

August 2024

Dentistry



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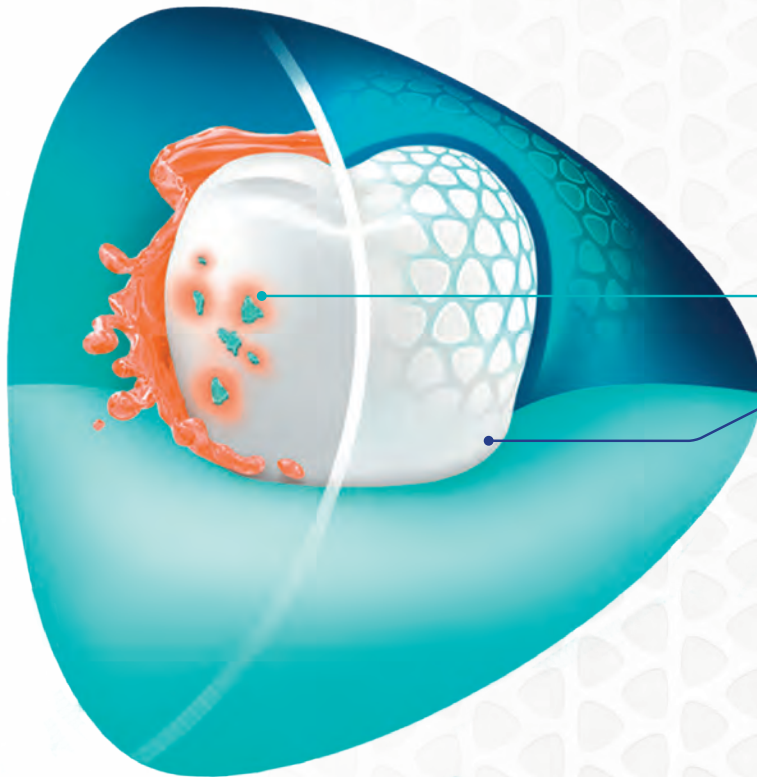
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1. Creeth JE et al. BMC Oral Health. 2020; 20:118.

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Dentistry

'UNFIT FOR PURPOSE': CQC UNDER FIRE

The Care Quality Commission (CQC) has found itself at the centre of controversy following a damning report into its workings.

Its interim chief executive, Kate Terroni, issued an apology last month, shortly before the publication of an interim review that found 'significant failings' in the way the regulator operates.

Health secretary Wes Streeting has branded the CQC 'not fit for purpose' following the review, and pledged to 'grip the crisis' by taking immediate action. The review, led by Dr Penny Dash, chair of the North West London Integrated Care Board, found inspection levels still well below pre-COVID, a lack of clinical expertise among inspectors, a lack of consistency in assessments and problems with the CQC's IT system.

As a result, it said, the regulator is currently unable to consistently and effectively judge the quality of health and care services – including those in need of urgent improvement.

Improve and rebuild

While the full findings of the review will not be available until the autumn, the interim report nevertheless identifies several proposals for tackling the problems:

- Rapidly improve operational performance
- Fix the provider portal and regulatory platform
- Rebuild expertise within the organisation and relationships with providers in order to resurrect credibility
- Review the single assessment framework (SAF) to make it fit for purpose
- Clarify how ratings are calculated and make the results more transparent, particularly where multi-year inspections and ratings have been used.

Dr Dash said: 'The health and care sector accounts for around 12% of the economy and 20% of public expenditure and is one of the most significant drivers of health, public satisfaction and economic growth. It needs – and deserves – a high-performing regulator.'

Mr Streeting said: 'When I joined the department, it was already clear that the NHS was broken and the social care system in crisis.'

'But I have been stunned by the extent of the failings of the institution that is supposed to identify and act on failings. It's clear to me CQC is not fit for purpose.'

Mr Streeting has announced a series of immediate measures to tackle the problems.

These include improving transparency in how the CQC determines its ratings, and increased government oversight of the regulator.

Dr Dash has been asked to review the effectiveness of all patient safety organisations, while Professor Sir Mike Richards – the CQC's first chief inspector in 2013 – has been appointed to review CQC assessment frameworks.

'We've lost your trust'

CQC's interim chief executive Kate Terroni put out an apology in the days before release of the report, saying the regulator 'got things wrong' in the implementation of its new regulatory approach.

She described recent changes as 'not what we promised', making things 'more difficult than they should be'.

Ms Terroni said that many of the current problems had been predicted or flagged by both providers and CQC staff. She said: 'We didn't listen properly or take on board these concerns, and that's why we're where we are now.'

She added: 'I know that, for some of you, we've lost your trust because of this. I'm sorry.'

According to the *Health Service Journal*, Ms Terroni also produced a problem statement which says: 'The way we work is not working.'

The statement continues: 'We are not consistently keeping people who use services safe. Our people are not able to effectively identify and manage risk and encourage improvement and innovation. Our organisational structure, flow of decision making, roles, internal and external relationships do not promote a productive and credible way of working.'

In this issue...

**Young Dentist
summer edition**

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Smoking ban given royal go-ahead

The smoking ban proposed by former prime minister Rishi Sunak will go ahead under the new Labour government.

The news was announced in King Charles' first King's Speech following the election of the new Labour administration under Kier Starmer.

The tobacco and vapes bill was first proposed by Mr Sunak in 2023. It plans to raise the legal smoking age by one year annually, effectively banning smoking for anyone born in 2009 or

later. It would also include measures to limit marketing of vapes to children.

While MPs voted in favour of proposal by 383 votes to 67 in April 2024, the bill was dropped in the run up to the general election in July.

The bill was supported by Labour, even as it sat in opposition at the time.

Health secretary Wes Streeting – formerly the shadow health secretary – said of the proposals: 'Let us act today so that the next generation of

young people can live healthier, happier and longer lives than the generations before them.'

King Charles' speech laid out approximately 40 bills to be prioritised in the coming months. Among these was a revival of the tobacco and vapes bill – meaning it will now go ahead.

Other legislation confirmed by the speech include legislation to restrict the advertisement of junk food and sales of high-caffeine energy drinks to children.

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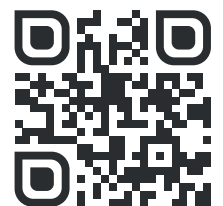
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Dentistry magazine's unparalleled coverage of current affairs, new developments and the latest thinking keeps the dental sector on top of the issues that matter. For further information and to get in touch, email guy.hiscott@fmc.co.uk.

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The hardest word



Guy Hiscott
Editor's view

I've genuinely lost track of how many times I've heard the saying that 'an apology is not an admission of guilt' when it comes to dental professionals' conduct.

Conversely, I can count on one finger the number of times I've ever heard a dental regulator live by that advice.

Even that is one more than I expected, so to say I was taken aback by the statement from the Care Quality Commission's (CQC) Kate Terroni is an understatement. Without exaggeration, it's entirely unprecedented.

Plenty has been written about the CQC's failings, and not without justification, but even as we all pile on to today's most beleaguered regulator, I want to take a moment to recognise how unusual, and even brave, her admission was.

It's far from the first time that such an apology has been warranted: I remember only too well the ill-considered advert run in *The Telegraph* by the General Dental Council 10 years ago, encouraging patients to use the Dental Complaints Service.

I saw it then – and still do – as a shocking error of judgement that laid bare how out of touch the dental regulator was at the time. It was a low point, albeit one that indirectly paved the way for bringing in people like Matthew Hill – executive director of strategy at the GDC between 2015 and 2019 – to start trying to turn the ship around.

I liked Matthew: I always had the sense that

he was genuinely committed to reforming the regulator. And he did that work well – by the time he left the GDC he'd taken it to meeting 23 of the 24 standards required by the Professional Services Authority (the PSA – the GDC's own regulator). By way of context, it was only meeting 15 when he joined.

But for all Matthew's strengths, there was one line he wouldn't cross. When I pressed him to apologise for that advert, he steadfastly refused. He was vehement about it – totally out of character with the person that I otherwise thought I knew.

I do not know Ms Terroni. But I have enormous respect for her apology. For all that we might feel it was necessary, I've learned from experience not to expect that viewpoint to be shared.

In one move she has made me hope for a future in which there is a stronger sense of proportionality in dental regulation.

This paternalistic approach – this sense from regulators that they are somehow infallible even as all evidence points so clearly to the contrary – must come to an end.

The professions they oversee are expected to acknowledge their mistakes, take the hard lessons from them and go on to do better. How can it possibly be acceptable for the regulators themselves to do otherwise?

There will be much focus on the CQC and the work ahead of it in the coming months, and rightly so – criticism of its failings and unflinchingly high expectations of what comes next are all fair game.

Whether the CQC can earn the divine forgiveness it needs remains to be seen, but acknowledgement of its very human failings is a good first step from where I'm sitting.

Asda partnership 'vital' to mouth cancer awareness

The NHS has partnered with Asda to put mouth cancer symptoms on toothpaste and mouthwash in a bid to raise awareness.

The pair are teaming up to provide advice on millions of toothpaste tubes and mouthwash bottles, with calls for the public to contact their GP or dentist if they notice any possible symptoms of mouth cancer.

The guidance will also include a link to more detailed information about mouth and throat cancer on the NHS website.

Asda's own brand of oral hygiene products will feature the advice in more than 500 Asda stores across the UK.

Mouth cancer detection

Professor Peter Johnson is national clinical director for cancer at NHS England. He said: 'Early detection of mouth cancer can help save lives.'

'This fantastic new partnership with Asda will be vital in raising awareness of the signs and in supporting the NHS's ambition to diagnose more cancers at an earlier stage.'

'By placing health messaging on products like toothpaste tubes and mouthwash bottles that people use every day, we're encouraging people to be vigilant about potential symptoms of mouth cancer and to get checked early.'

Sam Dickson, Asda vice president for commercial strategy, operations and own brand, said: 'We're proud to launch this collaboration with the NHS... Asda sells over two million of these everyday items each year, so making this small change to our packaging means we can make a big difference in encouraging shoppers to be more aware and to highlight what they should do if they find any new or unexplained changes.'

Brave new world?

Kevin Lewis suggests that the future is not made any brighter by ignoring lessons from history

Kevin Lewis | Consultant editor



“ It is 92 years since Aldous Huxley described a future world that suffered the consequences of having become too dependent upon science and technology (and also too trusting and blind to its risks), and which devalued humanity, individuality, emotions and interpersonal relationships. Like most dystopian novels, *Brave New World* (*BNW*) was challenging, uncomfortable and controversial – precisely as Huxley had intended, of course.

Questioning the inherent worth and claimed infallibility of science and technology should have some resonance for us in current times.

The new may be exciting and enticing but history tells us that initially the benefits are always more apparent than downside risks and unintended consequences. AI and fake news, failures in complex IT systems (even ‘robust’ ones like Horizon!), hacking, trolling and the latest scamming, online fraud, and identity theft epidemic illustrate this.

But having just survived a feisty and finger-pointing general election campaign, we should also know all about the ‘illusory truth effect’ – a term first coined in the pre-internet 1970s – whereby if you utter a mistruth, and say it convincingly enough and often enough for long enough, people are increasingly likely to believe it to be true. Politicians are well aware of that and have taken full advantage of new media channels to turn the ploy into an artform.

As for the rest of the population, ‘I read it in the newspaper, so it must be true’ has given way to ‘I read it online, so it must be true’ and now, more worryingly, to ‘it’s all over social media,

The GDC’s approach remains supine and hands-off in comparison to much of the developed world, from which we can learn important lessons

so it must be true’. But for many, ‘I don’t know what’s true and what’s not these days’ is their exasperated riposte.

Add a drizzle of confirmation bias into that toxic mix and we have a recipe for misinformation, disinformation and a dystopian vision of the future direction and values of our profession, as well as wider society. One side of the truth is what you want to hear, and the other is what you can get away with.

‘One believes things because one has been conditioned to believe them’ were words placed by Huxley into the mouth of one of the characters he created in *BNW*.

The character wasn’t a dentist, but might just as well have been. In *BNW*, humans were created in laboratories, and modified into one of five classes, led by the alphas (the smartest and most admired) and with the poor unsung epsilons doing all the hard, unfashionable and unrewarded graft at the bottom of the heap.

In between were the betas, gammas and deltas, and one of the thought-provoking insights from *BNW* was the mindset of these three ‘in between’ groups and how they viewed themselves, each other and not least the alphas and epsilons above and below them.

Elite?

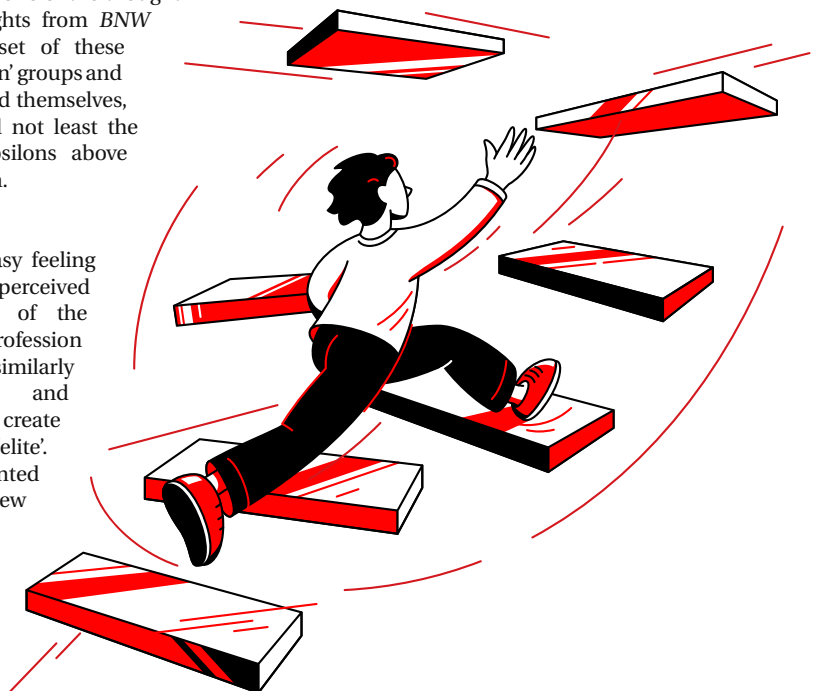
I have an uneasy feeling that the perceived pecking order of the UK dental profession is being similarly redefined and manipulated to create a new, artificial ‘elite’. Its self-appointed members view with a mixture of indifference and disdain the efforts of those poor misguided

epsilons who still strive valiantly against the odds to maintain their patients’ oral health, keep them pain free and offer them a rounded service, even on the NHS and often to their own disadvantage. In short, they care.

Meanwhile the new alphas cherry-pick the sexiest and most lucrative versions of dentistry, know how best to access potential punters for those services and yet still want to claim all the benefits of their privileged status as professional people.

It seems not to occur to them that in reality they have abandoned that status in order to become part of the extended makeup department for wannabe *Love Island* contestants, influencers and Instagrammers.

Maintaining public confidence in the profession falls squarely within the remit of each country’s regulator, but under pressure from the influential consumerist lobby here in the UK, the GDC’s approach remains supine and hands-off in



“Members of a profession must have a collective responsibility to each other or we descend into a self-serving and grubby free-for-all, which will ultimately benefit nobody

comparison to much of the developed world, from which we can learn important lessons.

For example in Hong Kong, the equivalent regulator to the GDC advises registrants that ‘promotion of dentists’ services as if the provision of dental care were no more than a commercial activity is likely both to undermine public trust in the dental profession and, over time, to diminish the standard of dental care’.

To underline and enforce that unambiguous stance, there is an absolute prohibition of any advertising or practice promotion that is designed to attract or solicit for patients, and/or designed to be persuasive in influencing the thinking or decisions of patients or potential patients. Similar prohibitions on touting for patients apply in Malaysia.

In Singapore, dentists are forbidden from seeking reflected status from any ‘celebrities’ they might have treated, while here again, strict prohibitions apply in terms of any activity designed to attract patients.

Dentists are specifically reminded that they are part of a healthcare profession, not of the beauty industry. Makes you think, doesn’t it?

Consumerism

In many countries, however, the consumer lobby is blind to any such distinction.

What the consumer wants, the consumer gets and dentistry is reduced to a mere commodity. If any profession ends up looking and behaving like a bunch of dodgy secondhand car dealers, that is supposedly a price worth paying for having an open market.

I’m not so sure about that. Members of a profession must have a collective responsibility to each other or we descend into a self-serving and grubby free-for-all, which will ultimately benefit nobody.

Pretty much anything goes here in the UK and our reputation as professional people goes with it

The challenge is that developments in society (and in technology) will always tend to move much faster than the regulatory legislation can keep pace with. Yet the regulators in countries like Canada, New Zealand and Australia as well as Hong Kong, Malaysia and Singapore are fighting an admirable rearguard action.

Similarly in Trinidad and Tobago, the council has been wrestling with these issues for several years now – with the support of the overwhelming majority of the profession (more than 90% in one survey) who supported stronger controls over professional advertising and more proactive enforcement of the standards to deter those who think the rules apply to everyone else – but not to them. And yet exactly a year ago in Brazil, the Tribunal of the Administrative Council for Economic Defence (CADE) convicted and fined the Brazilian Dental Council (CFO) for prohibiting the use by dentists of group discount schemes and taking disciplinary action against offenders who violated the code of ethics agreed and published by the council.

This extraordinary censure was applied on the grounds that the council’s restriction made in the interests of professionalism was considered not to be in the interests of consumers, was anti-competitive and in breach of antitrust legislation.

Breathless

We are witnessing a pincer movement between the consumerist belief that paying less for something must always be a good thing, while people paying sky-high prices for procedures of doubtful benefit or which actually harm them is also a good thing if that’s what they want.

I almost stopped breathing when reading two recent articles in the dental press (read on, I hear you say).

One of them – written by a dentist – argued that recruiting patients off the back of past successes posted on social media paid a double dividend, not just in the pocket but also in reducing time wasted on the consent process as the patients arrive already knowing what they want.

The other article was from a marketing ‘expert’ who set out a pathway to ensure that patients

What the consumer wants, the consumer gets and dentistry is reduced to a mere commodity

consistently ‘go ahead’ with ‘recommended’ treatment, based on past case studies showcased online and on social media and testimonials from satisfied patients, both of which could be enhanced by the use of AI and the skills of a digital marketing agency.

Not a single word in the article mentioned the consent process or the need for treatment to be beneficial (and not harmful) to the patient.

Patient testimonials and images of past cases are strictly prohibited by many dental regulators around the world, precisely because it is impossible to know if they are real, borrowed or fabricated. In Australia, the regulator even defines the term ‘purported testimonial’ in case over-eager dentists couldn’t work it out for themselves. In contrast, pretty much anything goes here in the UK and our reputation as professional people goes with it – down the plughole right under the nose of the GDC.

If this is really the brave new world of UK dentistry, I am starting to appreciate the benefits of the old order (which I baulked against at the time, as much as anyone else).

Back in the day when the media consisted of print and only print, in its various forms, the (then) GDC made rules about the size of lettering and prohibited the use of bold type or ‘display’ advertising. The rules were slightly relaxed from 1989 onwards, but the internet changed everything in the years that followed and the GDC has struggled to keep up ever since. I will leave the final words in the hands of Aldous Huxley and another quote from *BNW*: ‘What I’m going to tell you now,’ he said, ‘may sound incredible. But then, when you’re not accustomed to history, most facts about the past do seem incredible.’ **D**



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The tool, developed in partnership with Go Practice Green, will close next month (September).

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

From carbon offsetting to improving biodiversity and effectively reducing waste, the audit covers the core principles of sustainability in dental practice.

Dentistry's research shows three quarters of UK dental practices

believe demonstrating their sustainability credentials to patients is valuable – and that 90% want to become more sustainable in their working lives.

But there is a knowledge gap, with 80% saying they would like to understand sustainability better.

By partnering with Go Practice Green, Dentistry wants to make the challenge of becoming more sustainable easier to understand and action – take the free Dentistry Sustainability Audit today!

Find the audit at dentistry-sustainability.scoreapp.com/.



Amalgam ban exemption for Northern Ireland dentists

The European Commission has approved an exemption for Northern Ireland from the EU's new amalgam regulation.

The Department of Health (DoH) confirmed it has secured a derogation from the EU's new mercury regulations. The ban on the use of mercury fillings in dentistry kicks in from 1 January 2025.

The British Dental Association (BDA) Northern Ireland has expressed its relief, arguing that it would have 'broken' NHS dentistry in the country.

In survey evidence presented to Stormont's Windsor Framework Democratic Scrutiny Committee earlier this year, the professional body warned that 92% of dentists in Northern Ireland were on track to reduce the amount of NHS activity at their practice in the event of a ban.

In addition, 92% said it would increase costs for NHS activity at their practice, with 91% reporting this would impact on higher needs patients seen at their practice. A further 88% said it would lead their practice to reduce or end its NHS commitment.

A 'glimmer of hope'

Ciara Gallagher, chair of the BDA's Northern Ireland dental practice committee, said: 'A ban on dental amalgam in 2025 could have spelled the end for NHS dentistry in Northern Ireland.'

'We sounded the alarm and fought tooth and nail for a workable solution. This delay is a glimmer of hope for a service that's on its knees and could not have shouldered any further financial pressure.'

'We have some breathing space, but Stormont and Westminster cannot take their feet off the pedal to effect a seamless transition to amalgam-free dentistry.'

'Any progress will require reform, investment, and concerted action on deep oral health inequalities.'

'When the plug is finally pulled on amalgam, Northern Ireland will need to have a healthier population and a more sustainable service. Otherwise, this 10-year derogation is a mere stay of execution for NHS dentistry.'

NEWS IN BRIEF

Half of adults regularly skip brushing

More than half (54%) of UK adults admit to skipping toothbrushing at least once per week, according to new research.



Dental patients told to wait until 2025

Patients in the town of Rutland will have to wait until 2025 for any NHS dental availability, claims Healthwatch.



Tooth loss escalates heart disease risk

People who have lost multiple teeth are two thirds more likely to die from heart disease, a new study claims.



Nothing sweet about UK sugar habits

More than eight in 10 people (84%) in the UK eat at least one sugary snack per day – with 79% saying they eat up to three, the OHF has revealed.



Rise of the robot (dentists)

An AI-driven robotics system, dubbed a 'robot dentist', has completed its first fully-automated dental procedure on a human.



SCAN
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TO READ ON!

Taking the sting out of recruitment: Dentistry Jobs relaunches

FMC has announced a new partnership with the UK's leading dental recruitment platform, Dental Talent, that will help practices tackle the recruitment crisis head-on.

The joint venture will revamp Dentistry.co.uk's job postings, launching a revitalised Dentistry Jobs to the service of UK practices – powered by the expertise of Dental Talent. The new platform will combine *Dentistry's* audience and media reach with Dental Talent's digital recruitment expertise.

The new platform makes recruitment as simple as possible, allowing employers to post a vacancy until the role is filled for a single, one-off fee.

As the UK dental market continues to grow, recruitment is one of the biggest issues facing the profession. Market research showed a gap in the market for a straightforward, 'no-fuss' solution that can connect skilled dental professionals with dental practices and groups that are looking to hire the best staff for their teams.

Dentistry Jobs powered by Dental Talent has been designed to fill that gap.

A solution practices can trust

With recruitment impacting the ability of 44% of practices to provide effective patient care, FMC's chief commercial officer Tim Molony said that there was 'no question' about the urgent need for an effective, trusted jobs platform.

'It's no secret that recruitment is a UK-wide challenge,' he said.

'But the pressures on dental practices to deliver effective treatment make finding the right people even more crucial. Recruitment is hard enough as it is – practices need a solution that they can trust, and which doesn't add to the stress. Through this partnership with Dental Talent, that's exactly what Dentistry Jobs can provide.'

'Unrivalled service'

Dental Talent's Paul Samuel explained: 'Dentistry is a thriving industry. We will allow dental employers to better access the talent pool across the sector.'

'The service offered to employers is unrivalled – one submission, for a one-off fixed cost will post your advert across hundreds of job boards including Google for Jobs, Indeed and LinkedIn. Your recruitment advertising campaign will run continuously until you make a successful hire. This is a service that many other job platforms continuously charge for with no guarantee of success. We are actively marketing the platform and have invested heavily in technology to attract the highest calibre of candidate applications.'



Easier and quicker

Dentistry Jobs powered by Dental Talent will enable hiring managers to source specialists, associates, hygienists, nurses, practice managers, treatment coordinators and receptionists at a lower cost than if they had gone through a recruitment agency. Candidates are able to apply and communicate directly with the hiring practice making the process easier and quicker for everybody involved. The platform will also feature interviews and advice with people from the industry detailing why they love working in dentistry and offering expert advice for people wanting to recruit or build their careers.

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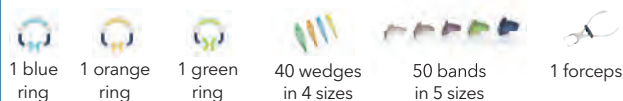
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ADUK824

NHS investigation to show 'hard truths'

Health secretary Wes Streeting has announced that an independent investigation will be taking place into the performance of the NHS.

The report, led by NHS expert Lord Darzi, will 'tell the hard truths' about the current state of the health service.

Using the findings of the investigation, the government will draw up the required plans to rebuild the NHS.

Streeting also acknowledged that fixing the health service will take time and needs 'fundamental reform'.

Writing in *The Sun*, Streeting said: 'Unlike the last government, we are not looking for excuses. I am certainly not going to blame NHS staff, who bust a gut for their patients.'

'This government is going to be honest about the challenges facing us, and serious about solving them. We can turn the NHS around.'

'But before we write the prescription, we need to diagnose the problem.'

NHS dental contract reform

Since Labour's landslide victory in the July general election, Mr Streeting has also met with the British Dental Association (BDA) to begin negotiations on the NHS dental contract. They also discussed Labour's manifesto pledge to create an additional 700,000 emergency dental appointments each year.

The BDA said this initial discussion 'opened the door to reform of the discredited contract NHS dentists in England work to'.



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'Declare dental emergency', government urged

'Successive governments and NHS dentistry leaders have collectively failed the public,' an open letter to Wes Streeting on NHS dentistry has said. Signed by Mark Jones, founder of dental campaign group Toothless in England, the letter lays out the group's expectations for the new government regarding NHS dentistry. It congratulates health secretary Wes Streeting on forming the new government, but calls for him to declare a 'dental emergency'.

