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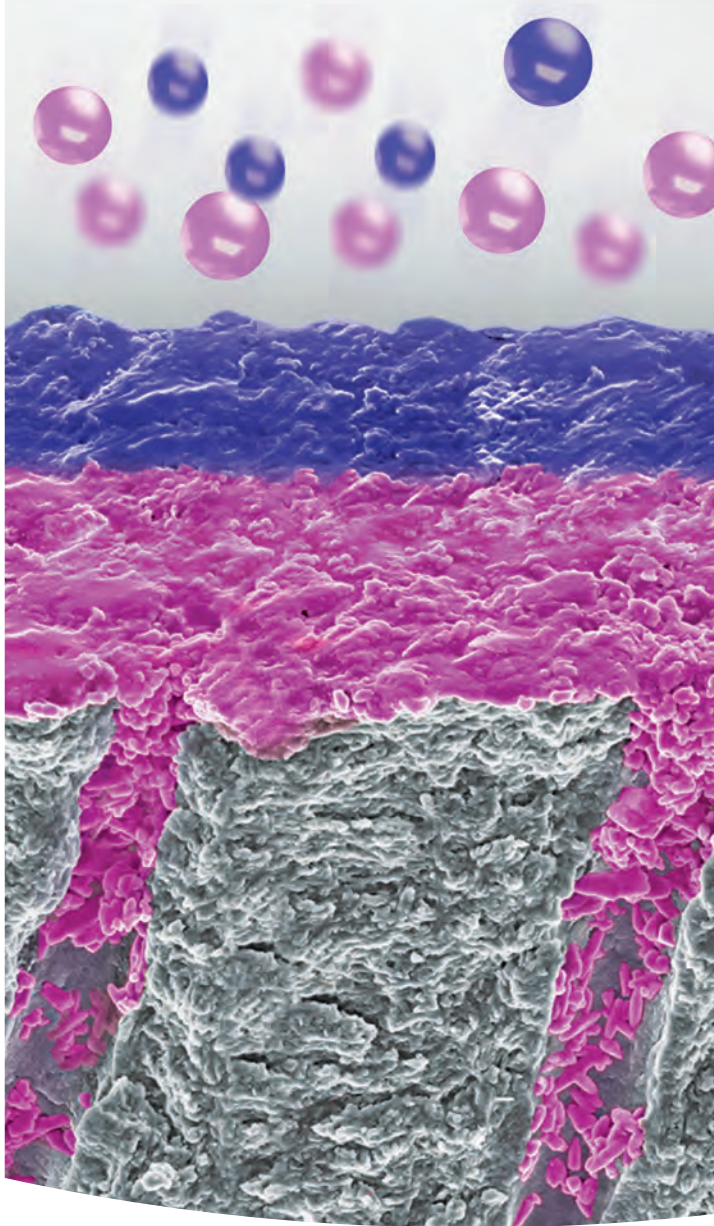


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Dentistry

NEW PATHWAY OPEN FOR OVERSEAS DENTISTS

The General Dental Council (GDC) has approved a new dentistry degree that provides practical training for overseas students within primary care practice.

Last month (August), it gave the go-ahead to the University of Central Lancashire's Bachelor of Dental Surgery International (BDSi), which offers a new route to UK registration and practice.

Completion of the 18-month programme allows overseas qualified dentists to enter the University's BDS course after year three, where they will undertake practical and clinical components in an enhanced training practice in the UK and in the university's phantom head facilities at the Preston Campus.

Supporting transition to UK practice

BDSi course leader Anna Barlach Pritchard, who developed the programme, acknowledged the need to offer new routes into dentistry.

She said: 'The UK struggles to recruit and retain dentists, and large parts of our communities cannot access a general dental appointment funded by the NHS. This course has been designed to address the issue, by providing qualified registrants with a supportive route to practice dentistry in the UK.'

'There are

significant differences in dentistry training around the world and not all meet GDC standards. By taking qualified overseas dentists and placing them into primary care practices in the UK, we are able to closely monitor each student's progress and assess that they meet the required standards before they qualify.

'The feedback from our graduates has also been very positive. They feel supported during the transition into UK practice, which for some is very different from where they worked previously.

'When they complete the course, the dentists are then able to apply to be GDC registered. They can work in areas where there is a real need for more dentists, both in general practice and the hospital services.'

Expanding ORE access

Elsewhere, the GDC has also been working to open up access to the overseas registration exam (ORE), which allows dentists whose qualifications are not recognised by the GDC to apply for registration.

Applications to sit the ORE have seen a sharp rise since 2021, with a fourfold increase on the annual average in the last five years.

There are now more than 4,000 candidates eligible

to book a place on the ORE, with demand for places described as 'extremely high' by the GDC.

ORE: extra dates

The General Dental Council (GDC) has released more exam dates for both parts of the overseas registration exam (ORE).

ORE Part 1

- April 2025 – 600 places available

ORE Part 2

- 14-17 November 2024

- Three sittings between January and April 2025 – 144 places on each

The GDC has announced new sittings for both parts of the ORE (see box above).

The regulator says it has tripled the number of places for the ORE Part 1 and will provide an additional sitting of the ORE Part 2, increasing capacity by a third.

The ORE fee will also be changing, for all exam sittings after 1 January 2025. Fees for Part 1 will reduce to £584, while the fees for Part 2 will increase to £1,306. Retakes for medical emergencies will increase to £566.

Theresa Thorp, executive director of regulation at the GDC, said: 'Dentists must be registered with the GDC to practise legally in the UK, and one of the most important things we do is to ensure that dentists added to the register meet the required standards for them to provide safe and effective dental care.'

'Addressing the unprecedented demand for ORE places requires a complex combination of legislative, contractual and operational changes, so we cannot get there in a single step. We very much want to increase the capacity of the ORE and these additional exam sittings for 2025 will help, with further plans in place to increase capacity next year.'

Outdoor smoking ban under consideration

The government is considering banning smoking in a number of open-air spaces, according to Whitehall documents reportedly leaked to *The Sun*.

This would include pub gardens and outside restaurants, hospitals, sports grounds and playgrounds. The measures would be part of a tougher version of the former government's Tobacco and Vapes Bill, which was dropped before the election but revived in the King's Speech last month.

Health experts have welcomed the idea, despite opposition from some areas – Reform UK leader Nigel Farage told *The Sun* it would be 'the end' of pubs.

Dr Layla McCay, director of policy at the NHS Confederation, told BBC Radio 4: 'I'm in favour of measures that help abolish smoking.'

