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All change?

Patrick Ward
Editor

You might have noticed, there was a general election last month. Spoiler alert: Labour won. Prime minister Keir Starmer and his team have a lot in their inbox, not least the effective collapse of NHS dentistry across much of the country.

What we do know is that the Labour Party has pledged to create an extra 700,000 emergency dental appointments on the NHS, reform the NHS dental contract, do more to retain NHS dentists and introduce supervised toothbrushing for three- to five-year-olds in schools.

But away from the headline promises relating to NHS dentistry, the sector will also be affected by broader potential changes. Before the election, Labour pitched policies that would change everything from self-employment status to parental rights in the workplace.

How much of all this the new government will manage to pass into law, especially in a first term, is anyone's guess. Financial restraints, public demand, media pressure and the realities of the parliamentary process all have the potential to affect the agenda.

But rest assured, *Private Dentistry* will be keeping a close eye on developments and making sure that our readers are kept informed on what they mean in practice and how to adapt.

Whatever the future looks like politically, there is plenty of change afoot when it comes to innovations in dental technology.

We have a fascinating article this month from Manoj Parmar (page 52) as he discusses what this means for practices as the profession further embraces developments ranging from 3D imaging to artificial intelligence.

Predictions about the future aside, in this issue we also tackle our usual range of topics, giving guidance, advice and inspiration for the state of private dentistry as it is. From changes to self-employed tax rules to tips on effective communication, we've got it covered.

We are also continuing our coverage of the world of facial aesthetics, with Harry Singh offering advice on advertising your services (page 34), Shabnam Zai and Gizem Seymenoglu writing on staying on the right side of the law and regulators (page 46) and Ruth Brady, in her own unique style, urging dentists once more to consider branching out into this growing field (page 42).

And don't forget, it's your last chance to enter the prestigious Private Dentistry Awards 2024. Turn to page 58 for a list of this year's categories and be inspired. We hope to see you at the Grosvenor House Hotel in November when we find out who will be lifting the coveted awards this year!



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DENTISTRY

MISSION STATEMENT

Private Dentistry is an essential reference for dental practice development in the 21st century, focused on helping practices evolve sustainably, operate innovatively, and thrive.

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WITH THANKS TO

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Printed by Buxton Press
ISSN: 1742-1896

Private Dentistry is a membership-only journal. Call 01923 851771 for membership.
Print membership (12 issues a year)
Three years (36 issues) £310
One year (12 issues) £115

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BDS, is the founder of Bespoke Smile Clinic & Academy, which trains dentists on occlusion, porcelain veneers, and rehabilitations. Sam is on the board of directors at the BACD, and has been a judge for the Private Dentistry Awards.



PHILIP LEWIS MBE

BDS, is in private practice on the Isle of Wight. He is a lecturer with a special interest in postgraduate education, oral medicine and dental aesthetics.



ANGELA LY

BDS, is an award-winning dentist who has featured on *BBC Breakfast*, *ITV's Save Money Good Health* and *Channel 5's Gadget Show*.



HANNA MIRAFTAB

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ASHISH B PARMAR

BDS, is a cosmetic dentist offering smile design, comprehensive dental care, laser dentistry and implants. He is a national and international lecturer.



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BDS (Lond) DipRestDent RCS (Eng), qualified at the Royal London Hospital in 1995, achieving a number of awards.



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Philip Lewis, oral cancer campaigner and *Private Dentistry* board member, made MBE

Dr Philip Lewis, a dentist and former president of the Mouth Cancer Foundation, has been made an MBE in the King's Birthday Honours List. His recognition, for services to oral cancer, comes after decades of work raising awareness of the disease, supporting those affected by it and educating dentists on the early detection of head and neck cancers.



Dr Lewis, who currently works in a private practice on the Isle of Wight, is also a member of the *Private Dentistry* editorial board.

'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,' he said.

'We have come a long way since I first started raising awareness of head and neck cancers,' he added. '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.'

The Mouth Cancer Foundation, with which Dr Lewis has been involved since its inception 20 years ago, said it was 'certainly very proud of Philip', noting his role in the charity's growth and impact.

Government urged to support the health and wellbeing of dentists

The new Labour government has been urged to prioritise the welfare of dentists.

Research by the Dental Defence Union (DDU) before the election found that 96% of its members want politicians to make plans to support the health and wellbeing of dentists. DDU deputy head Leo Briggs said: 'A new government always finds plenty of problems waiting for them on the desk. Sadly, it has become too familiar for us to see a healthcare workforce that is over-stretched and under-supported.'

'This was reflected in research we carried out of our dental professional members, which found that 96% want politicians to include plans to support the health and wellbeing of the dental workforce.'

'We urge the new government to roll up its sleeves and deliver for dental professionals. That includes prioritising support for their health and wellbeing, making sure the way they are regulated is fair, proportionate and timely and ensuring every pound possible is spent on patient care, rather than supporting an outdated legal regime for clinical negligence claims.'

The government has also pledged to reform the NHS dental contract, create 700,000 more NHS emergency dental appointments, retain NHS dentists and introduce supervised toothbrushing in schools for three- to five-year-olds.

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Irish Dentistry Awards 7 September – Dublin

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Dental practice profits rise in Scotland, according to statistics

Private, mixed and NHS practices in Scotland saw their profits rise in 2022-23, new statistics indicate.

The National Association of Specialist Dental Accountants and Lawyers (NASDAL) in Scotland released its latest benchmarking statistics last month.

Covering the financial period 2022-23, they show:

- Overall, increased profitability for NHS, mixed and private practices when compared to 2021-22
- An increase in average net profit per NHS principal from £134,594 to £170,610
- An increase in average net profit per mixed practice principal from £178,802 to £191,003
- An increase in average net profit per private principal from £207,575 to £237,352
- Associate average remuneration sees profit up from £65,393 to £82,073.

NASDAL Scotland chair Roy Hogg, a chartered accountant and a partner in Johnston Carmichael, said: 'It has been positive to see an increase in profits of NHS, mixed and private practices. The biggest rise in NHS was possibly as a result of practice owners being cautious with spending due to inflationary increases.

'We also expect that key expenses as a percentage of fees such as wages and lab fees will increase during 2024. We had expected to see private practices return to pre-pandemic levels of normality and they have done so.

'I expect that the number of private and NHS practices should

settle, as most that were converting to private have now completed this transition in the latter years to 2024. In regard to associates, the increased profitability is due to returning to normal working conditions following the COVID impact within the 2022 figures.

'It was interesting to note the rise in shift to private of approximately 7% taking the average private percentage to 36.4%.

'We will see if this trend continues – the continuing lack of associates and backlog of work is likely to help maintain it for the coming year.

'The introduction of associate grants from the new SDR [Statement of Dental Remuneration] for onboarding should help to close the gap for demand for those in rural areas.'

Rise in smoking-related cancer diagnoses

Cancer Research UK has called on the new government to re-introduce former prime minister Rishi Sunak's Tobacco and Vapes Bill following an increase in smoking-related cancer diagnoses.

New research by the charity shows that smoking-related cancers are at an all-time high in the UK, with six people diagnosed every hour. In addition, the number of new cases has reached 160 per day – an increase of 17% on 2003 levels.

Compared to 20 years ago, more than 20 more people are being diagnosed with cancer caused by smoking each day.

Cancer Research UK has said that, despite smoking rates declining, a growing population means there are still some 6.4 million smokers in the UK. There are also 57,600 smoking-related cancer diagnoses per year.

The Tobacco and Vapes Bill, which was first proposed by Sunak in October last year when he was prime minister, included a smoking ban and new provisions to reduce youth vaping. However, the bill was dropped prior to last month's general election as it had not yet fully passed through the House of Commons.

Dr Ian Walker, executive director of policy at Cancer Research UK, said: 'Raising the age of sale of tobacco products will be one of the biggest public health interventions in living memory, establishing the UK as a world-leader. It's vital that this bill is re-introduced at the King's Speech, [and] passed and implemented in full so the impact of smoking is consigned to the history books.'



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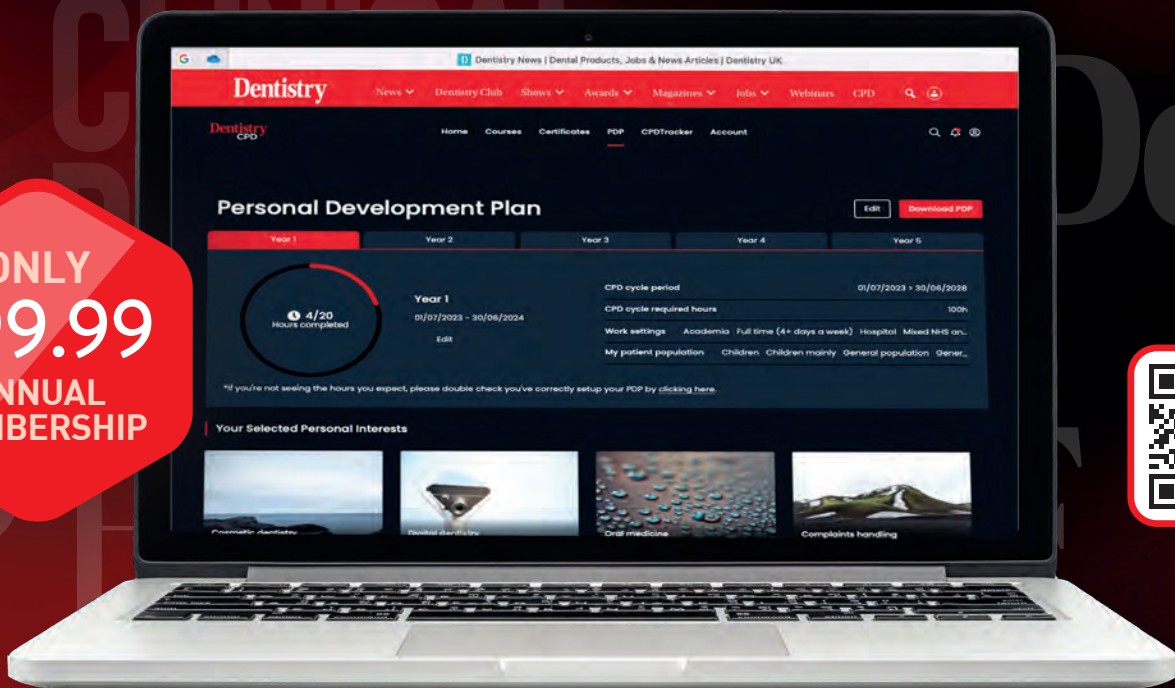
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A changing conversation

Columnist **Chris Barrow** gives advice on pay demands



I am coming to the conclusion that British dentistry is dealing with an existential crisis, the like of which we haven't seen since the second half of 2020 (aka the return-to-work phase).

- Increasing reports of 'white space', notably in associate diaries
- Decreases in new patient enquiry numbers
- Pay-rise demands from team members
- Clinicians asking for more money as well
- Recruitment deserts to paradoxically add to dental deserts
- The return of COVID-19 amongst the team
- Rotas stretched by holiday absences.

The conversation in dentistry is changing, and I want to focus this month on pay-rise demands.

Back in the period from October 2023 to May 2024, my work as a business coach was predominantly focused on financial analysis – helping clients to understand their numbers.

This was in response to a sudden shock to dental cash flow, created by increased operating and payroll costs. By the end of that eight-month cycle, I'd worked with dental accountants to either update or create a plethora of spreadsheets to identify the key performance indicators that make the difference.

Now, I'm just two months into spending time every working day advising (consoling) clients on the pay demands of their managers, team and clinicians.

I'm writing this article on 4 July, polling day, and I don't know the election result. I do, sadly, feel that, irrespective of the outcome, there will be little change in the levels of anxiety that the general dental population is feeling and the manifestation of that in daily activities and requests for pay review.

One of the most common situations I'm being presented with can be summarised by this email from a client and my response.

The client writes: 'Just wanted to ask your opinion re this request from a team member who is currently on £16.50 an hour (this was following an increase in October by more than 20% for all staff). Also, the message was sent to me just as I am leaving for holiday tomorrow!'

The team member writes: 'Just a gentle reminder on what we discussed about my salary, last year. I feel the time has come to discuss another pay increase. I don't think this should

just happen automatically – it has to do with the prices increase in general, especially for the children's clubs and other school expenses.

'The only way to keep up with these higher costs is a slightly higher salary – a minimum of £18.50-£19.50, possibly starting from August. I hope you will be able to make this happen as I'd really like to continue working with you guys.

'I keep an eye on the going rates of the dental team members in the area, for comparison. For my level of experience and dedication, I think what I am asking for, it's most reasonable. Thanks.'

My reply to the client: 'I'm getting emails like this on a regular basis. Courtesy of Trussonomics and the last couple of years' "cost-of-living crisis", employees all over dentistry are knocking on doors in the same way.

'The challenge is that, once you give in to one request, you have opened a potential floodgate. The same applies when new team members are asking for hourly rates that are higher than the existing team.

'Hindsight is a wonderful thing, but what should happen is:

- You establish an annual pay review date for all pay as you earn (PAYE) team members
- Pay is only ever reviewed on that date
- Pay rises are based on:
 - Market conditions overall
 - Market conditions in your post code
 - Individual employees' performance, behaviour and skill development
 - All according to internally circulated scales.

'In which case, the answer to your team member's question is "we will review at the next review date". If they leave, they leave. I know it's easy for me to say that – but the alternative is an open house on pay demands and chaos.

