from patients and publish this directly on its website and social media – perfect for attracting new business!

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The patient follow-up process was optimised, too. When patients left their appointment, Working Feedback would deliver a review request that included information on additional treatments such as Invisalign. With a single click, the practice can learn more about which patients might be interested in which services.

The solution

By implementing Working Feedback, Paul Lowe Dentistry went from a wall with a few ‘thank you’ cards to a strong online presence of five-star feedback.

Its total of 10 online reviews skyrocketed to 234 in the first 12 months and now stands at over 670 reviews (hooray for technology!). Staff can access positive feedback quickly – and the practice even offers gift vouchers to the dental nurses with the most positive comments every month.

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Dentistry Show London makes a welcome return this October and the highly anticipated event promises to be an unmissable gathering for all dental practitioners seeking to enhance their practice, expand their network, and learn more about cutting-edge products and services.

Taking place on the 4 and 5 October at the ExCeL London exhibition centre, the 2024 event is set to be its best yet with an unparalleled range of innovative products, advanced technologies and equipment to help attendees enhance their dental practices. From key technology providers to training course organisers and companies providing state-of-the-art dental care units and scanners, there is something for everyone.

Leading brands including Agilio Software, the BDA, Dental Implant Education Ltd, the GDC, Kent Brushes, Listerine, MDDUS, and NHS Dental Services, will be on hand to demonstrate their latest innovations and connect with delegates. Attendees will also have the opportunity to benefit from exclusive show offers and discounts provided by many exhibitors.

With the floor set to be abuzz with trends, there is no better place to celebrate dynamism and creativity as well as giving valuable insights into the industry's future.

The ‘who’s who’ of dentistry

As well as discovering great products, the show offers an unparalleled networking opportunity – allowing you to meet and network with colleagues and friends plus make new connections. The ‘who’s who’ of dentistry will be in attendance and dental experts, fellow practitioners and key opinion leaders will be on hand to share experiences, engage in meaningful conversations and discuss emerging trends as well as potential challenges in the dental field.

With many subjects dominating the news agenda and hot topics such as the use of artificial intelligence, the growth of cosmetic dentistry and teledentistry gaining momentum, there’s never been a more important time to connect and debate latest developments.

In addition to visiting the networking lounges and exchanging knowledge on the show floor, look out for events taking place at stands throughout the event and connect with attendees, exhibitors and speakers ahead of and during the event via the Dentistry Shows Event App, helping you to maximise your time at the show itself.

**Inspiring and innovative content**

With a phenomenal speaker line-up planned, attendees can enjoy thought-provoking presentations on a wide range of topics in the dental field. Over 100 experts, dental practitioners and industry leaders will be taking to the floor to share their knowledge and expertise, inspiring everyone with their insights and groundbreaking research.

In total more than 100 hours of free innovative content will be delivered by the most renowned names in the industry.

Innovative show theatres will host a series of insightful seminars and workshops and are set to be buzzing with delegates keen to hear about the most topical and current subjects. Ideal for those looking to earn enhanced CPD hours (up to 12 hours of content available), or to simply stay abreast of trends and hot subjects, integral to their professional development. Attendees are recommended to plan ahead to maximise their time at the capital’s premier dental event and leave with valuable information to help meet and maintain high professional standards.

**Specialty Interest Theatre**

As well as theatres covering core clinical areas and a range of topics, from the latest advancements in dental technology to practice management strategies, the Specialty Interest Theatre will be launching in London this year. Covering topics such as endodontics, orthodontics, oral surgery and periodontology, the Specialty Interest Theatre is set to appeal to dentists who are keen to find out more about latest developments in these clinical areas, plus different techniques and technologies to improve patient care.

Portfolio director, Alex Harden comments: ‘Every year we aim to raise the bar for the dental industry and this year is no exception. We’re thrilled to announce the launch of our Specialty Interest Theatre at Dentistry Show London, which in collaboration with our association partners will focus on specialist clinical areas in more depth.

With fresh insights and groundbreaking research discussed, we hope delegates will expand their knowledge and expertise, leaving inspired and empowered by these informative talks.’

**Celebrating innovation**

With technological advancements revolutionising the way dental care is provided, 2024 has already seen an array of new products and services introduced. Helping to set new standards for efficiency, comfort and effectiveness in dental treatments, Dentistry Show London will be exploring the latest innovations and their impact on the industry as well as looking ahead to what is in store in 2025 and beyond.

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.

Harden adds: ‘We remain committed to facilitating knowledge exchange, promoting professional development, and supporting the community in delivering exceptional patient care. This year’s show has this in abundance, and we are thrilled to be opening our doors once again and providing a unique platform for networking, learning, and innovation within the dental community.’

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.

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As one of the premier events in the dental calendar, Dentistry Show London is not to be missed. For more information and to register for free, visit [london.dentistryshow.co.uk](http://london.dentistryshow.co.uk) as well as following @dentistryshowCS on Instagram to receive updates and exciting news about what 2024 has in store.
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Unconventional methods for dental anxiety relief

Finding the right approach specifically tailored to each patient’s needs

Dental anxiety is thought to affect up to an estimated 30% of the global adult population, according to the University of York. Endodontics, in particular, can be an area of fear for many – mostly due to the anticipation of pain. Patients might experience a range of physical anxiety symptoms such as nausea, difficulty breathing and dizziness when faced with the prospect of dental appointments, examinations, and treatments. As such, dentists have tried a range of methods to help keep their patients calm and improve treatment acceptance.

Effective communication with patients, as well as creating a quiet and calm ambiance in your practice, can help to keep patients relaxed in anticipation of their appointments. However, when preparing for more nerve-wracking procedures, such as a root canal, some more involved and sometimes unorthodox anti-anxiety interventions might be helpful. So, how might dentists providing endodontics keep their patients calm?

Acupuncture

One unconventional method for relieving dental anxiety that has been explored by researchers is acupuncture. Those in favour of acupuncture as a treatment for dental anxiety might dentists providing endodontics keep their patients calm?

Another possible solution for reducing dental anxiety might lie in hypnosis. While many associate hypnosis with magicians, health professionals and therapists are increasingly offering hypnotherapy to try and treat conditions, change habits, and promote relaxation, according to the NHS. While it may not be a suitable option for everyone, and potentially harmful for those with psychosis or personality disorders, it might be a helpful tool for some patients to help reframe their thinking.

So, what are the benefits of hypnosis for dental anxiety? It may help reduce general feelings of dental anxiety and phobia, as well as manage responses that impede treatment – like the gag reflex and tongue defence. Additionally, it can help dental patients feel more engaged and empowered in their treatments, promoting an overall more positive outlook, helping to improve communication, and creating more positive associations for future treatments. Overall, the aim of hypnosis for dental anxiety will be to improve patients’ confidence, compliance, and retention, according to the Berkeley Clinic. Researchers have looked into the specific effects of hypnosis on dental anxiety patients. They found that it had a positive effect, reducing dental anxiety and fear during dental treatments. This means that it might be a beneficial intervention to counteract dental fear (Wolf et al., 2022).

Putting the mind at ease

While the slightly more unorthodox anxiety management methods we have discussed might offer patients’ minds at ease in the lead up to their treatment. For some patients, it might be helpful to explain the treatment process in steps, to help them get an understanding of what they can expect. Additionally, by explaining that you have adopted a standardised and reliable protocol, you can offer them a repeatable treatment workplace which is designed to keep them safe.

The HyFlex OGSF file sequence from Coltene is designed to do exactly that. The sequence enables fast and reliable root canal preparation for simple and complex root canals, and enhances reproducibility and safety. The HyFlex EDM OGSF file system comprises of an Opener, Glider, Shaper, and Finisher, to be used in a simple pecking motion for effortless, smooth, and accurate root canal preparation up to working length. Additionally, this helps the clinician to stay in control of the treatment, and the straightforward sequence simplifies treatment while shortening the learning curve.

Ultimately, dental professionals want to provide the best possible care to their patients, to improve their oral health and free them of pain. Endodontic treatment, in particular, can seem very daunting. As such, it’s important to find ways to put patients’ minds at ease in the lead up to dental treatments, with approaches specifically tailored to each patient’s needs. For list of references, please email newsdesk@fmc.co.uk
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Please introduce yourself
Hi! My name is Dr Kunal Rai. I am the principal owner of Meliora Dental, a four-surgery mixed practice based in North Leeds. I am interested in aesthetics and implant dentistry, and I have an MSc in dental implant dentistry and a PG Dip in clear aligner therapy and restorative dentistry.

Before becoming a dentist, my first degree was in computer science with artificial intelligence (AI). Coming from an Asian family background, you are pre-conditioned to be a doctor, dentist, lawyer or engineer. You essentially need to have some sort of formal qualifications, so I initially did my A-levels in chemistry, biology and maths with dentistry in mind.

However, during the Silicon Valley boom, I thought, 'Why spend five years in dental school when I can earn the same amount doing computer science and with less stress?' But when I started my internship, I dreaded sitting in front of a computer all day – I didn’t get to engage with people.

With my computer science degree and A-level subjects, I returned to university in 2010 to study dentistry at Charles University in Prague. But in my heart, I always had a sweet spot for technology and AI.

How did you find out about Pearl?
When I started doing my VT, I found we were all interpreting X-rays differently. Different clinicians have different treatment opinions, which can become quite confusing for the patient, and indeed, they must think, ‘Which dentist should I go for?’ I wanted to address this issue when I started my practice.

I started researching on Google, spoke to a few providers, and discovered Pearl, a company whose approach stood out because it wasn’t overly salesy. Additionally, they offered a two-week trial period.

What are some of the benefits of using Pearl?
Pearl is very easily integrated, there was no hassle. Usually, you install something, and there are some frustrating teething issues for the first week. But with Pearl, everyone in the team knew what to do immediately. Setting it up was also very easy – our IT team were in touch with the Pearl team, and it was straightforward. We lost no historical data, so we had all the patients’ older X-rays available.