In agony

It says: 'The deplorable state of NHS dentistry and what it has meant for patients left in agony has come to dominate political and public discourse.' The letter emphasises that the public will expect 'new energy and political will' to address growing oral health inequalities. It expresses enthusiastic support for Labour's dentistry rescue plan, which promises 700,000 urgent appointments and a supervised toothbrushing scheme. However it also suggests these measures 'do not go far enough or quickly enough'. Mr Jones names several key oral health issues within the letter, including:

- Access to basic NHS oral care and restorative dentistry
- Untreated dental pain, sepsis and mouth cancer
- Childhood hospital admissions for tooth extractions
- Availability of free dental care during pregnancy.

He also highlights the negative health and wellbeing impact of these problems, as well as the economic impact of lost productivity.

What is a state of dental emergency?

According to the letter, declaring a dental emergency would instruct all dental practices to provide access to emergency treatment.

They would also have to provide a priority pathway for referrals from hospital departments such as cardiology and oncology. This would limit delays in situations where hospital consultants require patients to have a dental check-up before treatment.

Under a dental emergency, integrated care boards would also have to procure mobile dental clinics to target vulnerable patients and underserved communities.

Toothless in England said that Wes Streeting had agreed to a follow-up meeting with the group. It described itself as a 'willing and active partner', suggesting that continued dialogue with the government was key for progress on NHS dentistry.

Founded three years ago, Toothless in England is a grassroots campaign run by members of the public.

The organisation describes itself as 'independent minded and a pioneer in promoting practical and implementable solutions to fulfil the public's oral health demands in the 21st century'.

The letter concludes with a warning against losing focus on the oral health issues described.

It says: 'Parliament is about to go on a summer break, with no debates, votes or committee sessions scheduled. Will you now offer patients who are in unnecessary pain and despair a break?'

Nearly one in four could not access NHS dentistry in last two years

A new survey has found that nearly one in four (24%) people tried and failed to get an NHS dental appointment in the last two years. In addition, when asked why they were unable to get one, most (42%) said their practice was not taking new NHS patients. A third (36%) also said there were no appointments available. Out of those who had not tried to access an NHS dental appointment, most (27%) said they prefer to go to a private dentist. In addition, a quarter (25%) said they thought they would not be able to get one.

Conducted by Broadstone, the NHS England GP Patient Survey 2024 asked the public about its experience using or accessing GP pharmacy and dental services. Overall, it found that 69% had a 'good' experience of NHS dentistry over the past two years.

Dental access crisis

Brett Hill is head of health and protection at Broadstone. He said: 'As a new Labour administration takes power, these figures are yet another illustration of the crisis in public access to crucial primary care services like dentistry.'

'Oral health is a key pillar of general health with dental problems posing a risk to wider health, from loss of sleep and heightened physical and mental stress to increasing the likelihood of more severe conditions like cardiovascular disease.'

'Not only can this create severe pain and anxiety on a daily basis, but it can also threaten people's ability to work productively, particularly if issues are left undiagnosed and untreated. Given the alarming proportion of people who are trying to receive dental care and failing, it's no wonder that we are seeing individuals increasingly opt for private dental services.'

'With "dental deserts" becoming more common and a surge in demand for private dental care, employers are increasingly incorporating dental benefits within their healthcare benefits strategy. Of those businesses that are yet to do so, over a third (34%) are either considering or definitely introducing dental insurance over the next three years according to our latest Employee Benefits Survey, demonstrating that demand is only likely to grow.'

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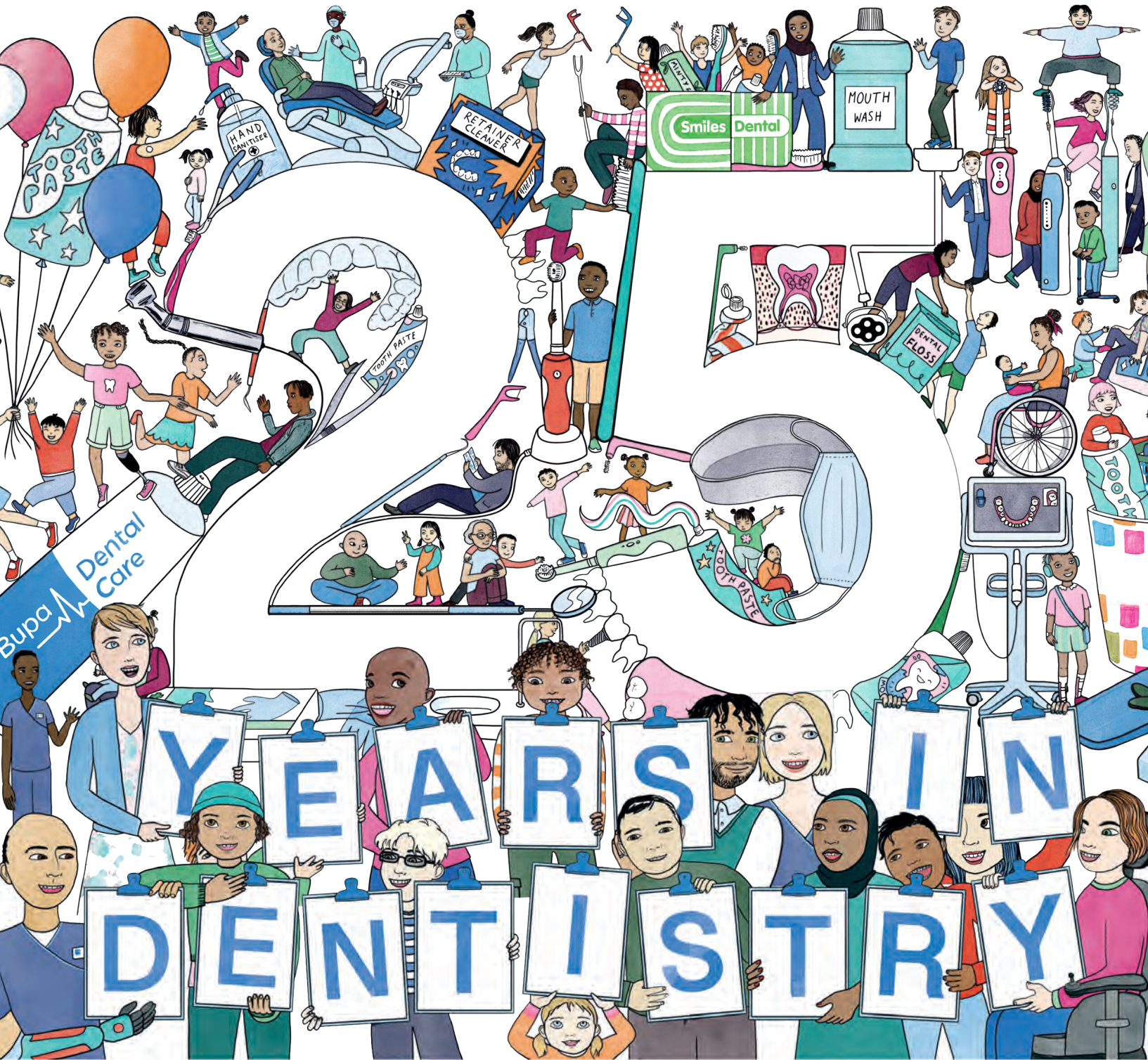
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An axe to grind

Catherine Rutland stresses the importance of spreading understanding through conversations and questions



CoreStrengths

Catherine Rutland
Clinical director at Denplan

Time together as a team in more relaxed settings is a regular part of many of our working lives. It allows people to relax and hopefully learn a little bit more about their colleagues, which in turn can lead to easier interactions in our everyday.

Ahead of a recent team event, we were informed there would

be virtual axe throwing. Initially, in my head, that meant there would be no actual axe and therefore safety would be of no issue.

But as the time got closer, and more details emerged, including a waiver and the instructions to wear closed shoes and tie-up long hair, my concept of virtual axe throwing became challenged.

There are so many new words, both in dentistry and beyond, that I have begun to realise may have different meanings to each of us. Virtual, artificial intelligence, chatbot and digital dentistry are but a few.

If any of these things are to be part of our lives we need to understand them, have consistent meanings for each in different contexts and, most importantly, make sure that the wider patient group and public also understand what they are.

Ask the question

We all know that the unknown, or areas where we lack understanding, can make us fearful. For our teams and ourselves, it would be a shame to miss out, through lack of knowledge, on something that could make our lives easier. I often find I must challenge myself to ask the questions, hoping the answers will dispel my unfounded concerns.

If we understand and trust these new ways of working, overall, so will our patients and the people we serve.

If it then makes some parts of their journey with us easier, what's not to like? Another thing I'm understanding is that you cannot predict who will be comfortable, and we shouldn't assume a certain demographic will like or not like new ways of working.

So, when the time came, we were throwing real axes at a real piece of wood.

The target we aimed at may have been virtual on the wood, but my initial understanding had been quite wrong, and I was very pleased we asked the questions to enjoy the experience together as a team.

The circle of trust

Iain Stevenson explains how young dentists can thrive in their new career



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

This is the time of year when lots of young dental graduates are ready to leave university life behind and embark on what promises to be one of the most exciting, varied and challenging professions in the world.

Some will move through the hospital dentist channels; however, the majority will head off to the world of the dental practice to begin their exciting

career. Whichever the path, these young people have worked extremely hard and have earned the opportunity to take full advantage of this incredibly rewarding career.

The career options are extensive and varied when you consider the potential to specialise, own a practice, own several practices, be a lifelong associate, work for the NHS and/or private patients etc.

Proceed with caution

Despite all of this excitement, there has to be a word of caution – do not ignore your financial planning responsibilities.

It is easy to throw yourself at this wonderful career and forget to think about the basics. You are now earning money and many indeed will be self-employed within 12 months. There are some key considerations that will set strong foundations for your future:

1. What happens if I am off sick?
2. How can I prepare for buying my first home?
3. What does a sensible savings structure look like, which can provide tax efficiency and the flexibility to adapt and adjust to my life?
4. How does the NHS pension scheme work and what do I need to know at this stage?
5. Would anyone suffer financially if I were unable to work long-term?

In addition, register with a specialist dental accountant and seek out a dental specialist financial adviser who can provide guidance on things like tax and appropriate work contracts.

Surround yourself with a 'circle of trust'. People who know and understand dentistry and who you can call on to help guide you through the early years and ensure you do not miss anything and have set yourself up to do everything you want to do in the future.

Give yourself the best possible start in this exciting new world by ensuring you are well prepared and well informed to make decisions. Don't put yourself in the position of 'if only I had known' and regret not taking the time to consider opportunities and risks.

Solving the workforce problem

Nigel Jones considers some less widely discussed issues affecting dental recruitment



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

As our new government gets to grips with NHS dentistry, I sincerely hope it is giving appropriate thought to the workforce issue. I believe that single issue, more than any other, is driving change in the UK dental landscape.

It seems irrefutable now that we have fewer dentists working in the NHS, and more of those who do are working part-time clinically.

There is little to tempt them back to devoting more surgery time to NHS rather than private work, despite the aspirations of the previous government's long-term workforce plan.

Just keeping pace with that erosion seems daunting, especially given the timescales for additional training places for dentists, dental therapists and dental hygienists.

Add to that the quality assurance, supervisory and mentoring considerations surrounding the apparent silver bullet of overseas dentists that seem destined to slow the impact of that particular solution.

Declining productivity

In amongst that maelstrom of headcount numbers, FTE stats and skill mix debates, I can't help wonder how much time is being devoted to what's happening to productivity.

When I started working with the profession in 1990, stories abounded of daily patient throughput that would seem absurd now. However, that was when the practical experience of new graduates seemed far greater than that of current ones.

It was also before the advent of defensive dentistry and the accompanying pressure to write copious time-consuming notes.

Not that the latter is necessarily a problem. Patient safety must come first and appropriate note taking is vital to demonstrate that.

However, I think a legitimate question to consider amid the workforce debate is how the fear of the GDC and complaints might have impacted on access.

Fewer NHS dentists working fewer clinical hours and seeing fewer patients during those clinical hours do not make for comfortable maths.

However, until it's tackled, the scarcity of clinicians will drive up their value, making it harder and harder for NHS practices to compete for their services and remain financially viable. **D**

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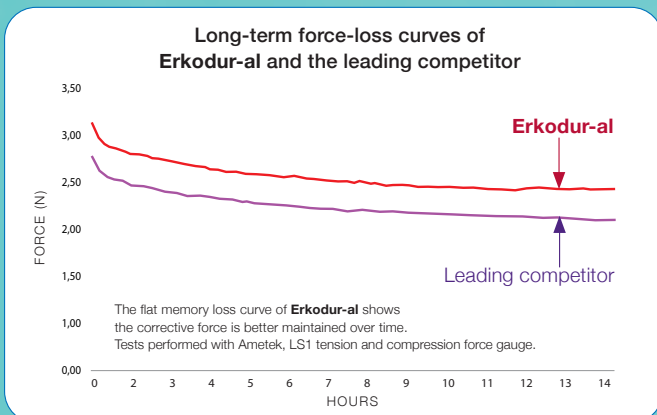
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Dentistry's Big Questions

IS THERE MENTAL HEALTH STIGMA IN DENTISTRY?

We asked the profession if **mental health stigma** still exists in dentistry – find out what people said here

Dentistry's Big Questions explores the hottest topics of the profession.

We wanted to find out whether there is mental health stigma in dentistry. Of those who responded to our poll, 100% said yes... Read some of their thoughts below.

Aman Rihal, dentist

I think there is still and it's consistent with society generally too. A big issue with dentistry particularly is the isolation/loneliness and inability for those in the profession to feel comfortable to be vulnerable to another and share with others their concerns regarding anxiety, depression etc.

This, plus the overwhelming need to come across as accomplished and successful, creates a challenging dichotomy to preserve, of outward success and inner turmoil. I feel part of the answer is within the profession itself, and people being non-judgmental and being there for their colleagues by simply listening with no opinion or advice.

The humanist psychologist Carl Rogers showed the power of non-judgmental listening and genuine empathy. People often open up and this is the beginning of genuine psychological change and growth.

Rachel Dilley, CEO of Liberty Dental Group

I have worked in dentistry for 34 years, and sadly two of my previous employers took their own lives.

Mental health issues affect us all and cause unimaginable suffering. We must not feel ashamed or dismiss these struggles with phrases like, 'just get over it'. Employers need to create supportive environments by providing wellbeing mentors, which I offer.

Unfortunately, some colleagues fear discussing their mental health with their GP due to concerns about being reported to the General Dental Council (GDC). The GDC needs to reassure dental care professionals that mental health is not stigmatised and promote open, supportive conversations.

Chinwe Akuonu, dentist

Yes, there is still some stigma surrounding mental health in dentistry. However, recent efforts to build a supportive dental community have begun to raise awareness through articles, social media and dental events. It is encouraging to see dentists openly sharing their experiences with burnout and mental stress, helping others to feel less ashamed.

As a young dentist early in my career, I am aware of the physical and mental challenges associated with this job. Dentistry involves more than just 'fixing teeth' – it includes meticulous planning of complex cases, managing patients' expectations and anxieties, working within biological limitations for predictable outcomes, handling complications, navigating practice ownership challenges, managing litigation fears and coping with the physical demands of the job. These factors can certainly take a toll on mental health. Dentists are expected to perform at a high level every single day for many years. The pressures of the job, combined with personal life stresses, can be overwhelming and lead to significant stress.

The key issue is not whether the job is stressful, but rather recognising the demands of the profession and making changes to create a mentally sustainable career. Financial success is meaningless if it comes at the cost of mental health.

Wellbeing strategies

Here are a few strategies to maintain wellbeing in dentistry:

- Incorporate mental wellness in dental schools as part of the curriculum
- Value personality and communication skills as much as clinical skills
- Acknowledge stress – accept that you are not alone in feeling this way
- Build a support network with other dentists – you have much in common
- Prioritise health – exercise, nutrition, sleep, and taking time off
- Manage issues – learn to prioritise and tackle issues one step at a time
- Avoid overworking – consider part-time roles and enjoy hobbies
- Share experiences – normalise discussions about mental health
- Follow social media pages that discuss mental health and provide tips
- Avoid burnout by finding a balance that works for you. **D**

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Dental Practice Accelerator: the advice

With the Dental Practice Accelerator programme in full swing, **Hannan Saleem** gives us an insight into the journey and shares the best tips and advice he has taken from the process so far

Once I graduated from university, I wasn't sure what I wanted to do but I knew I wanted to get into business. So, in the short-term I decided to join the family business with a view to do an MBA or follow the corporate route. However, along my journey I started listening to various podcasts with Justin Leigh, Sandeep Kumar, Sameer Patel and Shaz Memon, which really opened my eyes to a whole new world of dentistry and created a different vision of what I could actually pursue.

When I saw the Dental Practice Accelerator competition on Dentistry.co.uk, it resonated with me because I was struggling to run and grow the business and the prize was to work with these four mentors that I had been avidly listening to and looking up to – I have been so grateful to win and be on this journey.

The first meeting with the four mentors was incredibly nerve wracking but also exciting. It was very eye-opening as we broke down where the practice currently was and where I wanted to take it, which gave us some valuable action points to begin working on.

The beginning

We started with our vision, where we wanted to take the practice and how we communicated that to the team. We discovered that if we weren't clear on what we wanted then the team wouldn't be able to help us on this journey.

Recruitment and retention was the next thing we began working on, such as selecting the right people – not just based on experience and skills, but really looking at whether these people were a good fit for the practice and the team. We have placed a lot more focus on the soft skills, such as patient communication, because the patient journey is a key part of our vision, so every member of our team needs to be aligned with this.

The third thing was about working on our sales skills; how could we integrate digital workflows and systems to increase sales and educate our patients? This also tied in with our vision because it came back to how we wanted to operate and how we wanted patients to view us. We believe that if we can provide the best patient experience then we are able to position ourselves differently. While we are a private practice, we realised we were in quite a scarcity mindset, so we intentionally shifted our focus in order to give our patients a better quality of service.



The challenges

One of the biggest challenges I faced coming into this was that we had quite an established team who had always done things in a particular way. We had to shift them towards our new ways of working and make sure we had team members who were on board with our vision and wanted to grow the business with us. The mentors have really helped me to make sure I had the team who really was going to be supportive of me for the future.

Another weakness in our practice when we started on the Dental Practice Accelerator journey was that I was wearing a lot of hats. So, we began differentiating everyone's roles within the practice and creating complete clarity of what everyone is responsible for. The next step was to work closely with Justin on leadership and how to hold the team accountable and responsible for their roles, supporting them to do what is required of them rather than just taking the work back on myself, which is what I used to default to.

Key changes

The first change we made was to our systems and workflows. There was a lot of reliance of individuals meaning that we had no proper system, so we started out by documenting everything and creating clear processes to introduce some consistency to the practice. My brother, Daniel, has now also joined me at the practice. He has integrated a really great CRM system so that we can follow patients through the entire pipeline. This allows us to know where

While it was daunting at the outset, having a growth mindset has really helped me to get to where I am today and, I have to say, I am proud of myself

each patient is on their journey with us and how many treatments are outstanding. It shows how much money is on the table and how much value we are not yet capturing.

We have introduced treatment coordination for every patient who has an open treatment plan: there are multiple contact stages which keeps them within our pipeline to make sure they complete their treatment. We also introduced a task management system so that the team has better communication, and we can see what everyone is doing and provide support where required.

Justin has been working with me to refine my leadership skills, and while there is still a lot to learn, it's really helped me with engaging the team, selling the vision and getting them on board to help us grow the practice. One of the things that I loved early on was the discussion with Justin about growth mindset, which means that although we might not be where we want to be right now, we have to believe that we will be there in the future.

Clinical excellence is, of course, crucial to us. We are very fortunate to be surrounded by brilliant clinicians in our practice, so we needed to understand how we could support that. With



this in mind, Daniel and I have been attending lots of industry events and encouraging our clinical team to go on courses to bring back and implement that learning into the practice. We have also started to utilise our Itero scanner as an educational tool to teach and show patients about their oral health, rather than just telling them about it.

The most valuable change

We are now in a strong position with the team. It took a lot of effort and there were many hurdles, but I am proud of the team we have now. Everyone is incredible. For me, we can have all the right systems in place but if we don't have the right team, it's never going to work. I think that's been the biggest takeaway – you must surround yourself with the right people.

The biggest surprises

Aside from a lot of things being difficult and hard to do, one of the biggest surprises for me is the fact that a lot of the things that push the needle the most are really easy to implement. It's the bread-and-butter things, like how we are greeting the patient at the door, that make the most impact and are often overlooked.

Daniel Saleem added: 'By attending the Mismile conference and Invisalign Live events I discovered that there is a whole industry of people with the same goals and ambitions who are willing to help you. They have different levels of expertise and they are all people that you can learn from – the Dental Practice Accelerator programme has really opened that up to us. The CRM system that I have created was inspired by a young dentist that I met at the Invisalign Live conference, he showed me his own system and from that it gave me a baseline of what I need to put in place. I was really taken aback at how open and generous he was. It's about understanding that there are enough patients for everyone so rather than competing we should be sharing our expertise and collaborating where we can to lift each other along the way.'

What advice would you give others?

Daniel Saleem: 'Attend as many events as you can in order to engage with the community and network with people as this will help you to learn as much as possible in a short amount of time. I would also say to utilise data, this is great advice that we have had from Shaz, Sandeep and Sameer. Things like tracking statistics from your website to help make improvements and analysing patient data from your patient management systems can also have a huge impact. I believe data-driven decisions will really push our business growth even further.'

Hannan Saleem: 'Network, network, network. Get to know people and immerse yourself in the dental community. Everyone is so welcoming and helpful. In addition, while it was daunting at the outset, having a growth mindset has really helped me to get to where I am today and, I have to say, I am proud of myself.'

To the mentors... what does the future hold?

Sandeep Kumar, founder and CEO of the MiSmile Network, said: 'Clarity precedes mastery. If you're not clear where you're going, you're not going to get anywhere. I'm happy to say Hannan and Daniel have clarity. It's a bumpy road but they have a vision and know the steps on how to get there. I'm really happy to see how far you've already come.'

Shaz Memon, founder of Digimax Dental, added: 'I see this becoming a destination practice, not just a convenience practice. It will become a real patient conversion machine through attracting more of the patients they want, who will tell more patients like themselves. This will develop into a very high-quality practice with an extremely happy team who are treating individuals that really appreciate the brand that these two brothers are building. It's super exciting and this is just the beginning.'

Justin Leigh, founder of Focus4Growth, concluded: 'I can see so much potential here, it's really exciting for us as mentors and I think you have a very exciting future ahead.' **D**

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2024 Dentistry Awards finalists

FMC is delighted to announce the finalists for the 2024 Dentistry Awards – find out if you made it here!

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This prestigious event highlights talent, innovation and dedication in dentistry. Nominees are chosen for their exceptional skills, patient care and community contributions.

The awards not only honour individual and team accomplishments but also inspire continued excellence in oral health care.

This year's ceremony will take place on Friday 13 September at The Athena, Leicester.

Congratulations to all who made the shortlist. For more details and to secure your tickets, call 01923 851732 or visit dentistry.co.uk/awards/the-dentistry-awards/.

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- Tiwari Watson Dental Care
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North East

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- Peacock Dental Spa
- Smile Perfections Dental & Cosmetic Clinic.

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- ODL Dental Clinic
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- Park Street Dental Clinic
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- Pure Periodontics
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South West and Wales

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- Hallcross Dental
- Henley Dental
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- High Street Dental Care
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News feature



- Shiraz Endodontic Practice
- Smile Perfections Dental & Cosmetic Clinic
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South West and Wales

- Abbey Mead Dental & Implant Clinic
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- Brynhyfryd Dental
- Cyncoed Dental Practice
- Evolve Dentistry
- Glenhaven Dental
- Inspired Dental Care
- Larkham House Dental Practice
- North Cardiff Dental & Implants.

South East

- Alban City Dental & Surgical Centre
- Beech House Smile Clinic
- Chapel Dental
- Cobbins Brook Smile Clinic
- Cuffley Smile Clinic
- Dental Art
- Enanee Dental Practice
- Harrow Smile Clinic
- Love Teeth Dental Sutton
- MK Smiles Dental Practice – Kana Health Group
- Oxford House Dental Practice – Kana Health Group
- Smilewell Dental
- Smile HQ
- Staffa Lodge Smile Clinic
- The Dental Centre Bedford
- The Clinic Dental & Facial Aesthetics
- Wilson House Dental Practice – Kana Health Group
- Woburn Sands Dental Practice – Kana Health Group.

London

- Balham Smile Clinic
- Bond Dental London
- Boston Orthodontics
- Denstudio
- Dental Art Implant Clinics
- London Dental Arts
- Miswak Dental and Fascial Aesthetics
- ODL Dental Clinic
- Pure Periodontics.

Apprentice of the Year

- Breshna Hotaki
- Leah Oliver
- Charlotte Stack
- Kathryn Taylor.

Dental Technician of the Year

- Nina Frketin
- Nick Jones
- Stuart Jones
- Nouman Zulfiqar.

Clinical Dental Technician of the Year

- Craig Mark Broughton
- Gosia Ciepiela
- George Manners
- Matthew Varley.

Practice Manager of the Year

North

- Ibrahim Al-Kaddo – Clarendon Dental Spa
- Vicky Beacher – Honour Health Jesmond
- Simona Pacuraru – All Saints Dental Clinic
- Tracy Price – Dovehouse Dental Solihull
- Amanda Reast – The Dental Architect
- Marie Rackham – Honour Health Stanley.

South

- Carrie-Anne Abba – Hereford Dental Implant Clinic
- Maiara Ban – ODL Dental Clinic
- Helen Caddick – Denbigh House Dental Practice
- Stacey Edwards – Brynhyfryd Dental
- Denise Griffiths – Glenhaven Dental
- Rebekah Jenkins – Red House Dental Practice
- Weronika Korkosz – Health Dental Suite
- Adele Marietti – Imogen Dental
- Alex McWhirter – North Cardiff Dental & Implants
- Brittany Pittham – Inspired Dental Care
- Natasha Smith – The Dental Centre Bedford.