'It is absolutely the health challenge of our time. It's the leading cause of preventable illness in the UK, so we are heartened to see that progress is being made and that the intention is

moving forward to really address one of Britain's main drivers of health inequalities.'

Asked about the report during a visit to Paris, prime minister Sir Keir Starmer did not deny the plans: 'My starting point on this is to remind everybody that over 80,000 people lose their lives every year because of smoking,' he said.

'That is a preventable death, it's a huge burden on the NHS and, of course, it is a burden on the taxpayer. So, yes, we are going to take decisions in this space.'



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Wake me up when September starts



Guy Hiscott
Editor's view

September is an odd month, isn't it?

It's so... transitional. Depending on how you view the world, you might feel that it's the start of the slow descent into winter, or a time for picking up tools once more and getting back into the swing of things.

Personally, I love it – the changing of the seasons feels more

pronounced to me in September than at any other time of year.

There's an intangible feeling of anticipation and new beginnings on the breeze.

My birthday falls in the autumn, and although I've now had too many of those to really get excited about another, I can concede that it might have something to do with it. And as a parent to school-age children, I also appreciate that I might be influenced by the rhythms of the academic cycle.

But I still firmly believe it's more than this.

Perching as it does on the cusp of autumn, September is one of the great turning points of the year.

It's when Parliament comes back from recess. It's the point at which I think we all subconsciously recognise that winter is rearing its head and start making plans to meet it.

Incidentally, did you know that more babies

are born in September than in any other month of the year – or that it features in more song titles than any other month?

Traditionally, it signalled the start of the harvest – the business end of all the hard work done throughout the rest of the year. Time to finish what you've started: to literally reap what you've sown.

Here at *Dentistry* that link feels particularly appropriate for us.

By the time this issue hits your doors, we'll be about to welcome hundreds of dental professionals through the doors of the Dentistry Awards – in their new September time slot. (For full details of the winners in due course, come back next issue or keep your browser pointed squarely at dentistry.co.uk.)

But we're looking ahead to other things too: planning for several other ceremonies including the Private Dentistry Awards and Clinical Dentistry Awards is in full swing, and I'm particularly looking forward to what lies in store for our next Future of Dentistry summit.

My anticipation goes beyond these four walls too. I'm intrigued to hear what's going to come from the new government, for one.

I'm a realist, so I'm not expecting fireworks, but the leaked plans to further restrict smoking hint at some hopefully joined-up thinking regarding the pressures on the health service.

For all that they will be watered down by the time anything ends up being passed, the plans feel like a statement of intent. Yet another beginning, perhaps? Let's see what comes next.

Parents called to approve HPV jab for children

An oral cancer charity is urging UK parents to get behind a vaccination scheme that offers a 'crucial defence' against head and neck cancers.

Oracle Head & Neck Cancer UK is calling for all parents to consent to the human papillomavirus (HPV) vaccine scheme being rolled out for Year 8 pupils.

Parents of 12-13-year-olds across the UK will soon be asked to consent to the vaccine scheme. The vaccine – at one time only given to girls – is now available to all genders.

HPV infections are known to cause head and neck cancer, cervical cancer, genital cancer, anal cancer and genital warts.

Around 700,000 people a year worldwide are diagnosed with HPV-related cancers.

Cases have doubled in the last two decades, making HPV the fastest-growing cause of cancer in the UK.

However, HPV cancers are one of few to have a vaccine. The vaccine could prevent more than 100,000 cancers by 2058, according to the charity.

Mouth cancer detection

Michelle Vickers, chief awareness officer at Oracle Head & Neck Cancer UK, said: 'High-risk HPV infections are now the fastest growing risk factor and leading cause of head and neck cancers, with more than 3,300 new cases of head and neck cancer linked to HPV infections each year in the UK.'

'Both boys and girls can develop cancers caused by high-risk HPV infections when they grow up. In 2022 only 56% of girls and 52% of boys were vaccinated, lagging well behind other countries.'

'Sign the HPV consent form and Sign Away Cancer.'

News comment

Supply, demand, needs, wants and dentistry

Kevin Lewis plugs an embarrassing hole in his education and finds surprising answers to recurring questions

Kevin Lewis | Consultant editor



“Readers will be aware of the dental recovery plan unveiled in February 2024 but fewer, I suspect, are equally familiar with the earlier *NHS Long Term Workforce Plan* (June 2023) or the very recent consultation on the proposal for a ‘tie-in’ to NHS dentistry for graduate dentists.

Significantly, there was no such consultation before the GDC’s recent announcement that it had already approved a controversial new fast-track route to GDC registration for overseas-qualified dentists. This new BDS degree course has been in covert development, as previously discussed in this column, and lasts just 18 months. The government will no doubt be delighted at the first source of additional dentists to come on stream since the dental recovery plan was announced. Whether it is a legitimate role for the GDC to be doing the government’s bidding without open stakeholder consultation, is a question for another day.

All of the above were published by the previous Conservative government, but the ‘tie-in’ consultation still had a week or two to run when the general election rearranged the proverbial deckchairs while the band kept playing and the Good Ship GDS steamed onwards.

Yet another directly relevant consultation was launched by the GDC on the day of the election, and will close at midnight on 12 September 2024 (it relates to the GDC’s specialist lists and in particular, some proposed tweaks and relaxations of the routes to specialist registration by assessment – based on equivalence – for those

who for whatever reasons have not undergone formal specialist training and achieved a Certificate of the Completion of Specialist Training/CCST).

Clearly, all of this feeds into the twin agendas of trying not only to equate demand and supply of dental services, but also to match the supply side of the equation to actual need. Healthcare has discovered that needs and wants are very different beasts – and in dentistry, wants materialise as demand a lot quicker than needs. So when politicians are feeling the heat, they tend to focus on demand, not need.

Things were a lot simpler back in the day when the NHS was presented to the British public as an early Christmas present that year, because wants and needs coincided more closely than they would ever do again. Purists believe that the basic laws of economics do not apply to things like healthcare but they couldn’t be more wrong.

Economics

I was listening to a podcast recently and discovered a gaping hole in my education in that I had never heard about the US polymath, intellectual and economist Thomas Sowell, nor read any of his work. Shame on me, but I am working hard to fix that. I have discovered that Sowell (now aged 94) is still publishing books and in great demand for interviews – and what an articulate, immensely insightful and fascinating man he is.