'If I were you, I'd hold the line and demonstrate to the rest of the team (who will know, of course) that you cannot be played.'

After eight months of financial analysis, we now have had two months of pay demands. I don't know how long that will last, but I fear that it will be some time before we see that landscape settle.

Those pay demands do, of course, return us to the financial analysis – it remains as important as ever to have your finger on the pulse of your financials. It is only from that place that you can say 'no' (or 'yes') confidently to the inevitable pay demands you are going to have to deal with.

Be prepared.

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The Modern Dentist

Mark Flynn had a bold vision of a practice that would bring together the latest technologies with a holistic and team-led approach to treatment – and stopped at nothing to achieve it

I always knew I wanted to start my own practice, to make my ideas of how dentistry could be done differently a reality, but I resisted starting the process until I had a clear vision of what it was going to be, which took years of planning and observation.

When the idea of The Modern Dentist began to take shape, I knew two things for certain: it had to start life in Shoreditch and be unlike any other dental practice.

Over 20 years as an associate, mostly spent in private practice in London's West End, I had developed my own style of dentistry. I loved the concept of natural beauty in dentistry and practised non-invasive cosmetic and restorative techniques (exclusively bonding instead of using crowns, posts etc – what I termed 'modern dentistry' to my patients). I engineered active collaboration with hygienists and specialists (seeing patients together instead of sending referrals) and nurtured a devotion to customer service and quality care that makes patients feel genuinely valued, inspired by my mentor and former employer, Dr Andrew Kay. I knew my practice needed to be built around these guiding principles.

Without another mentor, my friend since childhood, Dr Niall Vallely, who co-owns the 3Dental group of practices in Ireland, I probably wouldn't have

I KNEW THIS WOULD BE NO ORDINARY DENTAL PRACTICE, AND IT OCCUPIED MY EVERY WAKING THOUGHT

been so ambitious with my plans, given that I was doing it alone. But every time I felt daunted or tempted to be more conservative, Niall convinced me of the strength and potential of my vision for something new and different.

The first step in realising my dream was unusual for a dental practice: I

went to Yourstudio, a design studio in Shoreditch, and began creating The Modern Dentist as a brand.

Tom Flint and Sam Curtis from Yourstudio listened to everything I wanted the business to be. They somehow turned it into a living, breathing brand with a recognisable look and feel. This process then guided every other step of the journey: choosing the property, designing the physical space and our entire online presence with our website and social media. It made every subsequent decision easier.

Something that proved very useful in planning, which I'd recommend to anyone thinking about setting up from scratch, was keeping careful notes over a couple of years of everything that bothered me where I previously worked, so I could find ways to avoid having the same issues. For example, working in cramped, noisy, stuffy rooms led to me choosing daylight-like LED panels in the surgeries, a heating, ventilation and air conditioning system, suction motors positioned outside the surgeries and a great sound system.

MAKING IT A REALITY

Once I had a clear vision of The Modern Dentist's personality and aesthetic, I needed to find the right property. East London has been my home for years, and I'd grown tired of the West End. Shoreditch felt like the ideal location,

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The ethos

The Modern Dentist's mission is to deliver dentistry in a brand new way. Clinicians and staff see and treat patients together and work actively as a team to provide the best holistic patient care. Technology is central to everything, from the booking system, CRM and task management software to advanced imaging methods and artificial intelligence used in diagnosis and treatment planning. A philosophy of prevention and non-invasiveness underpins every routine and specialist treatment. The practice is bright and airy but with lots of wood and a lively colour palette, making it feel welcoming and non-threatening, and the posters and wall graphics give it a strong sense of playfulness. The website and social media use this same branding to create a friendly interface that offers patients a flavour of the care and treatment they will receive at the practice.

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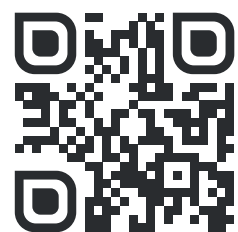
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The team

PRINCIPAL DENTIST
Dr Mark Flynn

PRACTICE MANAGER
Ms Goda Lukauskaite

ORTHODONTIST
Dr Joyti Vasudev

IMPLANT SURGEON
Dr Ahmed Naji

DENTAL HYGIENISTS
Mr Nick Hodgetts and Ms Maria Nirlen

FACIAL AESTHETICS
Dr Sarah Hughes

DENTAL NURSES
Ms Amalia Botea, Ms Gamze Demirci and
Ms Sarah McCormack

thanks to its position as a hub for creativity and technology, so I was on the lookout for something that felt like it belonged there. I wanted a warehouse feel: high ceilings, huge windows and lots of space (not easy in most parts of London).

I knew I was home when I walked into the disused warehouse space on Leonard Street. It was an imposingly large space, flooded with natural light, even on the basement floor. I could already see a stunning reception area from the busy street and my surgery and consultation room in what had previously been a recording studio and conference room.

I wouldn't have made it far without Sam Gee from DB Dental, who advised me on everything from space layout, choice of builders, dental chairs (A-dec 500 in all surgeries) and how to avoid common pitfalls and errors.

Yourstudio designed the space with technical input from Sam, and from the moment they showed me their first drawings, I knew we were creating something extraordinary.

I decided to project manage the fit-out myself, while dealing with all the other aspects of opening a squat practice (the CQC process felt like the most work I'd done for anything in my life) and keeping the whole thing secret from the people I worked with. This meant mad dashes across London on my bike for lunchtime onsite meetings and whispered phone calls with suppliers and finance people between patients. I worked at my kitchen table from 6am and late into the night every weekday, my weekends were gone, and holidays were a thing of the past, but it was thrilling. I knew this would be no ordinary dental practice, and it occupied my every waking thought.

The costs involved were huge since my plans were so ambitious, but I convinced Kevin Saunders from Saroma Ltd that I was onto something special. He helped persuade the bank to lend me an enormous sum to make my dream a reality and arranged the finance for all the equipment.





Things went surprisingly smoothly once the lease was signed and the build got underway. There were lots of decisions, but thanks to every design detail having been meticulously accounted for by Yourstudio and my, by now, clear vision of how it should be, none of these ever kept me awake. Alan Marlow and his team from Marlow Construction did a flawless job and stayed on track throughout the process, despite some hiccups, like plaster stubbornly refusing to dry thanks to a very wet autumn.

After what felt like an eternity of impatiently watching channels being dug in concrete floors and walls getting erected and plastered, suddenly the stunning pink reception desk was being installed, dental chairs and computers were being assembled, and the furniture and plants were arriving. We threw a launch party for friends, family and everyone involved, and we were ready to open.

While the physical space was coming together in Shoreditch, our online presence was developing a life of its own. Yourstudio created the aesthetic for our website to carry through the branding it had done such a great job on, and the site was built by Together Digital in Dublin, with constant collaboration from our digital marketing expert, Colm McKeown, from Effective Digital Marketing. Colm has done an excellent job coordinating every aspect of our marketing from the beginning, using his expertise in the dental sector to guide things long before we had any physical or online presence.

We wanted a modern, simple, user-friendly and informative website and a format that meant our team could edit and add content to the website without needing constant help from the web team. Thanks to its young, dynamic, responsive interface and customer support, Dentally also felt like the right fit for our practice management software.



THE HOME OF HAPPY TEETH

Now that we've been open for six months and the dust has settled, we've already become an established business and part of the local community.

It's been rewarding to witness the early success of the practice with our neighbours and people who have been struck by our message and distinct appearance. We've also forged strong links with many of the city's financial and legal firms, the tech businesses around Old Street roundabout and the creative agencies that populate Shoreditch.

Our team is growing steadily, and we now need more clinicians and staff.

Our strapline is 'Dentistry done differently', and I believe we're living up to that promise. We've created a business built on technology, teamwork and a commitment to ever-improving customer service, and we're having a lot of fun developing it. The comments from patients blown away by how the practice looks and the unprecedented care they receive are incredibly rewarding and confirm for us that we're on the right track.

I'm as obsessive as ever about dentistry, but I've discovered a new passion I hadn't foreseen: running a practice. I didn't think I was one of those people who could devote their whole lives to a business, but I've enjoyed every minute and have never resented a second of the late nights or weekends spent at my desk. I'm immensely proud of what we've created already, but I realise I'll probably never be satisfied that it's enough; I'll always keep striving to improve it.

The sign over the door reads 'The home of happy teeth', and it feels very fitting.

Who was involved?

Dental equipment
DB Dental

Finance
Saroma Ltd

Practice design and branding
Yourstudio

Practice management software
Dentally

Builders
Marlow Construction

Website developer
Together Digital

Digital marketing
Effective Digital Marketing

Dental chairs
A-dec



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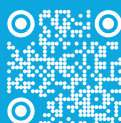
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Zirkonzahn Military and Ranger School

Culture and adventure in the Italian Alps, offered by **Zirkonzahn**

The Zirkonzahn School, founded by MDT Enrico Steger, offers a wide range of educational programmes, innovatively combining dental technical teaching with a school of life and culture.

Among the several schools located in the heart of the Aurina Valley (South Tyrol, Italy) and conceived by the creative mind of Enrico Steger, the Military School is undoubtedly the most traditional training offered to the young. Specifically conceived for willing and adventurous boys and girls, this short yet intense training welcomes students from all over the world every year to improve one's skills in a multicultural environment.

Over the five-day training, the young participants will face several dental technical and personal challenges, turning the school experience into a true adventure immersed in the alpine landscape.

DISCIPLINE

The concept of discipline is the cornerstone of the Zirkonzahn Military School, which is why the training is characterised by a military orientation. Its aim is to discern the non-aggressive and unwarlike aspects of military life, which are the virtues, to use them as a basis for structuring one's work, one's 'personal army'. Discipline is the first value that participants will master during the school, by getting up early, doing morning exercises and working following a strict and well-planned schedule with a diligent attitude. The most ambitious objectives can be reached only with enhanced diligence! Each working step is repeated many times until it becomes engraved into the mind. In the evening, after work is done, there is still no time for rest: adventurous challenges are still waiting!

For young people, Zirkonzahn also opened the doors of the Ranger School. Driven by great motivation, in a period of three to six months, enthusiastic, committed and ambitious technicians can take part in a challenging school programme that will pave their way towards future success. In an international atmosphere, Zirkonzahn's experts fully transmit their knowledge to the participants, covering a wide variety of disciplines and fields that span from the latest dental technologies and workflows to aesthetic design, professional writing, marketing and photography. But the Ranger School is not only homework and workshops: alongside the strict schedule, adventurous



Zirkonzahn Military School, based on the fundamental values of discipline and loyalty, brings the young participants face to face with dental technical and personal challenges, helping them overcome their limits and enhancing their personal skills



Resoluteness, alertness, willing to defend values, absolute humbleness before nature and unflagging contribution to one's goal: these are Rangers!

and cultural activities await the students, bringing the Rangers face to face with their own limits, giving them the chance to grow up not only professionally but also personally. Hence, 'Climb the mountain' is the Ranger School's motto!

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Partnerships, shareholders and business protection

Iain Stevenson highlights what practice owners in a partnership or shareholder agreement should be thinking about and why

As a business owner, whether you're in a partnership or you're a director in a limited company, it is vital that you understand the implications and the opportunities that come with that.

One of the most important considerations is: what do you think would happen if you or one of your partners were to become critically ill or die? Or rather, what would you like to happen to that share of the business?

Have you thought about this and discussed it with your partner(s)?

HAVING THE RIGHT BUSINESS AGREEMENTS IN PLACE

Ensuring that the value of your business is protected involves fully understanding your situation and what, exactly, your business agreements do and don't make provision for. In the event of the death or long-term illness of one of your partners, what would happen to their share of the profits?

Having an appropriate partnership or shareholder agreement is vital to ensure that everything runs smoothly in the case of any of these eventualities.

Unexpected and unwelcome events are stressful enough – additional

uncertainty as to what would happen to the business would only make this type of situation worse.

The latter aspect of this potential situation is easy to solve – it involves taking some time out now to understand the value of your business and what you would want and expect to happen.

If you were to die or to become critically ill, would you want your family to receive the benefits of your share of the business and, if so, where would that money come from?

It is important to do the appropriate planning and to make sure it's underpinned by the correct legal documentation and the correct level and type of protection to ensure that everyone has the resources to make it all work. Care must be taken to make sure that this is done correctly, as not doing so could actually exacerbate the problem.

Making sure that the right things are in place can offer the reassurance that the process, at an already difficult time, will be smoother and that the right money will be in the right hands at the right time.

I would encourage practice owners to always think about the bigger picture involved when running a business, and this includes the responsibility of ensuring the correct contracts are in place, as the implications of not having them in place can be severe. It is important to get the right advice and to lean on the

I WOULD ALWAYS EMPHASISE HOW IMPORTANT IT IS TO SURROUND YOURSELF WITH WHAT I REFER TO AS A CIRCLE OF TRUST

experts – people who deal with dental practices every day and understand what needs to be thought about and what needs to be actioned and when; people who know what to look out for.

Having the right agreements is not only key when planning for the unexpected, but also plays a crucial role in terms of exit strategies. If you or one of your partners were to suffer an illness that meant you could no longer work, how and when would you exit the business and on what financial terms?

It is important to understand your situation and what your agreements are and their implications on the practice and its value, and ultimately how this could potentially impact your family, your retirement plans, your income and your legacy.

INVESTMENT OPPORTUNITIES

Something else to be aware of is a key investment opportunity for practice owners with limited companies.