Receptionist of the Year

- Erica Bryant – Chapel Dental
- Shauna Church – Inspired Dental Care
- Eleanor Cowley – Chris Bird Dental Care
- Jane Gardner – Imogen Dental
- Linda Knight – The Oxford Smile Clinics
- Erin Lawton – Smile Stylist Manchester
- Nicola Soden – Yor Dentist Didcot
- Margaret Sutton – Alban City Dental & Surgical Centre
- Kim Willis – Imogen Dental
- Elizabeth Wells – Thurmaston Dental Practice
- Hayley Young – Green Oakham Dental Care.

Dental Therapist of the Year

London

- Preetha Chandran Sakunthala
- Amrit Kaur
- Navid Khan
- Lorena Pivoda
- Leah Robson.

North

- Gemma Cowen
- Rachael Hartley
- Mariam Khalil Al-Ani
- Jagjit Malhi
- Michaela Robinson
- Kendra Smith
- Sarah Wallace.

South

- Agata Casey
- Stacie Chanel de Klerk
- Chloe Evans
- Afshan Farooq
- Nathan Fisher
- Karolina Jaloveckaite
- Amy Mesilio Peralta
- Neena Sajju
- Shalin Sharma
- Esme Stewart
- Tracy Tang.

Dental Hygienist of the Year

London

- Ruben de Jesus Lima
- Yasna Najmi
- Danuta Kucharczyk
- Sejal Patel
- Melody Lynne Schwartz
- Shakhnoza Tosheva.

North

- Jacqui Armstrong
- Symran Chandarana
- Maria Firdaus
- Galareh Haghi
- Poppy Irvine
- Lilly Moffatt.

South

- Javeria Anwar
- Victoria Louise Corner
- Hafsa Kauser Ullah
- Rafina O'Brien
- Eli Pesario
- Agnie Tomaszewska.



THE Dentistry AWARDS 2024

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Dental Nurse of the Year

London

- Eszter Janusek
- Nicoleta Mihai
- Rebecca Silver
- Jyoti Tamang.

North

- Celie Brookes
- Elizabeth (Chris) Bustard
- Tiegan Dixon
- Sophie Eccleston
- Courtney Garrity
- Lauren George
- Stephanie Gillies
- Lynne Johnstone
- Valeria Pirlog.

South

- Noorulain Chaudhry
- Rachel Chilcott
- Simona Franklin
- Lisa Hilton
- Dorana Philpott
- Brittany Pittham
- Simona Podelskyte
- Rosanna Sanchez
- Rachael Squires
- Andrea Turanova.

Dental Laboratory of the Year

- Ceramic Designs
- Dynasty Denture Solutions
- Remo Dental Laboratory
- The Denture Practice
- Vivo Dental Lab.

Young Dentist

Scotland and Northern Ireland

- Matthieu Dash
- Jonathan Fitzpatrick
- Conan Gavan
- Christopher Jordan
- Taranjit Kaur
- Jamie Kerr
- Rebecca Masterson
- Louise McGuigan
- Quasim Munir
- Mary Catherine O'Dolan
- Sofia Shajahan
- Jasmine Tolat.

North West

- Thomas Charnock
- Harris Chaudhry
- Paavan Chouhan
- Alex Dyer

- Surbin Gong
- Roshanay Javed
- Matt Jones
- Nick Jones
- Jarred Lee
- Alexanne Martin
- Dimitrios Papalexiou
- Zuhair Patel
- Lee Redpath.

North East

- Rizwaan Chaudhry
- Matthew Cooper
- Sumia Hussain
- Tanaka Kadiyo
- Paul Midha
- Ehsan Naghie
- Shaf Patel
- Asad Rahman
- Gurvel Singh
- Divyesh Sonigra.

Midlands

- Simran Bains
- Bobby Bhandal
- Jeevan Bhuhi
- Alexander Chan
- Uzair Janjua
- Justin Jannati
- Nida Kamal
- Hassan Kanani
- Janice Lim
- Harsha Mane
- Anna Najran
- Nakul Rajani
- Keval Rughani
- Nitin Sharma
- Keely Thorne.

South West and Wales

- Ali Al Hassan
- May Bassett
- Marco Cascone
- Chloe Harrington-Taylor
- Russell Hashemi
- Kelly Lloyd
- Giovanni Martino
- Kouthar Salih
- Riaz Sharif
- Laurie Stumper
- Mark Travis
- Yasmin Zeina.

South East

- Raheel Aftab
- Syed Ali
- Shivam Divani

- Kishan Lakhani
- Zara Malik
- Ajay Mehta
- Anne-Marie Mercer
- Asha Parmar
- Vikas Prinja
- Sonia Rajput
- Usama Sardar
- Deepa Shah
- Tarun Singh Nagpal.

London

- Chinwe Akuonu
- Simmi Daryani
- Jana Denzel
- Albourz Jafarian
- Nikhil Kanani
- Keshav Kapoor
- Luca Nigrelli
- Katarzyna Pental
- Wiktor Pietraszewski
- Ankeet Shah
- Krishen Shah
- Balraj Sohal
- Charlie Steere.

Sustainable Business Award

South

- Belur Orthodontics
- Blake Dental
- Cintillate Oral Care
- Iconic Smiles
- Narbeth Dental Health Practice
- North Cardiff Dental & Implants
- Peninsula Dental Social Enterprise
- Reading Dental Spa
- Smile Clinic Group.

North

- Aberdeen Dental Care
- Edinburgh Dental Studio
- Greenacre Orthodontic Practice
- Hampton Dental Care
- Parkside Dental Care
- Renovo Dental.

THE Dentistry AWARDS 2024

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Team of the Year

Scotland and Northern Ireland

- Dentistry @ No 3
- Dentistry on the Clyde
- Dentistry on the Square
- Edinburgh Dental Studio
- Hamilton Dental Care
- Dundee Nethergate Dental
- Ohh! Oral Health Hygienist
- SA Smile Clinic
- St Andrews Dental Care
- The Orthodontic Clinic
- Tooth Doctor
- Tiwari Watson Dental Care
- Zen Orthodontics.

North East

- Avenue Dental Centre – A&U Dental
- Bupa Denal Care Southey Green
- Church Street Dental Practice
- Clarendon Dental Spa
- Garden Street Dental Practice
- Honour Health
- The Smile Designers
- Vici Dental Leeds.

Midlands

- Aesthetic Smiles Dental Spa
- Anterior Dental Care
- Chris Bird Dental Care
- Church Street Dental
- Clowne Dental Practice
- Codsall Dental Practice
- Green Oakham Dental Care
- Hallcross Dental
- Hermitage Dental Practice
- Hereford Dental Implant Clinic
- Lady Bay Dental Care
- Parkside Dental Care
- Smile Perfections Dental & Cosmetic Clinic.

South West and Wales

- Brynhyfryd Dental
- Brynteg Dental Practice Tenby
- Evolve Dentistry
- Glenhaven Dental
- Inspired Dental Care
- Larkham House Dental Practice

- Parkway Clinic
- Peninsula Dental Social Enterprise
- Red House Dental Practice
- Ruabon Road Dental
- Smiles Better Abergavenny.

South East

- Balham Smile Clinic
- Beech House Smile Clinic
- Belur Orthodontics
- Bupa Dental Care Hornchurch
- Cobbins Brook Smile Clinic
- Cuffley Smile Clinic
- Denbigh House Dental Practice
- Edward Byrne Associates – Kana Health Group
- Feel Good Dental
- Harrow Smile Clinic
- Iconic Smiles
- Imogen Dental
- Kings College Hospital Community Oral Health Promotion Team
- Kingston Dental Clinic
- MK Smiles Dental Practice – Kana Health Group
- ODL Dental Clinic
- Oxford House Dental Practice – Kana Health Group
- Sherwood Park Dental Practice
- Staffa Lodge Smile Clinic
- Stradbroke Dental & Implant Clinic
- The Dental Centre Bedford
- The Oxford Smile Clinics
- Total Orthodontics – Haywards Heath
- Watford Smiles
- Wilson House Dental Practice – Kana Health Group
- Woburn Sands Dental Practice – Kana Health Group.

North West

- Baycliff Dental & Implant Surgery
- Beach Road Dental Practice – A&U Dental
- Lismore House Dental Practice
- Smile Stylist Manchester
- The Dental Team.

Website of the Year

London

- Abbey Road Dental
- Brightside Dental
- Denstudio
- Mint Dental Centre
- Pall Mall Dental
- The Smile Studios
- The Welbeck Clinic
- Treehouse Dental.

North

- A&U Dental
- Aberdeen Dental Care
- Belwell Dental
- Carisbrook Dental
- Citi Aesthetics
- Dr Rez Dental
- Hampton Dental Care
- Henley Dental
- Hermitage Dental Practice
- Hilton Dental Clinic
- Indigo Dental
- La Belle Dental Clinic
- Mydentist
- Scottish Denture Clinic
- The Orthodontic Clinic
- Vici Dental Leeds.

South

- Abbey Mead Dental & Implant Clinic
- Alban City Dental & Surgical Centre
- Bristol Dental Suite
- Brynhyfryd Dental
- Caversham Heights Dental Practice
- Corner House Dental
- Dentaal Wisdom
- Franklin House Dental Practice
- Heyford Smiles Dental Clinic
- Highfield Dental & Facial Clinic
- Hydeau Dental Practice
- Inspired Dental Care
- Kimberley Park Dental Practice
- Larkham House Dental Practice
- Park Avenue Dental Care
- Riverside Dental
- Smile Clinic Group
- Smile HQ. **D**

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Are you ready to buy your first practice?

Kaival Patel discusses the three most important steps you should take before leaping into practice ownership

It was 2015, and I was just bobbing up and down in the slightly oversized swimming pool during my first holiday to the UAE with my wife, Shreena. These were the days before I had to interject on the water-gun warfare between my two boys before they soaked the poor holidaymakers that had, so blissfully, fallen asleep on their sun loungers.

I remember this feeling of just having an 'itch' that wouldn't go away. No, not because the budgie smugglers were a tad too encroaching, but more of a metaphorical one. Just three months prior I had been to yet another practice viewing – probably the 12th or 13th different one we had gone to see. I knew this was 'the one'.

I had come back buzzing after the viewing and remember telling my wife that the place was perfect. It had two nice owners – one who wanted to retire, and one who wanted to stay on and really help with a transition. The only issue was that when we put in a full asking price offer, it was rejected! I was gutted.

We had missed out on several opportunities prior to that with other practices for a variety of reasons. We were even in the process of buying a practice leading up to our wedding day in 2012 until we found out that the owner had set up a new site and was asking patients to move over to it, forcing us to back out at the last minute.

That was a tough pill to swallow. Many lessons learned!

Everything happens for a reason

Anyway, back to the rejected offer. Something still didn't



Kaival Patel
Director at Kana Health Group

sit right with me and I couldn't shake it off. So, I reached out to the seller again just to give them a quick hello and see how everything was going with the sale.

An hour later, I had a message back and my heart nearly jumped out of my chest... the sale with the other party had fallen through and they asked if we were still interested! I jumped out of the pool, called my bank manager and said that I need something to reassure the seller that we were good for the finance, which he in turn sent them within minutes, and we went on to purchase our first practice.

Ironically, if the first practice didn't fall through and we hadn't established the good relationship with the bank during that process, we wouldn't have been in the position to send such a quick proof of finance. Everything happens for a reason!

It takes me to something a wise man once said (I think it was on *Love Island*, actually) that you miss 100% of shots you don't take. It's very true.

Being able to look back as the owner of a small group of practices, there are a few small – but important – steps that helped establish the comfort factors we needed to take that first initial leap into practice ownership. Let me share these with you...

Step 1: know your why

If you are thinking of taking the plunge into practice ownership, the first step is to understand within yourself why you are doing it. Is it just because it's the natural career progression as a dentist? I strongly advise you think twice if this is your rationale.

Your 'why' could be that you are desperate to implement a long list of strategies that you simply are not able to do in the associate position you are in. Maybe you don't believe in the ethos of your current practice and you want to do things your own way. Or it could



be that you have always loved business and you feel like you need to scratch that itch.

Don't do it to keep up with the Jones', ie looking at that practice owner driving a flash car and thinking that's just because he/she owns a practice and is taking 60% of their associates hard-earned income.

Stay true to your why

Firstly, the person not driving the flash car is probably the wealthy practice owner (yes, I have a flash car). And also, I promise you that 60% of your earnings are definitely not lining the pockets of the owner.

Secondly, for every practice owner doing well, I can tell you about another that just finds it too much. The grass can always look greener on the other side.

Be ready for the practice to take up most of your waking hours. But very much like a child that you have nurtured, it can also be the most satisfying thing to watch something flourish and develop into everything that you had hoped it could be.

Whatever your why is, grab a piece of paper and just write it down. Every now and then, even after taking over, dust off that piece of paper and see if you are really keeping true to it.

Step 2: understand your numbers

If you are a higher or moderate grossing associate, it wouldn't be unusual to expect a drop in income when you take over a practice. Therefore, you need to know what your own personal break-even point is.

The best way to do this is to look over your own bank statements over the last year or so



and create your own personal cash flow. If you have never done this, I promise it will be eye opening!

Create a spreadsheet month-by-month with all your expenses. Include big things like your mortgage or rent, but also smaller numbers like your Netflix subscription and how much you have spent every month on eating out. Literally everything.

Also include a plan for the next 12 months for anything you may be expecting on a personal level, eg if you want to go on holiday or have a rent review coming up.

Financial comfort

You will quickly see what you currently need on a monthly basis to live your life to the level you are living it right now. You will also see what you will need to be generating from your new practice to sustain your current lifestyle, or indeed what can be sacrificed if you have a bad month or two.

Highlight anything that will need to be paid, come rain or shine, and then have a look at any savings you have. How many weeks/months/years can you survive if you had no income coming in and you got rid of any of the luxuries on the spreadsheet?

It sounds pretty simple, but doing this process gave me the comfort factors I needed when we were contemplating taking the plunge for the first time and if things didn't go to plan.

Step 3: plan, plan, plan

Whether it's your first practice or your 20th, make sure you have a business plan. As a bare minimum it will get your head in the right space for what is about to come.

The business plan should include a bit of research about the area. Are there any hot spots, new housing developments or any other practices being built next door?

You can have a look at the latest census and gather the unemployment rate and the number of younger professionals in the area. All of this will give you a picture of the area you will be practising in.

Do a SWOT analysis (strengths, weaknesses, opportunities and threats). Remember that a strength can also be a threat. For example, a long-standing team would be fantastic to inherit, but how will they react to a new owner doing things their own way? Conversely, a weakness could be an opportunity, eg the website is very dated or non-existent, but can you suddenly attract a new patient base by creating one and appearing higher on search engines?

Finally, make a plan for the first three months, one year and three years, and write it down. The first three months could be that you don't do anything but observe and see what's working, and indeed, not working very well.

Where do you want the practice to be on your first anniversary? Would you have re-branded or kept things exactly the same?

Small, achievable goals are the key, but also don't be afraid to throw in a wild goal – something that is a stretch – and really test yourself to see if you can achieve it.

Cash flow forecast

Use this plan to make a business cash flow forecast. There are some great accountants that can help you, but if you can actually grasp the concept yourself, it will do you wonders.

With existing practices, you can always ask the seller for their last 12 months of management accounts. It will show any specific peaks and troughs when it comes to income/expenditure and allow you to plan even more effectively.

If, for example, December is a lower income month, then it's probably not the best time to pay for a new website or large piece of equipment until you have built up a little bit of cash in the business to allow for this.

Compare these numbers to the equivalent NASDAL benchmark. It will show you if, for example, your team wages are below the norm and maybe you need to factor that in, or the spend on materials is currently way over what you would expect and there is a saving to be made.

Find focus and purpose

The business plan will inevitably change as you go on your journey, but it will focus your mind and allows you to start with real conviction and purpose. Everyone loves a leader with a plan.

If the last few years have shown us anything, it's clear that there is no crystal ball when it comes to business. That being said, dentistry is still one of the most predictable businesses you can invest in.

Practice ownership isn't for everyone, so do it for the right reasons, know your numbers and be clear with what you want to achieve, and you will absolutely smash it. **YD**

If you have any questions, comments or requests, please reach out to Kaival on blog@kanahealthgroup.com.

The benefits of appointing a dental accountant

Seb Stracey explains why the advice of an accountant will be critical in various stages of your career

When speaking to young dentists throughout the year, one of the most common questions I get asked is: 'Why do I need a specialist accountant?'

Throughout your career, there will be some important junctures where you will need to lean on your accountant for advice. The advice given at this point can carry a high degree of significance.

Below, I have given some examples of occasions when your accountant's advice will be critical.

Employed dentists

Foundation dentist, dental core trainee and hospital dentist positions mean you will be employed by the NHS, salaried with tax and National Insurance (NI) deducted from your pay. Being employed comes with certain benefits – holiday pay, sick leave and maternity/paternity pay for instance.

Pay as you earn (PAYE) is HMRC's way of collecting tax at source. The NHS will calculate your tax, NI and student loan (if applicable) and deduct this from your pay. This means your net pay requires no additional tax savings and there is not much need for an accountant whilst you are solely employed.

You should, however, be claiming specific expenses to set against your salary in order to reduce your tax liability. These expenses reduce your taxable income (either retrospectively or through your tax code, your accountant should guide you through these options) and therefore reduces your tax liability for the relevant tax year. These expenses, while employed, need to be incurred 'wholly,

exclusively and necessarily in the performance of the employment'. For most dentists, this will mean subscriptions and insurances relevant to dentistry can be included in the claim along with flat rate expenses, such as the cost of laundering your scrubs.

You can make a backdated claim for expenses up to four years in arrears, so don't worry if you have never done this. If you will be appointing an accountant, they can then make the claim on your behalf.

Self-employed dentists

Dental associates are generally deemed to be self-employed. Earnings are normally higher, no deductions are made for HMRC before you are paid and more expenses can be claimed against your income.

An allowable expense for a self-employed person needs only to be incurred 'wholly and exclusively for the purpose of their trade'. You will note the 'necessary' condition from the employed example has been dropped – this brings more expenses into the mix to reduce your tax liability.

Ensuring you are claiming all allowable expenses is crucial if you are to be tax-efficient and this is undoubtedly one of the main roles of your dental accountant.

Initially, your accountant would:

- Claim employed expenses
- Register you for self-employment and explain the self assessment system to you
- Advise you with regards to record keeping
- Advise you on the best structure for your business (sole trader or limited company)
- Give an indication of how much income to save for tax.

As a sole trader, self assessment means

that you have to calculate and report your own tax to HMRC (or appoint someone to do it for you). Upon submission, HMRC does not apply many checks, so initially whatever you submit may be accepted.

However, if HMRC were to enquire in to your affairs, you would need to be confident that everything submitted is correct, accurate and legal. This is really where the role of your accountant comes in, as it would be their job to advise.

Humphrey & Co act for more than 2,000 dentists nationwide and this gives us the practical experience of what an associate requires on a yearly basis. I have highlighted our additional services below:

- Calculation of net pensionable earnings (for superannuation purposes)
- Benchmarking annual results in order to appraise your current performance
- Tax investigation service – in case of an HMRC enquiry
- Assistance with the early stages of purchasing a dental practice
- Incorporation appraisals (limited company vs sole trader)
- Ad-hoc advice throughout the year.

All of the above is included in our standard fixed dental associate fee.

Practice purchase

Going from an associate to a practice

If you are purchasing shares, then financial and taxation due diligence should be undertaken

Seb Stracey
Associate, Humphrey & Co



owner does not happen overnight. It is a huge change in the status quo and as such lots of things need to be considered, planned and discussed.

Your accountant should be in a position to assist with the purchase and also be able to introduce you to professionals in other fields that will guide you through this daunting process.

The main areas of focus from an accountant should be:

- Appraising and assessing the

accounts of the practice, including benchmarking

- General guidance as to the financial and non-financial issues
- Advice as to the most tax efficient method of acquiring the practice
- Assistance with cashflow forecasts and business plans
- A sounding board throughout the whole process.

Furthermore, if you are purchasing shares, then financial and taxation due

diligence should be undertaken.

Practice compliance

Briefly, record keeping for a dental practice is much more involved than that of an associate. Ensuring your bookkeeping system is as effortless as possible is essential. Your accountant should be savvy in accounting software and advise a cloud-based option, which is essential given HMRCs push towards digital record keeping and Making Tax Digital. Generally, a fixed fee or a small fee range can be achieved to aid budgeting and additional charges should be highlighted throughout the year. | YD

Generally, a fixed fee or a small fee range can be achieved to aid budgeting and additional charges should be highlighted throughout the year

Should you wish to discuss the above or any other accounting or taxation matter, please contact Seb Stracey on 01323 730631 or sstracey@humph.co.uk.

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How to become a leader

Mark Topley shares his 14 top tips for developing leadership skills

Leadership is often confused with ‘being in charge,’ but while every person in charge of a team is a leader, not all leaders are in charge of a team.

Most dentists I work with had no formal preparation for the demands of leadership. Whether it’s as simple as leading a two-person clinical team, acting like a leader within the practice, or actually having a title and a role, leadership skills are essential.

Over the past 20 plus years, I’ve learned what leadership really means. Mostly through painful experience, with the input of incredible people, a lot of study, and honing my skills at the coalface.

I believe the following ‘top tips’ will help you to become an effective leader.

1. Self-leadership, awareness and confidence

Leadership starts with self-leadership. Leading yourself means setting and holding yourself accountable for the standards of behaviour you expect. Self-awareness is critical – not only knowing yourself but also understanding how you impact others and having the humility to own up when you fall short. Remember, leadership is a journey of continual growth. Confidence inspires people to trust in your guidance, while self-awareness and humility make them want to follow you.

2. Establishing rhythms and boundaries

For effective leadership, maintaining personal wellbeing is vital. Establish rhythms and boundaries to balance work and personal life, ensuring you have the energy to lead. A well-rested and balanced leader is more effective and can inspire their team to maintain similar boundaries.

3. Building a positive vision

A compelling vision for your practice motivates and inspires your team. Know what you want the practice to look like in the future. What will the team be like? How will they work together? What kind of environment will they work

in, and what will they do? The more you can paint a compelling picture of the future, the more you will attract and engage the people who will help you achieve it.

4. Harnessing passion and energy

Your passion for dentistry and leadership is infectious. You have to be the cultural thermostat for your team, not the thermometer. Even on your down days, it’s your responsibility to inspire others.

5. Focus and resource management

Effective leadership requires excellent focus and time management. Learn strategies to prioritise tasks, manage your time efficiently and maintain focus amidst the demands of a busy practice. Physical, mental and emotional energy all need to be monitored and proactively managed.

6. Vision, values and purpose

Distinguish between vision, values and purpose. Vision is where you want the practice to go, values are the guiding principles, and purpose is the fundamental reason for your work. Clear understanding and communication of these elements create a cohesive team environment.

7. Coping with anxiety and stress

Equip yourself with tools and techniques to cope with anxiety and stress. Mindfulness, regular breaks and seeking support when needed are crucial strategies to maintain your wellbeing and lead effectively.

8. Building team culture

A cohesive and high-performing team culture does not happen by accident. It involves identifying your values and using those as a lens through which to decide how everything is done. Values must be actionable. You must define, communicate, reinforce and model your culture.

9. Communication and conflict resolution

Effective communication is at the heart of leadership. Set yourself up for success by ‘contracting’ with each of your team members so they understand your expectations and

boundaries. Also, that challenging them when they fall short will be a part of your working together. This should, of course, come from a place of wanting to help them to perform at their best, and is vital to protect the morale of the team. Develop strong communication skills to convey your vision clearly and resolve conflicts amicably. Active listening, empathy, and assertiveness are key components of effective communication.

10. Delegation and coaching

Learn to delegate tasks effectively and coach your team members. Delegation ensures workload distribution, while coaching helps team members grow professionally. This not only improves practice efficiency but also fosters a supportive and developmental team environment.

11. Self-awareness and feedback

Building self-awareness is essential for personal growth. Seek constructive feedback from peers and mentors to understand your strengths and areas for improvement. Self-awareness enhances your ability to lead authentically and effectively.

12. Emotional intelligence

Emotional intelligence enables you to handle difficult situations with empathy and composure. Develop your ability to understand and manage your emotions and those of your team. This skill is crucial for maintaining a positive work environment and leading through challenges.

13. Creating a safe culture

A culture of safety and vulnerability encourages team members to share ideas and concerns without fear. Foster an environment where everyone feels valued and understood. This shared purpose and safety lead to a more innovative and resilient team.

14. Ethical leadership

Lead by example and uphold the highest ethical standards. Ethical leadership builds trust and respect within your team. Demonstrate integrity, fairness and a commitment to doing what is right, even in challenging situations. | YD

Mark Topley
Dental CSR and ESG coach





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Always by your side

Anne Budenberg shares some of the reasons why you should join the DDU

Over the course of your career, you will develop your clinical knowledge and skills. Having a strong support network is vital to this and as such by becoming a member of the DDU, you can rely on the guidance and expertise of fellow dental professionals.

With that in mind, here are some reasons that thousands of dentists choose to renew with the DDU each year.

Talk to someone who has been in your shoes

Our dento-legal advice line is led and staffed by dentists who have experienced the pressures and challenges of dental practice. They are available between 8am and 6pm Monday to Friday and provide an on-call service for dento-legal emergencies or urgent queries 24 hours a day, 365 days a year.

Expert assistance with claims, complaints and investigations

If you are worried about a complaint, claim or investigation, our dento-legal advisers, claims handlers and in-house legal department have an excellent track record in representing dental professionals who are facing allegations about their clinical practice.

Online learning and development

The DDU website contains a wealth of practical guides, case studies and online learning modules to help you stay up to date with everything from using social media ethically to complaints handling.

You can also find in-depth features, interviews and advice line dilemmas in our online *DDU Journal*.



Anne Budenberg
Dento-legal adviser, DDU

Expertise on hand with the DDU membership app

Available exclusively for members, you can customise the app to get tailored content, search frequently asked questions and read the DDU's case studies, guides and articles whenever you want. The app is available to download from Google Play and the Apple App Store.