Loading it up was no problem; everyone understood how to use it. We didn’t have to close the practice for a day of training – a quick online demonstration and we were ready. The application is self-intuitive.

As a business, it allows us to sell more private treatment as it helps the patient understand better. For instance, showing patients an X-ray with a 30% cavity helps them understand the need for a more extensive filling. So, from a sales perspective, ‘Oh, this will be a big filling. I’d rather have a white one’ helps to convert NHS patients to private work without having to act like a salesman – the patient understanding is much better.

Alternatively, when the cavity is small, and the fenestration is represented in percentage, the patient can leave and review it with another X-ray in a year. This feature allows the patient to see the progression and decide on the treatment options provided without pressure, inadvertently building trust and rapport and elevating communication.

What would you say to those apprehensive about embracing AI in dentistry?
We are living in an AI world. We are seeing people use ChatGPT for writing, for example.

As dentists, we are apprehensive about using AI in dentistry because of the fear that it will replace us. But it’s not there to replace; it’s here to help. We should embrace it.

It will, if anything, make us more robust with our notes because we live in a world of defensive dentistry now. AI allows us to build trust with our patients. Believe it or not, it will boost productivity and provide a better work-life balance.

A question I often get is how does it work with associates? All you have to do is speak to your principal and have them on board with allowing access to the server. You will need to call Pearl and sign up. The software is on the central server; you can limit it to your personal use only or share it across all the practice surgeries – the price is the same.

However, once everyone in the practice gets a feel for it, they will automatically start using it, making them more confident with their treatment planning and conversions.

On a different note, for those who would like to collect Amex points, I think this is the only dental software that allows payment through Amex, so it’s a win-win situation!

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Built-in stoppers ensure precise and accurate drilling to the desired depth. The fixed value of the offset between the top of the implant and sleeve allows clinicians to choose to use shorter drills when they want or need to. This provides another safety measure and facilitates another layer of verification before reaching the final drilling depth.

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Molaris I & II – The heavy metal side of Zirkonzahn

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Zirkonzahn’s Molaris I & II production sites, located nearby the company’s headquarters in the Aurina Valley, host the high tech necessary to produce all burs, machines parts, implant prosthetics components and metal blanks. The company’s values of rigour, precision and quality are clearly reflected in this location.

By means of the latest turning, milling, and grinding techniques, the company’s range of manufactured implant prosthetics components achieves a particularly high accuracy, using a high-quality medical titanium alloy (Ti 6Al 4V ELI according to ASTM F136 and ISO 5832-3). The range is in constant expansion and is currently comprised of more than 6,000 components available for more than 140 implant systems.

All components are fabricated to meet the strictest quality criteria, and to reinforce this the company assumes the responsibility by granting voluntarily up to a 30-year warranty on all Zirkonzahn implant abutments used and the corresponding screws. The warranty also includes implants from other manufacturers used in combination with Zirkonzahn’s implant abutments.

In Molaris I & II, the company also manufactures all milling and grinding tools for their milling systems with no involvement of third parties, creating any tool geometry and making quick and flexible adjustments in close collaboration with the in-house R&D department.

Surface coating, electroplating and diamond coating procedures are also performed in this facility, along with the production of the company’s range of 200 milling burs – with different geometries and shank diameters (3 and 6mm) – milling units parts and colouring liquids.

The company’s blanks of Sinternit, the firm’s sinter metal, are also produced in this location, where injection moulding machines are also used to inject more than 10 different types of resins into discs and to provide them with different colours or colour gradients. Finally, to ensure safety and prevent breakdowns, the same task is performed by two machines and measurement equipment as well as technical testing (e.g. optical and tactile 3D measuring, hardness and roughness measuring, microscopic analysis, etc) are used to guarantee quality and precision.

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

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

But what does the technician community think of these proposals? Read on to find out:

I wholeheartedly endorse and support CDTA UK’s SOP expansion proposal. I’m a CDT and I currently own and operate a two-chair private dental practice based in Newcastle upon Tyne. It is a daily occurrence that the current SOP for CDTs creates barriers to swift and accessible treatment for many of our denture patients, resulting in treatment delays or unfair financial burdens on patients who often cannot afford private treatment fees.

Ross Chapman

Unless you get rid of prescriptions from a dentist for partials then there is not a lot wrong with the current SOP. There is no way, in my opinion, that CDTs should be able to access partial patients. The only way is a massive education package for two to five years, a huge injection investment of money, clinical governance, health and safety etc, and that’s just a start. Oh, and definitely the Care Quality Commission (CQC).

Martin Stephen Ellis

I feel, in most cases, we are well respected, and by working with good dentists who understand the benefits of working with a CDT, our current SOP enables us to provide an outstanding denture service with our USP. Although it is not perfect, I feel that our current SOP works very well while also doing a good job of protecting patients.

If CDTs want to see patients directly, then education is the only way forward and, therefore, CDTs will need to be trained to the same level of expertise and knowledge as dentists. This would require extra time and cost of that education as well as the increased cost of a CDT’s indemnity insurance, which would rise significantly. Additionally, you would have the extra cost of updating the CDT clinic to include X-ray equipment etc. The list and costs will escalate.

Andrew Barrs

I had the awkward situation where the dentist made the denture, the patient couldn’t wear it and then the patient contacted me to help. Now I have to ask for a referral and explain that the denture the dentist had made was not suitable. Very awkward!

Anonymous

I’m fully in favour and totally agree – the time is right for all the right reasons. When something makes complete sense, as this does, it would be a shame if it were to be dismissed by the GDC. Exciting times.

Mark Ambridge

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The rising costs of living and running a business along with changes in attitudes to work post-COVID have seen more dentists than ever handing back their NHS contracts. Many who have made the move say they wished they had done it sooner. With nearly 30 years’ experience of helping dentists introduce private dentistry into their practice, Practice Plan has seen many changes in the dental landscape. The biggest change over the last couple of years has been the demolition of some of the traditional barriers dentists may have faced when considering moving to private dentistry.

At a recent Practice Plan event, two dentists, Nigel Suggett and Megan Mulholland, shared their experiences of converting from NHS to private practice with Practice Plan. Principal dentist Nigel initially began talking to plan providers around 2017 and began his conversion towards the end of 2019. One of his main motivators for making the move was his interest in dental implants. Having completed his implant course he soon came to realise that he would not be able to make use of his newly acquired skills as an NHS dentist and that his only option would be to convert to private practice.

A difficult decision

However, like many dentists before him, making the choice to move away from the NHS was not easy. He says he approached the decision ‘slowly and with a lot of heartache and conversations with various people’. Although he knew the NHS would not be able to offer him the opportunity to use his implant skills, he, like many dentists at the time, still felt a sense of obligation towards the NHS. ‘There’s a bit of socialism within me that wanted to keep within the NHS and some of wanting to help everyone really,’ he said. ‘And that’s what a lot of the thought process was behind trying to do what I could within the NHS.’

Concerned his implant skills might go to waste, he began speaking to plan providers about making the move to private practice. Rather than signing up to a whole practice conversion, Jayne Gibson, his Practice Plan regional support manager, advised that he alone should convert to private practice initially. As the other associates at the practice had only been there for around two years, at that time it was considered a barrier to experience for them as their patients may not have been sufficiently loyal to remain with them as private patients. There were also still other NHS practices in the area who could have accepted them as patients, adding to the risk.

Happy just to have a dentist!

However, in the current climate where nationally, according to the 2022 BBC survey, nine out of 10 NHS practices are not accepting new patients, having a short relationship with patients is no longer the barrier to conversion it once was. The prospect of knowing they can be seen regularly by a dentist sees patients willing to sign up to a plan, almost regardless of how long they have been with their current dentist.

The shift in patient attitude is highlighted by the contrast in the experiences of Nigel and Megan. Nigel was the first to convert in the practice in 2019 followed by a colleague, Rob. ‘My conversion and Rob’s, who is one of the other associates that works with me, were done very softly in that we offered patients to be moved to another associate if they didn’t want to go private with me or with Rob,’ Nigel explains.

‘Ironically, my conversion didn’t really go fantastically well which turned out to be great because it pushed me into really throwing myself into implant work. Ideally, I wanted to have two full days’ worth of plan patients at Seaham Smiles. I’d had maybe three quarters of a day at most. But then, everything happens for a reason. The business worked out quite well because the additional one and a quarter days have been filled with implant work, which is ultimately what I wanted to be doing anyway. The plan patients just keep my hand in with regular routine dentistry.’

However, when Megan made the move in 2023, the dental landscape had changed considerably. ‘My patients were told that it was either join the plan with myself or one of the other dentists in the practice on the plan or they could become pay as you go patients.’ Rather than converting the whole practice, Megan decided to convert for them as their patients may not be good enough for private dentistry, as she herself did not. ‘I think I had good rapport with my patients,’ she says. ‘I felt that ethically I was doing what I should be doing, and I was very comfortable with my general dentistry. Pre-COVID whenever people were thinking about going private, it was definitely the higher end dentist that had a lot of courses behind them, who had specialised in something and had years and years of experience. Things have now changed as the need for dentists of all types, not just specialists, has become more acute. Having made the change now herself, she has nothing but encouragement for anyone contemplating doing the same.

‘I know a lot of people do worry about not being good enough. I think it’s not that you’re not good enough for private dentistry, maybe you’re just not feeling confident enough for it,’ she suggests. ‘We still need good general dentists privately. So, as long as you’re happy with the standard of work that you were producing for your NHS patients, there’s absolutely no reason why you can’t be a good private dentist.’
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I’m sure you’ve heard the saying that banks lend money only to people who don’t need it. At face value this seems both contradictory and faintly ridiculous. But a cautionary tale highlights why perhaps there is more than a germ of truth lying there.