Essentially a thinker and philosopher, as well as a highly rated academic economist, he started out politically (small ‘p’) as a prominent black intellectual affiliated to the more conservative (rather than liberal) wing of the Democratic party but over time preferred to see himself as an independent libertarian positioned in the political centre ground.

No doubt reflecting this, he turned down several positions offered to him by

successive Republican administrations during the Ford-Reagan eras in the 1970s and 1980s and has long maintained a healthy cynicism where politics and politicians, and left or right wing ideology and rhetoric are concerned.

‘No one will really understand politics until they understand that politicians are not trying to solve our problems,’ Sowell explains, ‘They are trying to solve their own problems – of which getting elected and re-elected are number one and number two. Whatever is number three is far behind’.

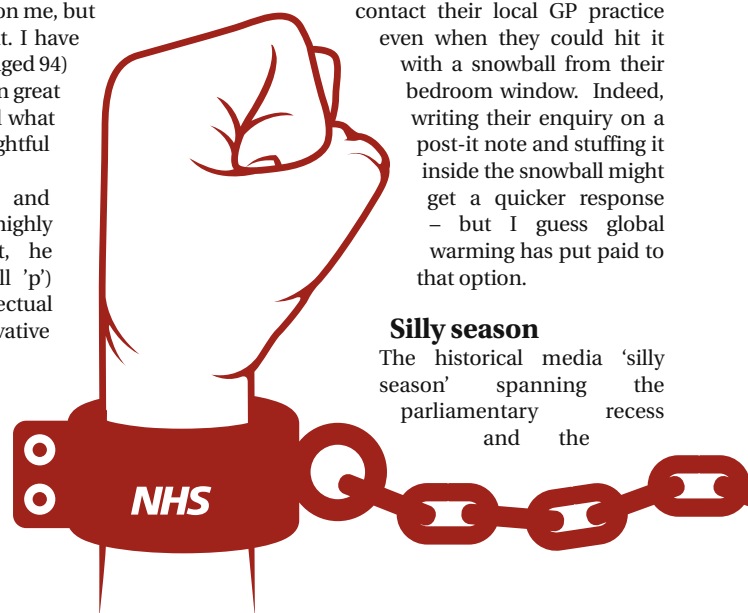
The recent talk about the growing prevalence of ‘pharmacy deserts’ in England, away from the larger cities and urban areas, and attributed to the financial consequences of a ‘broken’ pharmacy contract should strike a chord or two for us, and raise more questions about how ‘National’ our NHS will be in five or 10 years from now. At risk of being charged with heresy, I might add ‘... and how much it matters’ because communities large and small are already finding other ways to live without a local bank branch, post office, or providers of other essential services. Likewise, many patients spend their mornings

in telephone queues trying to contact their local GP practice even when they could hit it with a snowball from their bedroom window. Indeed, writing their enquiry on a post-it note and stuffing it inside the snowball might get a quicker response – but I guess global warming has put paid to that option.

Silly season

The historical media ‘silly season’ spanning the parliamentary recess and the

Healthcare has discovered that needs and wants are very different beasts – and in dentistry, wants materialise as demand a lot quicker than needs



“Shackling new graduates to a thoroughly discredited system for delivering NHS dentistry is immoral, and saddling them with additional debt (or threatening the penalty of even greater debt) is shameful”

run up to the party conference season does allow ‘fringe’ stories to bubble through to prominence but I was struck to read about a survey conducted by a credible source, suggesting that a material proportion (44%) of adults in their 20s and 30s would consider seeking private healthcare to access particular treatments that they want but the NHS might not provide, or to access treatment more quickly and/or at times convenient to them. They can get pretty much anything else they need or want on demand (and delivered to their door) and see no reason why it needs to be so very different where their medical GP is concerned. Indeed, they struggle to understand why older generations are so accepting and tolerant of the current status quo in the NHS nor so spiritually attached to it.

Whether this tells us more about the NHS, or about the priorities of generations Y and Z, I will leave you to decide – while bracing yourself for gen Alpha when they reach adulthood. But as more of the public seek private healthcare (often funded by private health insurance provided as an increasingly sought-after employment benefit), it is only a matter of time before they start questioning what they are getting in return for all the money they contribute to the NHS via taxes and National Insurance.

This

year’s silly season threw up even more surprises – and food for thought – in the media coverage of the dreadful medical outcomes of numerous botched (mostly cosmetic/elective) procedures in Turkey and elsewhere in Europe, bought and paid for by many UK patients in their 20s and 30s who, it transpired, were living on benefits and exempt from any NHS charges here.

But they would now be needing further care and surgical treatment and relying on the NHS to provide that during their extended recovery and rehabilitation – a further illustration of the additional challenges facing the NHS as a result of changing personal choices and behaviour. Sowell feels strongly about personal responsibility and accountability: ‘You may have the right to live any way you like, but you don’t have a right to have other people like it, respect it or pay for it... The great escape of our times is escape from personal responsibility for the consequences of one’s own behavior’.

Here is a vivid example of somebody being able to find the money to satisfy a ‘want’ but now having a ‘need’ that somebody else should pay for – and not wanting to be questioned or challenged about either of them. This ‘somebody else will pay’ mindset was a recurring theme of the recent election campaigns.

Sowell hasn’t ventured often into the healthcare debate that has proved so toxic in recent US politics. But he did observe that: ‘It is amazing that people who think we cannot afford to pay for doctors, hospitals, and medication somehow think that we can afford to pay for doctors, hospitals, medication and a huge government bureaucracy to administer it.’ I was just thinking how easily that line of thought transported to the UK situation when I stumbled on another striking parallel: ‘You will never understand bureaucracies until you understand that for bureaucrats procedure is everything and outcomes are nothing’.

It is rough justice that a previous Labour government imposed the UDA system in 2006, and 18 years later a new Labour government is left to recover what it can from the resulting debris

Press gang

To patch the holes in the supply side of the NHS dental equation, the government is acting like an 18th century naval press gang, enlisting anyone who looks, sounds and smells like a dentist. Any obstacle to that is being surreptitiously dismantled or nudged aside and I will be interested to see what different stakeholders have had to say about the tie-in proposal. For my part, shackling new graduates to a thoroughly discredited system for delivering NHS dentistry is immoral, and saddling them with additional debt (or threatening the penalty of even greater debt) is shameful. It is a classic case of reaching for the low-hanging fruit to solve a problem that the state has itself created. Notwithstanding the parliamentary musical chairs in the intervening period, it is rough justice that a previous Labour government imposed the UDA system in 2006, it has had 18 years to wreak its profound and irreversible damage and now a subsequent Labour government is left to recover what it can from the debris. Whether or not the tie-in ever gets introduced (or when) (or on what basis), you won’t be surprised to hear that Sowell has some mots justes to offer us on this too:

‘It is hard to imagine a more stupid or more dangerous way of making decisions than by putting those decisions in the hands of people who pay no price for being wrong’. D





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Covert surveillance to be used 'sparingly', says GDC

The GDC has released a new legal and ethical framework on the use of covert surveillance during fitness to practise investigations.