Advice before you sign on the dotted line

Our dento-legal experts can advise on the wording of associate agreements, check self-employed contracts against best practice guidelines, and provide access to a model contract, developed with specialist dental lawyers. We have also negotiated competitive rates for DDU members who wish to take a contract dispute further and need specific legal advice.

What our members say

'I contacted the DDU when I received a letter from the GDC that said a complaint had been made by a patient.

'My complaints handler at the DDU was exceptional. She helped me with every step

and explained to me what we could do and what to expect. She also offered me some places where I could get mental health support.

'The situation for me was extremely stressful, the worst thoughts come to your mind when you receive a letter like this. My DDU adviser was always available for me and was very empathetic. It really helped me to know that there was someone there to give support.

'I am extremely grateful as she would even call me when I sent her an email with a concern so we could have a chat about it and all my questions were answered.

'I wouldn't like anyone to go through what I did, but I think we need to be aware that these situations happen and try to keep calm when they do.' **YD**

The DDU is here for students. Our advisory support team is available to all members via advisory@theddu.com. We are staffed by dento-legal experts, who are all experienced dentists. Student membership is free and first year graduate membership is £10. To learn more and to join the DDU, visit www.theddu.com/join.



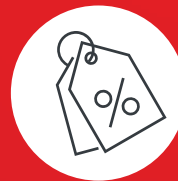
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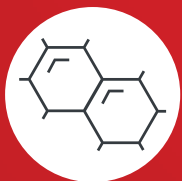
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The pathway to private dentistry

Ahmad Nounu explains the importance of thorough preparation for young dentists embarking on a career in private dentistry

A big issue affecting our profession is the need for more structure and direction after graduation from dental school. As it stands, the limitations of the undergraduate five-year training pathway means that there is so much crammed into these few years that we cannot graduate knowing advanced dentistry.

Instead, we're graduating with the knowledge of single-tooth dentistry – not full-mouth dentistry. This means that we don't fully grasp the jaw relationships and the multiple tooth interactions to truly understand how the teeth fit together as a harmonious system.

So, why is this important? The moment you graduate, you can choose to specialise in a particular field or begin your foundation training in general dentistry. In my experience, if you opt for the latter and rise through the ranks by undertaking higher-level private dentistry, you've got to keep in mind that you can only work through your limitations and will need a structured learning pathway to get you to a level where your dentistry becomes very predictable.

Predictability is key

Most dental professionals (myself included) have learned 'on the job' by making mistakes, realising the limitations of what does and doesn't work for different clinical scenarios and picking up skills along the way.

This approach is not feasible for your dental



Ahmad Nounu
Dentist and owner, Black Swan Dental Spa

career or the future of dentistry. I can say this because 15 years into my dental journey, the clinical skills and knowledge I have developed from teachings across the UK and abroad have allowed me to be skilled and competent to provide patients with a comprehensive experience that combines clinical excellence with exceptional customer service.

This experience makes you realise that what you knew when you graduated is very little compared to what you know now – the hurdles, red flags and things you can and can't do.

Preparing for the transition

Preparing yourself for private practice means recognising that clinical skills alone are insufficient. While they're the foundation of any dental career in private practice, they're just the starting point.

Private dentistry is a different world from NHS or academic dentistry. Patients expect nothing less than excellence in every procedure, from a simple filling to complex cosmetic work. You need a holistic approach to your professional development encompassing all aspects of private practice.

This is where specialised training programmes such as 'Level up for private dental practice' offer a comprehensive overview of what it takes to succeed in private dentistry. These two-day courses cover essential topics from advanced customer service skills and case presentation techniques to



pain-free dentistry and financial management – all crucial elements for thriving in a private setting.

Held across three UK cities, Birmingham (14 to 15 September), London (23 to 24 November) and Bristol (25 to 26 January 2025), these two-day intensive courses are specifically designed for growth-minded associates, foundation dentists or DCTs seeking to excel in private dentistry.

Final thought

Remember, in private practice patients are not just seeking basic oral health care. The standards are higher, the expectations greater and the competition fiercer.

This means you need not only clinical expertise, but also the ability to communicate complex treatment plans effectively, manage patient expectations and deliver results that justify the higher fees associated with private care. **YD**

FOR MORE INFORMATION about the 'Level up for private dental practice' course, visit www.privatedentalmentor.co.uk.

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Have you planned and protected your future?

Alexandra Fisk discusses the importance of financial planning and taking out income protection while you are young to help secure your long-term future

It's the time of the year that sees hundreds of new dental professionals going into practice having finished their degrees. Whether you are embarking on your new dental career or are in your final year of studying, have you taken time to set yourself up for the future by reviewing and planning your finances?

Dentists' Provident has been supporting the Dentists Health Support Trust and the BDA Benevolent Fund charities helping especially young professionals for many years. Data from the BDA Benevolent Fund shows that the younger generation of dentists are especially concerned about their finances, with around a half (48-50%) of all third, fourth, and fifth year students reporting to be 'very worried', according to the BDA Benevolent Fund's *The Financial and Wellbeing Needs of UK Dental Students* second summary report 2022/2023.

What are some of the things you can do to set up your finances as a young professional?

Protect your income

Your income is your life's financial foundation – it pays for everything you need and enjoy. Income protection insurance helps you protect your most important asset – you, your ability to work and earn a living.

'Financial shocks come in many forms. One example is loss of earnings through sickness, and employer sick pay is fading,' states the 2023 *Building Resilient Households* report commissioned by the Chartered Insurance Institute. As a leading income protection provider to the dental industry, we know all too well the consequences of young dental professionals who have not insured the investment they've made in their education and their ability to work and earn an income.

An income protection policy will provide a safety net should you be off work through illness or



Alexandra Fisk
Head of member services at
Dentists' Provident

injury. It helps you maintain your lifestyle without depleting your savings, or relying on your family or the welfare state for financial support, by giving you a regular benefit to help replace the income you lose.

There are many benefits of taking out a policy while young. How many of us think about bike insurance after the bike is stolen or mobile phone cover after cracking the screen? It goes without saying that life will take a toll on your health, so the younger you are when you take out your income protection insurance, the less likely you are to have already developed a health condition that may impact your ability to get cover in the future.

Claims from young professionals

You may feel invincible, but the statistics tell a different story. In 2023, Dentists' Provident paid out £5.2m income protection benefits to members – and the youngest claimant was just 26. As an example, last year, a dentist in their late 20s had an acute psychological episode due to work pressures and had to take nearly two months off work.

Other examples vary from short- and long-term illnesses and accidents, such as sporting and holiday injuries, which by their very nature are unexpected.

To make the cover affordable and accessible, some specialist providers like Dentists' Provident offer discounted premiums for students and young dentists.

Budget wisely

Besides BDA Benevolent Fund student data showing concern about finances, the Financial Conduct Authority (FCA) *Financial Lives* cost of living survey in April 2024 reported that one in nine UK adults has no disposable income. Also, more than one in four is either not coping or finding it difficult to cope financially.

Sensible budgeting can improve your financial resilience. A comprehensive budget can help you understand where and how you

are spending your money and take action if necessary. You can also set short-, medium- and long-term goals to help work towards your longer-term plans.

Take professional advice from a qualified financial adviser and accountant to set you on the right track from the beginning. Don't forget to ask your advisers how much you should put away for tax each month!

Start saving early for the future

There are other things to consider too. While you may just be at the start of your career, nothing should stop you thinking about the end of it! There are huge benefits to setting aside funds early for your future retirement.

Investing your income into a qualified retirement plan from an early stage of your career can provide you with the advantage of compound growth for longer.

This means that not only does your initial investment generate returns, but the reinvested returns also generate their own returns over time. Starting early maximises this effect, allowing your retirement savings to grow substantially over time.

As an example, if you plan to retire at 65 but delayed contributing to age 35 instead of 30, and assuming your pension fund increases by 5% a year on average, you would have to save an additional 35% each year because you delayed contributing. So, while you may not be able to set aside much to start with, even small amounts ensure you don't lose out on the pension growth and have to save much more later.

In the earlier part of your career, talk to your senior colleagues in your practice about who they use for professional advice and don't be afraid to ask them questions. **YD**

For further information please contact Dentists' Provident on 0207 400 5700, email marketing@dentistsprovident.co.uk or visit www.dentistsprovident.co.uk.



Orthodontic Solutions Post



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Your UK Team Just Got Bigger!

We have recently welcomed three new members to our UK support team;

Alan Holland

Inside Sales Representative
aholland4@solventum.com

Mohab Fouda

Clinical Specialist for Clarity Aligners
mfouda@solventum.com

Lynsey Blackburn

Territory Business Manager, North England & Scotland
lblackburn3@solventum.com

We're excited to be expanding our team to enable us to improve the services and support that we can deliver to our customers.

Solventum launches 3M™ Clarity™ Aligners in the UK

On 23 May 2024, Solventum (NYSE: SOLV), formerly 3M Health Care, launched 3M™ Clarity™ Aligners in the UK. They were unveiled at a PR and communications event held at Frameless, an immersive venue and experience in London. Guests were treated to presentations on the system, how Clarity Aligners can help reduce plastic waste, and a mindfulness session designed to help bring greater clarity into our lives.



Spreading your wings

Eric Easson considers the professional challenges you might encounter in your first five years after graduation

Starting the next stage of your dental career after completing a BDS degree is exciting and possibly a bit scary too, away from the familiar surroundings and people. While most young graduates go onto thrive as independent dentists, being able to navigate some tricky situations is part of that process.

Here's the DDU's guide to the most common dento-legal issues faced by young dentists.

New starts

The first few years of your career will probably be punctuated with several workplaces as you explore different career options. Whenever you start somewhere new, make the most of the induction to get to grips with the policies and procedures, the computer system and your new colleagues. This will give you a head start when you see your first patient.

Check your contract

When you take an associate job, ensure you have a contract/legal agreement setting out things like remuneration, notice periods and retention fees. Don't rush into signing it until you're clear about your obligations and those of your practice owner because at that point it's legally binding.

Leaving your practice

Problems can arise after you've moved on, such as a complaint or suspicion of poaching patients. For this reason, it's best to part on good terms if you can and ensure the practice is still able to contact you to avoid any delay in responding to an unhappy patient. You should also discuss any departure announcement as you don't want to mislead patients.

Working in a team

The GDC expects you to work effectively with colleagues and contribute to good teamwork in the patients' interest. It's also in your interests because other dental professionals can be good

sources of guidance.

Clear, respectful two-way communication is essential to avoid misunderstandings and disputes when working alongside a dental nurse, delegating tasks to colleagues, or making a referral. If something does go wrong, being open and honest with your boss is more likely to rescue the situation than trying to blame others.

Working within your training and competence

One of the most daunting things about your early days as a registrant is being fully accountable for the planning, delivery, and management of patients' treatment but there's no shame in asking for help if a procedure is beyond your expertise.

The GDC says you must only carry out a task 'if you are appropriately trained, competent, confident and indemnified' and lack of experience cannot be used as mitigation should the patient suffer any harm.

Patient interactions

Independent practice involves working with a wider pool of patients with different needs. Most will understand and make allowances for your inexperience (within reason), but you will certainly need to draw on your communication skills to establish a good dentist-patient relationship.

Introduce yourself to the patient and explain your role in their care, listen to them without interrupting, avoid using jargon and take time to reassure the patient and provide further explanation if required. It's especially important to be clear about things like costs.

Occasionally, you might have a difficult interaction. Try to stay calm and professional, and avoid talking over the patient as this could potentially create conflict. At the same time, familiarise yourself with any workplace zero tolerance policy and seek help immediately if you're worried about your safety.

Record keeping

Records should be written up as soon as possible after a patient interaction, but it can be harder to manage this when you have a full waiting room. It's worth seeking tips

from more experienced colleagues if you're struggling. Your dental team can support you, though it's your responsibility to ensure the record is accurate and complete.

Your records should be concise and include relevant information such as findings on examination (including things that you looked for and didn't find), diagnosis and discussions about treatment plans and risks. They should also be clear for anyone who sees the patient after you and in case of a complaint. Don't use uncommon abbreviations and avoid personal comments. If you need to correct a factual error, indicate when and why you have made the correction. However, you should never try to alter your records in the event of a complaint or adverse incident.

CPD requirements

Once qualified, you must complete a minimum of 100 hours verifiable CPD over a five-year cycle in order to maintain your GDC registration. Your first CPD cycle begins at the start of your first full year of registration and the GDC expects you to complete at least 10 hours of CPD every two years and submit an annual CPD statement.

Get organised with a personal development plan (PDP) and CPD log so you can record dates, duration and evidence. While the GDC doesn't routinely ask for your CPD records, it might in some circumstances so keep them safe.

Keep your indemnity up to date

Whether you plan to move to a dental associate post or start dental core training, you must have the right level of indemnity. You need to declare that you have indemnity when registering with the GDC and when renewing each year. It's also in your interests to have access to dento-legal support, advice and representation. Talk to your dental defence organisation about what they can offer you as a newly qualified dentist. | YD

Visit www.theddu.com to learn more about how the Dental Defence Union (DDU) can support you as you begin your career.

Eric Easson
Dento-legal adviser, DDU



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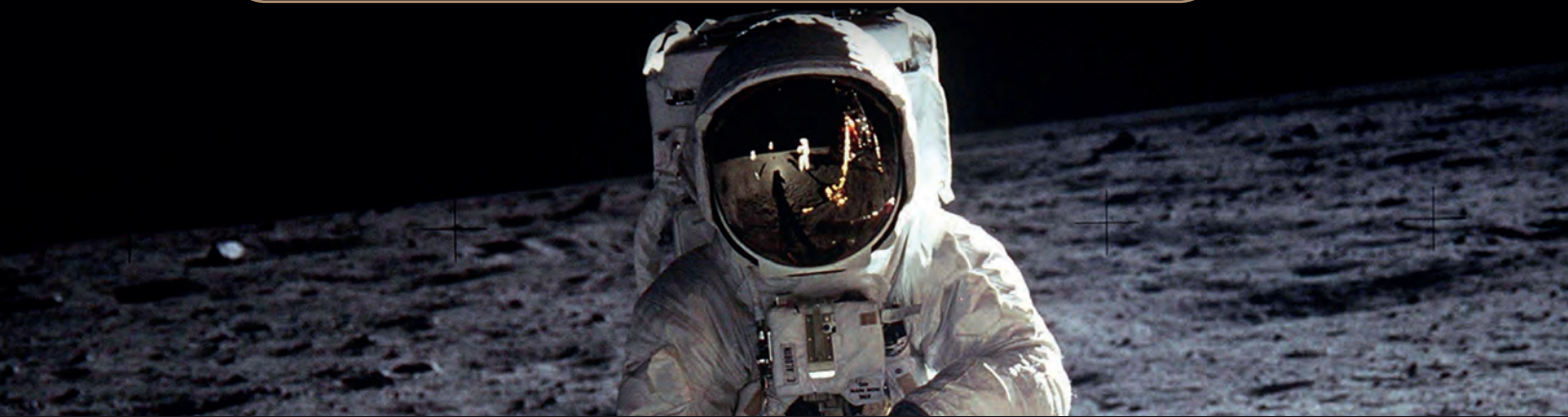
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Doctor A



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A voyage of self-discovery

After a rewarding and enriching experience studying dentistry in Spain, **Anmol Gill** reveals her top tips for attending university abroad

Studying dentistry abroad, particularly in Spain, was a leap out of my comfort zone. But it turned out to be the best decision I've made. Despite being a homebody, the experience pushed me to grow personally and professionally in ways I never imagined possible.

Instead of solely focusing on academics, I found myself immersed in a new culture, acquiring language skills and building a global network. The challenges of studying abroad forced me to adapt quickly, leading to significant personal growth and independence.

Harmonious blend

Moving abroad involves getting around a city with different transport systems, communicating with locals, understanding how a different country works, becoming familiar not only in a new town but a new country, and essentially doing day-to-day things in a foreign speaking country completely alone. This excelled my self-confidence and, in all honesty, I am now a braver person. I feel I can find my way through almost any situation that is thrown at me.

Studying in Spain offers a harmonious blend of academic challenges and extracurricular exploration. Amidst rigorous coursework, I enjoy the excitement of exploring a new country, experiencing its vibrant culture and savouring every moment as if on a perpetual holiday.

Spain cannot be beaten for its party culture, the positive aura of the people, the never-ending rooftops and fusion restaurants – and, of course, the weather!

Choosing a course

Selecting the ideal course and university abroad boils down to personal preferences and practical considerations. Visa requirements and language proficiency are crucial factors. Assessing how frequently you plan to travel home and

the career trajectory aligned with the chosen course are also pivotal.

Another factor to take into account is your preferred location: whether you prefer a busy city, a tourist environment or a more rural and peaceful location. I personally wanted a blend of learning about one of the world's biggest cultures while also being able to be in a tourist-rich and cosmopolitan location where I can balance a new environment with the familiarity of city life (being from London).

Ultimately, the decision should align with both academic goals and lifestyle preferences, ensuring a rewarding and enriching experience studying abroad.

Admission

The application process is becoming increasingly competitive due to the demand and interest from the UK students. My advice would be to go through this process with an agency that can help and guide you throughout the journey depending on the chosen university and country.

Universities will require A-level prediction grades or grades that will be converted into a score equivalent to a local diploma. Knowledge of the local language will also be considered, though most courses include language lessons.

There will also be a couple of online tests to be completed but no need to prepare for an entrance exam or an interview. It is important to know there will usually be a language exam before entering clinical years to ensure you can communicate with patients.

Returning to the UK

The ongoing recruitment crisis in the UK is likely to mean that British nationals returning to the UK won't face any serious obstacles.

The following is from the GDC in June 2023: 'The continuation of the automatic recognition of European dentists' diplomas means that the process for those dentists to join the UK register will remain, including checks on language, health and character. The announcement will also reassure those who have left the UK to study dentistry in Europe that their qualification will be recognised in the UK when they return.'

Pitfalls

Embarking on this journey abroad is an exciting yet challenging endeavour, often accompanied by commonly overlooked pitfalls. One such hurdle is the language barrier, which can initially seem daunting.

I had moments where I would not understand a thing and felt I couldn't get through it. However, I continued to persevere. I picked up the language faster than I expected and now I am in a fortunate position to be able to speak the world's second most spoken language alongside my dental degree.

Another pitfall is the adjustment period, which may take longer than expected, especially compared to the familiarity of studying in the UK. It's essential to stay motivated and remember that everyone's journey is unique, with inevitable ups and downs wherever in the world you may be. Patience is key, as eventually, everything falls into place.

It's also crucial not to idealise the experiences people may be having back at home, falling into the trap of believing the grass is greener on the other side.

Hints and tips

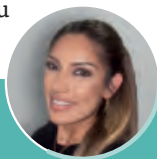
If I could give any hints and tips I would 100% recommend a language tutor so you can learn on your own terms and have a head start.

Look into your chosen university and understand how it teaches its course and the requirements during your course (exams, passmarks, credits etc) and make sure you understand and are happy with its methods of teaching the course – as you would do with any university in the UK.

When you get to your location, start with an open mind, be excited for new experiences and opportunities, and be sure to get involved.

Looking back, those years abroad were not just about earning a degree; they were about personal transformation. The friendships forged, the challenges overcome and the experiences gained have left an indelible mark on my life. Studying abroad was more than just an educational journey – it was a voyage of self-discovery and personal development that I wouldn't trade for anything. **YD**

Anmol Gill
Dentist



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E D U C A T E D & A C C R E D I T E D B Y S T Y L E I T A L I A N O

You snooze (or) you lose!

Umair Afzal discusses why sleep, movement and a consistent routine are key to success and wellbeing as a dental student

For many of us, the pursuit of wellbeing is a personal mission. Society tells us that physical and mental health are essential to lead a healthy life. However, maintaining this delicate balance can be difficult when combined with the demands of day-to-day dentistry.

Meeting deadlines, reaching targets and managing our patients' high expectations isn't always easy. Despite these challenges, I've experienced the difference our wellbeing can have on the quality of care we provide.

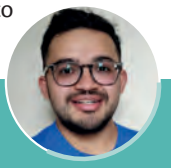
Wellbeing is multifaceted and includes nutrition, social connection and relaxation. Improving these areas has been challenging during my degree. For me, two factors that have had a significant impact on my development have been sleep and exercise.

In this article, I will outline how these two pillars of wellbeing have improved my life and explain how a consistent approach has helped me throughout.

The relationship between sleep and caffeine

Sleep is a vital tool that's often overlooked in our busy lives. Besides helping regulate our heart and reducing stress levels, the amount of sleep we have directly impacts our ability to consolidate new memories.

Last summer, before my final year at university, I became fascinated by how sleep can impact my concentration. I learnt that two factors determine how well we sleep. Firstly, our 'body clock' works to a routine based on light exposure and habits. Secondly, as the day goes by, sleepiness is caused by a build-up of the chemical adenosine in the brain. As adenosine accumulates, the pressure increases for us to fall asleep.



Umair Afzal
Past president, Leeds Dental Society, Leeds University

I used to rely on coffee to give me a 'jolt' of energy in the afternoon. Caffeine blocks adenosine in our brains so we can stay awake and feel less pressured to sleep.

However, once the caffeine wears off, the sleep pressure returns with all the extra adenosine accumulated in between.

Having a regular afternoon coffee pushed against my pressure to sleep. Once it wore off, I was less focused on the lectures and dependent on caffeine to keep me awake.

Instead of coffee, I've found that consistently sleeping in a cool, dark bedroom with minimal exposure to gadgets helped me fall asleep better. Exposure to sunlight as soon as you wake up calibrates your natural body clock. I tend to avoid caffeinated drinks in the afternoon, too.

My university clinical group noticed I 'always had energy' on the Monday morning coach journey from Leeds to Hull. Heading to bed and waking up at consistent times each day was partly why.

It's a work in progress, but this is what has helped me so far!

Exercising outdoors

The gym isn't the only place we can exercise: any activity involving movement benefits our wellbeing.

Finding the time to get active outdoors can release endorphins that make you feel good and more productive. For example, I'm a keen outdoor runner in the morning before the day begins.

Besides energising my body, I feel a sense of accomplishment and a mental boost to tackle the day ahead. It's incredible how something as simple as fresh air can make you less tense and more relaxed.

Walks help me inspire creative thinking, which has been helpful for lengthy university essays and writing

articles like this one. We don't have to put effort into walking, so our minds are free to wander to get a fresh perspective.

Even when I was miles behind on my revision schedule for finals, I consistently made time for a walk or run to help me destress and consolidate new knowledge. Natural light during exercise increases the endorphin and dopamine release, compounding the benefits too.

It might seem counterintuitive, but you will often gain energy by spending energy. Performing the first set of a workout or stretching your body will leave you more energised than you began. The hardest part is getting started.

Incorporating the outdoors doesn't have to be overcomplicated or time-consuming. Taking your lunch outside could change things up. You could cycle to your clinic instead of driving to help your heart circulate more blood and oxygen to your brain.

By making small changes in our daily lives, we can feel less overwhelmed and think more logically about the challenges we face each day. When your body is active, your mind is less likely to be sluggish. It makes a significant difference!

Final thoughts

Our journey towards wellbeing is something we are striving towards. Small and consistent changes to our sleep can considerably impact us on both a personal and professional level.

Integrating regular movement into our lives allows us to get a well-deserved break during a busy day. Working on these areas over time means we can navigate the demands of our profession with resilience.

Above all, it means we can function optimally, be more creative and elevate the standard of care provided to our patients. **YD**

Gain a deeper understanding

Simran Bains speaks to Guy Hiscott about the insight, support, inspiration and networking opportunities the BACD can offer young dentists

Guy Hiscott (GH): Tell us about yourself...

Simran Bains (SB): I graduated from Manchester University and currently working as an associate in both NHS and private practices. I am particularly interested in restorative dentistry and currently studying for my diploma in restorative and aesthetic dentistry with the College of Dentistry.

I currently sit on the board of directors of the British Academy of Cosmetic Dentistry (BACD) as well as being the secretary for the West Midlands division of the College of Dentistry. I am very passionate about shaping the future of dentistry, helping and supporting the younger generation of dentists.

GH: What's your role at the BACD?

SB: As the chair of the Young Membership Committee at the British Academy of Cosmetic Dentistry (BACD), my role primarily involves overseeing the support and development of our younger members within the academy. This includes creating opportunities for networking, education, and professional growth tailored to the needs of our young members.

One of our key initiatives is organising the BACD Young Dentists Day, which serves as an inspirational event for young dentists.

This special day comprises a mixture of clinical and non-clinical talks, designed to inspire and motivate students in their dental careers.

The talks cover a range of topics, including the latest advancements in cosmetic dentistry, career pathways, and personal development. By exposing young dentists to these talks, we aim to broaden their horizons and provide them with a holistic perspective on their future profession. We also work closely with dental



Simran Bains
Chair of the Young Membership Committee at the British Academy of Cosmetic Dentistry

universities to provide support to dental students. We understand the importance of nurturing and empowering future professionals in the field of ethical cosmetic dentistry, providing them with the resources and guidance they need to succeed in their careers.

GH: Why can it help young dentists to focus on aesthetics from the start of their careers? How do they balance that against the need to understand and deliver clinically sound, functional dentistry?

SB: Patients are increasingly seeking cosmetic treatments to enhance their smiles. Young dentists should synergistically acquire a strong foundation in dental fundamentals, including clinical knowledge and skills, whilst considering aesthetic factors. This ensures they can deliver high-quality, functional, ethical dental treatment whilst also positively influencing their patients' self-esteem and contributing to their overall health.

Engaging in continuous professional development and postgraduate education programs can help young dentists refine their skills in both clinical and aesthetic aspects of dentistry. This ongoing learning allows them to stay updated with the latest techniques, materials, and treatment approaches for achieving optimal aesthetic outcomes without compromising functionality.

GH: Where does the BACD fit in with young dentists' careers? When is the right time to join?

SB: I joined the BACD as a student member during my third year at university – it is honestly never too early to join. The academy offers a wealth of educational meetings, conferences, and opportunities that can help you deepen your understanding and proficiency in ethical cosmetic dentistry.

We aim to foster a supportive and inclusive environment where young dentists and dental students can connect with experienced professionals, exchange

knowledge, and enhance their skills in the field of cosmetic dentistry. This networking opportunity allows them to establish valuable connections, seek advice, and potentially find mentors who can guide them as they progress in their dental careers.