I was talking to a particularly successful practice owner recently who was looking to expand. His business was certainly profitable, and he had never experienced any significant difficulty in finding funding as and when needed. Essentially, he considered himself and his business to be ‘a good risk’ and that his relationship with his bank would stand him in good stead.

This would almost certainly have been the case when that relationship was effectively between him and the bank manager, but things are different now.

Firstly, he had to establish the right person within the bank to whom the funding application should be submitted and having done that send in his written plan for ‘consideration’. He was not given any guidance by the bank on what the plan should cover, but he felt he could put together a proposal that would produce a positive response.

Much to his amazement he was turned down flat. Why? Because successful as his business was (and is!), he did not present an evidence-based case for funding. He made the assumption that a detailed, costed and realistic business plan was not necessary.

He was wrong.

How to prepare a plan

Of course, rules are there to be broken. A good few entrepreneurs break them and still the profits roll in. But for us mere mortals, it makes sense to understand from the start that to run a successful business and maintain that success depends on one key factor: staying informed.

This means you will run your business in a business-like manner. It also means that when you need funding the lender appreciates that your case is based on reality rather than speculation.

So let’s take a look at what will reassure the bank/lender and ensure that you not only secure the funding you need, but obtain the most favourable terms:

1. Above all, monthly management accounts will demonstrate you keep your finger on the pulse. It will immediately convince the lender that you have the level of commitment required to run a business responsibly. Quite simply, it is not being run well unless it consistently monitors its costs, its profits, its losses and its cashflow

2. It always pays to have a good team of advisers that understand their roles and can lend authenticity and credibility to your business plan. An accountant with experience of the profession is a given, but depending on circumstances and resources, you may add legal, marketing and financial advising expertise to your team

3. Indicate your ability to delegate and put in place the reporting procedures that allow you to assess and implement the information provided

4. Be absolutely honest about the costs involved and the resources required to implement your plan. Do your research diligently and demonstrate you have done it. Do not attempt to ignore potential problems in the hope that ‘something will turn up’. It rarely does!

5. As appropriate, support your application with evidence of your financial track record and management eg:

- Loan repayments
- Credit rating
- Credit control
- Management and control of overheads
- Cashflow
- Salaries, bonuses and pensions policy
- Assets

If your business plan meets the above criteria, your application for funding will, without doubt, result in a positive outcome. It may require a little extra effort, but the longer-term rewards will more than justify the time it takes.

Ray Cox explains the importance of presenting an evidence-based case when seeking funding

If you feel Medifinance may be able to help you with putting together a business plan and sourcing funding, or you have any other financial requirements contact Ray Cox at rcox@medifinance.co.uk, 07785 757782 or www.medifinance.co.uk.
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SIGN UP TODAY
Running a successful dental practice involves more than clinical expertise. It requires a structured approach that combines business acumen, effective communication and continuous improvement. This month I wanted to share some ideas on some of the essential elements for leading a thriving dental practice.

**Growth mindset**
A growth mindset is crucial for navigating challenges and fostering innovation. Dentists and teams with a growth mindset view setbacks as learning opportunities, encouraging continuous improvement and greater resilience.

To cultivate a growth mindset:
• Focus on positive outcomes – whatever the situation with your team and patients, aim to see the opportunity in every circumstance and encourage your team to do the same
• Encourage experimentation – create an environment where your team feel safe to try new approaches and make new suggestions
• Celebrate progress – recognise and reward incremental improvements to foster a culture of recognition.

**Have a business plan**
A business plan is the blueprint for a successful dental practice. It outlines the practice’s mission, vision, objectives and strategies. Key components of a business plan include:
• Market analysis – understand the local market and potential opportunities
• Financial projections – develop realistic financial forecasts
• Marketing strategy – plan how to attract, retain and gain referral patients
• Operational plan – detail day-to-day operations and workflow processes.

**Financial performance and goals**
Effective financial management is crucial for sustainability. Practice principals and leaders must monitor financial performance regularly and set financial goals.

**Strategies for managing financial performance include:**
• Budgeting – create and adhere to a sustainable budget
• Performance metrics – track key performance indicators (KPIs)
• Regular reviews – conduct monthly and quarterly financial reviews
• Cost control – identify areas for expense reduction without compromising quality.

**Effective communication**
Effective communication builds trust, enhances patient satisfaction and fosters a collaborative team environment.

Communication strategies include:
• Active listening – pay close attention to patients’ comments and feedback
• Clear instructions – provide concise information about treatment plans
• Team meetings – hold regular meetings to discuss goals and share updates
• Feedback channels – establish channels for feedback from patients and team members.

**Instilling trust**
Trust is crucial for building long-lasting relationships with patients and team members. It encourages patient loyalty and enhances team morale.

Ways to instil trust include:
• Consistency – deliver consistent, high quality care
• Transparency – be honest about treatment options, fees and outcomes
• Empathy – show genuine concern for patients’ wellbeing
• Professionalism – maintain a high standard of professionalism in all interactions.

**Making improvements**
Continuous improvement is vital for maintaining a competitive edge. Engaging both your team and patients in the improvement process ensures that changes are relevant and effective.

Steps to involve stakeholders include:
• Surveys and feedback forms – regularly gather insights from patients and team members
• Focus groups – conduct focus groups to explore specific issues
• Open forums – hold forums or suggestion boxes for free sharing of ideas
• Action plans – develop and implement action plans based on feedback.

**Coaching, not telling**
Coaching involves guiding team members to develop their skills and reach their potential, rather than simply directing them.

Coaching strategies include:
• Coach don’t tell – when team members come to you with questions or problems, resist the urge to tell them what to do, pause and coach instead to build independence
• Regular check-ins – schedule regular one-to-one meetings to discuss progress, provide feedback and set new goals
• Mentorship – pair less experienced team members with more experienced team members for mentorship and support
• Skill-building workshops – offer workshops and training sessions to enhance skills and knowledge for all of the team.

**Leadership and expectations**
Strong leadership involves setting clear expectations and leading by example. Effective leadership practices include:
• Vision and goals – clearly articulate the practice’s vision and goals
• Role clarity – ensure each team member understands their responsibilities
• Performance standards – establish high performance standards
• Decision making – involve the team in decision-making processes.

**Team development**
Investing in team development is crucial for retaining talent and fostering a high-performing team.

Investment strategies include:
• Individual development plans – create personalised development plans for each team member, focusing on their strengths and areas for improvement
• Career pathways – create clear career pathways within the practice
• Recognition programs – implement programs to recognise exceptional performance
• Wellness initiatives – support team members’ well-being through wellness programs and flexible scheduling.

**Conclusion**
Leading a successful dental practice requires a structured approach that integrates a growth mindset, strategic planning, effective financial management, and strong leadership.

By cultivating trust, fostering communication, investing in team development and using a program roadmap, dentists can achieve sustainable growth. Embracing these principles enhances patient care and ensures a thriving, resilient practice team who will be inspired to achieve success.
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Extending the term of your mortgage?

Craig Barr highlights why it is important to have a financial review when considering any seemingly simple changes

According to mortgage data supplied by the Financial Conduct Authority to the Bank of England, a Freedom of Information request by British pensions commentator, Sir Steve Webb, found that the data suggested that more than one million people have taken out mortgages that will continue past the state pension age, in the past three years. The percentage of new mortgages that will run past the state pension age is growing rapidly each year, rising from 31% in Q4 2021 to 42% in Q4 2023. The age group with the fastest growing percentage increase was the under-40s. The data reflects the trend towards longer-term mortgages as prospective borrowers look to stretch their affordability and dental clients are no exception.

As an adviser, I have noted that many of my younger dental clients are trying to absorb the cost impact of being on a higher rate mortgage product, and subsequently a higher monthly payment, by looking to extend the term of their mortgage. However, for many people, the end of their mortgage payments is aligned with when they plan to retire.

What do dentists need to be aware of?

There are several things to consider here. For example, if you were 40 years old and were going to have paid your mortgage by the age of 55 – your planned retirement age – but in order to reduce the burden of higher monthly payments you extended your mortgage term until you are 62, but still wanted to retire at age 55, how would you manage an additional seven years of monthly mortgage payments if you were no longer working? Where would that money come from? Would it come out of your pension pot? Or would it come out of an expected inheritance? Or would you need to save up to fund those last seven years of mortgage?

I would say to any dentist in this situation, if you can’t answer those questions or you don’t think it’s affordable to create that pot of money, you may need to think about whether you need to change your retirement age – and if so, should it change to age 62, in line with the mortgage?

And if you do change your intended retirement age to meet the end of your extended mortgage, be it 58, 62, or 64 – have you thought about when your income protection ends? Does this also end at age 55 when you had planned to retire? Therefore, does this mean that you need to change your income protection?

Another consideration is, what are the details of your current mortgage protection – does this product cover you for the same length of time your mortgage is now based on? If not, this is something else to bear in mind.

Family life and further commitments should also be carefully thought about – if you’re going to extend your mortgage, have you thought about how this could potentially have a knock-on effect on other things that you might be funding later on in your life? For example, helping adult children who are still dependent go through further education.

How can specialist support help?

It’s important to bear in mind that there are essentially multiple moving parts to changing something as simple as the end date of your mortgage – everything that relates to this needs to be carefully considered as there could be consequences. This is where the input of a dental specialist financial adviser can be very useful, a detailed financial review of everything can help to put you in an informed position to better understand your options.

Let’s imagine, for illustrative purposes, that instead of retiring at 60, you are going to retire at 65 because you need to extend your mortgage to make it more affordable. You may wish to change your income protection to end when you are age 65 in line with this. However, because you’re taking your pension five years later, you might then be able to put less into your pension if you’re paying into a private pension because your pension’s going to have an additional five more years to grow.

A financial review will put you in an informed position of where everything is rebased to that age, and you can gain a clear understanding of what this will look like and what this means for you and your individual circumstances.