Many practice owners assume that in order to invest their profits they have to take the money out of the business



Iain Stevenson

Iain is head of dental at Wesleyan Financial Services and has more than 28 years of experience working in financial services.



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IT CAN BE EXTREMELY DIFFICULT TO REPLACE KEY PEOPLE, AND THEIR LONG-TERM ABSENCE COULD HAVE A SERIOUS FINANCIAL IMPACT

first, pay tax on it and then invest it. This is not necessarily the case; there is an opportunity for the business to invest the money.

Let's imagine you don't take all of your profits out of the business but keep them in it for several years. This could be anything from five to 10 years, for example, but these profits are sitting in a normal bank account and are not likely to be growing much at all, probably not even keeping up with inflation. If that's the case, you could consider the option and opportunity for the business to invest that money in something else.

Contrary to what many believe, you don't have to take the profits out of the business in the first instance, they can remain in the company's name and still be invested.

KEY PEOPLE WITHIN YOUR PRACTICE

The key people within the practice are members of staff who are crucial to the financial success of the business.

For example, it may be a dentist with a specific skill set, a practice manager with a high level of responsibility for the daily operation of the business or a highly skilled onsite laboratory technician. In any event, it can be extremely difficult to replace key people within the business and their long-term or permanent absence could have a serious financial impact.

SEEKING SPECIALIST SUPPORT

I would always emphasise how important it is to surround yourself with what I refer to as a circle of trust. This means surrounding yourself with people who can really help you, because they know what they're doing, they understand dentists and they are there for you.

These specialists should be like your challenging friend and not just nod in agreement to everything because you are the customer. It's important to have someone who will push back, challenge you and ensure that you are in an informed position by making you

aware of what you need to be aware of and what you need to do. These should be people who understand dentistry, such as dental specialist financial advisers, accountants, solicitors and estate agents.

These specialists understand what you're trying to do, because if you get something wrong and miss something important, it creates a gap that could potentially have serious implications. We see it every day when people think they have the right things in place but, in reality, they don't. This is why it is so important to seek specialist support.

For further support and guidance, speak to a dental specialist financial adviser at Wesleyan Financial Services via www.wesleyan.co.uk/financial-advice/dentists or 0800 316 3784.

Disclaimer: Keep in mind that the value of your investments can go down as well as up, and you may get back less than you put in. Tax treatment depends on your individual circumstances and may be subject to change in future.

Hassle-free, predictable placement with Adin

Save time and money on implant placement guided surgery with adinguide™, says Trycare

Using guided surgery for implant placement has become increasingly popular among implantologists because it offers many benefits for the clinician and their patients.

For the patient, there is dramatically reduced surgical time, which helps to improve patient comfort and reduce their apprehension. Plus, because it utilises flapless surgery it significantly improves the healing process and healing time in the majority of cases. It also minimises the risk of surgical complications.

For the implantologist, it significantly improves implant placement accuracy, reduces the risk of complications and minimises chair time, leading to greater efficiency and cost savings.

WHY CHOOSE ADINGUIDE™?

The adinguide™ guided surgery system has been specifically designed to deliver effortless procedures plus accurate and predictable implant placement. Consequently, it delivers everything you need in a guided surgery system. It offers many advantages compared to other guided surgery systems.

KEYLESS PROCEDURE

Unlike other systems, which require the use of keys to hold the stent in place, adinguide™ is a keyless system, which helps to save surgery time whilst still ensuring accurate and predictable implant placement.

ACTIVEFLOW™ IRRIGATION TECHNOLOGY

The adinguide™ ActiveFlow™ Irrigation Technology is a unique design that forces coolant through the guide to

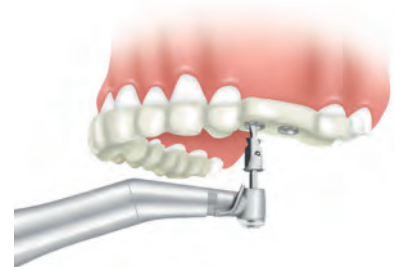
ensure that the irrigation reaches the bone. Within each cylinder, unique channels allow the coolant to stream through the sleeve while drilling. As the drill starts to spin, ActiveFlow™ starts to operate and delivers the coolant from the handpiece directly to the surgical site and thereby helps to prevent the bone heating, which helps to maintain healthy bone for optimum osteointegration and minimised risks of post-operative complications.

SELF-CENTRING DRILLS AND TOOLS

The keyless, self-centring drills and tools are designed to enable implantologists to perform faster, easier and more intuitive implant surgeries. Organised in a way that enhances safety and ease of use, Adin sleeves are embedded within the 3D-printed surgical guide and precisely centre and guide the drills and insertion tools. Self-centring drills, controlled by a main diameter cylinder at the top of each drill, centres the drill in the guide's sleeve. In order to ensure correct positioning of the drill, the surgical guide and drilling procedure are designed so that the self-centring cylinder engages the sleeve before the drill touches the bone.

BUILT-IN STOPPERS ENHANCE SAFETY

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.



Keyless guided surgery aids faster, easier, more intuitive placement



ActiveFlow™ Irrigation helps maintain healthy bone

SIMPLICITY

The adinguide™ kits are intuitive, simple and effortless to use. There is no need for keys or any other assisting tools. They help ensure a hassle-free, logical and straightforward procedure that saves the clinician time and worry.

MINIMAL NUMBER OF TOOLS

The adinguide™ kit is organised into six areas. Each area representing a specific function during implant placement and insertion.

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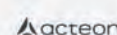


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Your pain, *HMRC's gain*

Nathan Poole and **Linda Giles** explain how some dentists are affected by the basis period reform tax changes

They say there's no gain without pain, and this is true of basis period reform, the change to the tax system for non-incorporated businesses. Unfortunately, the pain and gain are not shared equally between those involved. HMRC's gain is simplifying and standardising the tax system, and short-term pain is endured by a percentage of self-employed businesspeople!

To be fair to HM Revenue & Customs (HMRC), the overhaul will help streamline the move towards a digital tax system and, once achieved, self-assessment should be simplified and more transparent.

WHAT IS BASIS PERIOD REFORM?

Basis period reform is an amendment to the self-assessment system, which requires that an individual's business profits will now be taxed according to the tax year. Previously, the self-employed were taxed according to a time-based period, and this varied according to their chosen accounting year. Moving forward, they will pay tax on trading profits in the tax year in which they arose. To be clear, those

affected will not pay extra tax, they are just paying it sooner.

HOW DOES THIS AFFECT MY BUSINESS?

If you are self-employed or in a limited liability partnership (LLP) and your accounting year end falls between 31 March and 5 April, you are not affected. If, however, you had a different accounting year end, say, 30 April, 30 September or 31 December, it's recommended that you should set it to the window between 31 March and 5 April.

Starting January 2025, you will have to pay the historic tax you owe due to the transition to the new system, which takes effect from the 2023/24 tax year.

Having to accelerate your tax payments could cause cashflow issues unless you have religiously saved tax on all of your earnings from day one of self-employment. Fortunately, it is possible to elect to spread the transitional profit over up to five years, starting with 2023/24.

WHAT ARE THE DISADVANTAGES OF BASIS PERIOD REFORM?

Moving to a system of paying tax based on the current year alone may take time. For instance, the self-assessment form has more boxes, and you will need to quantify your overlap profits and possibly have an extra set of accounts prepared as a one-off.

The biggest issues will be how to find funds to make the accelerated tax payments.

Client case study 1:

Doctor X is a successful dentist (regularly incurring the 45% tax rate) with a year end of 30 September.

She must pay tax as usual on the year between September 2022-2023, but due to basis period reform, for 2023/24 she must pay tax on an additional six months of profit to align with the new date of 31 March 2024.

This results in additional taxable profits of £20,000 for 2023/24 and four subsequent years.

We advised her to start immediately putting by an additional £750 monthly to meet the higher-than-expected tax bill.

For an additional rate taxpayer, the change will cost her more than £9,000 in extra tax for each of the five years.

A minor disadvantage is that you no longer have the freedom to choose your accounting date, which previously had the potential to give a cashflow advantage in paying tax to HMRC considerably later than when you earned it.



Linda Giles

Linda is a chartered accountant who has worked exclusively for dentists for more than 25 years. In 2020 she established Ross Brooke Dental under the umbrella of UHY Ross Brooke.



Nathan Poole

Nathan is a certified accountant. He has worked with the dental profession for more than 20 years and has also worked at one of the UK's top 40 firms. Nathan joined Ross Brooke Dental in 2020.

ARE THERE ANY ADVANTAGES?

There are some subtle advantages:

1. Over the past year, we have been able to work with our clients to offset the accelerated payments and limit the monies owed to HMRC. Some affected clients have invested in their practice – for instance, £50,000 for a new surgery – so they could off-set capital expenditure against tax while others put a lump sum into their pension. Both of these moves mitigated the accelerated tax liability resulting from basis period reform and have been positive business and personal financial planning decisions
2. If you move to a year end between 31 March and 5 April you won't need to struggle with the complexity of understanding how your accounting period ties in with the tax year
3. Under the old system, those with non-tax-year end accounting periods, for example 30 April, would have paid a significant amount of tax when they ceased in business, going back up to 23 months to the start of their final accounting year. With the reformed system, they will be up to date and more of their pension lump sum or practice sale income will be all theirs for planning purposes
4. For practice owners committed to the NHS, it will help to have their accounting year end aligned with 31 March, the last day of the contract year
5. This is the best possible illustration of why it pays to put money aside for tax as you earn!

HOW CAN AFFECTED DENTISTS BE HELPED THROUGH THIS CHALLENGING PERIOD?

Any accountant worth their salt should be able to help mitigate the impact of basis period reform although, ideally, they would have started discussions and planning on a client-by-client basis well before the end of the 2023/24 tax year.

By spreading the tax liability over several years, your accountant can help you plan how to get up to date with the monies owed.

Also, now basis period reform is underway, it's important to be aware that historic profits taxed twice in the earlier years of a business, known as overlap profits, can be deducted when calculating transitional profits. If you do not have this information, you can fill in a form on HMRC's website (visit www.gov.uk) to find out how much your overlap figure is.

IF YOU MIGHT BE AFFECTED BY BASIS PERIOD REFORM, PUT MONEY ASIDE AS SOON AS POSSIBLE

WHAT IS THE BEST ADVICE FOR DENTISTS?

If you might be affected by basis period reform, put money aside as soon as possible to help with the additional tax bill.

If you haven't got a specialist dental accountant, now might be the time to invest in someone qualified to instigate a robust approach to your business and planning. It might cost more, but good advice pays for itself.

We value the opportunity to meet clients and discuss how to optimise their finances, both professional and personal, from year to year. We are happy to work out when and how you pay the right amount of tax and to help you find ways to minimise your tax bill legitimately.

SHOULD I HAVE INCORPORATED WHEN I HAD THE OPPORTUNITY?

It's true that limited companies are not affected by basis period reform, but their finances and tax arrangements are inherently more challenging. Basis period reform is a short-term upheaval.

IN SUMMARY

Forewarned is forearmed. Most of our clients are high earners, and we estimate around 20% are affected by these changes – see the case studies for examples.

We have ensured they are already spreading their liability, paying

Client case study 2:

Doctor Z is an orthodontist who has provided treatment to NHS patients for 25 years, with a small private caseload.

Like Doctor X, he has regularly incurred the 45% tax rate, particularly some years back when the personal dental services contract for orthodontists was introduced.

With an accounting year end of 30 April, he is one of the clients worst affected by basis period reform, as an additional 11 months must be taken into account in 2023/24, impacting the tax he will pay in January 2025.

We worked out how he could mitigate the impact of the additional tax. His first step was to put a significant lump-sum into his pension during the 2023/24 tax year. This still left him with a higher than usual tax bill, but at least more of his hard-earned (and saved) income is retained for personal benefit.

By spreading the amount over five years, he has to pay an additional £15,000 per year.

anything from an additional £450 to £20,000 a year. We are concerned, however, that there might be some dentists who don't employ full service accountants who might still be unaware of what lies ahead.

We hope this article answers your questions. This has been little publicised by HMRC, other than in accounting and tax circles, so please do spread the word.

Ross Brooke Dental specialist dental accountants works with dentists, orthodontists and other dental specialists. To find out more, visit www.ross-brooke-dental.co.uk.

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How to advertise facial aesthetics

Make sure you follow the rules when promoting facial aesthetics at your practice, urges Harry Singh

The advertising of facial aesthetics in the UK is a nuanced and highly regulated field, particularly when it comes to prescription-only medicines (POMs) like Botox. This article outlines what can and cannot be said regarding advertising facial aesthetics, referencing the guidelines from the Advertising Standards Authority (ASA), Medicines and Healthcare Products Regulatory Agency (MHRA) and the Committee of Advertising Practice (CAP).

POM REGULATIONS

Botox, a popular treatment for reducing wrinkles, is classified as a POM in the UK. As per MHRA and CAP guidelines, POMs cannot be advertised to the general public. This restriction ensures that such medicines are prescribed based on medical need rather than consumer demand driven by advertising.

Therefore, while it is permissible to discuss Botox in a clinical context within a practice, it is illegal to promote it externally in any form of public-facing advertisement (including websites and social media accounts). This means you cannot post before and after images, pricing for different areas or mention anti-wrinkle injections.

In addition, Botox is a registered

trademark owned by Allergan and can only be used with its explicit permission.