Whether you are a student seeking guidance, a young dentist looking to expand your skills, or an experienced practitioner aiming to stay at the forefront of industry trends, the BACD offers a supportive and enriching environment for professional development.

GH: Tell us about the BACD Young Dentists day – what's on offer, and why should young clinicians think about coming?

SB: The BACD Young Dentists day is going to be held on Saturday 21 September 2024 at the Ham Yard Hotel, Piccadilly, London. It is an exceptional event tailored specifically for young clinicians. The Young Dentists Day features a diverse line up of clinical and non-clinical talks delivered by industry experts and experienced professionals, including Dr Simon Chard, Dr Melina Paschali, Dr Nik Sethi and Dr Bertie Napier. Attending these talks can provide young dentists with fresh insights, practical tips, and inspiration to excel in their careers.

GH: Why did you select these speakers specifically?

SB: We are always listening to the feedback from our young members and which speakers they are particularly interested in listening to. So, if any of your readers have anyone in mind they would like to see next year please email me suggestions at drsimranbains@gmail.com or contact me via Instagram [@drsimranbains](https://www.instagram.com/drsimranbains). | **YD**

The BACD Young Dentists Day will be held on Saturday 21 September 2024 at Ham Yard, London, W1D 7DT. Tickets are priced at £99 for members and £150 for non-members. For more information and to book, please visit: www.bacd.com/event/bacd-young-dentists-day-2024/.

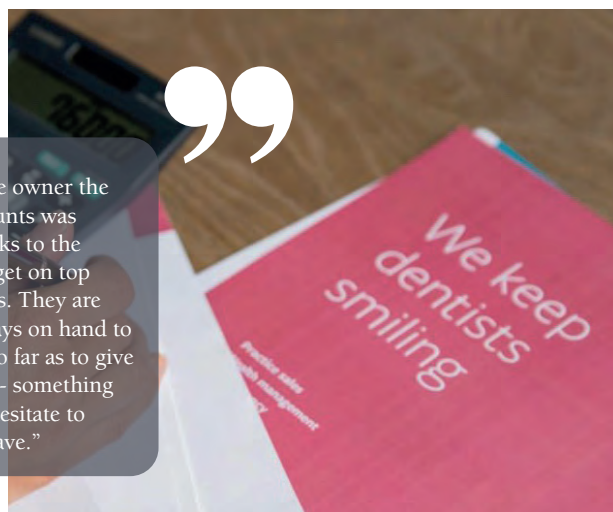
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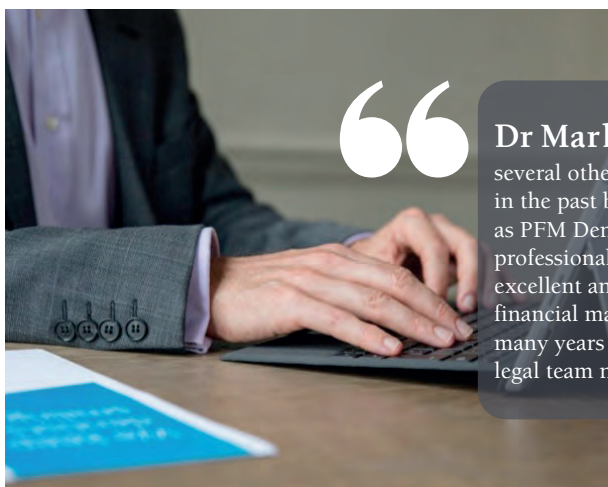
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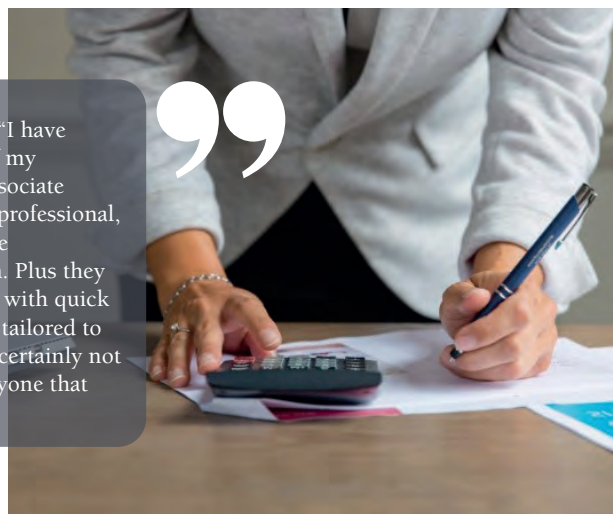
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What to consider before embarking on a specialist career

Amardip Kalsi explains how he embarked on his specialist career and offers advice to younger dentists considering how best to approach their own career pathways in dentistry

Tell us about your career: why did you choose dentistry and what led you to your current position?

When I initially considered what kind of career to pursue, I knew I wanted to do something vocational, with a pathway ahead of me. What I liked about dentistry was the idea of being a leader of a small team, and working in a hands-on, operative and clinical environment. Patient interaction and helping people appealed to me, rather than working in an office-based job.

Why did you decide to specialise and what has this meant for your career pathway?

I had a few training posts in hospital, plus some experience in practice, and found I was still keen to learn and develop more. I considered doing short, postgraduate training, such as a master's but decided I'd rather undertake specialist training because one, I'd be on the specialist list and two, it would give me a more robust and rounded approach rather than training that covered specific aspects of certain parts of dentistry.

Restorative dentistry also really stood out to me as a specialty; I thought that the role of a consultant would suit me and I liked the prospect of working in a multi-disciplinary team environment, which is challenging but incredibly interesting and rewarding at the same time.

Why did you choose the dental hospital route rather than practice?

I just found it a very stimulating environment to work in, and by the end of foundation training, I felt that if I were going to stay in practice I

would be working in one room every day with the same person. By contrast the hospital environment lends itself to drawing on input from a lot of different people and to seeing – and tackling – rarer and complex cases.

Why has restorative dentistry been your main focus?

I like how broad it is as a specialty, but also specifically the interface between prosthodontics and periodontics and how that can apply to complex cases. I like the high level of detail with a broad overview, which is very stimulating, holistic, whole mouth dentistry, where you look at all the different facets of a case and then assess from there exactly what needs to be done – and then deliver it. It is seeing something through from start to finish.

In what way can your leading roles in restorative dentistry help the younger generations and what has encouraged you to take teaching and mentoring roles?

Teaching helps me to stay fresh myself, because these days there's so much clinical evidence and so many new techniques being developed all of the time, so it enables you to sit down and analyse things in a great deal of detail.

Mentoring specifically is an enjoyable way to see people develop. Where teaching is imparting information, mentoring is very much about helping, supporting, and guiding people to access information and to develop themselves. It's also important to advocate for people who are training and developing, and help them navigate their career pathways.

My role has also led to interactions with national organisations and I also created a guidance document for postgraduate training in restorative dentistry for the British Society for Restorative Dentistry with input from some of my mentors.

Amardip's top five tips for young dentists

1. In any situation, whether clinical, non-clinical, or something completely outside of dentistry, take time to identify the challenges and then develop strategies to tackle them
2. Always think through the options, so it takes the guesswork out of making a decision
3. Keep your options open wherever you can, especially in relation to postgraduate training in restorative dentistry. Do as many different courses as you can so that pathways are open to you should you wish to pursue them further
4. If an opportunity presents itself, take it if you can (as long as it's sensible!)
5. Finally, always remember the patient. Do what's best for them and that will keep you in good stead.

Tell us more about the guidance document you produced for postgraduate training in restorative dentistry. How is it different from other guidance, and what was your ambition for it?

The difference between this and other guidance is it appreciates that restorative dentistry is a broad umbrella term rather than just focusing on the restorative dentistry registrar specialty training pathway. I also created it because the specialty of restorative dentistry is unique to the UK and is not well understood. It also covers a lot of the questions that people have about the different career pathways, from short courses to boost skills and clinical techniques, to going down the full route of specialty training or following an academic pathway to a PhD.

What defines a successful course to ensure delegates really take away key tips they can implement quickly and safely in a practice setting?

A successful course is one where people



Amardip Kalsi
Consultant in restorative dentistry at Cambridge University Hospitals. Specialist in restorative dentistry, prosthodontics, and periodontics.



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can quickly just start applying whatever they've learned and do that effectively and safely. The key for that is something called deep learning; a learning and teaching concept, which relates to how information is consolidated within your mind.

Why do you train using human cadaver heads and pigs' heads over phantom heads?

As a clinician, you are as good as the amount of experience that you have. So, the more often you perform a specific procedure, the better you're going to be at it. Cadaver heads are the closest simulation that you will ever get to operating surgically, and while pigs' heads are not to the same level of detail, for a lot of procedures, they are the next best thing to help develop specific skills. The rationale is to build as many hours of experience as possible in as close a simulation to the real world as possible.

What advice would you give to young dentists?

My advice would be to be self-critical and to take on criticism as best as you can while taking the emotional aspect of this out of it, because that's the only way to improve and we all need to improve. Look for ways to continually learn as much as you can.

How do you see restorative dentistry developing in the future?

The big thing will be artificial intelligence. We've already had CAD/CAM processes that are increasingly widely used, and coupled with AI will hopefully take some of the burden of clinical and technical work.

We also have an ageing population presenting with complex needs, while on the other hand, the younger generation needs less of the traditional types of dentistry.

We will see more of a focus on

procedures which are to idealise the oral situation, rather than dealing with caries and periodontal disease in younger cohorts while the older cohorts will require more complex care. **I YD**

Sign up for Mr Amardip Kalsi's next specialist courses:

Sinus Lift & Block Grafting Cadaver Course takes place at the Cambridge Surgical Centre and includes two days of demonstrations and hands-on experience with fresh frozen human cadaver heads at the Cambridge Surgical Training Centre on 4-6 September. To secure one of 10 places please visit www.amardipkalsi.co.uk/cadavercourse
Refining Implant Strategies – Practical Planning Workshop taking place on 6-8 November 2024 at the Hilton Cambridge City Centre Hotel includes guided practical sessions on pigs' heads. Delegate numbers are limited, so to secure your place visit www.amardipkalsi.co.uk/refiningimplantstrategies.

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TePe's mouthwash moistens the mucosa and leaves a pleasant feeling in the mouth. Not only does it help with dry mouth, but the added 0.2% fluoride also gives that extra protection against caries.

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

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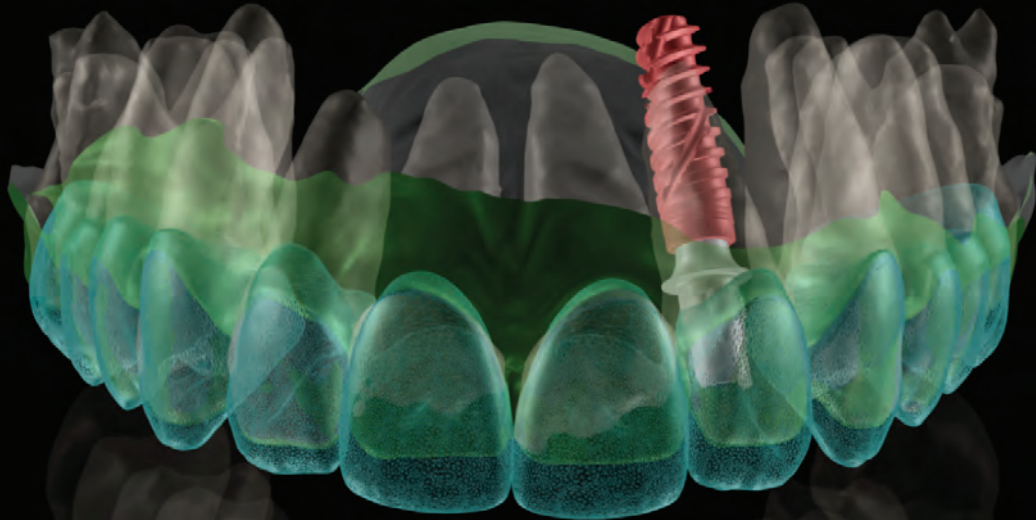
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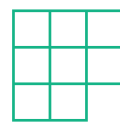
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Utilising multichromatic feldspar ceramic

Hu Guo Dong explains how two crowns made of Vitablocs Triluxe Forte were used to successfully restore two maxillary central incisors

Hu Guo Dong
Dentist



Vitablocs blanks for single-tooth restorations in the digital workflow have been on the market for more than 35 years, and have proven their clinical reliability during this time (Morimoto et al, 2016; Wiedhahn, 2006). Since the polychrome material variant Vitablocs Triluxe Forte launched in 2007, its integrated colour gradient, from the neck to the incisal edge, has made fast and economical reconstructions in the aesthetic zone possible as well.

After corresponding nesting in the virtual blank, the blocks matched to the Vita shade standards are often ready for full-adhesive bonding after a simple polish or with only minimal characterisation.

In the following case study, Hu Guo Dong shows how two crowns made of Vitablocs Triluxe Forte were used to successfully restore two maxillary central incisors.

Clinical case

A 45-year-old female patient came to Zoen Dental Clinic in Shanghai, China, because she was dissatisfied with the aesthetic appearance of an old crown on the UR1.

An intraoral examination revealed a metal ceramic crown that did not match the shade of her natural residual dentition at all. The ceramic veneer appeared lifeless and the visible metallic crown margin extended directly into an exposed and darkly discoloured root area.

The marginal gingiva and the incisal edges of teeth UR1 and UL1 were at different heights, making the dental arch appear uneven and inharmonious. The incisal edge of UL1 also exhibited a wedge-shaped defect.

The patient wanted a new restoration for the UR1 and the shaping of the dental arch to be harmonised. The gap between UR1 and UL1 was to be closed in the process. Since the patient was hoping for quick results, she declined a preliminary orthodontic treatment.

The consensus was to quickly restore the UR1 and UL1 with full crowns made of the polychromatic feldspar ceramic Vitablocs Triluxe Forte.

Wax-up and mock-up

Initial impressions were taken of the upper and lower jaw in order to create a wax-up of teeth UR1 and UL1 with the desired



Figure 1: Initial situation with the aesthetically unsatisfactory metal-ceramic crown on UR1



Figure 2: The morphological target situation was defined with a wax-up



Figure 3: A frontal view of the meticulous wax-up

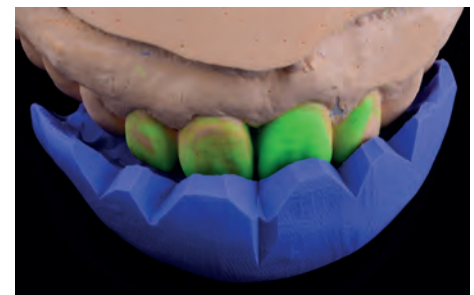


Figure 4: A silicone key was fabricated on the wax-up to facilitate the transfer of the target situation intraorally



Figure 5: The final intraoral mock-up was scanned and used to create an additive model

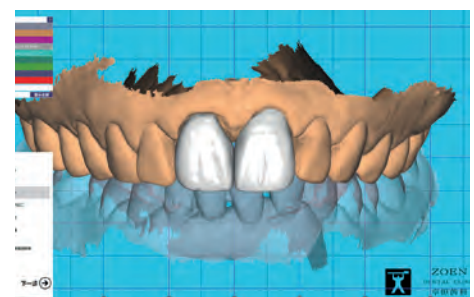


Figure 6: The design of the crowns made of Vitablocs Triluxe forte on UR1 and UL1 in the CAD software



Figure 7: The morphological effect of the crowns was checked virtually using a facial scan

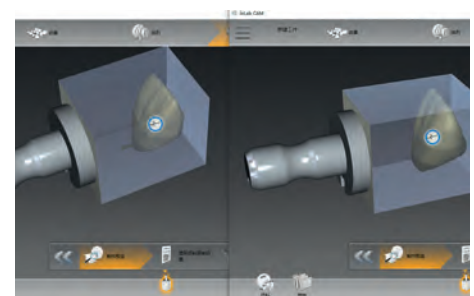


Figure 8: During the nesting process, the shade gradient of the crown could be adjusted to suit the patient through its positioning



Figure 9: The polychromatic Vitablocs Triluxe forte blanks in shade A2 before grinding in the milling unit

target situation after the situation models had been fabricated. A partial impression was taken from the wax-up using silicone. Afterwards, a scalpel was used to reduce the wax-up vestibularly into a collar shape following the course of the marginal gingiva.

The silicone key was filled with dual-curing, temporary crown and bridge material in the incisal area and positioned intraorally.

After the gel phase had been reached, the excess was peeled off along the marginal reduction, and the silicone key was then removed. The morphology of the wax-up remained on teeth UR1 and UL1, which was discussed with the patient. After slight modifications through the application of flowable composite and targeted reduction with a fine diamond, the desired actual situation was determined in consultation and then scanned. The data set was used to create an additive model for the final consultation.

The constructions were then nested in the Vitablocs Triluxe Forte block in the positioning module of the Cerec Inlab CAD software. The vertical positioning and inclination of the virtual restorations in the

Preparation and digital workflow

Tooth shade A2 was determined using the Vita classical A1-D4 shade guide. Another silicone key was fabricated on the additive model and another intraoral mock-up was fabricated prior to preparation to allow for controlled removal of the substance with a guided preparation.



Figure 10: The two finished, characterised and glazed crowns on the model



Figure 12: The clinical situation at UR1 and UL1 before the fully adhesive integration

In addition to preparing teeth UR1 and UL1 for full crowns under the microscope, a gingivectomy was also performed on UR1 along the mock-up to align the marginal gingiva. This was followed by an intraoral scan of the alveolar ridges and the vestibular final bite situation with the 3shape Trios 3 and a facial scan with the 3D face scanner Metismile. The data sets were matched in the Exocad software so that the morphological effect of the constructed crowns could be checked virtually.

The constructions were then nested in the Vitablocs Triluxe Forte block in the positioning module of the Cerec Inlab CAD software. The vertical positioning and inclination of the virtual restorations in the

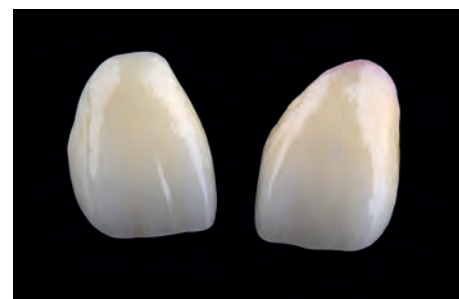


Figure 11: The two feldspar ceramic crowns before conditioning and integration



Figure 13: The feldspar ceramic crowns perfectly harmonised with the lip line

block made it possible to adjust the shade gradient to suit the patient before applying it to the Cerec MC XL milling unit.

Integration and conclusion

After separating the two restorations from the grinding pins, they were finished with fine diamond grinders and smoothed with rubber polishers. Thanks to the integrated colour gradient, the restorations appeared very natural. As a result, only minimal characterisations were carried out in the cervical area using Vita Akzent Plus Body Stains 03 (orange) and Effect Stains 06 (rust red) and 07 (khaki).

Individual nuances were created on the flanks with Effect Stains 12 (gray/blue) and 13 (gray). Effect Stains 12 (grey/blue), 13 (grey) and 14 (black) were used on the incisal edge to create shade effects specific to the patient.

Finally, the restoration was glazed using Vita Akzent Plus Glaze LT.

After a successful clinical try-in, the two all-ceramic crowns were incorporated fully adhesively on teeth UR1 and UL1. A meticulous simulation of the target situation with wax-up and mock-up, the precise tooth shade determination and a shade-accurate block selection made it possible for the aesthetic zone to be restored successfully and efficiently. The patient was clearly happy with her new smile and was completely satisfied with the quick restoration results. **D**

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Figures 14 and 15: Before and after comparison. The patient was satisfied with the fast and highly aesthetic restoration results

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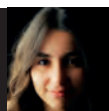


Scan for clinical studies

Mobile dental photography to document whitening

Rim Bourgi demonstrates how mobile dental photography can be used as a method of documentation for tooth whitening

Rim Bourgi
Restorative dentist



Dental bleaching occurs through the action of bleaching agents such as hydrogen peroxide (HP) or carbamide peroxide (CP) when they come into contact with the teeth. These agents penetrate the tooth enamel and dentin, where they break down into reactive oxygen species (ROS), including free radicals.

These ROS then oxidize and break down the organic molecules responsible for tooth discoloration, such as chromogens and stains, resulting in a whitening effect. The process of oxidation-reduction reactions initiated by the free radicals helps to lighten the tooth shade and improve the overall appearance of the smile.

An example of bleaching gels commonly used for at-home treatments is the White Dental Beauty professional tooth whitening system by Optident. These products come in various concentrations of HP or CP, providing dental professionals with flexibility to customise treatment according to individual patient needs and preferences.

Formulated to deliver effective whitening results while minimising sensitivity and protecting tooth enamel, White Dental Beauty professional tooth whitening gels are trusted by dental professionals for their safety and reliability. With options suitable specifically for at-home bleaching procedures, White Dental Beauty offers patients a convenient and dependable solution for achieving a brighter smile.

Mobile Dental Photography

Mobile Dental Photography (MDP) revolutionises modern dental practice, offering practitioners a powerful tool for capturing high-quality images of the oral cavity. MDP utilises smartphones equipped with auxiliary illumination devices such as Smile Lite MDP from Smile Line, Switzerland, allowing for precise documentation, diagnosis, and treatment planning.

With MDP1 and MDP2 systems available, dental professionals can choose the equipment that best suits their practice needs. These images can be stored electronically, facilitating easy access and integration into patient records for future reference. MDP not only enhances clinical



Figures 1 and 2: Initial situation



Figure 3: Initial picture with retractors



Figure 4: Importance of Smile Lite MDP2



Figure 5: Tools for initial whitening documentation



Figure 6: Shade determination

efficiency but also facilitates communication between dental team members and patients.

Practitioners can use images to educate patients on their oral health status and treatment options, fostering greater understanding and collaboration. Moreover, MDP supports evidence-based decision-making in dental care, empowering clinicians to make informed choices for optimal patient outcomes. Integrating MDP into routine practice enhances patient care and satisfaction, ultimately leading to improved clinical outcomes and a better overall dental experience.

Why MDP?

Many individuals seek dental bleaching to enhance the aesthetics of their smile in a safe and effective way. However, patients may encounter dental colour rebound within as little as 60 days post-treatment, emphasising the importance of maintenance.

It is essential to note that assessing colour changes post-bleaching often involves using tools like standard shade guides, though subjective factors such as observer age and experience, as well as lighting conditions, may influence results.

Considering the utility of MDP, which



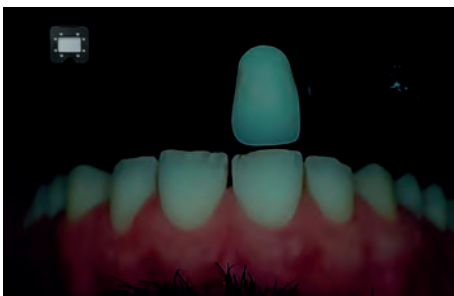
Figure 7: Initial polarised photograph



Figure 8: Whitening process



Figures 9 and 10: After bleaching: extraoral and intraoral photographs



Figures 11 to 14: After

utilises smartphone-captured oral images with auxiliary illumination like Smile Lite MDP, this article underscores the significance of MDP in supporting dental practitioners. A specific case focusing on documenting an at-home bleaching procedure followed by post-bleaching maintenance technique will be explored to illustrate these concepts further.

Initial presentation

A 32-year-old male presented at the dental clinic seeking a non-invasive solution for teeth discoloration. As part of the assessment, extraoral photograph was taken to document the progression of the discoloration before and after treatment (Figure 1).

The concept of Smile Lite MDP was developed to replicate the light conditions captured by digital single-lens reflex devices using smartphones. For this purpose, an initial photograph was

taken using the Smile Lite MDP2 (Smile Line, Switzerland) and the S22 Ultra smartphone.

To achieve optimal lighting, six LEDs on each lateral light and eight LEDs on the central light were activated and covered with a white diffuser, ensuring soft illumination for accurate colour representation.

The initial photograph, depicting teeth in occlusion with retractors, was also taken using the Smile Lite MDP2 at maximum intensity (Figure 2). An intraoral photograph was taken, emphasising the indispensable role of such images in dental documentation. This type of photograph is essential for accurately evaluating oral health, diagnosing dental issues, and strategising treatment plans.

The significance of Smile Lite MDP2 is underscored by its ability to capture artistic photographs depicting the initial dental situation (Figure 3).

The initial frontal view, captured using the Smile Lite MDP2, provides a comprehensive visual record of the patient's dental status (Figure 4). By providing optimal lighting conditions, the Smile Lite MDP2 ensures accurate colour representation, making it invaluable for documenting dental conditions, tracking treatment progress, and communicating with patients. Its portability and user-friendly design enhance clinical efficiency. Moreover, the Smile Lite MDP2 facilitates patient education and enhances case presentations.

Initial documentation

For the initial whitening documentation, essential tools include retractors, the black contrastor from Smile Line, and illumination provided by either MDP1 or MDP2 (Figure 5).

To assess the initial colour shade, reference to a shade guide or utilisation of an Optishade colorimeter (Smile Line, Switzerland) is imperative.

The shade initially determined with the Optishade colorimeter (Smile Line, Switzerland) was subsequently verified using the shade guide, confirming an initial shade of A2 before the whitening procedure commenced (Figure 6).

The polarising filter technique involves utilising the central LEDs at maximum power (with lateral LEDs deactivated) while employing a polarising effect above the central section of the device (Figure 7).

The resulting image provides precise insights into the colour, brightness, and specific details of the teeth, facilitating accurate assessment.

Whitening products

For at-home dental bleaching, various concentrations of CP and HP are available, including 5%, 10%, and 16% CP, as well as 6% HP formulations (Teeth Whitening Gels, White Dental Beauty) (Figure 8).

Notably, all White Dental Beauty gels incorporate NOVON patented technology to enhance efficacy and reduce sensitivity. The 5% CP Mild variant is tailored for sensitive teeth, while the 6% HP gel offers rapid results with a short application time.

Additionally, the 16% CP and 10% CP gels can be worn during the day or night. In this particular case, a 16% CP gel (White Dental Beauty, Optident, UK) was selected for application for one to two hours per day over a period of two weeks.