When it comes to financial planning, there is no one size fits all – having regular reviews with your dental specialist financial adviser can help to keep you in an informed position, to understand your needs to ensure that you make the best choices.

For further support and guidance to plan for the financial year ahead, speak to a dental specialist financial adviser at Wesleyan Financial Services by booking a no-obligation financial review or calling 0800 316 3784. www.wesleyan.co.uk/mortgage
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Patient care doesn’t stop there: I need to communicate my vision back to my patient. It is vital they fully understand their dental diagnosis, their health, oral hygiene responsibilities and their duty to the dentistry I provide.

I want to lead the change in terms of the best dentistry in the UK and beyond, this starts with effective patient communication. AI is changing the dental game in terms of treatment planning and technological developments are going to ramp up, pushing dentistry to sit at the leading edge of what a doctor-patient interaction can look like.

Hypercharge your diagnosis
With Pearl, we can use radiographic imaging like never before to illustrate disease progression and detect early incipient carious lesions and periapical pathology. Elevating our early diagnostic protocol and showing that we embrace new technology in this way has been a game changer for my practice.

We want to ensure we have access to the full range of data available, if the technology is there, you have to use it! For the first time (since June 2024), implant dentists in the UK have the ability to retro search previously placed implants using AI technology from radiographic analysis, thanks to revolutionary company Allisone. We can use this information to find supplies to restore a fractured implant crown or work with an unfamiliar implant system, perhaps from a patient who had this placed in a different country. This company has a mission and values, ready to take the world by storm. Personalised care like never before? Tick!

AI-powered orthodontic systems, of which many brands exist now, use machine learning to create personalised aligners and predict tooth movement. Speed of delivery? Tick!

Give value, educate, empower
We want the in-house experience to be seamless, but how do we take this further? How can dentistry use these technologies to give back to the patient, rather than just elevating our own experience?

The real eye opener for me was having the chance to preview some of the new technology coming to our field in terms of the way I communicate with patients. Kiroku, Digital TCO, AI note taking is amazing for time saving and devoting maximum time to the patient in front of you. Chairsyde communication has been vital for my clinic. This is a very high-level case presentation software with animations and communication tools designed to promote patient understanding.

Already deepening the knowledge of my patients in terms of their treatment plan following diagnosis, I know that exciting developments being launched in the next few months will radically redefine what a treatment plan even looks like.

In the same way that Forward Health in San Francisco changed the rules in terms of the ‘annual physical’ in 2016, I believe Chairsyde will change the game in terms of what an AI treatment plan, looks like: hyper-personalised for your patients, like never before.

Open your mind to AI, from diagnosis to delivery, treatment planning is about to get personal, radical and delivered in a way that a drawing or a piece of paper could never do...

2025 is going to be an exciting year, jump in now and lead the revolution!
In today’s evolving healthcare landscape, the dental profession must adapt to meet the increasing demands and expectations of patients. One significant area ready for development is the role of dental nurses in oral health education. By utilising their skills and positioning them as key players in patient education, dental practices can enhance patient outcomes, increase practice efficiency and create a more holistic approach to oral health care.

**Evolving roles**
Traditionally, dental nurses have been seen primarily as support staff, assisting dentists during procedures, managing patient records and ensuring the smooth operation of the dental practice. However, this view underestimates the potential impact that dental nurses can have on patient care, particularly in the realm of oral health education.

Dental nurses are often the first point of contact for patients and can play a crucial role in educating them about preventive care and oral hygiene practices.

Given their close interaction with patients, dental nurses can offer personalised advice and build rapport, which is essential for effective oral health education. They can guide patients through these educational tasks, dentists can focus on more complex procedures. This division of work ensures that each team member is utilised to their fullest potential, enhancing the patient experience and optimising practice resources.

**Benefits of role expansion**

1. **Improved patient outcomes**
Empowering dental nurses to take on a more active role in patient education can lead to better oral health outcomes.

Patients often feel more comfortable asking questions and discussing concerns with dental nurses. This can lead to more comprehensive care and adherence to oral health practices.

2. **Enhanced practice efficiency**
By training dental nurses to handle routine educational tasks, dentists can focus on more complex procedures. This division of work ensures that each team member is utilised to their fullest potential, enhancing the patient experience and optimising practice resources.

3. **Increased patient engagement**
Dental nurses who are equipped to provide oral health education can help engage patients more effectively. Educated patients are more likely to take an active role in their oral health. This engagement can also foster loyalty and encourage patients to return for regular check-ups and treatments.

4. **Collaborative approach**
A team-based approach to patient care, where dental nurses, dentists, and hygienists work collaboratively, can enhance the overall educational experience for patients. Regular team meetings to discuss patient care plans and share educational strategies can ensure a comprehensive approach.

**Overcoming challenges**

1. **Resistance to change**
One of the primary challenges in expanding the role of dental nurses is resistance to change, both from within the practice and from patients. To overcome this, it is essential to communicate the benefits clearly and demonstrate how this change can lead to improved patient care.

2. **Ensuring consistency**
Consistency in the educational messages provided by dental nurses is crucial. Standardised guidelines should be developed to ensure that all patients receive the same high-quality information, regardless of which team member they interact with.

3. **Addressing knowledge gaps**
Dental nurses may initially feel unsure about their ability to provide comprehensive oral health education. Addressing these concerns through targeted training and support can help build their confidence and competence in this role.

**Conclusion**
Expanding the role of dental nurses in oral health education is not just beneficial – it is a necessary evolution in dentistry. By leveraging the skills and patient interactions of dental nurses, practices can improve patient outcomes, enhance efficiency, and foster a more engaging and educational patient experience.

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

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**Benefits of role expansion**

1. **Improved patient outcomes**
Empowering dental nurses to take on a more active role in patient education can lead to better oral health outcomes.

Patients often feel more comfortable asking questions and discussing concerns with dental nurses. This can lead to more comprehensive care and adherence to oral health practices.

2. **Enhanced practice efficiency**
By training dental nurses to handle routine educational tasks, dentists can focus on more complex procedures. This division of work ensures that each team member is utilised to their fullest potential, enhancing the patient experience and optimising practice resources.

3. **Increased patient engagement**
Dental nurses who are equipped to provide oral health education can help engage patients more effectively. Educated patients are more likely to take an active role in their oral health. This engagement can also foster loyalty and encourage patients to return for regular check-ups and treatments.

4. **Collaborative approach**
A team-based approach to patient care, where dental nurses, dentists, and hygienists work collaboratively, can enhance the overall educational experience for patients. Regular team meetings to discuss patient care plans and share educational strategies can ensure a comprehensive approach.

**Overcoming challenges**

1. **Resistance to change**
One of the primary challenges in expanding the role of dental nurses is resistance to change, both from within the practice and from patients. To overcome this, it is essential to communicate the benefits clearly and demonstrate how this change can lead to improved patient care.

2. **Ensuring consistency**
Consistency in the educational messages provided by dental nurses is crucial. Standardised guidelines should be developed to ensure that all patients receive the same high-quality information, regardless of which team member they interact with.

3. **Addressing knowledge gaps**
Dental nurses may initially feel unsure about their ability to provide comprehensive oral health education. Addressing these concerns through targeted training and support can help build their confidence and competence in this role.

**Conclusion**
Expanding the role of dental nurses in oral health education is not just beneficial – it is a necessary evolution in dentistry. By leveraging the skills and patient interactions of dental nurses, practices can improve patient outcomes, enhance efficiency, and foster a more engaging and educational patient experience.
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Tackling harassment in the workplace

Sarah Buxton highlights what adjustments you will need to make under the new The Worker Protection Act 2023

There are several imminent changes to Employment Law Legislation in 2024 which are intended to make the workplace fairer. One example of these changes is The Worker Protection Act 2023 (Amendment of Equality Act 2010), which is set to come into force in October this year.

The act is set to amend both the Equality Acts of 2006 and 2010, referring to them throughout. It provides the crucial amendment that employers have a duty to take reasonable steps to prevent sexual harassment of employees in the workplace.

Employers are already liable for harassment in the workplace; however, they must be able to show that they have taken (proactive) reasonable steps to prevent the harassment from happening in the first instance.

Employers can evidence their fulfilling of this duty by implementing harassment policies and ensuring all staff members have completed training on harassment policies the practice has in place.

Employers should also address any issues involving harassment in an appropriate, fair, and timely manner. As the Employment Tribunal can award an uplift to compensation of 25%, it is now more prevalent than ever for employers to ensure that policies are implemented and adhered to.

A new statutory code of practice is to be released in conjunction with the act by the Equality and Human Rights Commission, which will provide guidance on how employers can fulfil their duties.

In respect of the ‘reasonable steps’ that employers are duty bound to make, only time will tell what the definition of ‘reasonable’ is as case law developments after the act is enforceable.

What can I do to prevent harassment?

One effective way to prevent harassment is to introduce effective policies and procedures. These policies and procedures should not conflate harassment as a general term but provide detail on each form that harassment can take, and which protected characteristics the policy protects.

You should consider preparing strategy documents to accompany your anti-harassment policies, which explains the measures you will take to tackle the different forms of harassment in your practice. These documents should cover the causes of harassment and what the risk of different forms of harassment occurring are in the practice.

A formal written policy will not change your practice’s culture on its own. Practice owners and those in management positions have a direct influence on the practice culture and set standards and expectations relating to behaviour in the practice. Those in leadership positions need to emanate the qualities that they expect their peers to adopt. Training should also be undertaken by all members of staff to promote a healthy working environment and spread awareness of the anti-harassment policies the practice has in place.

Am I liable for harassment?

As an employer, you can be found liable for acts of harassment where an act is committed by:
• One worker against another of their workers
• One of worker against a job applicant or former worker
• An agent acting on your behalf against one of their workers
• A failure to deal with harassment of one of your workers by a third party, or by another worker outside of employment. This may be a breach of your legal obligations and amount to direct or indirect discrimination.