INTERNAL PROMOTION WITHIN PRACTICES

Within the confines of a dental or aesthetic clinic, it is permissible to

discuss Botox treatments with patients. This is considered part of the clinical consultation process, which falls outside the scope of public advertising regulations.

Educational materials and informational brochures about

Regulatory guidelines

ASA: the ASA regulates all advertising in the UK to ensure it is legal, decent, honest and truthful. Its guidelines are designed to protect consumers from misleading advertisements and ensure a level playing field for businesses. Its key guidelines are:

- Truthfulness: all advertisements must be truthful and not mislead consumers
- Evidence: claims must be backed by evidence where appropriate
- Health claims: advertisements should not make health claims that cannot be substantiated.

MHRA: the MHRA regulates medicines, medical devices and blood components for transfusion in the UK. Its guidelines are particularly stringent regarding the advertising of POMs. Key MHRA guidelines include:

- No public advertising of POMs: it is illegal to advertise POMs to the general public
- Off-label promotion: promoting off-label uses of medicines is prohibited
- Clear information: any information provided about medicines must be clear and not misleading.

CAP: the CAP writes the advertising codes that the ASA enforces. It provides detailed guidance on how to comply with advertising rules. Key CAP guidelines include:

- Marketing communications: these must not mislead consumers by exaggerating the efficacy of products or suggesting unrealistic results
- Social responsibility: advertisements should be prepared with a sense of social responsibility and not undermine public confidence in the medical profession
- Testimonials: must be genuine, verifiable and not misleading.



Harry Singh

Harry is a sought-after mentor, business coach, author, keynote speaker, key opinion leader and the founder of Botulinum Toxin Club. He is best known for helping medical professionals to start, grow and scale their facial aesthetics business. He pulls his wisdom from more than 23 years of building successful aesthetic clinics with dentistry.

Botox can be available in waiting areas or discussed during patient consultations. However, these materials should not be visible to non-patients or distributed outside the practice.

DERMAL FILLERS

Unlike Botox, dermal fillers are not classified as POMs and can therefore be advertised to the public. This includes the use of social media, print media and other marketing channels. However, it is essential to ensure that all advertising is accurate, not misleading and compliant with general advertising standards set by the ASA.

Key advertising points for dermal fillers:

1. Honesty and transparency: all claims made in advertisements must be truthful and substantiated. Misleading claims about the efficacy or results of dermal fillers are prohibited
2. Non-exaggeration: advertisements should not exaggerate the benefits of dermal fillers. They should provide a realistic expectation of what the treatment can achieve
3. Safety information: advertisements should include information about potential risks and side effects associated with dermal fillers to ensure informed consent
4. Qualified practitioners: it should be clear that treatments are performed by qualified and experienced practitioners.

OFF-LICENCE USE OF POMs

The off-licence use of POMs refers to the application of a medicine for a condition or in a manner not specified in its official labeling. Advertising such uses is strictly

prohibited. For example, promoting Botox for treatments not approved by the MHRA, such as certain types of pain management or depression, is illegal.

PROMOTING CONSULTATIONS

Both the ASA and MHRA allow the promotion of consultations for aesthetic treatments, including those involving POMs. This can be a valuable way to attract potential patients without breaching advertising regulations.

How to advertise consultations

1. Focus on the consultation: advertisements can emphasise the availability of consultations with qualified medical professionals to discuss aesthetic concerns and potential treatments
2. Educational content: providing educational content about facial aesthetics, including the benefits of consulting with a medical professional, is permissible
3. Patient stories and testimonials: sharing patient stories and testimonials (with consent) about their consultation experience and subsequent treatment outcomes can be effective, provided they do not promote specific POMs.

COMPLIANT CONSULTATIONS

To ensure that consultations for facial aesthetics remain compliant with regulatory guidelines, it is essential to focus on the following four elements.

1. Educational approach

- Emphasise that the consultation is an educational session designed to inform patients about their options.

Avoid making it a sales pitch for specific treatments, especially POMs like Botox

- Provide comprehensive information about the range of available treatments, including non-POM options like dermal fillers.

2. Individualised treatment plans

- Develop personalised treatment plans based on the patient's medical history, aesthetic goals and individual needs
- Discuss the potential benefits, risks and side effects of each treatment option, ensuring patients have realistic expectations.

3. Transparent communication

- Clearly explain the legal limitations regarding advertising and the use of POMs. Ensure patients understand why certain treatments cannot be promoted publicly
- Offer detailed information on the consultation process itself, highlighting its purpose as an assessment and education session rather than a commitment to a specific treatment.

4. Documentation and consent

- Maintain thorough documentation of all consultations, including patient enquiries and information provided
- Record that a 'cooling off' period was offered
- Never treat a patient with a POM on the same day as the consultation
- Ensure patients sign consent forms that explicitly state their understanding of the treatments discussed and the limitations regarding their advertisement.

STRUCTURING THE CONSULTATION PROCESS

1. Initial assessment: begin with a comprehensive assessment of the patient's medical history, current medications and aesthetic concerns. Gather baseline information and understand the patient's goals
2. Discussion of treatment options: present a balanced overview of both POMs and non-POMs. Highlight the benefits and limitations of each. Clearly state that while certain treatments cannot be advertised, they can still be discussed within the clinical setting as part of the consultation



3. Risk and benefit analysis: provide detailed explanations of the potential risks and benefits of each treatment option. Use evidence-based information to support your discussion. Encourage patients to ask questions and express any concerns they may have
4. Treatment planning: collaboratively develop a treatment plan that aligns with the patient's goals and clinical needs. Emphasise the importance of follow-up appointments and ongoing assessments to monitor the effectiveness and safety of the treatments provided
5. Informed consent: ensure patients provide informed consent before proceeding with any treatments. This consent should include acknowledgment of understanding the regulatory limitations on advertising certain treatments.

BEST PRACTICES FOR PROMOTING A CONSULTATION

- Highlight expertise: promote the qualifications and expertise of the medical practitioners conducting the consultations in the practice. This builds trust with patients and emphasises the professional nature of the consultation
- Focus on patient care: stress the practice's commitment to patient care and safety, which includes thorough consultations to ensure the best possible outcomes
- Educational content: use educational content, such as blog posts or videos, to inform potential patients about what to expect during a consultation. Avoid mentioning specific POMs in these materials.

SOCIAL MEDIA TESTIMONIALS

Patients can share their treatment experiences with POMs on their social media channels, which can indirectly promote your practice. This form of user-generated content is not considered advertising by the practice and is therefore not subject to the same strict regulations.

Guidelines for patient testimonials:

1. Voluntary participation: ensure that patient testimonials are voluntary and not incentivised in a way that might be seen as payment for promotion
2. Accurate representation: testimonials should accurately reflect the patient's experience and results
3. Disclosure: patients should disclose that they received treatment at your practice to maintain transparency.

CONCLUSION

Advertising facial aesthetics in the UK requires careful navigation of various regulations to ensure compliance while effectively promoting your services. Understanding the distinctions between POMs, like Botox, and non-POMs, like dermal fillers, is crucial.

While Botox cannot be advertised to the general public, practices can promote consultations and rely on patient testimonials on social media to indirectly highlight their services. Adhering to the guidelines set by the ASA, MHRA and CAP ensures that your advertising remains ethical, legal and effective.

For references, email patrick.ward@fmc.co.uk.

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How women are shaping the future of dentistry

At a recent event, **Les Jones** was joined by **Hannah Grieves**, **Cerise Harriss**, **Farzeela Rupani** and **Sarah Canavan** to discuss 'How women are shaping the future of dentistry'. Here are some of the insightful points made

Les Jones: Would you say you feel that women now have equal opportunities within dentistry compared to perhaps 15 or 20 years ago? What's your take on that?

Hannah Grieves: It's improving, and I've seen a difference. The opportunities are there, but sometimes there might be an issue with a woman believing they can do it, and it's more about your own perception of yourself and what you can achieve.



Les Jones

Les is the creative director at Practice Plan. He has more than 30 years' experience of working within the creative and dental sectors in the fields of design, marketing and strategic consultancy.



Hannah Grieves

Hannah's career in dentistry started in 2005 as a trainee dental nurse. She qualified with the NEBDN in 2007. In 2018, Hannah became a dental nurse development manager and now manages the Mydentist student dental nurse programme, a team of four trainers and qualified dental nurse development and career pathways.



Cerise Harriss

Cerise is principal dentist at Appletree Dental Surgery, focusing on oral surgery and dental implants, Invisalign braces and smile rejuvenation. Cerise has a master's in primary dental care with oral surgery and is a member of the Royal College of Surgeons (Edinburgh), Women's Implantology Network and International Team for Implantology.



Farzeela Rupani

Farzeela is chief medical officer for UK and Europe with Colosseum Dental Group. Farzeela is a dental surgeon with a particular expertise in cosmetic dentistry and orthodontics. Since graduating in 2006, she has remained committed to the NHS and practised in dental clinics across London and Hertfordshire.



Sarah Canavan

Sarah has extensive dental experience dating back to 1995 and has a master's degree in pain management and a postgraduate certificate in contemporary restorative and aesthetic dentistry. She is currently studying for a diploma in orthodontics in practice. Sarah is chair of the Dental Associates group at the BDA and is on the General Dental Practice Committee. She is also vice chair of the Local Dental Committee (LDC) and chair-elect for the LDC Conference 2026.

Because more women are starting to come through in dentistry, it's inspired others to follow suit.

From my perspective, I wouldn't say that there are the same opportunities.

It's definitely improving, but you still have that stigma around being female and being the dentist.

Cerise Harriss: There are the same opportunities, the same courses, none of them are men only or female only. The biggest issue we have, as women, is time.

There's only 24 hours in a day, and when you've got so many other responsibilities, sometimes that can clash with courses we might want to go on if you do have a family and you don't have that support.

Then again, some of the top women in our industry, such as Tara Renton and Charlotte Stilwell, are trailblazing, and when you see that they can do it, it inspires you to do more.

There are also different ways to connect and organisations now for women to support us.

Yes, it's time consuming and you have to be really organised and juggle your day as it sometimes changes completely in 24 hours. But there is nothing more fulfilling than achieving your goals, supporting colleagues and hopefully inspiring the younger generations to feel that it's an accessible career that they can achieve in.

Farzeela Rupani: I agree. The opportunities are there, so both women and men need to grab these. I feel it's about the right person for the job, the gender of that person does not matter so much.

We need to focus on whether we have the right people in the right places with the right skills set. It's brilliant to see so many more women striving for senior positions, especially in the corporate world of dentistry. In addition, it's really refreshing to see women supporting women.

BEST PRACTICE

Of course, it's a juggle, because we all have responsibilities outside of work. But it's about time management. Time management is key. You must be efficient and organised to make it work.

I was still working and held various roles during both of my maternity leave periods. But I made that choice. No one forced me to continue to work, I wanted to.

I wasn't feeling sorry for myself and complaining about being overworked and tired due to caring for my children at the same time, it was my choice.

In my view, it's really great to see the changes in our industry and how everyone is so supportive of the juggling act we sometimes need to do.

Sarah Canavan: I've been involved in committees over the years, and I think when posts are up for appointment, if you go fair and square for a post and you're up against a man, I do believe opportunities for women are much improved now.

You are as likely as a man to get that post because you're sitting in front of an interview panel. It is about who you are and what you do.

The problem potentially we still have, which is partly of our own making, is we still have that perception of how we are going to be dealt with.

When it's a post that you would need to be elected to, you get an awful lot of women who don't stand for them because they think they're going to be ridiculed.

What used to happen, but only occasionally now, would be the old school network. That perception still exists in people's heads, even if it's no longer the case.

I am on a couple of committees at the British Dental

Association (BDA), and I can say, hand on heart, that I've never experienced it myself.

But then, I don't care what people think of me, I genuinely don't. But other people do.

So, if you have the perception that you are going to be criticised because you are assertive or have an opinion, you may not push that opinion forward, and you might not even stand in the first place.

So, I feel when it comes to appointed roles, when it's skill against skill, personality against personality, we've got that.

But it's encouraging women to stand for those things that they wouldn't have in the past that is the issue.

Farzeela: Do you think it could also be imposter syndrome? I've experienced imposter syndrome myself so many times in my career and I probably still do when I stand in front of certain boards and senior executive committees to present. So that's probably more likely what it could be, the lack of self-confidence or self-belief, perhaps.

In light of that, the key is to let everyone know that it's OK to experience imposter syndrome and it's OK to make mistakes and fail.

I have failed and made lots of mistakes during my career so far. I don't shy away from that because that's what got me here.

I learnt from my mistakes and that's how you get better and continue to grow and develop.

I've been turned down for roles that I really wanted in the past. Of course, I went home and had a good cry at the time, but then I got over it.



IT'S OK TO EXPERIENCE
IMPOSTER SYNDROME
AND IT'S OK TO MAKE
MISTAKES AND FAIL

It's like when I used to go home during vocational training days and cry about my not-so-pretty molar root canals, which I did eventually get better at.

I applied for a senior role at a very famous aligner company before it got really big quite a few years ago. I didn't get it. So, I learnt from my mistakes, I learnt to pivot, to change and move on.

Failures teach you a huge amount, and I honestly believe they make you better with time.

Les: We're talking about women shaping the future of dentistry, and to really shape the future of dentistry, you have to break through into those positions of authority and influence. It's clearly happening.

Until recently, we had a female chief dental officer in post for eight years. An important subject in terms of the growth of women within dentistry is work-life balance. How are you striking a balance, or have you found you are totally out of balance?