The patient received detailed instructions on how to correctly insert the bleaching trays and apply the gel, with the recommended dosage being a drop per tooth, equivalent to the size of half a grain of rice.

Impressions for the fabrication of bleaching trays can be obtained digitally using an intraoral scanner such as the Helios 500 from Eighteenth or conventionally using alginate materials.

Outcome

Following the at-home bleaching treatment, an extraoral photograph was taken to document the outcome (Figure 9).

The patient expressed satisfaction and contentment with the results, indicating a desire to maintain the achieved level of whiteness. As such, the patient sought guidance on strategies



Figures 15 to 16: Maintenance



Figure 17: After application of White Dental Beauty professional dissolving whitening strips

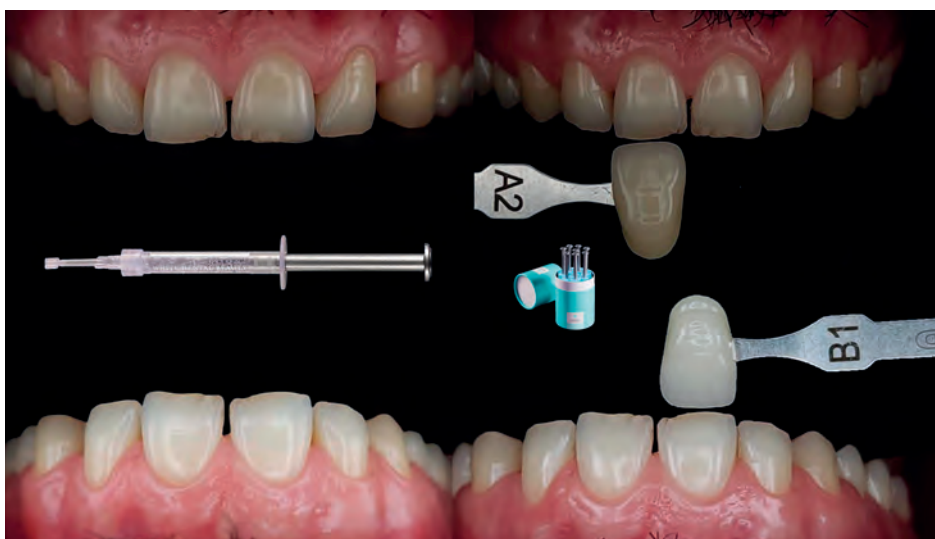


Figure 18: Before and after

for maintaining the exceptional outcome.

The intraoral photograph depicting the teeth in occlusion showcased the desired level of whiteness achieved by the patient (Figure 10). This image was captured utilising the assistance of MDP2, providing a clear representation of the attained white shade.

The ultimate frontal view, taken with the Smile Lite MDP2, offers a thorough visual documentation of the patient's whitening outcome (Figure 11).

Following two weeks of home bleaching, the final outcome revealed a notable transformation

in the shade guide, progressing from the initial A2 shade to a vibrant B1 shade, matching the colour of the teeth (Figure 12).

This remarkable colour shift was visually captured through an intraoral photograph.

After two weeks of treatment, the conclusive result was documented using MDP2, and the patient expressed satisfaction with the outcome, as evident from the polarised photograph (Figure 13).

Another pivotal image achievable with MDP2 involves activating all lights without any obstruction (Figure 14). This setup illuminates the

subject from all angles, resulting in a glossy effect that accentuates clarity and intricacy without the need for further brightness adjustments.

Maintenance

Immediately after or shortly following a bleaching session, teeth are susceptible to discoloration if exposed to pigments from beverages and food.

Therefore, it was previously thought that applying certain surface treatments to freshly bleached teeth could effectively reduce the absorption of stains and prolong the whitening results.

In this instance, White Dental Beauty professional dissolving whitening strips were utilised for maintenance, with strips applied to the upper and lower teeth for five days each, every two months (Figures 15 and 16).

The professional dissolving whitening strips P3, White Dental Beauty professional tooth whitening system, distributed by Optident in the UK, are designed to provide effective and convenient tooth whitening.

These strips offer a professional-grade whitening solution that can be used at home. The strips are applied directly to the teeth and gradually dissolve, delivering the whitening agent to the tooth surface.

They are formulated to minimise sensitivity while effectively removing stains and brightening the teeth.

Conclusion

The significance of pairing an appropriate whitening product with an effective maintenance solution is evident (Figure 18).

Both the patient and the dentist expressed satisfaction with the result. Before and after images were captured by MDP2 to comprehensively document the treatment progress (Figure 18).

The recipe for mastering mobile dental photography for whitening documentation and maintenance involves three key steps:

1. Document: Utilise MDP2 for comprehensive documentation of the patient's oral condition, including before-and-after images of the whitening process
2. Bleach: Employ teeth whitening gels, such as those from the White Dental Beauty range, to achieve the desired whitening results effectively
3. Maintain: Utilise whitening strips, such as P3, for ongoing maintenance to prolong the whitening effects.

Incorporating these practices into daily clinical routines facilitates the whitening process by eliminating the need for external assistance in capturing high-quality dental images.

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

PRODUCTS USED

White Dental Beauty Professional Tooth Whitening - Optident
White Dental Beauty Professional Dissolving Whitening Strips - Optident
Smile Lite MDP2 Smile Line - Optident

FOR MORE INFORMATION

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

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When is the right time to deliver IPR?

We explore the topic of **IPR**, whether we should be delivering it to orthodontic patients and when is the best time to assess

Farooq Ahmed

Consultant orthodontist at Guy's and St Thomas' NHS Foundation Trust and Northwick Park Hospital

Please introduce yourself

I'm Farooq Ahmed. I'm a consultant and specialist orthodontist working in central and north London at Guy's Hospital and in private practice.

I've been qualified as a specialist since 2015 and I'm really passionate about everything orthodontics – it's something I enjoy both personally and professionally. I have my own podcast and share my passion for orthodontics through lectures as well as social media. I love sharing with my community, whether that's my patients, orthodontists or general dentists who are interested in learning more about this field to benefit their own patients.

I think I'm very privileged to have the job that I do.

What is IPR and when should dentists offer it to patients?

IPR means interproximal reduction. It's simply the slenderisation of teeth to create space for orthodontic purposes. Its function has become more popular due to the use of aligners, but it's also used with fixed appliances in contemporary practice to create space. In terms of when you should carry out IPR, it's a question that's not simple to answer. It's about planning and staging, the same as when it comes to preparing a full-mouth rehabilitation case.

I feel that the planning of IPR has been missed out within orthodontics; both for aligners and fixed appliances. So, the premise of having a protocol, which is what I educate on, allows dentists to have that first point of knowing how much quantity of IPR is appropriate and then working towards the tools that you have in your own clinical practice to deliver reliable and safe IPR. I think the challenge that we have is that IPR is just overlooked. Deliver the IPR as a side note and focus on moving the teeth. You can't do one without the other and that's really why I like teaching this topic.

Is every patient suitable for IPR?

No, inherently not. It really depends upon a number of factors such as the anatomy of the patient's teeth and the quantity of movement that's required.

One of the saddest things for me is when a patient has IPR and we have spaces left over at the end – it's an irreversible process. There's no enamel coming back and we haven't followed a protocol.

We've just done what we've been requested to do without due consideration. For me that's the worst-case scenario in IPR.

Who is requesting IPR?

Usually it's aligner companies. They develop an AI

driven or algorithm driven plan. This works out how much the teeth overlap and advises on the amount of IPR needed.

The challenge with that is that there are errors throughout the process. Whether it comes to taking a scan that isn't 100% accurate or when digitally manipulating the teeth they're systematically undersizing the teeth. As a result, by not understanding the limitations of planning, we can unfortunately over-deliver on what is needed.

When is the best time to deliver IPR?

Doing IPR in one stage or one visit may not be ideal. You can spread it by planning it at the beginning, reassessing it in the middle, and delivering anything residual at the end that you need. That is the way to maximise IPR safely, reliably, and anatomically.

It's not a one stage process or one size fits all. There's no one item to deliver IPR that's perfect. You've got to go between tools depending on what you need, and that fluidity is really key. It's a reassessment through the process. Just like reassessing a patient's periodontal health, you don't fix it at the beginning. You monitor it and assess it and re-treat the patient as needed.

Are there any long-term risks associated with IPR?

The concept of IPR points us towards thinking there must be less protection for the patient's dentine, there could be sensitivity that takes place, and increased carious processes because it has less enamel. Fundamentally, we have to understand that mechanical removal of enamel is different to demineralisation. This is not the same as a caries-driven process resulting in loss of enamel.

From the research, what we understand is that when you remove the enamel mechanically, the surface that's left is likely to remineralise and is resistant to carious processes. There are 10-year long-term follow-up studies that show no increase

in caries taking place. Periodontal health is also not compromised, with no increase in sensitivity.

However, patients have to have a low caries risk and the IPR has to follow a protocol because that's what the research is based on. Without having stages and processes of planning, delivering anatomical IPR and polishing, that research doesn't apply. I think that's where we miss out on IPR. Without a protocol, we can create these problems.

What will you be discussing at this year's Dentistry Show London?

I'll be discussing IPR. We will focus on both the clinical side, which has different methods that are available and discuss this in detail, as well as the second stage, which gets missed out, the planning of IPR. Specifically, we'll be looking at staging of IPR and when to defer IPR.

IPR is one mechanism to deliver space. We'll talk to you about how to deliver it safely, how to follow my protocols so you can be reliable in delivering it. I'll go through how to use the space once it's created. This is something we forget after we create space.

So please join me this year at the Dentistry Show London on 4-5 October at ExCeL London. I'll go through my lecture on interproximal reduction and share my pearls of wisdom over the years of teaching, education and clinical practice within orthodontics.

How can people find out more information?

To find out more about interproximal reduction, you can follow my course that I teach twice a year. Visit www.iprcourse.com or follow @farooqorthodontist on Facebook or Instagram. You can also send me messages – I'm happy to advise and share content.

Don't forget to join me at the Dentistry Show London, where you can find out more about this topic so you can plan things safely and also follow the evidence-based protocols, which I'll be sharing.

Dentistry Show London launches registration for 2024!

Taking place on Friday 4 and Saturday 5 October at ExCeL London, this year's event will welcome over 4,000 visitors to an unparalleled exploration of the latest innovations in dental technology and practice, as well as patient care. More than 180 exhibitors, including top dental brands and suppliers, will be showcasing a wide range of cutting-edge products and the floor is set to be a buzz with trends, networking opportunities and thought-provoking presentations.

Portfolio Director, Alex Harden comments: 'Every year we aim to raise the bar for the dental industry and this year is no exception. With a phenomenal line-up of inspiring speakers to unbeatable networking and interactive demonstrations and theatres, there is something for everyone. We're proud to bring together the very best of what is on offer in dentistry, both at home and abroad, and look forward to opening our doors to unite and excite the dental community.'

This year sees the introduction of the new Speciality Interest Theatre which will be covering topics such as endodontics, orthodontics, oral surgery and periodontology, as well as the return of popular features such as the Clinical Excellence Theatre and Enhanced CPD Theatre.

Registration is free for dental and lab professionals and can be completed online through the official website. For more information visit london.dentistryshow.co.uk as well as following @dentistryshowCS on Instagram to receive updates and exciting news about what 2024 has in store.

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Supporting you further

Practice Plan expands its dental groups support team with the recruitment of **James Cameron**

Practice Plan is bolstering the support it offers to multi-site customers with the recruitment of a new member of the support team.

Having been the lead contact for groups of practices for nearly 15 years, Practice Plan business development manager, Lynne Womersley, has welcomed a new field-based colleague. Former employee of Practice Plan Group patient finance company, Medenta, James Cameron, has, as he puts it, 'come back home' after an absence of five years.

James has extensive knowledge of Practice Plan as he began his career with Wesleyan, parent company of Practice Plan and Medenta, in 2010 and between 2016 and 2019, he was part the field team for Medenta supporting dental practices across the UK.

Before taking up his role with Practice Plan, James spent time broadening his experience by working in business development and account management at an insurance company, an accountancy training provider, and a tax consultancy firm. Although he wasn't actively looking for a new role, an ad for the position of group relationship manager working alongside Lynne caught his eye. The opportunity to rejoin the Practice Plan Group and work within its unique culture once again was too good for him to miss, and so he's now supporting some of Practice Plan's larger customers.

'Although I've enjoyed learning new things and widening my experience, nowhere has ever really felt like home like Practice Plan Group does', James admits. 'I went out to look at the wider world and I've done some great things, but I just felt like I belonged back here in Practice Plan. This has proven to be the right choice for me, and I have really appreciated the warm welcome I've received from the whole team.'

Eager to get back in the saddle as soon as possible and get to know existing clients,

James has already been visiting some of them. 'I am keen to get up to speed and supporting practices as quickly as I can,' he says. 'I want to get back into the practice environment, so that I can understand it, pick up on what's changed and refresh myself. I thrived in the dental sector previously, undertaking a similar role at Medenta. This involved gaining a deep understanding of the challenges dental practices face. By doing this I could offer effective solutions. So, I now want to make sure that I can surpass what I had to offer previously through the experience I've gained elsewhere and my more diverse knowledge.'

Helping you grow

As well as helping Lynne by sharing some of the existing workload, James will also be assessing whether he can be of assistance to other groups of practices as well. 'We're obviously aware of a lot of dental groups that are currently with us. However, it's very likely there are others we'd look forward to working with,' he explains. 'Part of my role will be to try to establish relationships with them and continue to build our impressive network, which is similar to some of the work I did in my last role for a tax consultancy firm.'

Although he will be looking for new opportunities for Practice Plan, James' primary focus will also be on supporting existing clients. 'I will be asking our group customers how we can better support them. What do they need? And how do we help them grow? There may be some customers who are unaware of our proposition for groups. So, we want to make sure they're aware of how we

can be of assistance to them and giving the support they require; doing what we can to help them with their business ambitions and to ensure their businesses grow. I can't wait to really get stuck into the role.'

Head of sales, Zoe Close, sees James' appointment as a positive boost to Practice Plan's ability to take care of dental groups. 'We're truly excited about welcoming James to our team!' she says. 'This decision underscores our unwavering dedication to supporting, not only our team members, but also our practice groups.'

'James brings a fresh perspective and a rich skill set that will undoubtedly elevate our collective efforts. With his invaluable contributions, I'm certain we'll achieve even greater success in serving our ever-expanding portfolio of clients.'

'I will be asking our group customers how we can better support them. What do they need? And how do we help them grow?'

Practice Plan is the UK's leading provider of practice-branded patient membership plans, partnering with over 2,000 dental practices and offering a wide range of business support services. If you are interested in finding out more about how we help practices to become more profitable, whether you're a single practice or part of a group, call 01691 684165 or visit practiceplan.co.uk.



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Zirkonzahn's lecture tour: Southampton, Manchester and Cardiff

Zirkonzahn's 'Predictable and consistent results - Common mistakes and solutions to overcome them successfully' lecture tour is coming to Southampton, Manchester and Cardiff

The dental company Zirkonzahn (South Tyrol, Italy) has announced its 2024 'Predictable and Consistent Results - Common Mistakes and Solutions to Overcome them Successfully' lecture tour will be coming to Southampton, Manchester and Cardiff from 23 to 26 September, answering some common questions that may arise when dealing with complex zirconia restorations, including:

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

What will the lecture cover?

MDT Alessandro Cucchiario (CAD/CAM expert, Zirkonzahn course instructor and lecturer at various events worldwide) will draw attention to technical aspects and factors that influence the final result of a zirconia restoration.

By showing a real complex case, he will illustrate the challenges faced during each workflow step, from patient diagnostics to characterisation, providing keys to overcome them successfully. Special attention will be given to impression-taking, occlusion registration, passivity check and correct material selection.

The process of creating high-end, predictable zirconia solutions also involves a well-established communication between dental technicians, clinicians and surgeons. For this reason, the lecturer will also focus on the latest digital diagnostic devices - a key aspect for improving communication within the treatment team.

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



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

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The CPD lectures are great. There are so many different options, and it was all free of charge. Everyone can come along and see what they need to work on. It's a great place to just try and find out what's happening that's new in the industry. It has been absolutely fantastic, and most definitely I can't wait for next year.

**TRIPAT MAHAJAN, DENTIST,
MOUTH CANCER FOUNDATION**

Dentistry Show London is a fantastic opportunity for dentists of all ages and all backgrounds to come and meet together as well as the dental team. For me as a dentist and a practice owner, I come to look at the equipment, to see hands-on what I can find. It's all well seeing something in a brochure, but actually feeling it, touching it, looking at it, discussing the ins and outs of all these things with individual companies is fantastic. There is a huge breadth of different companies offering the same thing, you have a huge choice. It's great and it's all in one place.

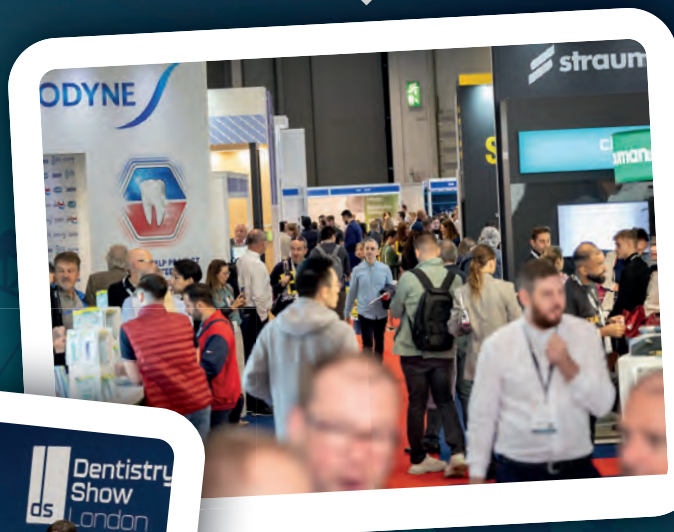
LEN D'CRUZ, HEAD OF BDA INDEMNITY, BRITISH DENTAL ASSOCIATION (BDA)

It's a fantastic opportunity to have a day out of practice and see your peers, your colleagues from the different trades, and the offers on equipment. It's a great opportunity to bring your list of products you need and explore the newest gadgets too, everything is under one roof. Dentistry Show London has been amazing. It has got that wow factor.

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Dentistry Shows



The Dentistry Show

From rock bottom to riding high

A **Practice Plan** event helped three dental practice owners salvage their business and renew their love for dentistry

Richard Staincliffe

Practice owner, Duston Dental



Andrew Lamb

Practice owner, Duston Dental



When Richard Staincliffe and his business partners at Duston Dental, Andrew Lamb and Cerys Williams, found themselves losing the equivalent of three-and-a-half full-time employees within a three-week period in 2022, their whole future appeared to be in jeopardy.

Duston Dental is a well-established practice that opened originally in the late 1960s. Until Richard, Andrew and Cerys bought the practice in 2007, it had been under the control of a single owner offering solely NHS treatments. In 2011, the team opened a second site which gave them a total of 10 surgeries to deliver an NHS contract of around 45,000 UDAs.

Although things had been going well until the pandemic, thanks to their good reputation locally and low staff turnover, as the world began to reopen, life got much harder. Lockdown had given Richard time to reflect on his work-life balance. 'We'd managed to retain good staff and when we had associates leave, we managed to recruit,' he says. 'But at the same time, I was getting to the point where I was quite tired of running an NHS practice and dealing with all of the rigmarole. So much so that during COVID I had some reflection time and I got to the point where I sat down with Andy and Cerys and said: "I want to sell up. I don't enjoy running the practice, I just want to get rid of it."'

Plans in tatters

For a while the plan was to sell the practice. However, losing so many associates in such a short space of time presented a problem. Despite advertising extensively, they were unable to recruit replacements.

'I think we got one CV for any of the posts, and they didn't want the job in the end,' Richard explains. 'We just could not recruit for NHS work. So, we were now facing the same problems that every other practice up and down the country had come to.'

Without associates to deliver the contract, not only would they face punitive clawback, but also the prospect of being unable to sell the practice. However, everything changed

when Andrew attended Practice Plan's 2022 Club Weekend in Portugal as the guest of a local colleague, Vivak Shah. 'I think he was just taking me to cheer me up,' Andrew says. 'But I went, and I met the Practice Plan team and Michelle (Hardy) and Jo (Phillpot) from our region. And I realised these are dentists like me. They're not different to me, but they don't work for the NHS. And the feedback was good. They told me what good support they'd had from Practice Plan. So, when I came back, I spoke to Rich and Cerys, and said: "You know what? Maybe we should look at doing this. Perhaps there is an alternative to selling up or going bankrupt in 12 months' time.'"

In summer 2022, the team contacted Practice Plan to talk through their options. 'In the end, Michelle and Jo basically took us under their wing and said: "Richard, Andy, Cerys, it's going to be all right."' Richard recalls. 'And I thought: "Okay, I trust you, because it's got to be okay."' And so, work began on the conversion.

Full conversion no choice

Although the team went through a full conversion from NHS to private, that had not been their original intention. They had hoped to rebase their contract and retain some UDAs. However, things did not work out that way, as Andrew explains: 'I did all the negotiations with the area team. I wanted to keep one third of our contract value so that we could still continue to offer some degree of NHS, but without it affecting the viability of our practice. But they said to me: "It'll be all or nothing. You're either going to keep the whole thing or it's very unlikely that you'll get such a big reduction." And the reason that they cited for that was because it will create too large an inequality in health service provision of dentistry, which was astounding to me.'

Despite some sleepless nights and some negative feedback from a small percentage of patients, the team is now enjoying spending more time with their patients. Around 6,000 signed up to the plan, meaning they have more than enough to keep the business growing and developing.

Post conversion life, according to Andrew, is: 'A lot better. Really good. In fact, I wish we'd been brave enough to have done it earlier. Lots of patients stayed with us so, financially, the practice is better off and in terms of the team, my dentists are happier. They like having a bit more time with their patients. The nurses have more time to do their decon because we haven't got so many patients all the time. It's been a nicer working balance.

'And of course there's nowhere near as much red tape,' he adds. 'You forget how much there is in the NHS. How many rules about, you can't do this without doing that. And it's lovely being able to make decisions based on what you think is the right thing for a patient and not just because it follows some made-up rule.'

Thriving, not just surviving

However, it's not only the business that's thriving. Richard has gone from someone who admitted to being disillusioned with dentistry and wanting to leave the profession to now being inspired to see out the rest of his career happily as a general dentist. 'I had started to get my ducks in line for an exit,' he admits. 'I've been studying for a master's in law, which I'm about to finish. But I was going to move to maybe medico-legal work; probably go into education, sell out the practice and go off, do something else completely different.'

'Now I can see the future. I can see the light at the end of the tunnel. And I've told this to people, I'm going to be here for another 15 years which will take me through to pretty much retirement. But now that's what I want to do because I enjoy coming to work,' he enthuses. 'I enjoy looking after people now.'

Richard credits their successful transition in part to the support they received from the Practice Plan team. 'I would say that talking to Practice Plan is probably the most helpful thing that I've done,' he says. 'You've done conversions many times before. And that reassuring arm round the shoulder to say: "Do you know what? It's going to be all right, Rich. You're not going to be facing the bankruptcy courts. You're going to be fine. You've been here for that long, and I've got other data to back this up," was what we needed to hear.'

'Having Michelle and Jo in practice with us, really helped to settle down a lot of those nerves, because I think if we'd have tried this on our own, it would not have gone as well. So, working with Practice Plan has been the catalyst for our future success.' **D**

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Developing leadership through emotional intelligence

Justin Leigh shares how you can create a more supportive and productive work environment

Justin Leigh

Founder, Focus4growth



We often hear about emotional intelligence in leadership, but the term is frequently used without real context or meaning. So, what is emotional intelligence, and how do we develop it?

Emotional intelligence is a concept originally developed by Daniel Goleman and his research team. Their model is widely recognised as the optimal structure for emotionally intelligent leadership. There are four foundations of emotional intelligence – they can be a useful way to develop a holistic approach to leadership.

I've been working on my own emotional intelligence and coaching clients to develop it for almost 15 years. Here's my perspective on it.

Self-awareness

The first element of emotional intelligence is self-awareness. It involves understanding yourself in leadership situations. How do you react to stress, high volume workload, difficult patients or staff? Which situations trigger negative reactions?

Self-awareness is also about understanding why these triggers occur. It requires a deep dive into your own emotions, thought processes, and past experiences. This introspection is challenging but essential for genuine self-improvement.

To develop self-awareness, consider keeping a journal of your daily interactions and reactions. Reflect on your emotions during situations. Over time, patterns will emerge, revealing areas where you need to focus your self-awareness efforts.

Seeking feedback from trusted colleagues and mentors can also enhance self-awareness. External perspectives on your behaviour offer insight you might not see on your own. Regularly engaging in self-reflection, whether through meditation, mindfulness practices, or simply thinking about your actions and their impacts, can further deepen your self-awareness.

Self-management

Self-management is the next step. It is about noticing what happens to you by default and making intentional change. If you find yourself angry, frustrated, or upset by difficult situations in your business, learning to manage yourself is a critical area of emotionally intelligent leadership.

Recognising the early signs before you react allows you to pause, focus on the outcome you want, and then act more eloquently. This is a huge help to you and your team. Self-management involves techniques such as mindfulness, stress management, and emotional regulation.

Mindfulness practices, like meditation or deep-breathing exercises, can help you stay calm. Stress management techniques, such as time

management and delegation, can reduce the pressure you feel. Emotional regulation involves developing strategies to deal with negative emotions constructively, such as re-framing your thoughts or taking a brief walk to clear your mind.

Incorporating routines and habits that promote physical wellbeing, such as exercise, healthy eating, and sleep, also contributes to effective self-management. Physical health is closely linked to emotional resilience – maintaining it can enhance your composure in stressful situations.

Social awareness

The third element of emotional intelligence is social awareness. This is about connecting with your team and patients and developing empathy. Being more intentional in noticing the emotions of your team and patients is often overlooked in the busy day-to-day running of a practice.

However, unless your team feels motivated, they can undermine the working environment and the experience of patients. Recognising when members of your team need support, help, or just someone to talk to is beneficial to practice culture.