The updated guidance, according to the GDC, highlights its commitment to transparency, legality and the protection of individual privacy during both fitness to practise (FtP) and illegal practice (IP) investigations.

The new guidance reads: 'Where investigations can be conducted without the use of covert surveillance, they must be. The least intrusive method of investigating should always be preferred.'

Stefan Czerniawski, executive director of strategy at the GDC, said: 'Covert surveillance will be used sparingly and only as a last resort, ensuring that any investigative practices are necessary, proportionate and respectful of privacy. This guidance supports our commitment to enhancing public trust and patient safety.'

What is covert surveillance?

Surveillance involves monitoring, observing, recording or listening to people, their movements, conversations or other activities and communications, with or without use of a surveillance device.

Covert surveillance is where it is carried out



in a manner calculated to ensure that anyone subject to the surveillance is unaware that it is taking place. It can be either directed or intrusive:

Directed – is planned, covert, but not intrusive surveillance, and is likely to result in the obtaining of private information about a person.

Intrusive – relates to the location of the surveillance – carried out in residential premises and/or private vehicles – and not to the type of information expected to be obtained. It is assumed intrusive surveillance will likely always result in obtaining private information.

Private information refers to details relating to a person's private or family life. Generally, it includes any aspect of a person's private or personal relationship with others, such as family and professional or business relationships. It may also include personal data, such as names, telephone numbers and address details.

Blood pressure checks at NHS dental appointments

NHS England has announced a trial scheme to deliver blood pressure checks during dental and optometry appointments.

The scheme was piloted in local dental and optometry teams in London and Yorkshire, and will be expanded to more sites across England, with the full scheme expected to be operational soon.

The checks will help identify increased risk of stroke or heart attack which would otherwise be hidden. The NHS estimates that 4.2 million people in England have symptomless hypertension (high blood pressure) without knowing it.

The blood pressure checks will be delivered by 15 local integrated care boards during



dentist and optometrist appointments. Six will focus solely on delivering tests at the dentist, five at the optometrist and four at both.

More than 60 clinical practices will trial the new approach. The NHS said this will broaden access to screenings for those who

otherwise have no contact with the NHS. It is estimated that 100,000 additional blood pressure checks will be delivered in the next 12 months.

Helen Williams, national clinical director for cardiovascular disease prevention for the NHS, said: 'These convenient checks at dentists and optometrists will enable thousands of people to monitor their blood pressure and could potentially be life-saving.'

NEWS IN BRIEF

Teens' mental health issues linked to vaping

Secondary school students diagnosed with mental health issues such as depression are twice as likely to have vaped, a new study has found.



Cancer treatment delays triple since 2012



A third of cancer patients are waiting longer for treatment than the UK 62-day standard – up from 11% in 2012.

'New approach' needed as obesity healthcare costs grow

Patients should focus on health and lifestyle changes over weight loss targets, a new study examining the rising cost of obesity claims.



Calls for ban on flavoured vapes



The British Medical Association has called for tighter controls on vaping to battle an industry 'obviously targeting children with colours, flavours and branding'.

Cannabis use linked to head and neck cancer

Cannabis could be more damaging to health than tobacco – and users are up to five times more likely to develop head and neck cancers, according to a new study.



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Private healthcare 'essential' for acceptable living standard

A report has revealed a 'critical shift in public expectations' surrounding healthcare, with a budget for private care now included in the minimum standard for living.

Each year, Loughborough University and the Joseph Rowntree Foundation (JRF) produce a report on the minimum income standard (MIS) for working-age adults based on public opinion. For the first time in its 16-year history, this year's MIS includes a £200 budget for private healthcare. Services included within this budget might include dentistry, physiotherapy and counselling.

JRF chief analyst Peter Matejic said this shift in public perception was due to a lack of availability of NHS services. 'In previous years it would have been unthinkable that cash to pay for health treatments would be necessary for a minimum standard of living.'

'But this research shows that the public feel they can no longer count on the NHS to provide



a universal service that's free at the point of delivery because some NHS services are now so difficult to access.'

The MIS is intended to give an impression of the minimum income required to live with 'dignity' in the UK. Professor Abigail Davis

of Loughborough University said: 'This is about meeting those basic needs, but it's also about being able to take part in the world, not feeling excluded or on the edge of society.'

'Unable to afford everyday life'

According to the report, many households do not meet the MIS and are therefore 'unable to afford everyday life'.

In particular, none of the household types which were out of work or looking for work met the minimum income standard. A single adult receiving out-of-work benefits is estimated to earn 28% of MIS, needing £218 more weekly to meet the standard.

Most households earning the national living wage (NLW) also did not meet the MIS. Only couples with no children could reach MIS while earning NLW. A single adult working full time at NLW would achieve 81% of the minimum income standard, a shortage of £57 per week.

Similarly, a couple with two children who were both earning NLW full time would reach 84% of MIS. The household would need an additional £127 per week to meet the standard.

A shift in costs

Professor Davis added: 'Meeting a minimum acceptable standard of living continues to be a real challenge. As this latest research has highlighted, the lack of investment in public services over the past decade has made meeting this standard even more difficult, as costs have shifted from the state to individuals.'

Peter Matejic said: 'The government must improve our public services, make work more secure and reform our social security system so that we all have an adequate safety net to rely on if more people are to have a decent standard of living.'

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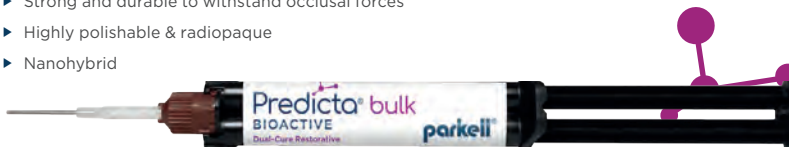


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Sjobbe Besseling, DDS, Netherlands

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Bupa adds dental allowance to health cover

Bupa has launched a new dental allowance for its consumer health insurance customers to help people to stay on top of their oral health.