If a worker commits harassment, am I liable?

You can be held liable for harassment committed by one of your workers in the course of their employment unless you can rely on the ‘reasonable steps’ you have taken to prevent the harassment from happening. It does not matter whether or not you had knowledge of the harassment taking place.

Examples:

An associate dentist creates opportunities to be alone with a dental nurse. While they are alone, the dentist makes sexual comments about the dental nurse’s appearance and his feelings towards her. There are no witnesses and, as the harasser is the dentist that she assists on a daily basis and is in charge of her work, she feels unable to make a complaint to the practice manager. The dental nurse leaves and makes a sexual harassment claim. The employment tribunal could find the practice liable for the actions of the dentist if it failed to take all reasonable steps to prevent the harassment.

A dental nurse is harassed by her colleague on two occasions. The first time, during drinks in the pub with colleagues immediately after work. On the second occasion, at a leaving party for another dental nurse, which also takes place in the pub. Although the workers are not working at the time, the tribunal decides that these social gatherings with work colleagues immediately after work or at an organised leaving party are closely connected with employment. Therefore, they fall within the definition of ‘in the course of employment’.

One of the dental nurses is gay and has not told his colleagues this. One of the other nurses finds out through a mutual friend reveals the dentist’s sexuality to their colleagues and makes offensive jokes about it. The employer has a harassment policy but has not taken steps such as using the induction process or training to make sure that workers follow it. The employment tribunal believes that such steps probably would have made no difference to the outcome: the worker’s colleague probably would have broken the rules anyway. Nevertheless, the employment tribunal finds that it would have been reasonable for the employer to take these steps as they are therefore liable for the harassment.
Give your patients something to celebrate

High quality Digital Dentures fitted in just two appointments
The Care Quality Commission (CQC) has launched a new provider portal that was due to go live in February. Prior to the launch, communications from the CQC were keen to stress that the launch would be phased to ensure that any issues arising could be ironed out. As is often the case with IT product launches the portal proved to be problematic for providers and the launch was pushed back to March.

Once opened, providers encountered ongoing difficulties registering on the site, and those that managed to register, faced problems when attempting to submit registration applications.

My role at Dentistry Compliance powered by Apolline is partly as CQC registrations manager, meaning I had first-hand experience of the difficulties. The portal would not allow me to select any of the three regulated activities associated with opening a new dental practice, namely:

- Diagnosis and screening
- Treatment of disease, disorder and injury
- Surgical procedures.

Following significant difficulties with the portal, on 16 April, the CQC announced via email they were aware of problems with the new portal and were going to permit paper/email registration applications until further notice.

On 3 June, the CQC sent an email to all providers apologising for their ‘poor experience’ of the new portal. The email said they recognised how ‘frustrating the experience has been’ for the 12,000 providers who have already set up an account to enable the submission of registrations and notifications.

There is a dedicated support team for provider portal queries and issues that can be reached via email at providerportalqueries@cqc.org.uk.

Creating a portal account
To create a portal account, you need to be either a registered manager, a nominated individual, or a main partner for a CQC registered provider. You will also need to use an email address that is registered with CQC and is not shared with another registered person.

Once the account has been created, nominated individuals can delegate access to others in their organisation so they can complete notifications.

Notifications
You can submit the following notifications through the provider portal:

- SN16: Death of a person using the service
- SN17: Death of a detained mental health patient
- SN18: Allegations of abuse
- SN18: Events that stop a service running safely or properly

The provider portal is ready to accept registration applications, so you should use this. From 7 June, the CQC will only accept registration applications via the portal. Paper/email applications will no longer be accepted.

What can be done in the new provider portal?
The aim of the new provider portal is for all new registrations, amendments to existing registrations, and all notifications to be made online through the portal. To that end, there have been a number of recent improvements:

- You can now save notification forms as a draft midway through completion and come back to them later
- You can see all your notification history
- Nominated individuals can delegate access to others in their organisation so they can complete notifications.

The aim of the new provider portal is for all new registrations, amendments to existing registrations, and all notifications to be made online

- SN18: Serious injury to a person using a service.
- You can complete the following registration activity through the provider portal:
  - Register as a new provider
  - Register as a new manager
  - Cancel your provider registration
  - Cancel your manager registration.

Fulfil all your compliance requirements with Dentistry Compliance.
Visit dentistry.co.uk/compliance for more information and to sign up.
One fine evening, I was quietly minding my own business after a strenuous day at the office when an old friend called out of the blue. She asked me to talk about practice ownership and impostor syndrome for the Women Dentists’ Network.

How hard can it be, I thought? Well, I’ve never stood up in front of an audience before in my life – but although my salivary glands packed up halfway through from terror, there was no way I was going to walk away from the stage (and then a feeling of achievement after facing the unknown). So here for your entertainment is the story of 50 (gulp) years in this rather peculiar profession (without the naughty bits).

Early years
I enjoyed science at school and wanted a career where I could be independent and earn a reasonable living. I was rubbish at exams: I took my A-levels twice to get a decent grade.

Eventually, I got an interview at Guy’s. The dean was doubtful about accepting women on the course, as he feared that it would be wasted on those who exchanged a career for marriage and babies – those were the days!

Anyway, I was accepted. It was the early 1970s: long hair, bell bottoms, Led Zeppelin and Woodstock. I was shy, immature and felt a bit out of place: the impostor syndrome had well and truly hatched, but I stuck with the course for five years, as I was determined to come out with a qualification. (I even took my finals twice!)

I spent the next 10 years in the NHS and general practice as an associate, being taught and hounded by an audience of patients, as I took care to price the fees only a little above the NHS fees and then slowly increased them over the years.

Doing it again
I gradually learned how to run the books and value myself and start having some fun. Years ago, advertising was not allowed for dental practices. When it finally was allowed, it was enormously boring… but after travelling on the underground I had an idea for a different type of advertising. Something not about the dentistry, but more eye-catching, amusing and memorable… I took advantage of my name to release the Princess DI advert, which caused a lot of stir and brought me in the national papers!

I was able to pay off the BDL quickly and set about making a profit. I took on associates to delegate!

After 17 years, I sold the practice. I decided to try corporate only to discover that I was totally not suited for it! I realigned my education and I decided to make my own business. I saw 40 patients a day, and overpaid staff because I was so dependent on them and wanted their support. In all honesty, I felt unable to practise to the standard I’d been taught: I found it difficult to treat plan, because I wasn’t confident enough to trust myself. I found myself getting into patient-led treatment with obvious unhappy results.

I nearly went bankrupt – and then I finally asked for help.

I found some business training, started running my own books and made sure that the money coming in exceeded the money going out.

After the first NHS contract was announced in 1990, I made the conscious decision to leave the service. I only lost about 10% of my patients, as I took care to price the fees only a little above the NHS fees and then slowly increased them over the years.

Life lessons
- Confidence increases as you get older: you’ll worry less about making mistakes (they happen) or admitting ignorance. We’re all on a path to knowledge!
- Be your own true self and don’t overthink things
- Anything is possible… be excited!
- You are more capable than you think
- Ask for help when you need it
- Don’t drift. Have a plan and if it doesn’t work… rethink it
- Don’t give up – and most importantly, enjoy yourself!

Stepping into ownership
In the mid 1980s, I bought an NHS practice in north London with no idea how to run a practice to the standard I’d been taught: I found it difficult to treat plan, because I wasn’t confident enough to trust myself. I found myself getting into patient-led treatment with obvious unhappy results.

I nearly went bankrupt – and then I finally asked for help.

I found some business training, started running my own books and made sure that the money coming in exceeded the money going out.

I was able to pay off the BDL quickly and set about making a profit. I took on associates to delegate!

After 17 years, I sold the practice. I decided to try corporate only to discover that I was totally not suited for it! I realised I like to make my own decisions, and feeling like a cog in a pie chart of a business run by accountants who I felt did not have the patients’ interests at heart was not for me.

So in 2011 dived in again and bought another run-down practice in St John’s Wood. (I couldn’t find an associate position as I was seen as too old!)

The ‘new’ practice had no computers or digital equipment. The carpets, flowers, sterilisers and filing cabinets all pre-dated the CQC. In short, it was perfect – just the sort of challenge I was after!

In rebuilding the practice from scratch, I recruited top quality staff, invested in IT, established local contacts and set out a marketing strategy. I found myself enjoying the creative side of establishing a style of practice, and established a top-notch full-time hygiene clinic with three hygienists.

Yes, the sleepless nights, the sense of feeling alone and inadequate, and the impostor syndrome were still there, but I worried less about them. I learned to get good advice and enjoy the creative side. Perhaps most importantly, I learned to believe in myself a little bit. (There is one jokey saying that I have truly come to appreciate: ‘The older you get, the better you get – unless you are a banana.’)

And I’m still here. I enjoy it and I’ve got the hang of it. I love being a GDP. I know my clinical limitations and despite the dean’s fears, I’ve established myself as a mentor and adviser, and I teach my patients to face their fears as I faced mine.

Practising dentistry is more than just teeth!
Celebrating excellence

The British Society of Dental Hygiene and Therapy (BSDHT) is thrilled to announce the Member of the Year 2024 award, a prestigious accolade that aims to honour exceptional dental hygienists and dental therapists within the community. This year’s competition promises to be an extraordinary opportunity for BSDHT members to be recognised for their dedication, innovation and excellence in dental care.

The inception of the BSDHT Member of the Year award is rooted in the success of a similar competition run by the Irish Dental Hygienists’ Association (IDHA) and supported by Kin, specialists in oral health care (www.kindental.co.uk).

Recognising the need to celebrate excellence within its own membership, the BSDHT has tailored this award to shine a spotlight exclusively on its dental hygienists and dental therapists. This initiative not only underscores the significance of their roles but also serves as a member benefit, elevating the prestige and credibility of the award through workplace nominations.