To enhance social awareness, practice active listening. Concentrate fully on what is being said rather than just passively hearing the message. Show empathy by acknowledging others' feelings and responding appropriately. Additionally, pay attention to non-verbal cues such as body language and facial expressions, which can provide insights into how others are feeling.

Another aspect of social awareness is cultural competence. In today's diverse work environments, understanding and respecting cultural differences is crucial. This includes awareness of communication styles, values, and practices that different cultures bring to the workplace. Fostering an inclusive environment where all team members feel respected and valued enhances social cohesion and teamwork.

Relationship management

The final component of emotional intelligence is relationship management. Learning how to manage relationships is essential for leadership roles. This is challenging because people are emotional beings with personal lives that often spill over into work (and vice versa, of course).

Learning when people need space, coaching, support, or a more direct intervention is a skill you develop over time. It's easy to get it wrong, and without the other three elements of emotional intelligence in place, this happens more often.

Effective relationship management involves clear communication, conflict resolution, and team building. Clear communication ensures that everyone understands expectations. Conflict resolution skills help you resolve disagreements constructively so they do not affect team morale. Team building activities can strengthen bonds,

fostering a collaborative, supportive environment.

Building trust through consistent actions, integrity, and reliability is key. When team members trust their team, they are more likely to collaborate and support one another.

Regular constructive feedback and recognition are also important. This helps team members improve while recognising their efforts to boost morale. Acknowledging the contributions of your team shows that you value their work.

Integrating emotional intelligence

Bringing these four foundations into leadership helps you feel more in control and connected with your team. Stressful situations are easier, and team and patient relationships improve.

Emotional intelligence helps in making informed decisions that consider the wellbeing of your team and patients to create a positive work environment where everyone feels valued. This leads to reduced turnover and better patient care.

The next step is to introduce a coaching style. Combine coaching with emotional intelligence to unlock a level of leadership capability that helps you navigate tough circumstances. Coaching involves guiding staff to reach their potential, which enhances performance and satisfaction.

A coaching approach involves asking questions that help team members reflect on their experiences, identify their strengths and weaknesses, and develop action plans for growth. This empowers individuals and fosters a culture of accountability and proactive problem-solving.

Emotionally intelligent leaders who adopt a coaching style are better equipped to handle conflicts. They navigate sensitive conversations with empathy, ensuring everyone feels respected. This approach can prevent minor issues from escalating and maintain harmony at work.

Another benefit of integrating emotional intelligence and coaching into your leadership style is the development of future leaders within your team. By modelling emotionally intelligent behaviour, you can coach and prepare team members for leadership roles. This succession planning is vital for long-term success.

Conclusion

Emotional intelligence is a critical component of effective leadership, especially in the context of dental practice management. Not only does it enhance your effectiveness but it also positively impacts your team and patients. As you continue to develop your emotional intelligence, remember that it is a continuous journey. Regularly assess your progress, seek feedback, and remain open to learning and growth. **D**

To learn more, connect with Justin at linktr.ee/JustinLeigh.

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Top tips to avoid recruitment cavities

Leo Briggs and **Alexandra Addington** explain what practice owners need to know when recruiting new staff members

Leo Briggs

Deputy head of the Dental Defence Union (DDU)



Alexandra Addington

Solicitor at Peninsula Business Services



Before new recruits walk through the doors of the practice for their first day, a lot of work has already gone in to get them to that point, particularly as individuals are able to bring a claim of discrimination against a prospective employer even before they are an employee. It is unlawful to discriminate against applicants on grounds of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

So, with this in mind, here are some top tips to help with the recruitment processes in your dental practice.

The job advert

First, make sure that the job advert is appropriately worded. In *Ramos v Lady Coco Ltd trading as Shamela's Fresh Hot and Cold Food*, the advert for 'Takeaway female staff who can speak English fluently needed...' was found to be unlawful.

Other examples of phrases to avoid include advertising for someone who is 'dynamic' or 'experienced' because they could be

discriminatory on the grounds of age. Practice owners should make sure that no discriminatory language is used, or criteria imposed.

Next, carefully consider the role that you need to fill and what knowledge, skills and experience are needed. Compose an objective, clear and specific job description and personal specification that is not written for one sex or group only.

Consider the recruitment process and whether it is accessible. There is a duty to make reasonable adjustments for individuals with a disability and this applies during the recruitment process. In the case of *Aecom Ltd v Mallon*, the job application had to be completed online, however Mallon's medical condition, dyspraxia, made this difficult. Mallon asked if they could have a telephone call instead, but this was not arranged and their claim for failure to make reasonable adjustments therefore succeeded. To avoid making the same mistake, practice owners should carefully consider any requests for adjustments during their recruitment process and make them if they are reasonable and necessary.

Shortlisting and selection

When selecting the candidate shortlist, ensure it is made against the objective criteria. Then thoroughly prepare for the interview to make sure that the questions asked are not biased. When it comes to the final decision, it should not be based on factors other than the candidate's ability to do the job. For example, you should not reject the best dental nurse because they are pregnant.

Keep up-to-date records on recruitment decisions in order to be able to demonstrate that the reason for the rejection of one candidate and the appointment of another was based on objective factors and free from discrimination.

Practice owners and those responsible for recruitment within the dental practice need to also be aware of the risk of unconscious bias. Practice owners should ensure that all staff involved in recruitment or selection receive effective equal opportunities training and, where possible, use more than one person to carry out shortlisting and interviewing.

Once you have selected the successful candidate, the job offer should usually be made conditional on receiving good references, proof of the right to work in the UK, and when required, a check from the Disclosure and Barring Service (DBS).

Practice owners have a legal duty to prevent illegal working and can be subjected to penalties if they fail to do so. It is a criminal offence to employ someone who they have 'reasonable cause to believe' does not have the right to work in the UK. It can lead to the possibility of a prison sentence and a civil penalty of up to £45,000 for each illegal worker, and for repeated breaches, the fine can be up to £60,000 per illegal worker. To gain a 'statutory excuse' against the civil penalty, practice owners need to make sure that right to work checks are carried out in accordance with the Home Office's checking process.

Assumptions should not be made by the practice about a person's right to work in the UK or immigration status on the basis of their race or nationality. A right to work check must be completed before any new recruit begins employment with the practice to ensure that they have leave to enter and work in the UK. Checks need to be completed for every recruit at the same stage of the recruitment process to also avoid allegations of racially discriminatory treatment.

There is a lot to think about when recruiting your next member of the dental team. Whilst it can take some navigating, a well-run recruitment process should identify the best candidate, hopefully leading to a long and mutually beneficial employment relationship. **D**

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Words of wisdom

Ray Cox is encouraged by the financial planning advice of a successful practice owner

Ray Cox

Managing director, Medifinance



It's always something of a disappointment when things don't go quite as well as one had hoped. But we can often benefit if we take the time to ask ourselves (and maybe others) precisely why everything hasn't gone according to plan.

Recently I attended a healthcare conference/exhibition at which I was due to make a presentation specifically addressing the issues of funding practice purchase, set up and renovation.

As I waited for my speaking slot, I took the opportunity to sit and listen as other speakers covered a range of subjects, almost all of which focused on treatment procedures. The presentations were well attended, and I was looking forward to addressing a 'captive audience'.

The captive audience amounted to two or three.

So what went wrong? With all due modesty, I think I am a quite good (certainly experienced) public speaker, I know my subject and I try to ensure that content is relevant and helpful to the people I am speaking to.

Is money boring?

Well, perhaps in itself it is, but using it and making more of it is critical to running a business successfully. And to be consistently successful you need to make informed decisions at every stage and have the funding in place when the time is right to implement those decisions.

The trouble is that, being totally honest, many practice owners and potential practice owners don't really buy into this view and regard the disciplines required to run and fund a business to be of no great interest.

In a way, taking this on board may go some way to helping explain the empty chairs at my presentation but a later speaker, speaking of her experience in setting up her own practice, stressed just how vital business planning truly is.

Her opinion was and is that had she taken the advice and help that is available, and taken

it from the start, her success would have been achieved more quickly. This isn't a finance broker talking, but a real life, practice owning, practice running healthcare professional!

She was making the point that simply because business skills are not taught to healthcare students does not mean they will not be needed.

In today's competitive and consumer driven environment, they most definitely are.

Walk before you run

It was very reassuring for me (particularly as I sat listening and feeling somewhat peeved that there were fewer empty chairs at her presentation) that her advice was absolutely in line with that which I give. Namely: you must invest the time to acquire the skills you need to run the business side of your practice.

Here are the main reasons she gave:

- You will enjoy your job more if you do it well – why do it if you don't enjoy it? Dare to dream and take delight in fulfilling that dream. Put the location of your practice as a top priority. You will never be happy or do your best work if you are always wishing you were somewhere else
- Be confident but not cocky. You must believe in yourself but acknowledge that you, like everyone, have strengths and weaknesses – work on both
- You need to have a written business plan that sets out how you intend to run, fund and market your practice

- Take advice early. Talk to successful colleagues who can not only tell you what to do but, equally importantly, what not to do
- Build a team and do all you can to master the art of delegation. Don't worry, most of us are not too good at this, but it will pay huge dividends if you can get it right
- Surround yourself with advisers and suppliers you trust. Don't simply go for the cheapest option. Work with people and companies that you can depend on for support and advice in both good times and bad
- Recognise the key role of a really good practice manager
- Recognise the importance of branding and marketing. Resist the temptation to design your own logo, write your own ads and leaflets and put together your website. By the same token, if you are doubtful about the advice you are being given, trust your instincts.

These were some of the points that were covered in the 20 minutes or so that flew by. If any or all of them resonate with you, do get in touch. **D**

If you feel Medifinance may be able to help you with business planning and/or funding, contact Ray on 07785 757782 or rcox@medifinance.co.uk.

To be consistently successful, you need to make informed decisions at every stage



AI IN DENTISTRY

WITH ALAN CLARKE

The legal aspects of implementing AI technology in dentistry

Alan Clarke asks some hard questions around artificial intelligence

Alan Clarke

Cosmetic dentist and the owner of
Paste Dental



Since starting this column, I have been truly blown away by the speed of the artificial intelligence (AI) dental game. It really feels like during the last two months AI is everywhere. From dental radiographs with Pearl to note taking, implant planning and practice management solutions, they are all aimed at making us better clinicians and masters of our clinical efficiency.

Having an LLM in medical law and ethics, I want to use this grounding to discuss the complex arena of accountability with AI technology. While so many facets will make your life easier in terms of patient notes and radiographic diagnosis, the responsible clinician will ask the following questions:

- What if my diagnosis is wrong, can the AI be wrong?
- Am I breaching GDPR?
- With whom does the responsibility and liability rest?
- Can my insurance company/NHS LDC access my diagnosis vs objective clinician data?

Medical law and ethics

As the clinician treating your patients, you have the final diagnostic opinion on their dental healthcare journey. Just like you collate the information from vitality tests and articulating paper, observed and measured data and radiographs, AI diagnosis provides another, more robust, set of data as part of the diagnostic pathway. However, this is still just more data to inform your own diagnosis.

AI companies are very transparent on the abilities of their products, both from a clinical trust perspective but also from a software development point of view. They are candid in the fact that their technology can make mistakes but as the data set

increases these become far less frequent, so with time this already amazing technology will become even more accurate! An interesting argument does exist for a missed diagnosis if the AI technology is available in your practice but was chosen to be disregarded or unused. A precedent has not yet been set and while this technology is in its infancy, I cannot see any robust argument being placed in a court of law.

Full reliance

Like any diagnostic tool or clinical practice, it is important to ensure your team and clinicians are fully versed on the nuances of the product. While being an enhancing tool, full reliance on this technology would be a mistake, especially in the hands of a less-experienced clinician who doesn't yet have that confidence in their diagnostic abilities, reaffirmed by tenure or experience. Avoid legal issues and train your staff really well – their dentistry will be improved and your practice growth, consistency of patient experience and reputation will elevate as a result.

Data protection and security

All AI tech companies are required to ensure that their product is fully compliant with GDPR. When software integrations are completed into your practice management software, AI providers have extremely rigorous due diligence to conduct, proving your patient data is protected at every step of the journey. This gives you the relief that your regulatory duty is adhered to, providing an extra layer of protection and accountability taken from your hands.

Ultimately, patient data safety rests with the clinician. However, no further exposure that has not been rigorously tested has been entered into. Due care and concern has been applied if you work with the premium AI providers in the industry and patient care will ultimately be elevated as a result. If in doubt, choose companies who have native

integrations to your practice management system for that layer of accountability.

Insurance companies and your LDC cannot access any further data than that which you have submitted to them. So don't fret.

Access to care

Dentists should also respect patients' choices and preferences regarding the use of AI in their dental care. This includes accommodating patients who wish to opt-out of AI-assisted treatment and providing alternative options. Dentists must ensure that AI implementation does not impede patients' access to care, particularly for those with limited financial resources or disabilities. Failure to do so could result in legal challenges based on discrimination or unequal treatment.

Practice management

Moving away from the purely clinical aspect of AI, the ability to use this technology to streamline your diary, maximise practice efficiency and elevate your clinic has not been fully tapped.

It is important to look at an AI practice policy, detailing its usage on your site and expanding on GDPR coverage so that all staff know its remit and purpose when quizzed by your patients, or the CQC. Getting your team on board for this level of integration from a culture, values and training perspective will enable the potential of each team member to shine and push your clinic forward, with your imagination being the only limiting factor.

With training, policy and bravery, AI will revolutionise your dental clinic, inspire your team to look ahead, and allow for creative solutions you never imagined for your clinic and, most importantly, your patients. Diagnostic abilities are strengthened and as technology develops we will see far faster change than we have already experienced. Get ready, because it is going to be a pivotal moment for our profession. **D**

PRACTICE PRINCIPLES

Navigating the '700,000 new dental appointments'

Polly Bhambra questions whether the promise of 700,000 new NHS dental appointments is great news, or just hot air

Polly Bhambra

Practice principal,
Treetops Dental Surgery



As we step into a new political era with Labour taking the reins of power, the dental profession finds itself at a crossroads.

Labour's ambitious pledge to create 700,000 new dental appointments has sparked a mix of hope and scepticism among dental professionals.

As a dental practice principal deeply invested in the future of our industry, I believe it's crucial to dissect this promise.

We all appreciate the spotlight on dentistry. But we should critically evaluate the feasibility and potential impact of such a commitment.

A welcome focus on dentistry

The announcement of 700,000 new dental appointments is a significant acknowledgment of the importance of oral health.

For too long, dentistry has been sidelined in broader healthcare discussions. That's despite its critical role in overall health and wellbeing.

This promise signals a refreshing recognition of the need for improved access to dental care. It addresses the growing concerns about long waiting times and limited availability of services.

The focus on dentistry during the election campaign and in Labour's policy platform is encouraging. It brings our profession to the forefront of public health discourse. As well as emphasising the integral role of dental health in preventing systemic health issues. This increased visibility can potentially lead to more public awareness and a greater appreciation of the importance of regular dental visits. A positive development for both patients and practitioners.

A close look at the numbers

However, while the promise of 700,000 new appointments is ambitious and well-intentioned, it raises several questions regarding its implementation.

The first and most pressing concern is the source of funding.

With the National Health Service (NHS) already under significant financial strain, it is unclear where the additional resources required to fulfil this promise will come from.

The dental sector, like many other parts of the NHS, has faced budget cuts and funding challenges.

Introducing a vast number of new appointments without a clear plan for financing could strain an already overburdened system.

Furthermore, the promise does not specify whether the focus is solely on NHS services, which cater to a broader and often less affluent demographic. The promise might not fully address the needs of those who require more specialised care.

Workforce struggles

Beyond funding, another critical challenge lies in the practical implementation of this promise.

The dental sector is currently facing a workforce shortage. Many practices are struggling to recruit and retain qualified staff. This shortage is not just limited to dentists but also includes dental hygienists, nurses, and administrative staff.

Expanding the number of appointments without addressing the workforce gap could lead to increased workloads for existing staff, potentially impacting the quality of care.

Additionally, the infrastructure needed to support such a significant increase in appointments must be considered.

Many dental practices are already operating at or near capacity, with limited physical space and resources to accommodate more patients.

Expanding services might require investment in new facilities, equipment, and technology – all of which requires time and money.

Time for strategic planning and collaboration

For Labour's promise to translate into tangible improvements in dental care, a comprehensive

and strategic approach is essential.

This includes transparent communication about funding and a detailed plan on how these new appointments will integrate into the existing healthcare framework.

Moreover, collaboration with dental professionals and industry bodies is crucial to ensure that the policies implemented are realistic and in line with the practicalities of day to day in the practice.

A focus on education and training is also vital. Investing in the development of the dental workforce, including increasing training opportunities and support for dental students, can help address the workforce shortage.

Additionally, there should be incentives for practices to expand their services, such as grants for infrastructure improvements or subsidies for training and hiring staff.

Cautious optimism?

Labour's promise of 700,000 new dental appointments is a significant promise towards improving access to dental care and acknowledging the vital role of our profession.

However, it is essential to approach this promise with cautious optimism. The success of this initiative hinges on addressing funding challenges, workforce shortages, and infrastructure needs.

As dental professionals, we must remain engaged and proactive, advocating for policies that are not only ambitious but also grounded in practical realities.

By working together with policymakers and industry stakeholders, we can ensure that this promise leads to meaningful and lasting improvements in dental care, ultimately benefiting our patients and the broader community. **D**

Follow Polly on Instagram @pollybhambra for more hints and tips.

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Are you clued up on carer's leave?

Sarah Buxton breaks down new legislation surrounding carer's leave for employers

Sarah Buxton

Director, Buxton Coates Solicitors



The Carer's Leave Act 2023 came into effect as of 6 April 2024. Under the new legislation, employees are entitled to unpaid leave to give care to someone who relies on them (a dependant) and has:

- A physical or mental illness or injury that means they will need care for more than three months
- A disability (defined under the Equality Act 2010)
- Care requirements because of their old age.

The dependant does not have to be a family member and can be anyone who relies on the employee for care. Under the Carer's Leave Act 2023, a dependant could be an employee's spouse, child, parent, someone who lives in their home or a person who relies on them for care.

What are employees entitled to?

Employees are entitled to take carer's leave from their first day of work and their employment rights, such as annual leave entitlement and returning to their role, are protected during carer's leave.

Under the Carer's Leave Act 2023, employees are entitled to take up to one week of leave every 12 months. This can either be taken as a whole week, individual days or half days throughout the year.

The week that the employee is entitled to take off every 12 months is relative to the time they usually work over seven days. For example, if an employee works three days per week then they will be entitled to take three days of carer's leave.

If an employee needs to care for more than one person, they are not entitled to take carer's leave of one week per dependant. An employee is only allowed to take one week off for carer's leave every 12 months, but this can be used for multiple dependants.

In relation to pay, an employer may choose to pay an employee for carer's leave, but they are not under obligation to.

Providing notice

Employees are required give their employer notice before they intend to take carer's leave. If the request is for a half day or one full day, the employee needs to give their employer three days' notice. If the request is for more than one day, then the employee needs to give their employer notice equal to twice as long as the leave. For example, if the employee wants three days off then they need to give their employer at least six days' notice.

The request for carer's leave does not need to be in writing and employees will be able to self-certify their eligibility for the leave and will not be required to provide evidence of the dependant's care leave.

Under the Carer's Leave Act 2023, an employer cannot refuse a carer's leave request, but they can give counter notice to postpone the leave where they consider that the operation of their business would be disproportionately disrupted.

If an employer wants to delay the employee taking carer's leave, then they must agree another date within one month and put the reason

for the delay and the new date in writing to the employee within seven days of the original request.

As an employer, make sure you are aware of the new legislation surrounding carer's leave and note that you cannot just refuse a request.

We would advise that you should update your existing staff handbook to include a policy in relation to carer's leave. **D**

If you have any questions on carer's leave, contact Sarah on 0330 0882275 or email sarah.buxton@buxtoncoates.com.

The request for carer's leave does not need to be in writing and employees will be able to self-certify their eligibility for the leave and will not be required to provide evidence of the dependant's care leave



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How to register with the CQC

Ian Lloyd shares the process of registering with the Care Quality Commission (CQC) as a new provider

Ian Lloyd

Practice adviser, Apolline and Inspector, Health Inspectorate Wales



The Care Quality Commission (CQC) oversees certain 'regulated activities', which are referred to through the regulations. These are the activities and services each sector provides to patients and all those who use their services. All providers of health and social care services are required to choose the regulated activities applicable to their sector.

In dental practice the most common regulated activities are:

1. Diagnostic and screening procedures
2. Treatment of disease disorder or injury
3. Surgical procedures.

In order to register as a new provider, practices must use the CQC's new online Provider Portal, a website set up to offer users a better experience when submitting statutory notifications and registration applications.

Registering as a new provider is a very rigorous process! Ahead of completing the online application via the provider portal, a lot of preparation is required. You will need the following:

DBS enhanced checks

Enhanced Disclosure and Barring Service (DBS) checks are required for:

- An individual provider
- All registered partners
- Registered managers
- Nominated individuals.

The DBS must have an issue date that is less than 12 months old, and it must include both the adult's and children's barred list check.

If you are not a registered healthcare professional, ie not registered with the General Dental Council (GDC), you must have a CQC countersigned enhanced DBS (CQC-CE-DBS).

The original DBS must be posted to the CQC offices in Newcastle upon Tyne unless it is a CQC countersigned version.

Statement of purpose

You will need to upload your statement of purpose (parts one to four) into the portal. It is a legal requirement for all registered providers to have an accurate and up-to-date statement of purpose.

Part one includes details such name, type, contact details and partners.

In part two, describe your aims and objectives in providing the services you plan to provide. The CQC refers to these services as 'regulated activities'.

Part three includes your address and contact details, a description of the location and the type of service you provide at or from the location. This should consider the different needs of people who use your service, the regulated activities you will provide and the registered manager.

Part four should provide details of the registered manager(s). This is the person (or people) who will manage the regulated activities on a day-to-day basis. You should include their name and contact details, address, locations and regulated activities managed, and details of any job share arrangements.

Statement of financial viability

You will need to complete and upload a statement of your financial viability to satisfy Regulation 13 of the 2019 Care Quality Commission (Registration) regulations.

The first two parts are completed by the applicant and the third is completed by the applicant's financial specialist.

Supporting information

Complete and upload the CQC Liability Insurance Supporting Information form, along with quotes or certificates for public and employer's liability insurance.

ICO registration certificate

You will need to register with the Information Commissioner's Office (ICO) which must be uploaded and must be in the name of the proposed registered provider.

HSE registration certificate

You will also need to register with the Health and Safety Executive (HSE) for your radiographic equipment, and you need to ensure that the proposed provider is named on the certificate.

Documentation

You will need to provide:

- A staffing structure or organisational chart that shows what staff you will have
- A staff training matrix that lists all CQC required training for all team members
- A list of risk assessments you have or will undertake
- Consent policy and procedure
- Equality, diversity and human rights policy
- Governance policy
- Infection control policy
- Medicines management policy
- Recruitment policy
- Safeguarding policy and procedures.

All these documents must be dated and

tailored to your practice and the services you will be providing.

Quality statements

The CQC requires evidence that all dental practices provide care that is safe and effective, and that they are responsive, caring and well-led. These are called the five key questions.

The CQC's key lines of enquiry (KLOEs) have been replaced by quality statements. During the application process, you will be asked how you will meet the quality statements, expressed as a 'we statement'. The quality statements all fit into one or more of the five key questions with some crossover and duplication.

A 'safe' practice has a learning culture, safeguarding, medicine optimisation, infection control and prevention, and involves people to manage risks. It also has safe systems, environments and staffing.

'Effectiveness' is measured through assessing needs, delivering evidence-based care, monitoring outcomes and thorough consent processes. The way that staff work together to support people to live healthier lives is crucial here. The 'caring' aspect is demonstrated through kindness, compassion and dignity. People should be treated as individuals with independence, choice and control. The practice should respond to people's immediate needs and pay attention to workforce wellbeing.

A 'responsive' service champions person-centred care with equity in access and outcomes. Care provision should be well-integrated and plan for the future. Providers should listen, deliver information and involve people. For a practice to be 'well-led', it should have a shared direction and culture, with capable and compassionate leaders, governance, management and sustainability. There should be partnership and community with attention to learning and improvement. Workforce equality, diversity and inclusion is also important, with freedom to speak up about any issues.

Things to remember

Remember that the registration process is rigorous and can take some time. Registered managers are not responsible for managing the regulated activities until the CQC has confirmed the registration.

As the CQC registrations manager at Dentistry Compliance, my experience is that the process is currently taking a minimum of 16 weeks for applications to be processed.

The CQC will confirm the outcome of the registration process by email. **D**

Frank Taylor & Associates



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THE ORAL CLES

— Dental hygienists and dental therapists

Paving the way for lifelong oral health

The BSDHT's First Smiles school visit initiative 2024 was a huge success, writes **Miranda Steeples**

Miranda Steeples
President, BSDHT



The BSDHT's First Smiles initiative took place during National Smile Month with the kind support of Oral-B, empowering our volunteers with the tools they needed to make fun, educational visits to schools.

These visits were a fantastic playground of learning for the children, where they explored oral health through games and fun activities. It was also a wonderful way to get them comfortable with the idea that their friendly dental hygienist or dental therapist is a go-to for great oral healthcare.

Crucial early years

First Smiles is crucial for the BSDHT and members to further our mission of promoting oral health from a young age. The initiative allows us to spread awareness about preventive care and encourage healthy habits, strengthening the profession's role in public health advocacy and community engagement.

Supported by Oral-B for the ninth consecutive year, First Smiles is a testament to the enduring partnership aimed at fostering better oral health.

Dental hygienists and dental therapists who participated found it to be a highly rewarding experience. They directly impacted children's oral health by providing education and resources. The opportunity to engage with children and help shape their health habits was both fulfilling and inspiring for the professionals involved.

Activities led by our members included interactive sessions on brushing techniques, fun and educational games about healthy eating, and the distribution of toothbrushes. They provided informative talks and Q&A sessions to address concerns from children, parents, carers and teachers.

These sessions were designed to be engaging and informative, making learning about oral health both fun and impactful.