Hannah: People are doing things a different way round from the way it used to be.

A long time ago, you were expected to get married and have a family, and your career wasn't a priority, whereas now women can decide for themselves what route they want to take, and, for some people, a life with children isn't for them.

That's absolutely fine, but there's still a lot of stigma around that.

I am heading towards the big 40, and I'm asked why I haven't had a child yet. That's because I have prioritised my career, as that's what drives me and interests me.

I'm getting married this year, and I've done things that way round, whereas I know a lot of women in dentistry who have got married, had children and then progressed in their career. There's no right or wrong way to do things. It's whatever works for you.

We are in a time now where women can decide what they want to do and where they want to go without being criticised as much as they used to be.

Cerise: Gosh, a lot of the time I feel totally unbalanced! You'll see on some people's Instagram that everything looks easy. Life seems perfect. It's not; it's really hard. You have to be very organised and know what you want, go for it and be focused. But you can do it and you can get balance.

I do a three-day clinical week, and Tuesdays are purely for what I call my life admin day. After the school run, I do my food shopping, then I go in and I do any implant planning needed and all the admin.

I often go in with 10 things on my list and come out with 12 on it, even though I've ticked five things off! But it's about being organised and realising that it is hard and reaching out to other people for support and asking for help.

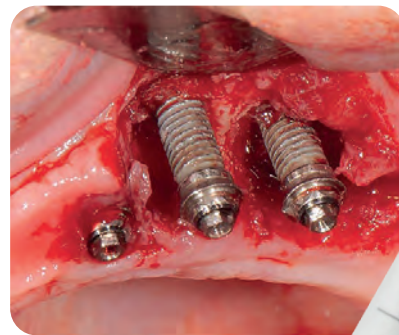
I think, as we see more women joining the profession, it's only natural that we will see more ladies in positions of leadership and influence.

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Plastic surgery (without the surgery)

Dentists avoiding facial aesthetics are missing out, says **Ruth Brady** in the second of her two articles

Should we be concentrating purely on teeth, as some suggest, even in the case of orthodontics?

If you still think that the answer is yes, then you are missing a trick! In previous times, improvements to lip support were achieved by altering the shape and fullness of the dental arch if possible, and that was all we could do, either orthodontically, restoratively or prosthetically. This was most obvious in full denture work, where tooth position could be so easily altered, and flange thickness could be enhanced to support the soft tissues.

The importance of a good soft tissue support by the dentition was never better demonstrated than when a patient took their full upper denture out and the cheeks and peri-oral tissues collapsed!

Conversely, provision of a new set of dentures offering good support could literally take years off the appearance of the face. Since fewer patients need full dentures nowadays, it is now useful to be able to restore the soft tissues by some other means, enabling deficiencies in the natural underlying dental support to be better masked.



Ruth Brady

Ruth is a dental surgeon and a multi-award-winning practitioner in advanced facial aesthetics. With a wealth of experience and a career spanning almost 40 years, she was a clinical director of her own practice for 30 years, administering cosmetic dentistry, implant surgery and facial aesthetics. She now focuses on non-surgical aesthetic treatments.

Orthodontically, jaw relationship discrepancies can lead to compromised results. However, augmentation of the chin and peri-oral support on such adult patients can totally change that end goal and give rise to greater levels of satisfaction all round!

These techniques are now commonly used in a preventive way too, to slow down the ageing and stop tissue collapse, as well as to enhance or correct features, such as in facial reconstruction.

After good training and careful practice, the shape, definition, projection and smoothness of most facial features can be returned closer to the original form or improved still further.

FACIAL RECONSTRUCTION

This is a field that I have moved into more recently. I have been improving the form and appearance of cleft lips, for example, for a few years by improving the symmetry and projection and Cupid's bow. These procedures can be life changing to the patient, and so satisfying to deliver, but never more so than recently, while treating a major trauma case.

Last summer, a patient was referred to me for soft tissue correction after a horrific horse-riding accident. The surgeons used 26 plates to reposition the facial skeleton, using a recent photograph as a guide. There were areas of fat loss too and motor nerve damage. The face on one side showed gross

compensatory hyperactivity, while the other was almost paralysed. This highlighted the already afflicted appearance, even though the surgeons had done an amazing job.

Using the knowledge and techniques that I had practised over the past two decades, I have been able to transform her appearance to a point where she now looks and feels completely 'normal' again, and this has been the most humbling and satisfying experience of my 40-year career so far.

FULL FACE ANALYSIS OR FEATURE ISOLATION

If the lips and peri-oral area are now considered as the 'frame', they should also be harmonious with the rest of the face. What's more, the invention of the flexible blunt cannulae has presented us with an arguably much 'safer' way of working within multiple layers right across the face. So, the subject has now evolved into a full-face consideration, as opposed to

**ALTHOUGH SOME
REQUESTS FOR
TREATMENT MAY BE
DRIVEN BY VANITY,
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A BETTER VERSION
OF THEMSELVES**



Before and after photographs of a lip augmentation by Ruth Brady to improve a gummy smile, using dermal filler/botulinum toxin

the earlier way of analysing the features in isolation.

Using Steiner's line – a hypothetical line that extends from the forward-most projection of the chin to the tip of the nose – it is possible to highlight, for example, whether the lips are over- or under-projected and to judge whether the chin is in the right position within the profile. We have all seen patients whose lips are so projected that they appear to enter the room before the rest of the face, but this look is emphasised when the patient is retrognathic.

If chin projection was considered alongside lip augmentation, the

unnatural result could be prevented, so long as the rest of the lip design was executed correctly to a realistic anatomical form.

In full-face analysis, the features of the forehead, chin, nose and cheeks are all considered, as the change in projection of one may require improvement of another, until the profile is back in harmony. One gets used to understanding the discrepancies in the profile while viewing from the front, without turning the patient's head. Dentists are already so good at this as we spend our working lives analysing the face from all angles, and it comes so naturally to us.

PSYCHOLOGICAL IMPACT

Although some requests for treatment may be driven by pure vanity, in my experience, most people just strive to look for a better version of themselves, as it has a significant impact on their overall psychosocial wellbeing. To be constantly told that one looks angry, miserable or tired when, in fact, they aren't, has a real negative affect on their mood.

When one looks in a mirror, the image of the face that stares back should fit with the emotions and perceived age of the bearer!

To be pleased with one's image is an uplifting experience psychologically. To be embarrassed by a 'gummy smile', for example, or to possess exaggerated mentalis muscle action during forced closure of 'incompetent lips' can be upsetting to those afflicted.

Confidence levels increase after treatment, and life experiences can be enhanced, leading to more fulfilment in life overall.

PAIN MANAGEMENT

Botulinum toxin, used commonly across the face to smooth out unwanted wrinkles, also plays a big part in the treatment and prevention of temporomandibular disorder (TMD), by reducing the size and power of the masseter muscles, alongside spasm in other masticatory ones.

Since this treatment should encompass an analysis of the occlusion and reasons for the parafunctional habits, as well as the provision of a suitable dental appliance, only dental clinicians with an adequate knowledge in this field should carry it out. However, there are many other medical and non-medical personnel injecting the masseter muscles, purely for aesthetic reasons, without realising the possible implications on the occlusion and health of the jaw joint.

PLASTIC SURGERY, WITHOUT THE SURGERY

Many people think the word 'plastic' has strange connotations when associated with surgery. The word comes from the Greek word 'plastikos', meaning 'to

BEST PRACTICE

change shape'. In cosmetic surgery and dentistry, 'plasty' is used as a suffix in the name of many surgical procedures that are designed to bring about an improvement in shape, such as blepharoplasty, rhinoplasty and gingivoplasty, many of which involve the use of scalpels and traditional surgical techniques.

Nowadays, these changes in shape can often be achieved without surgery or any extended recovery period. One can completely alter the profile and frontal aspect of a face without causing any noticeable bruising.

To a patient, it can feel as though a miracle has been performed, as the change is instantaneous. As a dentist, it is extremely rewarding to be able to deliver such beautiful and natural results in this way!

One of my proudest moments was when a famous New York plastic surgeon responded to one of my posts, which showed a full face improvement. His comment was simple. He said: 'Wow!' Then, in response, the following day, he put on a similar result, achieved by surgery. I responded with another "Wow!".

DERMAL FILLER PLACEMENT

Here is some food for thought! Liposuction often uses larger cannulae in a brusquer action to release and extract excess fat and is considered to be surgical. In contrast, dermal filler placement uses fine cannulae in a delicate action for minimal bruising but is considered to be non-surgical. The former aims to reduce excess padding, the latter to deliberately increase the padding and structure. Yet both aim to give a seamless definition to the body or face, with improved contours. So, aren't these procedures, in effect, almost opposites of the same, be it surgical or non-surgical? Surgery is completely permanent and irreversible, whereas this type



Before and after photos showing the correction of the 'incompetent lips' at rest

of treatment is not, but it still has a lasting impact as it changes the tissues by generating collagen production.

CONCLUSION

I hope that I have convinced many of you as to the value of these treatments as an adjunct to traditional dentistry.

Be under no illusion of the scale to which this subject is massively

expanding, especially now that regenerative medicine has entered the ring!

For some of you, there could be a burgeoning career ahead that you had never considered going into before. I hope these articles have raised some interest.

Find out more about Ruth Brady at www.drruthbradyaesthetics.co.uk.



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Aesthetics, the law and compliance

In the second part of a series, **Shabnam Zai** and **Gizem Seymenoglu** explain the legal and regulatory aspects of facial aesthetics

As facial aesthetic treatments become more popular, understanding the legal landscape and ensuring compliance is crucial for any dental practice. While dentistry is already governed by strict regulations, when introducing new treatments it is important to consider potential legal pitfalls and the importance of safeguarding your practice. This article will cover the regulatory framework in the UK, patient safety and ethical considerations.

REGULATORY FRAMEWORK

In the UK, facial aesthetics is largely unregulated and can be provided by anyone. However, since Botox is a prescription-only medicine, it can only be prescribed by a registered dentist or doctor. When provided by dentists, treatments are subject to more stringent regulations to ensure patient safety.

The General Dental Council (GDC) provides clear guidelines that must be adhered to when offering these services. Recent updates emphasise the necessity of proper training and informed patient consent.

Additionally, the Advertising Standards Authority (ASA) sets rules for promoting these treatments, ensuring



Shabnam Zai

Shabnam is a cosmetic dentist, mentor and clinical director at West House Dental in Pinner. She also hosts the Filling the Gap podcast. See shabnamzai.com.



Gizem Seymenoglu

Gizem is a facial aesthetics practitioner. She runs a successful clinic in London and also sees patients at West House Dental.

that all marketing communications are legal, decent, honest and truthful.

The GDC mandates that all dental practitioners must be appropriately trained and competent before providing facial aesthetic treatments. This includes understanding the anatomy, the pharmacology of the substances used and the management of potential complications.

CARE QUALITY COMMISSION

The Care Quality Commission (CQC) is an essential regulatory body for all dental practices. According to CQC guidelines, subcutaneous injections to enhance appearance, such as Botox and dermal fillers, are not classified as 'regulated activities'. Therefore, additional registration with the CQC to provide these treatments in practice is not needed.

However, if more advanced treatments are being provided by a healthcare professional, where instruments are inserted into the body – such as liposuction, or a laser being inserted via a cannula – these are considered regulated activities. The practice must have approval from the CQC before offering these services. It is crucial to check the CQC website for updates and ensure you are compliant with the latest regulations.

To ensure compliance with CQC standards, dental practices should also implement robust protocols for infection control, patient consultation and documentation. Regular audits and staff training can help maintain high standards and minimise the risk of non-compliance.

CLINICAL CONSIDERATIONS

Introducing facial aesthetic treatments into a dental practice needs additional clinical considerations to ensure patient safety and treatment efficacy. Botox, for instance, is a prescription-only medicine and must be stored securely. Some products need refrigeration, while others can be kept at room temperature. It is crucial to follow manufacturer guidelines for storage to maintain the integrity and effectiveness of these products.

Proper disposal of expired or partially used products is another important aspect. Botox is classified as a cytotoxic drug and must be disposed of safely to prevent harm. Dental practices should have protocols for the safe disposal of cytotoxic waste, complying with local regulations.

Additionally, consider the disposal of sharps. Ensure that your current provisions for sharps disposal are adequate and compliant with health and safety standards. Regularly review and update these provisions to accommodate the specific needs of facial aesthetic treatments.

DENTISTS SHOULD ALWAYS PRACTISE WITHIN THEIR SKILL SET AND REFER COMPLEX CASES TO MORE EXPERIENCED COLLEAGUES WHEN NECESSARY

CONSENT AND PATIENT SAFETY

Informed consent is a cornerstone of ethical practice. Dentists are accustomed to obtaining consent in their daily work, but facial aesthetic treatments require additional considerations. You must ensure patients fully understand the procedures, potential risks and expected outcomes before proceeding with treatment. Proper documentation of patient consultations and consents is crucial.

Patient safety should always be the top priority. This includes conducting thorough assessments to determine suitability for treatment and identifying any contraindications. Maintaining high standards of hygiene and safety during procedures helps minimise complications and enhance patient trust. Regularly reviewing and updating your protocols based on the latest best practices is essential.

Additionally, having a comprehensive understanding of the substances used in treatments, including their potential side effects and interactions, is critical. This knowledge will enable you to provide accurate information to patients and manage any adverse reactions effectively.