What’s more, recognition through the BSDHT Member of the Year award holds profound significance not just for the winners, but for the wider profession. While the number of awards available today might dilute their perceived impact, this particular accolade stands out by focusing on peer recognition.

A sense of value

A nomination signifies recognition and appreciation from colleagues, fostering a sense of value and boosting morale. For the practice, it offers a chance to highlight the exemplary standards of their team, garnering positive publicity. Meanwhile, winning or being a finalist can serve as a powerful motivator, enhancing the practice’s reputation and potentially attracting more patients.

BSDHT and Kin will ensure the highest standards in the adjudication process, guaranteeing an unbiased and objective selection. The selection of nominees is based on four key criteria:

- Patient care
- Initiative
- Relation to teamwork
- Communication.

These attributes encapsulate the multifaceted nature of dental hygienists and dental therapists who excel in their roles. Patient care reflects the core of their profession, ensuring patients receive the highest standard of treatment and comfort. Initiative showcases their ability to innovate and improve practices. Teamwork highlights their collaborative spirit, essential in a dental setting, and communication emphasises their skill in effectively conveying information to patients and colleagues alike. By excelling in these areas, the winner will embody the holistic excellence required of top-tier dental hygienists and dental therapists.

The award journey

This year, finalists will be asked to design a patient education leaflet. This task goes beyond mere creativity, requiring finalists to distil their extensive knowledge into an accessible, informative and visually appealing format. The leaflet must effectively communicate key aspects of patient care, demonstrate initiative, illustrate teamwork, and exhibit excellent communication skills.

It is an opportunity for finalists to showcase their ability to educate and engage patients, making their expertise tangible and useful. Here are some top tips:

- Clear and colourful imagery – use vibrant images to make the leaflet visually appealing
- Bullet points – for clarity, break down information into digestible, itemised points
- Inclusive graphics – ensure diversity in any images of people to reflect the community
- Proofreading – a careful spellcheck and having a trusted colleague review the content can prevent errors and enhance clarity.

A winning impact

The inaugural BSDHT Member of the Year competition in 2023 saw Sakina Syed take home the top prize. Her success story, along with the printing and distribution of her leaflet, underscores the profound impact such recognition can have on an individual’s career. Winning this award has bolstered her professional reputation, opening doors to further opportunities and enhancing her contributions within the dental community.

Beyond immediate recognition, winners and finalists can look forward to significant professional development. The process of creating a leaflet hones skills in information transfer, design and patient communication. These competencies are invaluable and can be leveraged in various aspects of their professional roles. Additionally, the leaflets may be featured on the BSDHT website, providing a broader platform for sharing their expertise with the public.

In addition, as the BSDHT Member of the Year 2024, the winner will receive a prestigious package including £1,000 in prize money, a printed copy of their expertly designed leaflet, a trophy and a framed certificate. Furthermore, four runner-up prizes will be awarded, each accompanied by a certificate recognising their outstanding contributions.

Looking to the future

Interested parties must submit nominations for their outstanding dental hygienists or dental therapists by 31 July. The BSDHT and Kin will review all nominations and announce the finalists on 30 August. Finalists will then have until 20 September to complete their educational leaflets.

Please bear in mind that finalists will be required to attend the BSDHT Annual Conference (OHC), the flagship event of the society, to be held on 22 and 23 November in Harrogate. This conference is a hub of knowledge, networking and professional development, featuring a variety of speakers and sessions. It is a prime opportunity for finalists to connect with peers, gain insights from industry leaders, and celebrate achievements in a supportive environment.
Nowadays, the importance of ethical and sustainable procurement can’t be overstated. From the tools you use to the suppliers you choose, every decision impacts not just your practice, but also your community and the planet. Integrating ethical procurement practices ensures your dental practice stands out, not only for its clinical expertise but also its commitment to corporate social responsibility (CSR).

The benefits of ethical procurement

Why should ethical procurement matter to your dental practice? Well, there are some compelling reasons that go beyond just ‘doing the right thing’. Let’s break them down:

Positive reputation

Being known as a practice that cares about society, community, and people can significantly boost your reputation. It sets you apart from competitors and positions you as a leader in social responsibility.

Legal compliance

Maintaining ethical procurement standards helps you avoid the pitfalls of non-compliance issues. This means fewer headaches and lower costs associated with correcting potential legal missteps.

Attracting talented staff

In today’s job market, attracting top talent goes beyond just offering a competitive salary. Potential employees are looking at both your reputation and practices when deciding where to work. A solid reputation for ethical practices is attractive to potential employees and clients alike.

Creating a preferred supplier list

When it comes to your day-to-day dental supplies and operational purchases, evaluating every single product for its ethical credentials can be overwhelming. The solution? Establishing a Preferred Supplier List (PSL). Here’s how you can put one together:

1. Evaluate potential suppliers:
   Use a checklist to vet suppliers. Key questions to ask your existing and potential suppliers include:
   - How far is the supplier’s distribution base?
   - What is their transport and net zero strategy?
   - Do they offer green options as standard (Fairtrade, recycled, FSC, etc.)?
   - Are they CSR accredited (e.g., B Corp, dental industry CSR certification)?
   - How do their prices compare in general?

2. Supplier research:
   Look for evidence of the supplier’s commitment to sustainability, social responsibility, and justice on their website. This can include sustainability initiatives, community involvement, and fair trade practices.

3. Preferred suppliers in practice:
   Selecting service providers requires a thoughtful approach. When making larger purchases, you not only comply with legal standards and improve your reputation but also attract talented, like-minded staff.

   So, as you go about your procurement tasks, remember the bigger picture. Ethical procurement isn’t just about costs and efficiency—it’s about making choices that benefit your practice, your patients, and the planet. Are you ready to enhance your procurement practices? D

2. Request environmental management documentation:
   Ask suppliers to provide documentation on the products/materials used and the management procedures in place to minimise environmental impact. This shows their commitment to sustainable practices.

3. Supplier research:
   Broaden your research to include:
   - Social enterprises (e.g., through the Social Enterprise UK Directory)
   - Eco-friendly businesses (Green Business Directory)
   - Accredited companies (B Corp, CSR accredited, carbon neutral).

4. Weighting and evaluation:
   Use a weighting system to evaluate suppliers. Price and meeting customer requirements should make up the bulk of your criteria (e.g., 45% for pricing, 44% for customer requirements). However, sustainability and added value should also factor into your decision (e.g., 5% for sustainability, 6% for added value).

Integrating ethical and sustainable procurement practices into your dental practice isn’t just a nice to have; it’s essential for a future-proof, responsible business. By evaluating suppliers based on their ethical credentials and making informed decisions on larger purchases, you not only comply with legal standards and improve your reputation but also attract talent, like-minded staff.

Mark Topley shares how you can benefit from looking at the bigger picture.
Begin Your Journey to Sustainability: Simple Steps to a Greener Dental Practice

The next step is all that matters; we’ll handle the journey

At GoPractice Green, we understand the unique pressures and responsibilities you face. You want to be more sustainable, but you don’t know where to start. You’re worried about time and cost. Our comprehensive, self-directed online subscription programme is meticulously designed to guide you, step-by-step, towards a more sustainable dental practice, allowing you and your team to progress at your own pace.

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- **Built-in Accountability:** With our robust accountability features, track progress effortlessly and ensure that you stay on track with your sustainability goals. We make it easy to keep on track.
- **Substantial Cost Savings:** Investing in sustainability is investing in efficiency. Reduce overheads and waste, and watch your return on investment grow with each green step you take.
- **Enhance Your Practice’s Reputation:** Stand out in a competitive market by being a leader in sustainability.

Ready to take the next step?

Join a growing community of forward-thinking dental professionals who are turning their practices into examples of sustainability and success.

Sign up today for just £35 per month at GoPracticeGreen.com/fmc-subscribe or scan the QR Code.

Act now and enjoy a 10% lifetime discount if you join during July.

Start your journey towards a greener, more successful future.

CoPractice Green: Because the future of dentistry is sustainable.
It’s no secret that dentistry has become an increasingly litigious profession in the UK. We are all faced with the possibility of a complaint and fitness to practise investigation, no matter how hard we work to deliver exceptional care. That’s why there is so much emphasis today on maintaining accurate patient records and continuously acquiring informed consent throughout a course of treatment.

However, there is another side to the litigation that UK dentists are facing and that is the result of blue-on-blue reporting. The GDC showed that 7% of fitness to practise cases were brought about as the result of whistleblowing in 2022. Though this is, of course, much lower than the 52% reported by patients, it still represents more than 88 case assessments in one year.

Whistleblowing is a double-edged sword. Where there is a serious problem that must be addressed in order to protect patients and ensure their safety, it is important that professionals have the courage to proceed. However, where not absolutely necessary, it also fosters a culture of mistrust amongst the profession. Given that we have enough to contend with from patients, I would encourage colleagues to consider other avenues before turning to the regulator.

Show support
I am a strong believer that we must support our peers and show the same compassion we have for patients to colleagues too. We’re only human and can all make mistakes – we need to remember that we don’t know all the facts when we see a patient who has had less-than-ideal treatment. Jumping straight to a GDC peer-referral is not always the answer.

I also believe it is deplorable for one dentist to threaten reporting another to the GDC without substantial evidence of needing to. This should never be something held over a colleague’s head to settle personal differences and it is very sad when I hear of such things within our otherwise fantastic profession. (Again, I appreciate that sometimes it is necessary and in no way would I suggest not reporting a genuinely dangerous or intentionally unethical situation.)

This same attitude should be shared with patients who come looking for a second opinion on treatment performed by another clinician. If you would have done things differently, say, but don’t automatically suggest that their previous dentist did a terrible thing. Many patients already struggle to trust and build positive relationships with their dentists, so we should avoid anything that would give strength to existing negative connotations where we can.

We also can’t talk about fitness to practise without a word for how such situations are dealt with (or not) by the GDC.