The move means that Bupa policies now include access to a yearly dental appointment, making it the only UK health insurer to include dental care as standard.

The cover will apply to any policies taken out from 1 August 2024 (including both new and renewal cover).

The dental appointment can only be made at one of Bupa Dental Care's 400 UK practices. It can be used for a routine check-up, a new patient examination, or emergency appointment. If further care is required, Bupa customers will also have a £300 allowance

within their policy towards restorative treatment, such as crowns or fillings.

The dental benefit is available to everyone named on the policy, and taking it up will not impact the policy holder's low or no claims discount.

'A seamless experience'

Dr Neil Sikka, director of dentistry at Bupa Dental Care, said: 'Dental check-ups are essential for maintaining oral health, which is a crucial part of our overall health. Helping families to see a dentist every



year promotes good oral health habits and enables problems to be found earlier when they're easier to treat.'

Richard Washington, interim general manager at Bupa UK Insurance said: 'Bupa has a unique ability to join up health insurance and healthcare provision, enabling us to support our customers' health needs more holistically.'

'This innovative connected care approach not only aims to enhance overall wellbeing but also creates a seamless experience for our customers.'

GDC updates guidance on voluntary register removal

The General Dental Council (GDC) has released updated guidance for dental professionals under investigation for fitness to practise concerns who seek to voluntarily remove themselves from the register.

In a release, the regulator said that applications for voluntary removal are likely to be granted where allegations are at the lower level of seriousness, and the dental professional involved confirms that they want to leave the register permanently.

However, in instances of serious public protection concerns, it says, investigations are generally concluded before voluntary removal is granted, unless exceptional circumstances apply.

Dental professionals can apply for restoration to the register 12 months after an application for voluntary removal has been granted. Any outstanding fitness to practise concerns will be assessed as part of any future restoration process.

The GDC added: 'The guide aims to ensure that patient safety, public confidence and professional standards are maintained, improve transparency and consistency in the approach to applications for voluntary removal, and ensure proportionality in decision-making.'

'Significant negative impacts'

'We recognise that our investigations can take a long time. These can have significant negative impacts on the health and wellbeing of participants,' said Stefan Czerniawski, executive director of strategy at the GDC.

'We want to reduce these where we can and have added emphasis to this key consideration in the updated guidance.'

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'A lonely battle': NHS contract reform needed to improve preventive care

Dental professionals are calling for a new NHS contract and more resources to combat oral health misinformation, research has found.

A new report from the College of General Dentistry, with support from Haleon, looked into oral health professionals' recommendations on how to best improve the provision of preventive oral healthcare.

The research found that oral health professionals want redesigned NHS contracts to allow for more time and financial support in giving preventive oral care advice.

They also call for more resources to provide consistent nationwide preventive oral healthcare education. This would help to improve knowledge about healthy oral health habits, while tackling misinformation from sources such as social media.

Roshni Karia, president at the College



of General Dentistry, said: 'Our focus groups found that many dentists may feel that they are conducting a lonely battle against entrenched patient habits around oral health care and doing so within NHS contracts, which are unfavourable to providing adequate preventive advice.'

'Our work with Haleon highlights the need to take action to support oral health professionals in a real time of need.'

Preventive care suggestions

Some of the other solutions suggested include:

- Working with government to support updating the Delivering Better Oral Health Toolkit to be simpler and more user-friendly
- A national communications campaign to tackle misinformation surrounding oral care
- Utilising digital communications streams such as apps and video streaming platforms
- Supporting the curation of a government

consumer facing Delivering Better Oral Health Toolkit, providing insight-led recommendations

- Encouraging businesses to ensure dental cover is included in their employee assistance programmes
- Supporting professional development with the provisions of preventive care focused continuous professional development (CPD)
- Celebrating professionals such as dental hygienists through the mainstream media
- Working with non-dental health professionals such as health visitors and midwives to inform them of the benefits of preventive oral care.

Bas Vorsteveld, vice president and general manager for Great Britain and Ireland at Haleon, said: 'With a new prime minister in 10 Downing Street, our findings could not come at a more pivotal time for the future of dentistry in the UK.'

'Working alongside the College of General Dentistry, we outline the key opportunities, our jointly developed solutions to safeguard the future of preventive oral care.'

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Clinical negligence 'crying out' for reform

The government needs to address the 'unsustainable' cost of clinical negligence cases, says the Dental Defence Union (DDU).

The organisation has written to health secretary Wes Streeting to raise concerns about the litigation costs absorbed by UK healthcare. It said that the average claimant legal costs were in excess of £10,000 for claims settled up to £5,000. This increased to more than £15,000 for claims up to £10,000 and more than £25,000 for larger claims.

Medical Defence Union chief executive Matthew Lee said: 'The entire clinical negligence system is crying out for reform. Nowhere is that more evident than in the disproportionate legal costs awarded in lower value clinical negligence claims. We regularly see legal costs eclipse the amount of compensation awarded to a patient.'

'The most stressful episodes'

Several changes were proposed, including:

- Introduction of fixed recoverable costs in clinical negligence claims up to £25,000
- Commitment to extend that regime to claims valued up to £250,000
- Repeal of S2(4) of the Law Reform (Personal Injuries) Act 1948, requiring the courts to disregard the existence of the NHS when making a compensation award.

Matthew Lee added: 'I have written to the secretary of state for health and social care, urging him to take action. Every pound the NHS



pays out in a settlement for clinical negligence is a pound less that cannot be spent on innovation and improving patient care for all.'

He also highlighted the detrimental impact of these cases on defendants, saying: 'When a clinical negligence claim arises, it can be one of the most stressful

episodes of a healthcare professional's career. The DDU supports members every step of the way, and our success rates in defending claims demonstrates this.'

The DDU reports that 59% of dental cases were closed without a payment of damages in 2023. Where dental and medical cases proceeded to trial, 71% were reportedly defended successfully.

A-level results: dentistry acceptance rate up from 2023

The number of applicants accepted onto dentistry and medicine courses through clearing has increased by 5% following the release of the A-level results last month.



In total, 11,450 students have accepted clearing places to study dentistry and medicine in 2024. This is the highest number since 2021, when 11,810 applicants were accepted through the clearing process. The lowest levels of clearing places were awarded in 2019, at 9,830.

Almost 7,000 of the 2024 clearing cohort are 18 years old, an increase of 16% from 2023. More than 10,000 places went to applicants from the UK, with the remaining 1,120 awarded to international students.