ENSURING INDEMNITY COVERAGE

Another crucial aspect to consider when incorporating facial aesthetics into your dental practice is indemnity coverage. As a dentist, you are aware of the importance of having professional indemnity insurance to protect against claims related to your dental work. However, it is essential to ensure that your indemnity insurance covers facial aesthetic treatments too.

Given the unique risks associated with facial aesthetics, including complications from injections or allergic reactions to substances used, having the right indemnity coverage is vital. Check with your current insurance provider to confirm that your policy includes coverage for these treatments. If not, you may need to update your policy or obtain additional coverage.

Proper indemnity coverage not only provides financial protection in the event of a claim but also ensures that you can continue to offer these services confidently. It



demonstrates to your patients that you are professionally prepared and committed to maintaining high standards of care.

When discussing indemnity coverage with your provider, be sure to clarify:

- The specific treatments covered: ensure that all the facial aesthetic procedures you intend to offer are included in the coverage
- The extent of coverage: understand the limits of your policy, including any caps on payouts and whether legal defence costs are covered
- Conditions and exclusions: be aware of any conditions that must be met for the coverage to be valid, as well as any exclusions that may apply.

Having comprehensive indemnity coverage is a safeguard that protects both your practice and your patients, providing peace of mind as you expand your service offerings.

ETHICAL CONSIDERATIONS

Dentists should always practise within their skill set and refer complex cases to more experienced colleagues when necessary. Doing the right thing by the patient should always be the primary concern, even if it means referring them elsewhere for treatments beyond your expertise. Establishing a mentorship with

seasoned practitioners can provide valuable guidance and support.

Prioritising patient welfare over profit not only ensures ethical compliance but also builds long-term trust and credibility. This involves being transparent with patients about your experience and qualifications and not over-promising results. Providing realistic expectations helps prevent dissatisfaction and maintains your professional integrity.

Furthermore, continuous professional development is essential to stay updated with advancements in facial aesthetics. Attending workshops, conferences and training sessions ensures you remain knowledgeable and competent in offering these treatments.

Understanding the regulatory framework, obtaining the necessary training, ensuring comprehensive indemnity coverage and prioritising patient safety are essential steps in this process. By adhering to these principles, incorporating facial aesthetics into your practice can be straightforward and highly rewarding.

As you move forward, ensure that you stay informed about updates in regulations and best practices.

The next article will focus on the essential training and education required to excel in facial aesthetics.

Slow down to speed up

Barry Oulton on elevating the dental practice through effective communication

In the non-stop busy world of dentistry, the constant time pressures, targets and desire to grow your practice and increase income can often lead to a hurried approach with patients. After all, if we are talking and not drilling, we aren't earning – right?

However, the secret to sustainable growth and long-term success lies in a counterintuitive strategy: slowing down.

By taking the time to truly connect with your patients, asking the right questions and responding with genuine interest, you can accelerate your income growth and build a loyal patient base.

Over the past 30 years of dentistry, I have seen a significant improvement in dentists' incomes and patient satisfaction when more time is given to the consultation process, information gathering, discussion, treatment planning and treatment presentations. This truly is the key to being able to move away from a pain-driven business model to one of comprehensive care and more wants-based dentistry.

As an authority on dental practice ownership, communication and sales, I am here to guide you through this transformative approach.

EFFECTIVE COMMUNICATION

Effective communication is the cornerstone of any successful dentist. It goes beyond merely explaining

procedures or diagnoses; it involves building trust, understanding patient concerns and creating a comfortable environment where patients feel heard and valued. Being able to discover a patient's emotional driver for dentistry not only connects that patient with you and your solutions, but it will also increase your motivation to serve and deliver the highest quality experience for your patients.

When patients feel a genuine connection with their dentist, they are more likely to follow treatment plans, return for regular visits and refer others to your practice.

Rapport is the most important ingredient.

If there was just one thing I could encourage you to consciously work on with your communication with any other human, it would be rapport.

Rapport is the ability to relate to others in a way that creates trust and understanding. It is the ability to see the other's point of view and get them to understand yours.

You don't have to agree with their point of view or even like it. It makes any form of communication easier.

Unless you have been taught, and hence learned and practised, how to consciously build rapport, it is likely that it seems to work for you sometimes and yet is like a car crash at other times. Being aware of how to build rapport is a life skill that will serve you well in a huge variety of situations.

BUILD TRUST WITH ACTIVE LISTENING

One of the most critical components of effective communication is active listening. This involves fully concentrating on what the patient is saying, rather than thinking about your response or the next patient on your schedule.

Here are some strategies to enhance your active listening skills:

- **Make eye contact:** maintain eye contact with your patient to show that you are fully engaged in the conversation. This simple act can make a significant difference in how patients perceive your level of interest and care
- **Use open-ended questions:** encourage patients to share more about their desires, concerns and experiences by asking open-ended questions. Instead of asking: 'Are you happy with how your teeth look?' you might ask: 'Can you describe what's important to you about the appearance of your smile?'
- **Reflect and summarise:** reflect back on what the patient has said to show that you are listening and to clarify any misunderstandings. Using their words and not 'translating' into your own builds rapport and demonstrates that you were listening
- **Avoid interrupting:** let the patient finish their thoughts before jumping in with your response. Interrupting can make patients feel rushed and undervalued.

THE RIGHT QUESTIONS

Asking the right questions is essential to uncovering patient needs and concerns that may not be immediately apparent. This not only helps in providing better care but also in identifying opportunities for additional services that can enhance patient outcomes and practice revenue.

Many patients have aesthetic concerns they might be hesitant to bring up, and many dentists feel awkward about highlighting something they notice for fear of upsetting their patient or perhaps coming over as pushy or salesy.

Ask about their satisfaction with their smile and if there are any changes they



Barry Oulton

Barry is a practising dentist and the founder of The Confident Dentist, a communications training company aimed specifically at the dental sector. Barry is a qualified coach and experienced trainer, certified in hypnotherapy and a master practitioner in neuro-linguistic programming (NLP), a method of communication that uses language to re-educate the brain in patterns of mental and emotional behaviour.

would like to see. 'Is there anything about your smile you wish you could change?' can open the door to discussions about cosmetic procedures.

My personal approach to this is by asking a question that 'future paces' my patient to consider their future self and how they would like their dental health and appearance to be.

RESPONDING WITH GENUINE INTEREST

How you respond to patient answers can make a profound impact on their overall experience. A genuine, empathetic response fosters trust and shows that you truly care about their wellbeing.

- Empathise: show empathy by acknowledging their feelings and concerns. Statements like 'I understand that dealing with this pain has been really challenging for you' validate their experiences and build rapport
- Educate: provide clear and concise explanations about their condition and the proposed treatment options. Use layman's terms to ensure they fully understand. Saying 'this

procedure will help reduce the inflammation causing your pain' is more reassuring than medical jargon

- Follow up: demonstrate continued care by following up on previous conversations. At their next visit, ask how they are doing with the issues discussed earlier. Saying 'last time, you mentioned some discomfort while brushing. How has that been lately?' reinforces your commitment to their health.

FINANCIAL IMPACT

Slowing down your communication and taking the time to build meaningful relationships with your patients can lead to substantial financial benefits for your practice. Here's how:

- Increased patient retention: patients who feel valued and understood are more likely to return for regular visits and continue their care with you. This leads to a stable and growing patient base
- Higher treatment acceptance: when patients trust you and understand the necessity and benefits of the proposed treatments, they are more likely to accept and follow through

with them, boosting your practice's revenue

- Referrals: satisfied patients are your best marketers. They are more likely to refer friends and family to your practice, expanding your patient base without the need for costly advertising
- Enhanced reputation: a reputation for exceptional patient care and communication can set your practice apart from competitors. This can attract new patients who are seeking a more personalised and caring dental experience.

PATIENT SATISFACTION

In the pursuit of growth and success, it's easy to fall into the trap of rushing through patient interactions. However, by embracing the philosophy of 'slow down to speed up', you can transform your dental practice. Effective communication, built on active listening, thoughtful questioning and genuine responses not only enhances patient satisfaction but also drives significant financial growth. I encourage you to adopt this patient-centred approach and witness the remarkable impact it can have on your practice's success.



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The role of the *registered manager*

Ian Lloyd looks at the role of a CQC-registered manager and provides guidance on how to register

All new practices registering with the Care Quality Commission (CQC) must decide whether they need a registered manager.

If you are an individual provider who will manage and be responsible for the regulated activities at your practice, you do not need to have a separate registered manager. In that situation, the provider is considered to fulfil the roles of provider and registered manager.

The following situations require a CQC registered manager:

- If your practice is classed as an organisation – that is a practice that is run as a limited company and is registered at Companies House
- A partnership
- The individual provider is not responsible for the day-to-day running of the regulated activities.

The position of registered manager carries legal accountability, so it is important that the registered manager understands and is trained for the role.

Registered managers are all required to participate in an interview prior to being registered. The interview questions are designed to demonstrate that the registered manager understands how to comply with the regulations and is 'fit' for the position.

More than one person can be appointed to manage the regulated activities at the same location under a job share arrangement.



Ian Lloyd

Ian is practice adviser with Apolline and an inspector for Health Inspectorate Wales.

THE ROLE OF A REGISTERED MANAGER

Legal accountability for the service your practice provides is shared between the provider and the registered manager (sometimes, as described above, these are the same person). The CQC often uses the registered manager as its point of contact for a service.

To apply to be a CQC-registered manager, you will need to apply via the provider portal.

You will need the following:

- An enhanced Disclosure and Barring Service (DBS) check
- A copy of your professional training qualifications
- A list of qualifications and training
- Contact details for your GP
- Contact details for your last employer as a referee.

Once the application(s) are received, the CQC will:

- Review the application. At this point it may request more information
- Book a date to complete a site visit if needed
- Arrange an interview
- Involve the nominated individual and the proposed registered manager, if you need one.

The CQC will confirm the outcome of the registration process by



email. Registered managers are not responsible for managing the regulated activities until the CQC has confirmed the registration.

TOP TIPS

- Get your DBS application submitted in the first instance
- Don't rush the application process, any inaccuracies will result in a rejection
- Prepare all the supporting evidence in advance
- Use the 'save' button so that you can take a break
- There are handy hints on answering the quality statements on the CQC website: www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework.

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A journey through technological evolution

Manoj Parmar has been privileged to witness first-hand the integration of technology into dentistry. He shares his experiences and looks ahead to an exciting future

Technological advancements continually reshape the landscape of patient care. Among the pioneers embracing these innovations is Dr Manoj Parmar, co-owner of the award-winning Acorn Dental. The two-site Birmingham-based dental business is a beacon of excellence in delivering premium dental care to the local community – and his keen integration of state-of-the-art technology has proved pivotal in his success.

Manoj's journey is rooted in his local upbringing and unwavering dedication to his craft. After graduating from Sheffield Dental Hospital in 1998, he returned to Birmingham, where he completed his postgraduate training at Acorn under the mentorship of Dr Bill Cooper. A deep connection with the area led him to eventually acquire Acorn Dental.

His expertise in restorative dentistry, particularly in implant dentistry, has garnered him recognition as a leader in the field, evidenced by his completion of a master's in 2013.

Central to his practice philosophy is a relentless pursuit of innovation. He also believes in taking others with him, so he has maintained Acorn's status as a training practice, providing invaluable mentorship to budding dental professionals.

Here, he shares his insight into the digitalisation of dentistry and looks ahead to an exciting next chapter.

Q How do you see technological advancements shaping the future of implant dentistry and other specialised fields within dentistry?

A Since graduating in 1998, I have had a front-row seat in witnessing the introduction of technology to the world of dentistry and have implemented these advancements into our daily practice. The first was the computerisation of records, then came digital X-rays, intraoral cameras, cone-beam

computed tomography (CBCT) and intraoral scanners – and now artificial intelligence (AI).

For me, transitioning from wet-film developing to digital radiography at the turn of the century was the biggest game changer.

Our practice increasingly relies on digital pathways for planning, executing surgical procedures and managing restorative stages of implant dentistry. This digital transformation extends to our comprehensive range of restorative, aesthetic and orthodontic services, enhancing the precision and efficiency of our practice.



Manoj Parmar

Manoj Parmar is a principal at the multiple award-winning practice Acorn Dental in Birmingham and is a keen advocate of technology.

WE EMBRACE DIGITAL ADVANCEMENTS IN OUR PRACTICES AND LABORATORY, BUT THIS IS ALWAYS DONE WITH CONSIDERABLE THOUGHT AND RESEARCH TO ENSURE THAT QUALITY OF CARE IS NOT COMPROMISED

Q Given the rapid pace of technological advancement, how do you ensure your practice stays up to date with the latest innovations?

A We are constantly bombarded with technological advancements in dentistry, usually wrapped in some form of marketing rhetoric on how it will improve efficiency, improve results, reduce costs or a combination of the above. We embrace digital advancements in our practices and laboratory, but this is always done with considerable thought and research to ensure that quality of care is not compromised.

At some point, you have to take the leap, and I would say that we fall into the latter part of the early adopters' phase of the product adoption curve.

Q What digital dentistry technologies do you foresee integrating into your practice in the near future, and how do you anticipate these advancements will further improve patient care and outcomes?

A We are currently looking at ways AI can enhance our

interactions with patients, improve efficiency within the practice and reduce human errors. We are still sceptical about the concept, but it's here to stay, so we should embrace it.

Q In what specific ways does new technology improve patient comfort and confidence during dental procedures?