Only a few months ago, the Professional Standards Authority reported that the regulator failed to meet certain registration standards. These included taking too long to deal with fitness to practise cases. For professionals under investigation, this would have a direct impact on their careers, their mental health and even their ability to earn an income and support their families.

That’s another reason why I feel it is so important to seek local resolution to concerns where possible. It could be as simple as contacting the dentist in question and getting more information about a case to better understand the limitations they had faced. Sometimes it is also about promoting professional education so that all dentists have the opportunity to update their skills using the latest clinical research and evidence.

The BACD is an excellent place to start for anyone looking to advance their knowledge and abilities within the realm of ethical cosmetic and restorative dentistry.

For a list of references, please email newsdesk@fmc.co.uk.
A warm welcome to the inaugural edition of our new column in Dentistry magazine, brought to you by the British Association of Dental Therapists (BADT). We are thrilled to embark on this journey of sharing insights, advancements, and pivotal discussions within the field of dental therapy. Our column will aim to be a beacon of knowledge, support, and inspiration for dental professionals, highlighting the crucial role of dental therapists in enhancing patient care and promoting oral health. Each month, we will delve into the latest trends, innovative practices, and pressing issues facing our profession, ensuring you stay informed and empowered in your practice. Join us as we explore the dynamic world of dental therapy, fostering a community of excellence and collaboration.

Who are the BADT?
The British Association of Dental Therapists (BADT) was the first association in the UK to represent dental therapists (or dental auxiliaries as they were then) formed in 1962 when they first qualified from the New Cross School. The first formal meeting was held in 1963.

Since then, BADT has grown into the strong organisation we know today and is the longest-running dental therapy association in the UK and Europe and second in the world behind New Zealand.

It has always been run by working therapists for the benefit of therapists – all council members give their time freely as volunteers. Dental hygienists are welcome as members too.

The BADT has been instrumental in leading the profession forwards including introducing ID blocks, primary pulpotomies, working without a dentist on the premises and working in general dental practice (before this therapists were confined to working in community clinics or hospitals) and of course direct access in 2013.

Most recently, we have helped to spearhead the exemptions project, alongside BSDHT, which will allow dental therapists and hygienists (following training) to administer certain prescription-only medicines such as local anaesthetics and fluoride varnishes, without the need for a patient specific direction from a dentist.

BADT member benefits
There are a range of benefits accessible to BADT members:

- 15% discount with Dental Protection
- 30% discount on the Digital Therapist Course with Avant Garde Dentistry
- 20% discount on Smile Dental Academy one-day courses
- 10% off Mediform scrubs
- 20% off PG Mutual income protection
- £500 off Tipton Training PG Aesthetic and Restorative Course
- 10% off Dental Talent job board
- Regular members only newsletters
- Extra newsletters whenever there is anything important to share
- Four printed Dental Therapy Update journals a year
- 11 Dental Update e-journals via George Warman Publications
- Access to RDH e-version for free or a discount on a printed subscription
- Access to IDHA (Irish Dental Hygiene Association) journals, twice annually
- Members only webinars
- Discount on CPD courses by external providers
- Access to legal and accountancy advice.

What does it cost?
- Membership is £90 per year or £9 per month (2p a day!)
- Tax deductible for self-employed members
- Free membership for undergraduate dental therapists and hygienists
- Free membership for newly qualified dental therapists and hygienists in the first year of qualification
- Half price membership for dental therapists and hygienists in their second year of qualification.

For more information and to join, see www.badt.org.uk... you will be so welcome!
Seeing through the clutter

Selecting the right dental camera means a clear-eyed assessment of the features best suited for patient demonstrations and student education

In dentistry, a deluge of camera options presents a dizzying array of choices that can distract or even detract from the device's primary objective: recording a procedure as simply and seamlessly as possible.

Like any major purchase, selecting the right dental camera means not only knowing what you need, but understanding what you don't. The evidence about workplace injuries for dental professionals continues to mount, 'pain' should be high on the 'don't want' list.

The role of ergonomics

The science behind the crucial role of ergonomics in dentistry is as unsettled as it is scary. A number of careful, compelling studies and surveys all point to the same painful conclusion: compromised posture means compromised dental careers, and the way dental professionals have traditionally worked just isn't working anymore.

A quick look at the research performed in the burgeoning dental ergonomics segment reveals how pervasive this postural problem truly is. A 2016 report published by the Canadian Dental Hygienist Association found that anywhere from 60 to 96% of dental hygienists report some type of musculoskeletal disorder (MSD) from their work. A 2010 survey of nearly 200 dental professionals published in the British Dental Journal found that more than half (55%) of ill health retirements were from a dental professional's patient servicing, which one study associated with a dental professional's personal eye focus.

There's a crucial 'what you see is what you decide' element at play here, one complicated by the intricacies of dentistry. Integrating a camera not only with loupes but also light sources can be critical to producing suitable video footage. Here, headlights should be prioritised over chair-top lighting, since the former moves in alignment with a dentist's head – and, of course, the complementary visual tools upon it.

Then there's weight, which is often overlooked despite the widespread, well-documented crisis of dental professionals suffering from painful, work-related musculoskeletal issues. In a profession that can be a real pain in the neck, back and shoulders, lightweight headgear is pivotal.

To keep cameras light, eschew extraneous features. Dental professionals are best served to forgo flashy-yet-unnecessary add-ons that add weight despite limited usefulness in a working environment where distances are typically stable. Weight is a dentist's enemy, so if a feature isn't helping, it's likely hurting.

Meet the needs, lose the weight

In most circumstances, the winnowing process for selecting professional electronics first involves defining that trade's specific needs. In the case of dental cameras, this priorities list is usually refreshingly brief.

In short, dental cameras have two major purposes. From a patient-serving standpoint, detailed video footage provides a reassuring 'show and tell' that essentially allows patients to see through a dental professional's eyes. When supported by sufficient, 'laymanised' explanations, this can prove once and for all that a dentist's recommendation is responsible and well-informed. It also allays any potential suspicion that a dental procedure is being recommended more to line a dentist's pockets than fix a patient's teeth.

The other main function for cameras is instruction. Whether teaching a class of dental school students or honing the skillset of a new dentist in a one-on-one setting, the benefit of clear, often real-time video is obvious. The evolution of dental camera technology has been a godsend for those learning a complex trade that occurs within the confines of small, dark spaces – namely, patients' mouths. And of course, a subset of instruction is a dentist's self-propelled ongoing education. In reviewing recordings of their own work, dental professionals learn to repeat what works and reform what doesn’t. Here, video helps expedite the perpetual progress required in any patient-serving medical setting.

In all cases, what a dental professional wants from a camera is... well, clear; clarity, convenience and ergonomic alignment. Crisp video, shot simply but effectively, without disrupting the ebb and flow of the intricate work demanded of dental professionals.

Given the reasonability of these traits, one would think that any number of cameras in the crowded dental tech space would be sufficient. In an age where many of us have microwaves in our doorbells, it really isn't too much to ask for an easy-to-use dental camera that doesn’t detract from a dental professional's patient servicing or workflow.

But the excesses of tech can build a complex labyrinth to finding the right piece of electronic equipment for the individual user. Unfortunately, dental cameras are no exception.

Considering this, it's important for dental professionals to recognise not only what they need in a camera, but also what they don't. Because with dental cameras, unnecessary add-ons can be an unacceptable impediment to presentation, instruction, or even performance.

One example is autofocus. In theory, a camera capturing a dental procedure should be an autofocus – namely, dental practice – autofocus can be detrimental. First, it tends to create a slight delay in live feeds, leaving a momentary disconnect between what a dentist is explaining and what a student is seeing. Second, especially in settings where a dentist is wearing magnification loupes, the automatically focusing camera usually doesn't change enough to require autofocus.

This second factor – whether a dentist is wearing loupes – comes into play elsewhere in the camera decision-making process. For dental professionals who intend to frequently wear cameras in tandem with loupes, it may make sense to let the eyewear influence the camera choice. While most dental equipment is at least somewhat brand agnostic, having a loupes-and-camera arrangement from a single supplier helps align the camera's focus with a dental professional's personal eye focus.

There's a crucial 'what you see is what you record' element at play here, one complicated by the intricacies of dentistry. Integrating a camera not only with loupes but also light sources can be critical to producing suitable video footage. Here, headlights should be prioritised over chair-top lighting, since the former moves in alignment with a dentist's head – and, of course, the supplementary visual tools upon it.

The other two factors are something I call the 'double Ws': wires and weight.

The first, wires, are quite simply something to avoid whenever feasible. In a setup where a dental professional may have loupes, a headlight and a camera affixed to their heads, going battery-powered wherever possible makes working far less cumbersome. Dentists need range of movement and clutter-free headspace; wires prevent each of these must-haves.

Then there's weight, which is often overlooked despite the widespread, well-documented crisis of dental professionals suffering from painful, work-related musculoskeletal issues. In a profession that can be a real pain in the neck, back and shoulders, lightweight headgear is pivotal.

To keep cameras light, eschew extraneous features. Dental professionals are best served to forgo flashy-yet-unnecessary add-ons that add weight despite limited usefulness in a working environment where distances are typically stable. Weight is a dentist's enemy, so if a feature isn't helping, it's likely hurting.
Miracle shade matching
Trycare Ltd, the UK’s fastest growing dental dealer, are UK distributors of Tokuyama Dental’s range of spherical composites including Estelite Sigma Quick.

Featuring Tokuyama’s patented RAP monomer and aesthetic spherical filler technology, Estelite Sigma Quick delivers an extended working time in ambient light yet cures in only 10 seconds! There is also less residual monomer and minimal after cure colour change for long term aesthetic satisfaction.

In addition, Estelite Sigma Quick offers miracle shade matching! Because of its spherical filler particles, it offers inherent shade mimicking so that, in most cases, just one shade will blend perfectly with the natural teeth, leaving invisible margins and undetectable restorations. These spherical fillers also facilitate outstanding polishing and a lustre that lasts and lasts, allied to high wear resistance and very low abrasion of the opposing teeth.