A high proportion of the dentistry and medicine places went to female applicants, at 7,240 compared to 4,140 males. A further 70 are neither male nor female or did not disclose their gender.

In *The Times* 2024 Good University Guide, the highest ranking university for dentistry was Queen's University, Belfast.

Overall, more than 425,000 students across all ages and domiciles were accepted onto higher education courses in 2024. This is an increase of 3% on 2023 numbers.

Of these, nearly 380,000 were accepted into their first-choice institution. This represents 82% of those who held an offer and received a decision on results day.

Almost one in three UK 18-year-olds (31.7%) have accepted a higher education place, 6% more than the previous year. **D**

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Why we need more regulation from the GDC

Neel Kothari explains why one particular area needs tighter scrutiny from the dental regulator

I must admit that I never thought I would be writing an article calling for more regulation, especially from the GDC. But there is one area of our professional lives that I believe is so vague that we urgently need further clarity and a set of ground rules to minimise the risk of abuse.

Put simply, we as a profession need a better idea about when it is appropriate to refer other registrants to the GDC.

GDC standard 8.1.1 details the obligation upon registrants to raise concerns about fellow colleagues that may compromise patient care. The intention of this standard is no doubt laudable, but a far cry from the reality of what is happening.

Almost every case that I have been aware of involving 'blue on blue' referrals to the GDC has happened alongside other issues that, in my opinion, have clouded the integrity of the referral.

Further, GDC registrants have a unique insight into the rules and regulations, making it almost impossible to untangle what is a wholly genuine referral with that of an interpersonal business (or otherwise) dispute.

Wide-scale issue

Dr Chris Waith from DCO Dental told *Dentistry* magazine: 'Every single blue on blue referral I have heard of was done for either business or purely malicious reasons.' Waith informs me that he is aware of several cases where associate dentists have left practices being owed money, and when chasing this up have been threatened with a GDC referral.

His experience is not a standalone one and, in my opinion, this is happening on a far wider scale than is being reported.

I recently carried out a social media poll asking dentists previously involved in (or with awareness of) 'blue on blue' referrals to the GDC, what proportion of these were wholly genuine or not. At the time of writing, 27 people believed that the referral was made alongside business (or other) disputes (94%) with only two people believing that the referral was made for wholly genuine purposes (6%).

The purpose of this article isn't to dissuade referrals to the GDC. Where appropriate, it's both in our interests and that of the public's that genuine concerns are addressed. But referrals

from other registrants differ significantly from those made by the public, primarily due to the business relations in place.

A breach of standards

Further, the act of sending a malicious referral is in itself a breach of GDC standards, specifically, 6.1.2 which states: 'You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication. You must not bully, harass, or unfairly discriminate against them.'

It seems wholly inappropriate that a 'blue on blue' referral should hinge upon the interpersonal relationship of two registrants, yet this is precisely what is being observed by myself and a significant proportion of GDC registrants.

It's my opinion that we as a profession need more than eerie silence from our regulatory bodies and professional organisations over this matter. So, as atypical as this may be for one of my articles, this is perhaps the first and last time I call upon the GDC to set about issuing us as a profession with more regulation. **D**



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Expand your focus

Catherine Rutland encourages dental professionals to stay alert to changes to wider society that could impact the profession



CoreStrengths

Catherine Rutland
Clinical director at Denplan

As the government returns from its summer break, there is bound to be a lot of activity prior to party conference season. While we have started to see some of the new government's proposed changes, there will be more to come and hopefully more detail than we currently have.

While we of course will be interested in dentistry, there are so many wider areas that will also affect us. So many issues will impact on both our personal and professional lives. What you also realise is the knock-on impact of change, both positive and negative.

Think wider

The business of dentistry is complex. Having joint-owned a practice for almost 20 years, I was always acutely aware of that complexity and how wide governmental change can impact your world.

Some of this may be direct, like employment law, tax changes or anything that requires a change to your premises or building. Yet much is indirect, impacting either the public and their financial comfort or the employment market. This could affect both your patients and your own ability to recruit and retain staff.

Some of it will be at government level and some at a more local level.

The next few months is going to see a lot going on and we will need to filter through what becomes relevant to us. Keeping abreast of change even during a normal time can be challenging.

Reminding ourselves to think wider and consider the impact on our patients is often the hard part. I realised over the years that I was not good at predicting how our patient base would react to external events.

Resilience

What I do know, and now see on a regular basis in member practices, is the resilience of dental practices to external change. It always creates a few (or more) sleepless nights at the time but working through the considerations and finding solutions is part and parcel of practice ownership. Finding trusted places and partners for information and guidance becomes a huge part of creating that resilience. As we see what develops over the coming months, remembering to keep that wider perspective will be key and allow practices to continue to deliver great patient care, whatever the wider change occurring around them.

No time like the present

Iain Stevenson explains why national and global change should not deter professionals from securing their finances on a personal level



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

There is a lot going on right now in the world – a change of government means a potential change of priorities and policies which could impact both dentistry and financial planning as a whole. The problem is we don't yet know exactly that we are dealing with.

We have a fluctuating worldwide economy, where we have seen stocks come down by over 2%, only to rise again

a few days later, where interest rates settle and are then cut. Our thoughts are then turned towards more cuts in the near future when previously it was thought this might not happen again this year. House prices rise, but the employment market shows signs of cooling. Investment in dentistry is promised, but what and when remains unclear. Will it be the right support and will it be enough?

This can all be extremely distracting to people who need to focus on getting the basics right with their financial planning.

Start with the basics

Basic decisions still need to be made and to some extent, most of the noise needs to be drowned out to enable focus to remain on ensuring individuals are not distracted and delaying unnecessarily.

Of course, these issues cannot be ignored but similarly, they cannot be taken out of proportion. Delaying investing in a pension or into a savings plan for example, can be expensive later on when it can be costly to make up for lost time.

Weighing up the issues and challenges is vital and of course speaking to a dental specialist financial adviser who can give some perspective is a useful exercise.

If you need to protect your income in the event of illness, injury or death, then go ahead and protect it. Remember that when this current set of noise dies down, there will be more to follow in the future and so on. Delaying by a few months can easily turn into years and you may just miss opportunities to save, invest and plan for your retirement. That is time you could spend buying into a practice, protecting your income, moving house and so forth.

All are basic financial planning decisions – there will never be a situation where you have all the answers or can accurately predict the future.