The class of 2024

A snapshot of the fantastic First Smiles events highlights the incredible efforts of our dedicated dental professionals. Amy Gay brought her expertise to Thurlbear Primary School in Taunton, engaging young minds with fun and educational oral health activities.

Jessica Harding captivated the children at Westland Downlands Infant School, Fordingbridge, with her interactive sessions, while Anna Charters inspired the pupils at Trinity School in Stowmarket with her enthusiastic approach to promoting healthy habits. Clare Payne's visit to West Thorpe Preschool in York was a delightful experience for the little ones, leaving a lasting impression on their understanding of oral hygiene.

Their combined efforts exemplify the passion and commitment of our volunteers in making First Smiles a resounding success. Indeed, the response from children, parents, carers and teachers was overwhelmingly positive.

Children were engaged, often showing excitement about learning new ways to take care of their teeth. Parents and teachers appreciated the practical advice and resources provided, which helped reinforce the importance of oral health in daily routines. The children's enthusiasm was particularly heartening, as it showed their genuine interest in maintaining their oral health.

A learning curve

Some common misconceptions encountered included beliefs that baby teeth do not need as much care because they are temporary and that sugary snacks are not harmful if consumed in moderation with proper brushing.

Addressing these misconceptions was a key part of the initiative, ensuring that both children and adults understood the importance of good oral hygiene from an early age.

Key messages conveyed during the initiative included the importance of brushing twice a day with fluoride toothpaste, maintaining a balanced diet low in sugary snacks and drinks, and regular dental check-ups.

Encouraging children to develop these habits early on reinforces these messages and helps instil lifelong good practices.

An expanding role

The role of dental hygienists and dental therapists in public health initiatives is expanding. Our members are increasingly recognised as key players in preventive care and education. Their involvement in events like National Smile Month showcases their ability to lead community outreach, support public health policies, and work with other allied professions to improve overall health outcomes. This evolving role highlights the importance of dental professionals in the broader public health landscape.

To overcome challenges, ensuring clear communication, building trust with both children and parents, and interactive and fun methods to teach oral hygiene – such as games, storytelling and hands-on demonstrations – are crucial.

Our message to parents, carers and children is simple yet powerful – oral health is a vital part of overall health. Establishing good oral hygiene habits early on can prevent many dental problems and lead to a healthier, happier life.

We encourage parents and carers to be proactive in their children's oral care and seek regular professional advice. By working together, we can ensure that every child has the opportunity to enjoy good oral health.

Community outreach

Beyond First Smiles, the BSDHT continues to be committed to various initiatives aimed at improving oral health education and access to care. We encourage members to stay engaged in community outreach, stay updated with the latest best practices, and support policies that foster better oral health for all. The collective efforts of dental professionals can make a significant impact on public health. **D**

For more information, visit www.bsdht.org.uk.

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From clinics to communities

Mark Topley speaks to Ben Atkins about how dentists can advocate for inclusive oral health policies

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Mark Topley

Dental CSR and ESG consultant



I am often asked as a CSR consultant about the best ways to volunteer as a dental professional in the UK, and in particular how to use dental skills and resources to serve marginalised groups. One of the people I respect most in this area is Ben Atkins, former president of the Oral Health Foundation. So, I decided to ask him for his thoughts on the subject. His insights were not just enlightening but also deeply inspiring, showing just how much of an impact dentists can have when they look beyond the chair and advocate for inclusive oral health policies.

Ben Atkins is no ordinary dentist. Former owner of multiple practices in northern England and a deep commitment to public health, Ben has spent years at the forefront of providing dental care to those often overlooked by traditional healthcare systems. His journey began with managing out of hours dental services for millions and evolved into a mission to map and address dental needs in real time. This approach opened his eyes to the broader implications of healthcare accessibility, particularly for marginalised groups like the homeless.

Mapping out dental needs

Ben's journey into public health dentistry started by mapping patient data to identify

By identifying and adopting a cause that resonates personally, dentists can address challenges and create meaningful, individualised impacts

high-need areas. By plotting phone calls and emergency cases on Google Maps, he could pinpoint where dental services were most urgent. This innovative method allowed Ben's team to allocate resources more effectively, ensuring that those in the direst need received timely care. This experience emphasised the importance of public health strategies in making dental care more accessible to everyone.

Reaching the homeless

One of Ben's most impactful initiatives was providing care to the homeless. By creating a non-judgmental and welcoming environment, his practices became a haven for those who often find it hard to access healthcare. Ben challenged the notion that these individuals are 'hard to reach'. Instead, he focused on breaking down the barriers within the healthcare system that prevented them from getting the care they needed. Collaborating with local charities, his team ensured that homeless individuals were treated with dignity and respect, just like any other patient.

Practical tips for dentists

Ben shared several practical strategies for dentists who want to make a difference in their communities:

- Incorporate marginalised patients into daily practice – Ben suggests setting aside emergency slots specifically for marginalised patients. If every dentist in the country allocated just a few such slots, it would significantly alleviate the healthcare burden on these communities
- Partner with local charities – building relationships with local homeless shelters or charitable organisations can streamline the process of bringing in patients who need critical dental care. By empowering the reception team to coordinate with these groups, practices can better manage their time and resources
- Leverage data for strategic planning – using data to understand where the greatest needs lie can help in negotiating better

resource allocations and demonstrating the impact of provided services. This approach can also guide the strategic placement of dental practices and resources.

The impact on dental practices

Engaging in community service not only fulfils an ethical duty but also enriches dental practices. Providing care to marginalised groups gives dental professionals a sense of purpose and accomplishment. These efforts can also serve as a foundation for advocating systemic changes, as demonstrated by NHS-backed schemes in regions like North Yorkshire, which allocate unique resources for community-focused projects.

Beyond homelessness: expanding the reach

While homelessness is a significant issue, Ben encourages exploring other underserved groups. He shared stories of working with individuals with spinal injuries and young carers through organisations like Bernardo's. By identifying and adopting a cause that resonates personally, dentists can address challenges and create meaningful, individualised impacts.

Ben's philosophy goes beyond providing accessible dentistry; it underscores the profound potential of dentists to be advocates and changemakers in their communities. By integrating public health perspectives into daily practice, strategically collaborating with local charities, and using data for more impactful interventions, every dental professional can make a significant difference. Embracing this broadened vision not only enhances service delivery but also contributes to societal wellbeing, ensuring that oral health policies are inclusive and effective for all. So, let's take Ben's insights to heart and start making changes – one patient at a time. **D**

DOWNLOAD my free guide to sustainable procurement, including flowcharts and templates, at responsibledentistry.com.



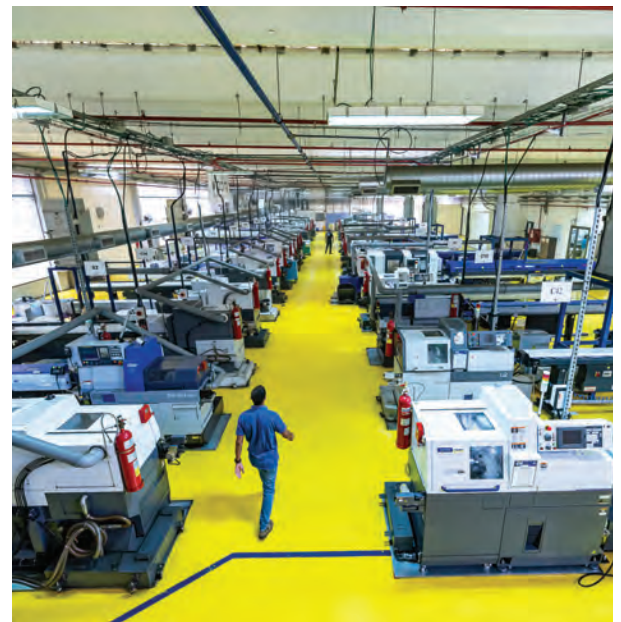
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The dangers of dental trends

Education and compassion are the best weapons against harmful dental trends, says **Luke Hutchings**

Luke Hutchings

President British Academy of Cosmetic Dentistry (BACD)



We have seen the rise and fall of direct-to-consumer dental services in the past couple of years.

The increased cost of living, combined with pressure to meet certain aesthetic standards, drove many individuals to what was promising to be a cheap dental solution.

In reality, many people will have ended up paying more than it would have cost to visit their local dentist in the first place.

When Smile Direct Club folded, thousands of patients were left paying for aligners they never received or abandoned mid-treatment.

Perhaps even worse is the number of individuals who experienced clinical problems as a result of the aligners they ordered. There are reports of mobile teeth, persistent pain, nerve damage and even tooth loss.

Dental 'hacks'

We have all read similar stories with regards to the 'Turkey teeth' epidemic and DIY dental trends. Often promoted across social media and driven by influencers, these so-called 'solutions' have done little good for the general population.

With younger adults particularly at risk, suggestions like filing down teeth at home to improve their shape or swilling hydrogen peroxide in the mouth could do some real damage.

The fact is that while interest in such 'hacks' or direct-to-consumer services is driven primarily by cost, it is also a consequence of poor dental education. This is something that we all as dental professionals need to be aware of and do something about.

Ultimately, if patients don't appreciate the importance of professional dental care, they are not going to see the value in visiting the dentist. That also leaves them vulnerable to new schemes or trends that promote an ideal dental outcome, despite some quite serious potential risks to long-term health.

How we can help

Moving forward, we need to renew efforts to educate our patients on the difference between professional and DIY procedures.

We need to explain the risks associated with treatment and how much more likely these become when not being supervised by a fully trained dental professional.

We should be addressing trends on social media and promoting safe and effective

alternatives to engage with the general population and ensure they are as informed as possible before deciding to try the latest 'hack'.

Of course, there are also questions surrounding how we treat patients who have already attempted some DIY dentistry or undergone treatment with a direct-to-consumer service.

Is there an increased risk from a litigation perspective, because they present in such difficult conditions? How do we ensure they understand that the previous services will impact the results we can achieve? Are there situations that we should avoid treating altogether?

Personally, I believe we should try to help everyone, but patient education is crucial in ensuring they really understand the situation.

They should always be treated with compassion and respect, so this education should not be condescending or scolding.

Our issue as dental professionals is with the direct-to-consumer companies and influencers making money off people's ignorance, not with the individuals who fall into the trap. **D**



One year of check-ups

Greig Wilson shares his perspective as a dental therapist now carrying out NHS exams

Greig Wilson

BADT Midlands representative and dental therapist



I qualified from the University of Portsmouth in 2010. Work during that time was very restricted, in that dental therapists could only treat patients following an examination and treatment plan from a dentist.

Three years later, this was to change as direct access was passed by the GDC. This allowed patients to access my services directly within a private dental care setting. After 10 years, in 2023, dental therapists were finally permitted to open courses of treatment for the NHS, allowing patients the choice to access a dental therapists service both privately and under NHS arrangements.

The number of dental therapists ready to undertake NHS examinations seems to have been limited. As a profession, we have been severely underutilised and become deskilled.

This was evident when meeting up with colleagues from university. More than 90% had not picked up a high-speed since qualifying and were working to the scope of a dental hygienist only.

A new generation

Perhaps this will be addressed with the next generation of dental therapists. Where direct access will be the 'norm', work opportunities will hopefully increase and more courses will be available to reskill.

The current UDA system is not an attractive model for any clinician to work within, let alone a dental therapist or hygienist with a reduced scope of practice. This isn't likely to tempt those away from well-paid less stressful private hygienist roles.

The NHS business services authority certainly needs to incentivise dental therapists and hygienists to work for the NHS by providing access to a working a pension and maternity pay. The dental therapist workforce willing to work for the NHS will certainly need time to reskill to provide treatment within their full scope. I have been fortunate enough to keep these skills over the last 14 years, but I realised there are several areas where my knowledge is lacking, or at least has faded when starting to do examinations.

Examination procedure

When providing examinations, I make sure that I follow all relevant regulations and

policies relating to my scope of practice, ie for orthodontic evaluation and referral, radiographic selected criteria, periodontal treatment needs and caries management.

While it is important to know what is within our scope, it is as important to know what is out of scope. This is when working within a supportive team helps the smooth transition from dental therapist to dentist for those out-of-scope items.

Dental therapists are allocated their own identification numbers, which allows work to be submitted through a performer. This then enables the practice owner to monitor the work done by a dental therapist.

Challenges

Following on from a year of undertaking examinations within scope, I have had a few challenges. Patients turning up in pain is the main one, especially where it is something out of scope.

However, I have been able to triage the initial stages of the patient's journey, aiding the dentist in diagnosing the issue with appropriate radiographs and pulp testing. This has freed up some of their time. Fortunately, this has been rare, and our reception team has been able to screen patients successfully.

I have also had issues when patients request other treatments such as a denture, however I am able to take the primary impressions on prescription of a dentist. Tooth whitening also still requires a prescription from a dentist.

Working in harmony

Overall, after explanation of my role and the referral route onwards, patients have been very happy to see me. There is a great team effort within all the practices I currently work at and dentists are comfortably working in harmony with me.

There are several advantages, I send a

lot of private
c o s m e t i c
treatments such as

Invisalign, veneers and bridges – all high-end treatments – to the dentists. In return, dentists help with NHS treatments that I am not able to undertake but will also refer back other treatments, such as resin infiltration and composite work, which I have a keen interest in.

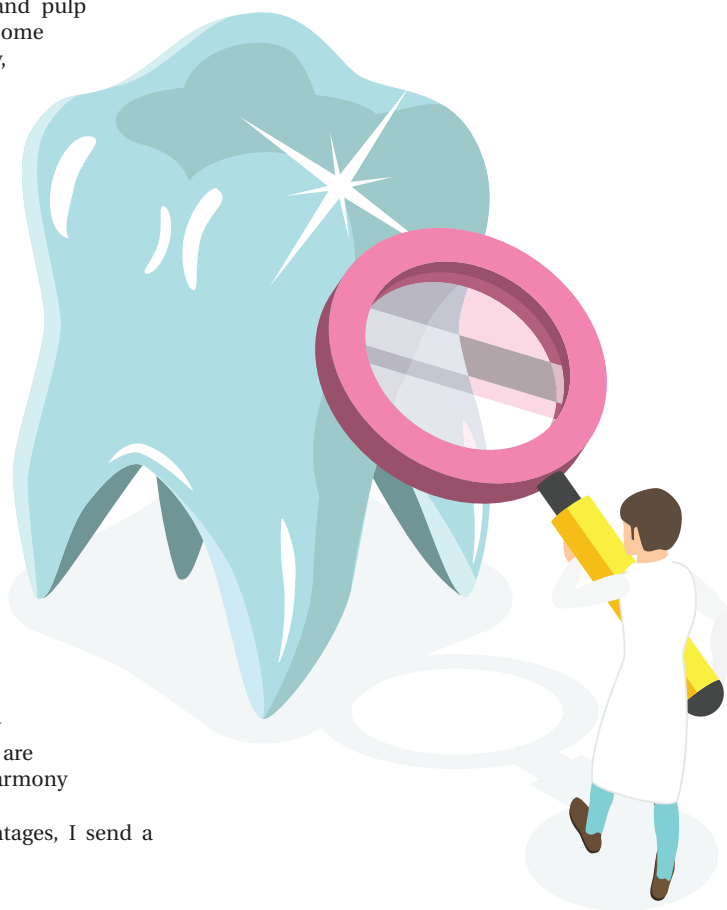
Finally, I'm in a much better position to utilise my full scope, which has greatly increased job satisfaction. Patients also have benefited from my services with increased NHS access and less red tape to receive high-quality, preventive focused dental care from a dental therapist or dental hygienist. **D**

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DENTAL THERAPY



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Dental chair safety: hints and tips

Justin Hind considers important aspects of dental chair safety and explains how best to seat patients

Justin Hind

Territory manager, A-dec



There is perhaps no more important piece of furniture in the practice than the dental chair, which has been through many iterations to get us to where we are today.

Before the 1700s, patients tended to sit on the floor with their head wedged between the barber-surgeon's knees. Mercifully, in the early 18th century, Pierre Fauchard got patients off the floor and into a chair. But it wasn't until 1831, when James Snell invented the first reclining chair in the form of a rocker, that a raised and supine position was considered a good option for the patient.

Over the years, various chairs and designs have appeared and disappeared, some incorporating a headrest, footrest, and back and seat adjustability, with which we are all familiar.

Today's dental chair not only maximises patient comfort but also takes into consideration health and safety of all forms, from infection control to ergonomics and everything in between.

Equipped for success

When it comes to your dental equipment, issues you need to consider include:

- Durability and reliability
- Performance and efficiency
- Safety features.

While this article focuses on A-dec chairs, the information can be considered relevant across the board. However, it's important to refer to your manufacturer's instructions in the first instance.

Safe and stable

Perhaps the first issue to consider is the stability of the chair. Stability requirements will vary, depending on what type of equipment you use.

Chair-mounted delivery systems require a much more stable chair than cabinet or wall-mounted systems. Any which way, a chair must deliver stability as you access the oral cavity.

Here's a practical test of stability on a chair with a chair-mounted delivery system and light that is sitting on an even and level floor with a person in the supine position. Run the chair to its maximum height then grasp the top of the light post and attempt to rock the chair side-to-side. The patient seating area should not rock or sway but should remain rigid. The baseplate shouldn't rock at all. 'Tippy' chairs may not be capable of delivering a stable oral cavity.

The chair baseplate is an important factor in stability. It should have a large footprint yet be configured so it won't interfere with stool casters. Cast iron is rigid and provides more strength than

aluminium, with a thinner profile. It also transfers less sound and vibration to the patient if it is hit or bumped.

As for other issues, instructions for use will vary from model to model. However, below are some helpful hints and tips that are pretty universal and will help to support the team's efforts in keeping everyone safe when using a dental chair.

Preparing the chair for the patient

While armrests support the patient, it's important to be able to move them out of the way with one hand for direct, unobstructed access to the patient. Also for easy entry and exit from both sides of the chair.

Move any armrest out of the way to allow for easy patient entry/exit and improved operator access when needed. For patients who require additional support to exit the chair, leave the armrests in the down position. Simply push or pull the armrest into position.

To seat patients properly in the chair, ask them to sit as far back in the seat as possible. This ensures the best alignment with the lumbar support and comfort for the patient.

Before the patient sits down in the chair, leave the headrest at a higher position. This will encourage the patient to sit all the way back in the chair. Adjust the headrest once the patient is seated to improve patient comfort and operator access to the oral cavity.

For optimal comfort, patients can place their forearms on the armrests or keep their arms comfortably folded on their lap.

Positioning the headrest

The headrest is important for patient positioning. You should be able to easily reposition it by activating an adjustment mechanism with your thumb and forefinger.

A headrest that automatically follows the motion of the patient when the chair back is raised or lowered means fewer adjustments for the operator, and more comfort for the patient. On the other hand, knob-style headrests are more difficult to adjust, especially when covered with a plastic barrier.

Dual-articulating gliding headrests as seen on the A-dec 500 include several features that can improve access to the oral cavity and increase patient comfort. Use the glide bar to accommodate a variety of patient heights. Simply pull up or push down on the headrest until it is in the desired position. The gliding headrest cushion provides additional height adjustment.

On an A-dec chair, if the glide bar has exceeded its maximum recommended working height, a warning line will be visible on the patient's side of the glide bar. Do not use the headrest in a position

where this warning line is visible.

If you have a wheelchair-bound patient and your equipment allows you to do so:

1. Remove the headrest from the dental chair
2. Rotate the headrest 180° and slide the glide bar into the backrest until it stops
3. Swivel the dental chair if necessary and position the backrest to its full upright position
4. Position the wheelchair and the dental chair back-to-back
5. Move the dental chair up or down, as needed, to adjust the headrest height
6. Lock the wheelchair wheels.

Manual positioning

Ensure that the patient is positioned safely before using the manual or pre-set chair controls. Never leave the patient unattended while the chair is in motion. Always take extra care with small children and patients with limited mobility.

Operating the chair swivel brake

If you have a newer chair, chances are it can rotate to a certain degree either side. For example, the A-dec 511 can rotate to any position within 30° of either side of the centre. The chair swivel brake restricts rotation of the chair to keep the chair from moving during a procedure, so make sure you know how to control the brake safely.

Protect with barriers

A-dec recommends barrier protection for all applicable touch and transfer surfaces.

Touch surfaces are areas that come into contact with hands and become potential cross-contamination points during dental procedures. Transfer surfaces are areas that come into contact with instruments and other inanimate objects.

Barriers extend the life of upholstery, helping to preserve its luxurious look and soft feel. Use surface disinfectants only when the barriers have been compromised or when there is visible spatter on the upholstery.

To clean the upholstery, use a solution of mild dishwashing liquid and water. Do not use household bleach (sodium hypochlorite) or other products containing chlorine, isopropyl alcohol (greater than 25% by volume), or hydrogen peroxide to clean or disinfect the upholstery. It can cause rapid deterioration and damage the product. Ultimately, your dental chair should provide dependable, ergonomic solutions combined with the flexibility to grow with you and keep everyone in the practice safe at all times. **D**

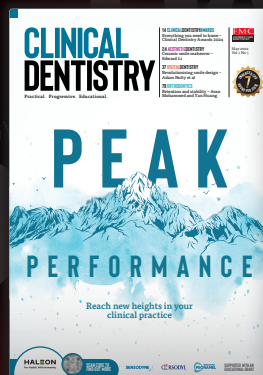
For more information, contact territory manager Justin on 07921004829 or justin.hind@a-dec.com or email info@a-dec.co.uk.

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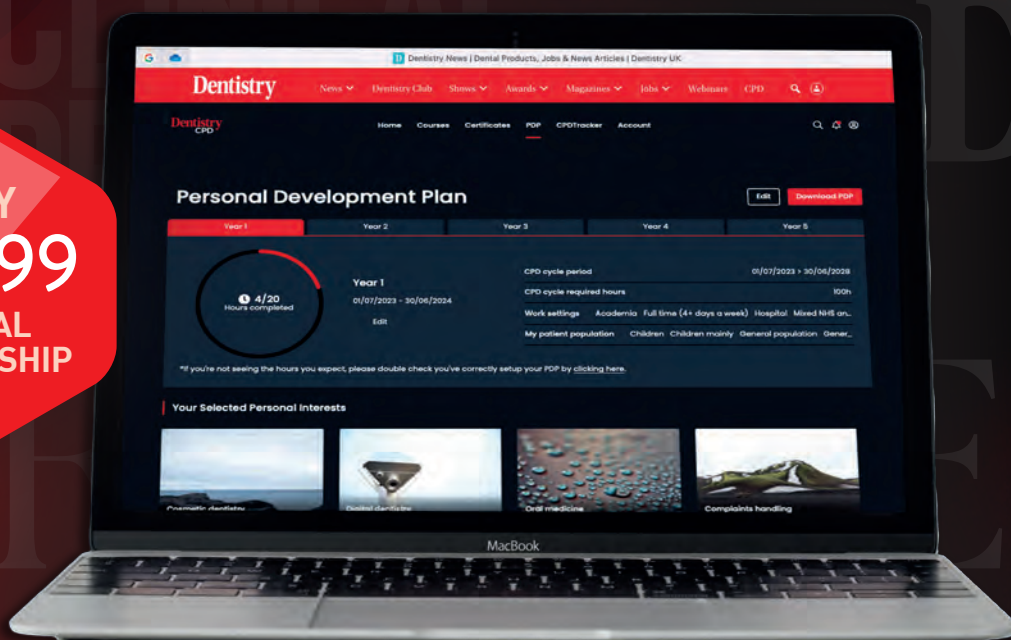
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In addition, Estelite Sigma Quick offers miracle shade matching! Because of its spherical filler particles, it offers inherent shade mimicking so that, in most cases, just one shade will blend perfectly with the natural teeth, leaving invisible margins 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!

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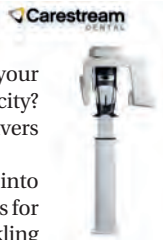
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www.carestreamdental.co.uk



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 randomized 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

ADI

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 likeminded 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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Don't buy from just a brochure – experience Planmeca's range of dental solutions first-hand with a visit from Plandemo!

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Heroes of dental technology

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'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 which focuses both on craftsmanship techniques and on digital technology.

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 Heldencampus 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.com



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Conventional 1450ppm and above fluoride toothpastes only deliver fluoride for a maximum of 90 minutes, whatever their fluoride content and provided the patient does not rinse. Despite its lower 530ppm fluoride content, Biomin F remains active for up to 12 hours, continuously releasing fluoride to strengthen teeth and protect against decay, even if the patient's toothbrushing is erratic and inefficient.

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

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

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

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Improved temperature control DD

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

This includes the use of an MHRA-approved, state-of-the-art temperature-controlled courier, as well as integrating order tracking into their 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 have 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



Hassle-free, predictable placement Trycare

Using guided surgery for implant placement has become increasingly popular among implant dentists. Dramatically reduced surgical time helps improve patient comfort. Plus, flapless surgery significantly improves the healing process and time, and minimises risk of complications.

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

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It is a keyless system which helps save surgery time, whilst ensuring accurate and predictable implant placement. It features Activeflow Irrigation Technology which delivers coolant directly to the surgical site. This helps prevent bone overheating, thereby maintaining healthy bone for optimum osteointegration and minimised risks of complications.

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Guidelines for best practice ADI

As peri-implant diseases have become so widespread, it is absolutely vital that clinicians understand how to prevent, identify and treat peri-implant issues should they arise.

This means that clinicians must offer patients appropriate advice prior to and following dental implant placement, stay vigilant when patients experience inflammation at the implant site, and decide on the best course of treatment to protect the longevity of the dental implant.

The *Prevention and Treatment of*

Peri-implant Diseases guideline was created in collaboration with the Association of Dental Implantology (ADI). The ADI is passionate about educating both its members and their patients on how to maintain healthy dental implants. Guidelines which reflect best practice for managing peri-implant diseases mirror this passion.

www.adi.org.uk





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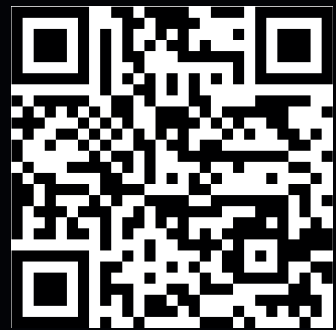
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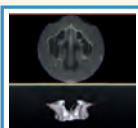
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