A In implant dentistry, using surgical guides has revolutionised the confidence with which we can operate and, from the patient's perspective, has reduced the surgical time.

Accurate 3D imaging (CBCT and intraoral scanning) allows the surgeon to meticulously plan prosthetically-driven implant placements, simultaneously avoiding vital structures and decreasing operating time.

Patients love to see the planning on the screen and feel more involved in their treatment. They also take comfort in the fact that the surgery has already been simulated outside their mouth before the real thing. The benefit of potentially reducing surgery duration or opting for a flapless approach adds to the appeal. What's not to like?

Q How key is fostering open communication through visual aids? How does real-time visualisation of results on a screen empower patients to engage in their treatment journey actively?

A Talking to patients about their teeth with an intraoral scan on the screen is much more engaging because now they can visualise their mouths from the dentist's perspective. They can see the calculus behind the lower incisors, the fractured cusp or the effect a missing tooth has on the adjacent and opposing teeth. Moving the teeth to illustrate what they could look like after orthodontics or simulating a smile makeover imbues excitement and anticipation and, as a result, ethically increases treatment uptake.

Q How has integrating Durr's Vistascan Mini View enhanced your diagnostic process?

A We were early adopters regarding dental imaging, starting with the Trophy RVG system, which had an intraoral sensor almost 1cm thick! From there, we switched to phosphorous plates, which are infinitely more comfortable for patients.

The resolution and contrast of the early scanners required improvement, but since switching to Vistascan, these concerns have been addressed. The images are crisp and detailed, and the unit is sturdy, reliable and easy to use. It integrates well with any practice management system and, best of all, has a very small footprint. We were lucky to win a Vistascan Mini View last year but had already invested in Vistascan units at each of our practices. This latest model is waiting to be installed at our upcoming new site.



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

From receptionist to practice manager

Petruta Roxana Bodnariu charts her journey from dental nurse and receptionist to managing her own practice

My journey into the healthcare sector has been fuelled by a deep-seated passion for making a meaningful difference in people's lives. Initially uncertain about which path to pursue, I seized the opportunity to become a dental nurse when it presented itself, feeling as though it was a sign guiding me toward my true calling.

Since qualifying as a dental nurse in 2016, I have dedicated myself to dentistry, cherishing every moment of my journey. I vividly recall my first day of training in a general NHS dental practice, where I spent 18 months honing my skills and immersing myself in the field. While the experience was fulfilling, my aspirations led me to seek opportunities in private dentistry.

In 2018, I joined the Pure Periodontics team as a dental nurse/receptionist, drawn to the role's blend of patient care and administrative responsibilities. From scheduling appointments to providing assistance during procedures, each day brought new challenges and learning opportunities.

As I gained experience and confidence, I was offered the opportunity to step into the role of treatment coordinator. This position allowed me to deepen my



Top tips for running a practice

Running a dental practice came with its share of challenges. Meeting the needs of patients, staff and the business is not easy, but taking on more responsibilities was vital for my growth. It helped me improve my skills, become more involved in the business side of practice and deepen my engagement in patient care.

Therefore, my humble advice is when things get demanding – balancing patients, staff and the business – don't shy away from taking on more. Embrace those extra responsibilities as opportunities to learn and make a difference. By doing so, you'll not only improve your skills but also bring more care and success to the practice.

- **Prioritise patients:** make patients happy by ensuring they feel welcome, safe and well-cared for
- **Many hands make light work:** ensure you have a good team on your side. This makes everything easier and helps the practice run better. Though communication is often highlighted as crucial, I've found that as you advance in your role, it's equally vital to not only communicate but also to actively listen, process what you hear or learn and then communicate effectively
- **Stay up-to-date:** know what's new in dentistry so you can give the best care.



Petruta Roxana Bodnariu

Roxana is a qualified dental nurse, treatment coordinator and practice manager at Pure Periodontics. She has practised in the NHS as well as private settings, gaining experience in general dentistry, cosmetic dentistry, orthodontics as well as endodontics.



involvement in patient care while also taking on more responsibilities in coordinating treatment plans.

It was a challenging yet fulfilling role that required strong communication skills and a keen eye for detail.

I thrived in this new capacity, forging stronger connections with patients and ensuring they received the best possible care.

A NEW OPPORTUNITY

My journey reached a pivotal moment when I was offered the opportunity to be the practice manager. Although this came as a surprise at first, it was a testament to my hard work and dedication over the years.

As practice manager, I now oversee the day-to-day operations of the practice, from staff management to financial administration. It's a multifaceted role that requires me to wear many hats, but I embrace the challenge wholeheartedly.

Along the way, I've encountered my fair share of challenges. Balancing the needs of patients, staff and the business itself can be demanding at times. Yet, with each challenge came an opportunity for growth and innovation. Whether it's implementing new processes to streamline operations or finding creative solutions to address patient concerns, every obstacle has ultimately strengthened our practice.

One of the most valuable lessons I've learned on this journey is the importance of continuous learning. The field of periodontics is constantly evolving. As practice manager, I make it a priority to stay informed and adapt to these changes. Whether through participating in workshops/webinars or undertaking CPD courses, I'm committed to ensuring that Pure Periodontics remains at the forefront of our field.

My journey at Pure Periodontics has been a remarkable one, filled with growth, challenges and countless memorable moments. From my humble beginnings as a nurse/receptionist to my current role as practice manager, I've had the privilege of contributing to a team that is dedicated to improving the oral health and overall wellbeing of our patients. As I look to the future, I am excited to see where this journey will take me next, confident that the best is yet to come.

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Dental Practice Accelerator: the halfway point

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

Having won the Dental Practice Accelerator, Hannan Saleem and his practice, London Dental Centre, have been working extremely hard over the past six months with their mentors, Justin Leigh, Shaz Memon, Sameer Patel and Sandeep Kumar.

The changes they have been implementing are designed to help them achieve the goal of becoming a million-pound dental practice, so we thought this halfway point would be a great opportunity to catch up and see how things are going so far.

A TRANSFORMATIVE PROCESS

One of the mentors that Hannan has the most contact with is business coach Justin Leigh, founder of Focus4growth. They catch up monthly to keep Hannan accountable to his plans and help him think about his strategy for the business.

Justin said: 'Hannan has got a great attitude, he's really positive and he takes on board lots of ideas. But like a lot of practices over the last six months, he has experienced some of the key challenges that are facing lots of dentists – retaining key members of his team, recruiting and onboarding.

'So, we've worked on recruitment, retention strategies, setting really clear objectives and coaching him to lead his team more effectively, so that they start to become more autonomous and take greater responsibility.

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

'That shift has really helped him to develop as a leader, and his team has started to develop a greater sense of responsibility for embedding what it



wants in the practice. From here, we can grow.'

Talking to Justin, we got a sense of how transformative

the Dental Practice

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

'We have to learn to pause and think about who should be responsible for each area. If we don't do that, we get trapped in the business.'





STAYING CONSISTENT

The team at the London Dental Centre has also been gaining branding and marketing expertise from Shaz Memon, founder of Digimax Dental, in a bid to attract more of the kinds of patients that they're looking for.

The goal is to help Hannan and the team understand how they can grow the practice without spending a penny more on marketing.

Shaz explained: 'I've advised them to share their personal story. In the information age that we live in, people are very interested in storytelling, and I think Hannan and Daniel have an amazing story to tell. That's something that really needs to come out and they're comfortable now in sharing that.'

'I've been really impressed with Hannan's progress.'

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

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

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

FOUNDATIONS FOR SUCCESS

One of the things that all of the mentors, and Hannan himself, wholeheartedly agree on is that the past six months have been about laying the foundations for the success they want to achieve, which is the hardest part of this journey.

They also truly believe that Hannan has worked incredibly hard to reach this halfway milestone and they have all been impressed with his progression to date.

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

Sameer and Hannan have been working on improving the dental business through effective leadership, clear communication with the team and patients and creating a

supporting working environment. Sameer believes now is the crucial turning point: 'This is where I think they are going to really benefit as they have put in the time and effort to lead through true authentic leadership. This is the point where they can define where the clinic is going to be.'

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

UNCOVERING THE FUTURE

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

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

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

A bright future lies ahead for Hannan Saleem and the team at London Dental Centre. He has already taken a lot on board and made exponential changes in the first half of the programme, which bodes well for the next six months.

If you would like to accelerate your practice and clinical growth, Align Technology can help you get to the next level, leveraging the Invisalign system, Itero intraoral scanners and the Align Digital Platform. For more information about its education and growth support programmes, visit www.invisalign.co.uk/gp/become-a-provider.

The final countdown

It's your last chance to enter the **Private Dentistry Awards** 2024 – don't miss out!

The deadline to enter this year's prestigious Private Dentistry Awards is 11 September, so this is your last opportunity to be in with a chance of winning recognition as one of the best in the business.

The awards take place on Friday 8 November, in the glamorous surroundings of the Grosvenor House Hotel in London.

Take a look at the categories below and what your entry needs to include. Each category has its own criteria to be followed, which must be met within 750 to 1,000 words.

Young Dentist

This category is open to those born on or after 31 October 1987.

- Detail your professional credentials, achievements, training and any accolades you have received
- Explain how you are different from other young dentists
- Share your biggest achievement in your dental career to date
- Share any hurdles you have overcome in your life/career
- Provide any evidence of how you go beyond the regular duty of care: pay specific attention to the fundamentals of dentistry, such as caries management, periodontal care, tooth wear and oral cancer
- Explain your approach to diagnosis and patient communication, both in-surgery and on a wider scale, if relevant
- Describe any work you do with charity or in your local communities
- Share examples (three to five cases) of your clinical work to showcase the breadth of your practice
- Supply any relevant patient and colleague testimonials
- Include a high-resolution photo of yourself.

Treatment of Nervous Patients

- Demonstrate an excellent approach to welcoming and treating nervous patients
- Show how you are different in treating nervous patients
- Include marketing literature
- Give evidence of patient satisfaction
- Include images and testimonials.

Child-Friendly Practice

- Demonstrate your approach to child dental health
- Explain how you are different in treating young patients
- Include marketing literature
- Give evidence of patient satisfaction
- Include images and testimonials.

Charity or Community Project

- Describe your charitable project and the benefits derived from it
- Explain why and how you support your chosen cause
- Describe the support you have provided and fundraising achievements over the year
- Show how you have helped raise awareness for your chosen cause
- Include supporting evidence and pictures.

New Practice

Entrants for this category can only enter New Practice or Most Improved Practice. You cannot enter both. Your practice must have opened after 1 January 2023.

- Provide images/videos of the practice, including before and after
- Show evidence of uniqueness in your practice and how you go beyond the regular duty of care
- Explain how the business has grown
- Discuss team training and development
- Include examples of clinical excellence
- Include marketing literature, testimonials and photos

- Tell us if you work with charities or the local community.

Most Improved Practice

Entrants for this category can only enter New Practice or Most Improved Practice. You cannot enter both.

- Include before and after pictures and videos, if appropriate
- Discuss the changes you have made and how the business has grown
- Examples of clinical excellence should be an essential part of your submission
- Demonstrate team training and development
- Explain how your website or social media platforms have been used to show off your practice, and include examples of marketing literature
- Show any unique features or design excellence that have been put in place to improve the patient experience, and explain your objectives behind them
- Include evidence of patient satisfaction and relevant testimonials.

Referral Practice

- Explain the specialist services you provide
- Examples of clinical excellence should be an essential part of your submission
- Include marketing literature
- Show us how the practice has been adapted to treat patients in specialist areas
- Discuss training/development information
- Provide evidence of patient satisfaction and relevant testimonials
- Include supporting evidence and pictures.

Practice Design and Brand

- Show evidence of investment in the design and branding of your practice
- Explain the idea and effect you are

trying to achieve through the design of the brand

- Describe how you use your brand in all your marketing material and how this has benefited the practice
- Share the look's aims and objectives
- Show any unique features, architecture, interior design excellence
- Explain your website and how you use this to further communicate your brand
- Include examples of marketing literature, such as promotional material and online campaigns.

Website of the Year

- Show how content is supportive of the website's conversion rate
- Show excellent structure and navigation
- Demonstrate how the website design has been carefully put together to connect quickly with its target audience
- Explain what measures have been taken to reduce the website bounce rate
- Explain what measures have been taken to increase the website conversion rate
- Show the creative process that ensures the website doesn't look like a 'template' website
- Show website speed
- Explain what measures have been taken to make the mobile experience conducive to increased patient conversion
- Show search engine optimisation visibility and usage numbers
- Show website is compliant with the General Dental Council, Care Quality Commission and General Data Protection Regulation
- Explain anything that makes this website unique.

Hygienist/Therapist, Technician, Receptionist, Practice Manager and Dental Nurse

This category is open to all team members listed above – each will be presented separately.

- Demonstrate hard work and drive
- Demonstrate anything outstanding they have done or been involved in
- Show why this person is special and any hurdles they have overcome
- Provide evidence of excellent patient care
- Give evidence of any connection with the local community or a charity
- Include relevant supporting evidence, testimonials and photos
- Include a photo of the team member.

Digital Practice

- Explain what digital technology you have invested in and why
- Show how you have successfully integrated it into your dentistry and marketing strategy
- Explain the impact of technology on your efficiency and profitability
- Explain the benefits you are now seeing and how it has improved the patient experience
- Include relevant supporting documentation and photos.