Take advice, talk it through and make informed decisions. There is no need to rush into anything but similarly, there is no need to delay decisions which could be costly in the future.

A wood of opportunity

Nigel Jones discusses the findings of a new report illuminating the current landscape of the dental market



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

The recent Christie & Co dental market review points to a bright future for dentistry in the UK. Of course, you could be forgiven for thinking: 'Well they would say that, wouldn't they?' But it does chime with my guess of where we are heading, as best I can in these uncertain times.

The review is peppered with encouraging statistics from the 94% of banks

foreseeing an increased appetite for lending into the dental sector in the coming year to the 150% surge in agreed transactions and exchanges in the second half of 2023. This year is already surpassing the previous year's activity patterns, which makes even more interesting the growth in the share of transactions for first-time buyers. This is forecast to be up to 38% this year from 22% last year. Small groups are forecast to be up from 12% last year to 25% in 2024.

Misplaced confidence?

Amidst the doom and gloom about NHS pressures, recruitment challenges and seemingly unempathetic regulators, there are many who might feel that this confidence is misplaced.

Indeed, the exhaustion and fear of burnout that is prompting so many in the profession to cut back their clinical hours is confidence-sapping in itself.

However, if the energy can be mustered to take a few steps back from the trees, it may be that what those optimistic first buyers see is a wood full of opportunity in the future. At the simplistic level of analysis, the opportunity is created by the fact that there are not enough clinical hours available to cater for the demand for all types of care from patients. There is little likelihood of that changing significantly for several years to come.

The challenge is more about deciding upon which niche to focus, and to which type of patients to appeal. As the Christie & Co review notes, that is prompting the development of some innovative practices and resilient business models by those small groups and first-time buyers. In no way do I seek to trivialise the very real battles for survival in which many predominantly NHS practices find themselves. Similarly, my concern for patients who could fall between the cracks of state funded and privately funded dentistry grows daily.

However, I can't help but agree with Christie & Co when it says in the report that the current market dynamic 'illuminates the adaptable and diverse nature of the UK dental industry, poised for sustained growth and expansion'. **D**



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Dentistry's Big Questions

News feature

DO WOMEN IN DENTISTRY STILL FACE BARRIERS?

We asked the profession if women in dentistry still face barriers – find out what was said...

Dentistry's Big Questions are designed to explore the hottest topics of the profession. We wanted to find out whether women still face barriers in dentistry. Our online poll revealed that some 80% believe that barriers still exist within the profession. Hear some of their thoughts below...

Angela Auluck, orthodontist

One of the significant challenges women encounter in dentistry is the unrealistic expectations we impose on ourselves.

It's essential to encourage the next generation of women in dentistry to avoid these pressures and to embrace their unique qualities.

As women, we have so much to contribute to our incredible profession. Thank you *Dentistry* for always supporting us.

Stevie Potter, dentist

It's often taboo to talk about the low-grade sexism that exists when you're a fortunate, well-educated woman in the western world. The older I get and the more I progress, the more frustrated I get when I see more and more barriers to me for simply being female.

Unfortunately, in dentistry as in many other professions, it is often the case that displaying 'soft' characteristics is seen as a weakness (which is bonkers given we're in a 'caring' profession!). On the other hand, being bold and brave and confident is then labelled as 'brash' or similar.

Gayathiri Balasubramaniam, cosmetic dentist

A yes from me – we have come a long way for sure, but there is still an invisible barrier and bias that we face.

There is still work to do and we still feel the need for separate representation and network. With more women coming into dentistry and with how we are achieving in our roles this is sure to improve.

Sophie Wilcocks, dental therapist

Personally, I have never felt this way. Everywhere I have worked have been heavily female environments.

My strong female coworkers have always inspired and supported myself and each other. And we have only ever been equally supported and encouraged by our male colleagues.

I know this may not be the case everywhere, especially in 'old school' practice environments. But I feel the future is bright for females in dentistry.

Yusra Al-Mukhtar, dentist and medical aesthetic clinician

We have to acknowledge we have come along way, but there is further work to be done.

I think there is still a degree of nepotism and control, particularly as leaders of faculty. This is not reflective of all men or leaders, but there is a degree of gender bias and lack of inclusivity.

However, I see a shift in women's self-perception and self-belief and attitude. They no longer fight for an equal seat at the table. If they aren't invited to take an equal seat at the table, they make new tables.

Mac Bule, dentist

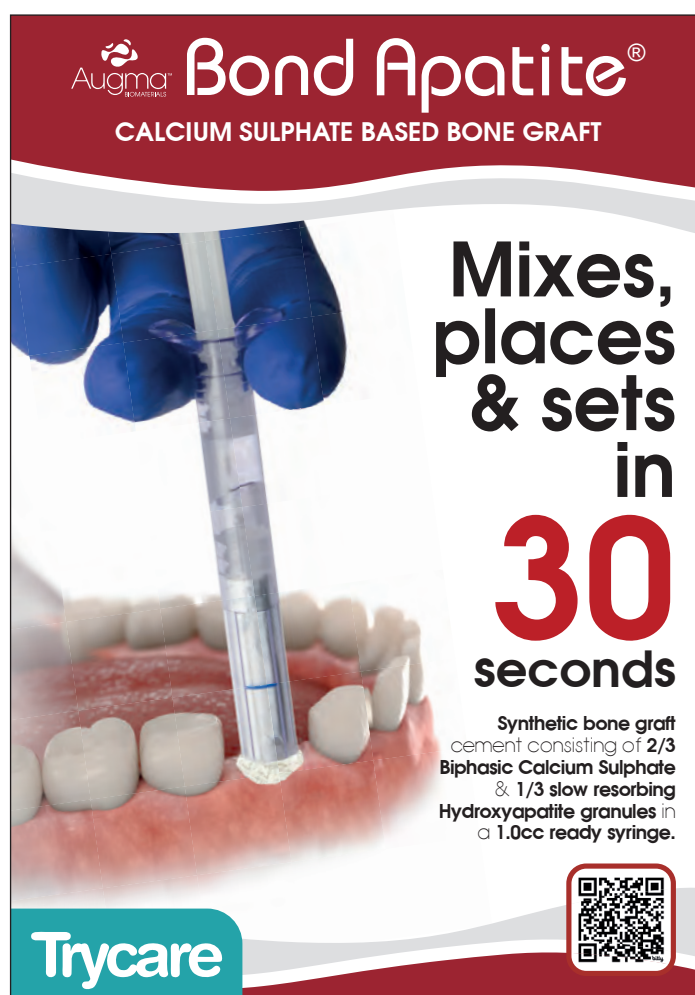
Absolutely. Wait until you say you're expecting and then you try to juggle motherhood and work.