Estelite Sigma Quick is ideally used in combination with Tokuyama’s award-winning Universal Bond II, which can be used to bond all direct and indirect restorative materials, Garrison Sectional Matrix Systems and for the ultimate aesthetic finish Eve polishers!

If you prefer layering techniques, Tokuyama’s Asteria delivers outstanding results which can be characterised using Estelite Color.

Natural mineral bone material
Augma’s Bond Apatite is a natural mineral bone regeneration material that does not wash away. Supplied in an all-in-one syringe that enables immediate dispensing directly into the bone defect, it is incredibly quick and easy to use. Simply depress the plunger to activate the ingredients, dispense it into the defect and apply pressure using a sterile gauze and it’s set. The whole process takes literally seconds.

Bond Apatite sets hard, so it won’t wash away even in the presence of blood and saliva. Because of this, there is no need for a membrane which saves additional time and unnecessary expense. There is no need to achieve tension-free closure, this is actually contra-indicated, or even complete primary closure for gaps less than 3mm. Small dehiscences can be left exposed without any risk of infection or breakdown. Larger dehiscences can be protected by suturing an Augma Shield protective layer over it.

Formed from a patented mixture of biphasic calcium sulphate and hydroxyapatite in a two to one ratio, Bond Apatite sets like a cement in the oral cavity. After a few weeks it transforms into a radiolucent matrix, before calcifying and becoming radiopaque new bone. According to the manufacturer, it produces 90% new bone after three months and over 95% new bone after eight months.

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‘Best places to work’ survey
Henry Schein

For the second successive year, Henry Schein One UK (Software of Excellence and Dentally) 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

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gosensei.co.uk

Through and through lesions at WEC
BES

Dr Adham A Azim, chair of the endodontics department at the University of the Pacific, San Francisco, is set to speak at the IFEA World Endodontic Congress (WEC) in Glasgow. He describes what attendees can expect from his session ‘Through and through defects explained’.

‘In my session we’re going to be talking about through and through lesions. It’s usually quite complex to manage these cases, so we’re going to present how we can classify the different types of through and through lesions and how we manage each one of them effectively.

‘I look forward to seeing you this September in Glasgow!’
ifea2024glasgow.com/registration
07762945847

Treat hypersensitivity in minutes
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Predicta Bioactive Desensitizer by Parkell swiftly alleviates dentin hypersensitivity using natural tooth elements, calcium and phosphate. Upon application, it forms hydroxyapatite plugs in the dentinal tubules and adds a mineralisation layer that broadens the seal, protecting pain-sensing A-delta nerve fibres.

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Straumann’s portfolio on display
Straumann

Known for supporting clinical excellence across dentistry, Straumann Group demonstrated an array of its industry-leading brands at the recent British Dental Conference & Dentistry Show Birmingham.

Implant dentists had an opportunity to discover the different implant systems available, including those from Straumann, Neodent and Anthogyr. With varying features, these solutions afford a spectrum of benefits for different patients and situations.

Clinicians interested in providing predictable aligner treatment were interested to discuss the Clearcorrect system, which offers an unparalleled level of customisability and control of tooth movements.

Other brands on display included Medentika and Dental Wings, showing the breadth of Straumann Group's comprehensive product portfolio.
www.straumann.com

Vision, precision, transformation
ADI

Discover the ADI Team Congress 2025 entitled ‘The implant aesthetic kaleidoscope’ taking place 1 to 3 May 2025 at The Brighton Centre.

To match its exciting and colourful title, the congress aims to highlight the multitude of skills, techniques, and expertise required by a dental implant team. Also, the way these complementary elements create some truly beautiful results.

Dr Zaki Kanaan, president of the Association of Dental Implantology (ADI), extends a warm welcome to attendees: ‘The biennial ADI Team Congress is one of the leading dental implant meetings, not just here in the United Kingdom but also one of the foremost implant meetings in Europe.

‘The ADI congress is more than a platform for learning; it’s a community coming together to share, connect, and inspire one another. Beyond the educational sessions, join us in Brighton for a congress that promises growth, inspiration, and fun.

‘We are excited to welcome you all and look forward to creating memorable moments together.’
www.adi.org.uk/association_dental_implantology_congress

Dentistry.co.uk
New implant prosthetics components
Zirkonzahn
Zirkonzahn’s line of implant prosthetic components, which includes Scanmarkers, White Scanmarkers, White Metal Scanmarkers, Scananalogos (laboratory analogues used as scanmarkers), impression copings, laboratory analogues, Multi Unit Abutments, Raw-Abutments and healing caps has expanded with new products:
1. Zirkonzahn LOC-Connector, a snap attachment system for implants and bars
2. Multi Unit Abutments 17°, characterised by a 17° angle to compensate for any implant inclinations with two different anti-rotation connection types
3. Titanium Bases K85, with the chimney height adjustable to the individual tooth length and available in different gingival heights
4. Titanium Bases K80 Angled Screw Channel, with a chimney height adjustable to the tooth length and the possibility to tilt the screw access channel from 0° to 30°; also available in different gingival heights
5. White Metal Scanmarkers, reusable scanbodies to acquire the implant position and orientation during intraoral and model scans.
All Zirkonzahn components are available for more than 140 implant systems and are fully integrated in Zirkonzahn Software. Zirkonzahn also grants up to a 30-year warranty on all implant abutments.
www.zirkonzahn.com

Are you ready for IFEA WEC? BES
The British Endodontic Society (BES) is looking forward to hosting the IFEA World Endodontic Congress (WEC) in Glasgow, 11 to 14 September. But are you ready? Here’s your checklist for the congress:
1. Visit the website to register now! Pre-booking for the event is more cost-effective than registering on the day. Make sure to do this before 4 September
2. Book your accommodation. WEC events span four days, so be sure to book your hotel so that you can take part. We are proud to have partnered with Glasgow Convention Bureau to offer discounted accommodation nearby
3. Make the most of your stay. There is so much to see and do in Scotland, be sure to book your tickets for congress events, pre-congress golf tours, and accompanying person tours early to avoid disappointment.
ifea2024glasgow.com/registration, 07762915847

Bio-Emulation World in London GC
GC is thrilled to announce its anticipation for the upcoming Bio-Emulation Symposium 2024, to take place in London on 29 and 30 November. It promises a transformative experience dedicated to the latest advancements in dental research and technology. This year, dental technicians specifically will find themselves in the spotlight.
The Bio-Emulation Group was founded in 2008 as a think tank, challenging traditional dental dogmas and advocating for minimal intervention practices. Today, it has evolved into a thriving community of highly skilled clinicians and technicians dedicated to preserving and replicating natural teeth.
Attendees can look forward to an impressive lineup of 20 speakers sharing their cutting-edge research and expertise. As gold sponsor, GC will naturally have a strong presence at the event, which celebrates its 10th anniversary.
‘By close collaboration between dentists and dental technicians, learning from each other’s expertise, all parties can enhance their technical skills, improve patient outcomes, and stay at the forefront of dental innovation,’ said Kerstin Behle, EMEA professional services manager at GC Europe.
www.bioemulation-symposium.com

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The imaging software doesn’t stop at 14 potential fields of view, with ultra-sharp 2D and 3D capabilities – you can experience specially designed implant, orthodontic, restoration and airway analysis modules for a comprehensive insight into a patient’s condition and treatment.
www.carestreamdental.co.uk

BSPD announces 2024 prize winners BSPD
The British Society of Paediatric Dentistry (BSPD) has announced the winners of the 2024 Max Horsnell Travel Award and National Student Elective prize. These annual awards recognise vision and endeavour in the field of paediatric dentistry.
There are two winners of the Max Horsnell Travel Award. A travel bursary of £500 is given towards travel costs to relevant dentistry conferences per annum.
Claudia Heggie from University of Leeds submitted the winning paper entitled: “It’s like being chained up” – Oral mucositis experience in children with cancer, parents and healthcare teams, a qualitative study; Nabil Alkhouri from The Royal National ENT and Eastman Dental Hospital submitted the second winning paper entitled: Endodontic Treatment of Traumatised Children’s Teeth Using the Pre-mixed Bioceramics: case series.
The National Student Elective competition was open to BSPD student members who are intending to undertake an elective project within the year. One award of the value of £300 is given to support the project.
Penelope Thompson from University of Sheffield submitted the winning elective project entitled: ‘Student use and knowledge of behaviour management techniques (BMT) in the Paediatric Dentistry Clinic’.
www.bspd.co.uk

Together towards the future Ivoclar
The Ivoclar Group has announced a partnership with the American technology company Sprintray. Ivoclar is now setting new standards in the field of 3D printing with this cooperation. During Sprintray’s 3Dnext event in Miami, USA, Ivoclar’s CEO Markus Heinz and Sprintray’s CEO Amir Mansouri shared their joint vision with the dental sector.
Markus Heinz said: ‘We are very pleased to partner with Sprintray – an equal partner with whom we want to set new standards together. The philosophies of our companies complement each other perfectly and we are striving to provide our customers with the best possible support in their daily work.’
Amir Mansouri added: ‘Ivoclar and Sprintray both have extensive internal dental expertise. Our aim is to really understand the problems and needs of our customers in order to provide optimally coordinated solutions. With Ivoclar, we are delighted to have one of the dental industry’s leading material manufacturers at our side.’
Ivoclar.com
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TOP GUM: HANDS ON PERIODONTAL SURGERY
DR BOOTA UBHI
Friday 28th June
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DR NIKHIL OBERAI DR ROSHWIN PEREIRA CARVALHO
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www.kanadentalacademy.com
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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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 a leading private children’s dentist in London, known for its commitment to providing high-quality dentistry for children.

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** Sustained plaque reduction above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing was performed by a dental hygienist.