Team of the Year

- Demonstrate a great team approach and focus on patient care
- Discuss how your practice invests in team development and training
- Show how you are different to the competition
- Give evidence on how your team goes above and beyond the regular duty of care
- Include evidence of any work within the local community or a charity
- Include relevant testimonials/photos.

Patient Care

- Demonstrate your great team approach to patient care
- Include marketing literature
- Explain your unique selling point
- Discuss how you provide continuity and consistency of care
- Examples of clinical excellence should be an essential in your submission
- Include supporting evidence: patient satisfaction/testimonials/pictures.

Practice Principal

Open to principal dentists (or the 'lead' dentist in a corporately owned practice) over 35 years of age.

- Demonstrate hard work and drive
- Explain your leadership approach with your team and your patients
- Highlight any postgraduate training/development done in the year
- Provide supporting evidence/pictures
- Provide patient testimonials
- Include a photo of the principal.

Practice of the Year

To enter this category, you must enter at least one other category.

- Examples of clinical excellence should be an essential in your submission
- Demonstrate your use of marketing through literature, social media and your website
- Give evidence of team training and development
- Discuss your team's approach to patient care and how you establish trusting relationships with patients
- Explain how you go beyond the regular call of duty for your patients
- Show any unique features or design excellence that has been put in place to improve the patient experience and explain your objectives behind them
- Include supporting evidence: patient satisfaction/testimonials/pictures.

PRIVATE

DENTISTRY AWARDS 2024

Key details

11 September: entry closes
8 November: ceremony at Grosvenor House Hotel, London

Enter at: dentistry.co.uk/awards/private-dentistry-awards
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Diversify your learning styles

Ahmad Nounu discusses how diverse learning styles are shaping dental education and the changes he is making as a pioneer in education for private dentistry

Continuous professional development is not just a requirement for dentists, it's a cornerstone of excellence. Recent studies and innovations in educational approaches have shed light on the diverse learning styles among dentists and the importance of tailoring educational experiences to meet these varied needs.

THE VARK MODEL

The VARK model, which categorises learning preferences into visual, aural, reading/writing and kinesthetic styles, has provided valuable insights into how dental professionals best absorb and retain information.

- Visual learners benefit from high-quality demonstrations. Detailed diagrams and video tutorials can be particularly effective
- Auditory learners benefit more from lectures, discussions and audio resources
- Reading/writing learners gravitate towards detailed written materials and note-taking exercises
- Kinesthetic learners learn best when shown simulations, presentations and videos or when moving around in a hands-on environment.

Research published in the *Journal of Clinical and Diagnostic Research* highlighted a significant preference for visual and kinesthetic learning styles among medical students. This aligns with the hands-on nature of dentistry, where seeing and doing are crucial components of skill development.

TAILORED EDUCATION

So how does this impact private dentistry? With more high-level private practices and private treatment demand continuing to rise, there



Ahmad Nounu

Ahmad is the visionary behind the Private Dental Mentor course, offering a new pathway into private dentistry.

is a need for more skilled dental professionals. But it's not easy to find new skilled talent and expect them to hit the ground running – a genuine problem that many private practices nationwide are struggling with.

The gap between NHS quality and expectation versus private quality and expectation heightened during COVID-19. So not only do we need to address how to prepare the next generation of dental professionals for private dentistry, we also have to adapt to varying learning styles, cater to their self-development and personal growth goals, while striving to provide the highest standard of care to our patients.

It's for this reason that when developing my own series of educational courses through the Private Dental Mentor (PDM) programme, I ensured it embraced differing learning styles to not only suit the next generation of dental professionals but also prepare them for the future of private dentistry.

NHS TO PRIVATE

Mentorship has been a key factor in my professional growth, and I now pay it forward through the development of three key learning formats to suit the varying needs of our profession. Recognising individuals' diverse learning styles and needs enables us to offer flexible learning options, while also factoring in their current skills levels, available time and training budgets.

1. Short intensive courses: with two-day intensive courses, we can provide a concentrated learning experience, ideal for dentists looking to quickly enhance specific skills. The courses often incorporate visual demonstrations, lectures and hands-on practice. They're ideal before committing to a more in-depth course such as a year-long programme
2. Individual modules: for those seeking to focus on particular areas of

dentistry, individual modules offer targeted learning opportunities. This format allows practitioners to refresh their knowledge or acquire new skills in specific aspects of private practice without committing to a full-length programme

3. Comprehensive long-term programmes: year-long comprehensive programmes, such as PDM's 12-month course, offer an in-depth educational experience covering a wide range of topics essential for success. These often include a blend of learning methods, catering to all learning preferences over an extended period.

PREPARING THE INDUSTRY

Educational programmes that adapt based on participant feedback ensure that the content remains relevant and effectively delivered. This approach not only enhances learning outcomes but also increases engagement and satisfaction among participants.

By catering to visual, aural, reading/writing and kinesthetic learners – and recognising that many professionals benefit from a combination of these approaches – education providers can ensure that dental professionals have access to effective education.

Our goal at PDM is to provide an educational experience into private dentistry that resonates with each participant. This approach not only meets GDC requirements but also enables dental professionals to excel in their careers, ultimately leading to improved patient care and satisfaction in the world of private practice.

To learn more about PDM courses, or if you're an ambitious associate looking to enter the world of private dentistry, visit www.privatedentalmentor.co.uk.

References available on request; email patrick.ward@fmc.co.uk.

Improved temperature-controlled deliveries

DD Group

The DD Group has made several improvements to its courier network of temperature-controlled products and medicine, making sure it is well prepared for the hot summer.

This includes the use of a MHRA-approved, state-of-the-art temperature-controlled courier, as well as integrating order tracking into its customer delivery journey.

The specialist temperature-controlled courier used by the DD Group provides end-to-end compliance in the delivery of temperature-controlled products and medicines. The depots used by this service are refrigerated and MHRA-registered. Each individual courier is healthcare trained and thoroughly DBS checked. They drive refrigerated, sanitised vans to make deliveries. Finally, deliveries must be received by a practice member to ensure proper storage.

These changes are in-line with the DD Group's commitment to sustainability, as refrigerated vans allow for wasteful passive packing to be cut out of the delivery process.

The DD Group has also implemented order tracking through the use of an online delivery management platform. This tracking grants customers vital, up-to-date information regarding the status of their orders and allows them to schedule when to be in practice to receive an important delivery.

www.ddgroupcorporate.com



Miracle shade matching

Trycare

Trycare Ltd is UK distributor 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 that can be characterised using Estelite Color.

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State-of-the-art bone regeneration

Trycare

Tecnoss's Osteobiol GTO is a state-of-the-art second-generation guided bone regeneration material distributed by Trycare.

All Tecnoss Osteobiol products contain a dual-phase resorbable bone matrix incorporating both mineral component and collagen. Unlike ceramised first generation materials, which are never completely replaced by newly formed bone, dual-phase biomaterials do resorb progressively and are replaced by adequate new vital bone.

Handling like a sticky putty, Osteobiol GTO is Tecnoss's state-of-the-art, ready-to-use, pre-hydrated biomaterial that can be easily dispensed into defect sites direct from the syringe. It enables clinicians to skip the hydration phase with saline or blood, saving time and decreasing the risk of accidental exposure to pathogens.

Osteobiol GTO contains Tecnoss's innovative Osteobiol TSV Gel, which ensures optimal stickiness of the material, allowing easy adaptability to the recipient site and extreme stability.

Conceived as a universal biomaterial, easily adaptable to any bone defect, it has proven clinically valid for horizontal augmentation of two-wall defects and socket preservation with compromised buccal plates.

It can also be used to treat peri-implant lesions and severe bony defects, also in combination with Osteobiol Soft Cortical Lamina.

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www.trycare.co.uk/osteobiol



Heroes of dental technology Zirkonzahn

'Die Zirkonzahn Schule' (the Zirkonzahn School) is a training programme that combines dental technical teaching with a school of life and culture. It aims at supporting both young and expert dental technicians in their personal and professional growth by means of a diligent and complete education that focuses both on craftsmanship techniques and on digital technology.



Zirkonzahn®
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All Zirkonzahn Schools take place in the company's homeland, South Tyrol, led by expert dental technicians trained in-house. They last from five days to several months. Enriched with thrilling adventures, the Ranger School and the Military School are specifically conceived for young dental technicians willing to prepare for their future in a dental lab or as laboratory owners. The Safari School, the Forest School, the Mountain Monastery and the Haldencampus are instead addressed to expert dental technicians.

Alongside the school training, courses for every taste are regularly organised at the company's different education centres worldwide and at Zirkonzahn's Italian premises. In the Klink Demedici – the latest education centre built in the Aurina Valley – dentists and dental technicians can learn Zirkonzahn's digital workflow by treating real patient cases.

Additionally, company experts cover a wide range of topics for dental professionals of any experience through live webinars.

www.zirkonzahn.education.com

Continuous 12-hour fluoride protection!

Trycare

Conventional 1450ppm and above fluoride toothpastes only deliver fluoride for a maximum of 90 minutes, whatever their fluoride content and provided the patient does not rinse.



Despite its lower 530ppm fluoride content, Biomin F remains active for up to 12 hours, continuously releasing fluoride to strengthen teeth and protect against decay, even if the patient's toothbrushing is erratic and inefficient.

Available from Trycare, Biomin F contains tiny bioglass particles made up of fluoro calcium phosphosilicate bioactive glass that bonds to teeth and enters the dentinal tubules, where they gradually dissolve for up to 12 hours, slowly releasing calcium, fluoride and phosphate ions. These combine with saliva to form fluorapatite, which strengthens teeth, aids effective remineralisation of enamel and provides effective treatment for hypersensitivity.

Patients also report that teeth feel smoother and cleaner, there is a noticeable absence of background oral sensitivity and that gums are healthier and less prone to bleeding.

A genuine practice builder, Biomin F enables patients to enhance their smile and improve their oral health and comfort. The toothpaste is also approved by the Oral Health Foundation for sensitivity relief and remineralisation.

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www.trycare.co.uk/biomin

BSSPD poster award winner Schottlander

This year there were 27 posters on a wide range of topics entered at the BSSPD conference. This presented the judges with a challenging task. The eventual winner was Dr Tong Wah Lim from the University of Hong Kong for his poster entitled, 'Effect of ultrasonic cleaner combined with denture cleanser on removable denture microbiome in community-dwelling elderly: a randomised controlled clinical trial'.



The trial demonstrated that the denture biofilm samples after ultrasonic cleaning with chemical cleanser intervention harboured ecologically less complex and less anaerobic biofilms while reducing pathogenic microbiome. This was through the combination of antimicrobial therapy and ultrasonic cleaning, which affected both the microbial community composition and the abundance of opportunistic pathogens, resulting in a less pathogenic removable denture biofilm.

www.schottlander.com

Network with likeminded clinicians Association of Dental Implantology

Professional community is an essential aspect of dentistry, especially when working in the cutting-edge field of implant dentistry. The Association of Dental Implantology (ADI) understands this. That's why it offers its members a number of regular opportunities to network with like-minded clinicians – all of whom aim to elevate the standards of implant dentistry they provide.



Members of the ADI enjoy free attendance at the biennial Members' National Forum, discounted rates for ADI Team Congress, masterclasses, and Focus Meetings. Each of these offer clinicians the opportunity to network in an uplifting and inspiring environment. Further to this, members gain access to the ADI members-only Facebook group, as well as the ADI Find a Colleague membership directory.

www.adi.org.uk



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IN THE HOT SEAT

This month we meet **Smita Mehra**, principal dentist at The Neem Tree Dental Practices

Q When and where was your last meal out?

A My last meal out was at the weekend. We recently celebrated the 20th anniversary of opening our Wandsworth clinic, and to celebrate the team all flew out to Palma in Mallorca. The meal on our final evening was at an authentic Spanish tapas restaurant.

Q Who would play you in the movie of your life?

A I think if there were ever a movie made of my life, I'd want the chance to be able to play myself. Who else would be able to get into character better?

Q What's the best advice you've received?

A My late father gave me some of the best advice I've always lived by. He said: 'Always be there for

others during their times of pain.' It's all well and good having people in your life who are happy to celebrate the good and exciting life events with you, but it's those who are there with you during your darkest periods that you can count as true friends.

Q What's your guilty pleasure?

A Watching *Eastenders*. I've been a fan since it first started airing!

Q What was the last gift you gave/received?

A A tub of body cream for a friend of mine.

Q Describe your perfect holiday...

A I am an avid traveller and love adventure, so my dream holiday would involve absolutely no technology, mobile phones or luxury comforts, somewhere that would allow

me to camp and trek in the exotic wilderness. I'd love to backpack across South America at some point.

Q What's your all-time favourite book/movie?

A *The Kite Runner*, which incidentally is both a book and a movie!

Q What song is guaranteed to make you want to dance?

A Hips Don't Lie by Shakira – a fantastic song. I challenge anyone not to want to get up and dance when it starts playing.

Q What keeps you up at night?

A At the moment, it's been the heat and the warm muggy evenings that we've been experiencing here in London.

Q How do you unwind?

A Apart from watching *Eastenders*? I go to the gym to unwind.

Q If you won the lottery, what would you do with the money?

A In a word, travel. I'd pack two suitcases – one for colder climates and the other for hot – and arrive at the airport to see which available flights that day seemed most appealing. I'd want to see the world and experience everything different countries have to offer.

Q What was the last photo you took on your phone?

A I've been unwell this week, so this photo of my toast was the only thing I managed to eat once I got my appetite back. I had to document it, of course!



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