I'm glad to see more and more females choose the profession but we still have barriers to break.

Rachel Derby, British Association of Private Dentistry (BAPD) president

No, not as there used to be.

But everyone will have their own barrier and their own limitation and it's about working together and understanding others' positions that is required (and that needs to fit in with what others need). **D**



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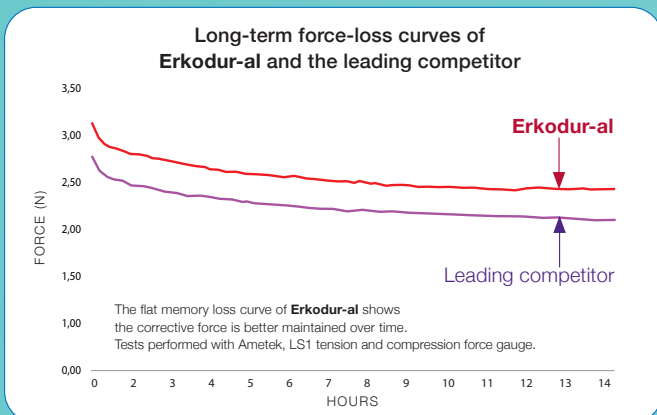
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Holistic health: achieving work-life balance

Robin Clark shares the health benefits of maintaining a balanced lifestyle as a dental professional

Robin Clark

Medical director, Bupa



In our fast-paced lives, striking the right balance of work, family time and social occasions isn't easy.

Managing workplace responsibilities while also making the most of time with loved ones can feel like a juggle. However, achieving a good balance can significantly support both physical and mental wellbeing.

Top tips

Here are some tips I suggest to help you balance work, family time, personal commitments and everything in between:

- Taking time out – make time for yourself during the day to unwind and relax by prioritising self-care, hobbies, exercising, and spending quality time with loved ones
- Practising breathing exercises – try mindfulness exercises, such as regulating your breathing, which can help you reduce stress
- Establishing boundaries – setting and maintaining boundaries allows us to allocate time and energy to activities that nourish our mental health. By identifying our limits, we can reduce the likelihood of being stretched too thin
- Maintaining a routine – incorporate regular positive activities into your daily routine, like breaks from screens for some fresh air or reading a book during breaks
- Physical activity – physical activity is not only

good for your body and your mind. Being active releases chemicals in our brains that make us feel good

- Sleep – good quality sleep can be overlooked, yet its link to our mental health is powerful. Try to set an earlier bedtime and wind down by stretching, taking a warm bath, and dimming the lights.

Dealing with stress

There's no one-size-fits-all approach when it comes to balancing work and personal commitments, and it's normal to experience a level of stress in our day-to-day lives.

It's important to recognise when you or others are feeling stressed. For example, by noticing changes in how you act or communicate, or when you are not performing as usual. When this happens, taking a short break to regain your composure is a good idea.

Creating a supportive work environment and making self-care a priority can help everyone in the team handle this busy period more effectively. Scheduling regular check-ins, setting realistic goals and being flexible are examples of ways to support the team.

Striking the balance

Lauren Hyam, practice manager at Bupa Dental Care, shares her experience of balancing her career and family life...

At 37, Lauren manages her role alongside taking care of her three children: Bella (14), Teddy (5), and Alby (18 months) – plus a dog!

Lauren returned from maternity leave in September 2023 and continued to advance her

career with the support of Bupa by starting a CIPD Level 5 qualification, allowing her to pursue her passion in HR.

She says: 'This just goes to show you can still progress your career alongside being a mum.'

In addition, Lauren serves as a wellbeing champion at Bupa, encouraging colleagues to prioritise their personal energy and self-care. She also teaches personal energy for individuals on a one-to-one basis, which is about understanding what you need and making time for it.

Lauren knows life can be busy, so she values a supportive workplace and environment that helps people thrive professionally and personally.

She says: 'With three children and a job, it can get pretty chaotic, especially during the summer holidays! Having flexibility at work helps me get the best of both worlds.'

Workplace flexibility

But it doesn't just end with her immediate family – Lauren also has caring responsibilities within her extended family. 'During my maternity leave, I became my grandma's full-time carer as her health deteriorated.'

'Bupa Dental Care has been amazing at accommodating my needs to support my family, making it possible to manage my responsibilities.'

When things get busy, it's easy to drop the things that matter most. Lauren emphasises the importance of striking the balance and making time for the moments that matter most.

'I missed out on time with the children in previous jobs. There's only one sports day a year and one festive play – they don't happen often and you can't get them back!'

'Working a Bupa Dental Care allows me the flexibility to be present with my family in the moments that matter.'

Family-friendly culture

John Hannah is a dentist at Bupa Dental Care Morecambe who is due to go on his second paternity leave. He shares his experience...

'Having children made me very aware of how valuable my time is and where I wanted to place my efforts to balance family and career.'

'We're expecting another child, and I'm due to take paternity leave to support my partner at home. It's really precious time together, and I see it as an extremely positive benefit and investment from Bupa.'

'It's motivating to be part of a family-friendly work culture that acknowledges the balance of work and dedicating time to be a parent.'

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Dental Practice Accelerator: the coach

The **Dental Practice Accelerator** programme has put the London Dental Centre on a dynamic journey of transformation. Here, Justin Leigh gives us an overview from the coach's perspective

Justin Leigh

Founder, Focus4growth



Working closely with Hannan has felt like embarking on a shared adventure. From the moment we began, I knew this wasn't just about ticking off a list of tasks. It was about navigating real challenges and celebrating genuine victories. We've had countless conversations – sometimes diving deep into strategic planning, other times tackling the small but significant details of day-to-day operations. Together, we crafted a vision for the practice, one that's as ambitious as it is achievable. We set goals that weren't just about growth for the sake of it, but about creating something truly special – a practice that excels in patient care and runs smoothly behind the scenes.

Of course, as with any journey, things don't always go as planned. The saying 'no plan survives contact with the enemy' rings true, and while patients and team members aren't adversaries, they can introduce unexpected challenges. This is where our coaching relationship became vital. Each month, we sat down to discuss what was working, what wasn't, and how we could adapt. We started every session by reflecting on the progress made towards our goals. This wasn't just a routine check-in; it was a moment to acknowledge how far we'd come and to recalibrate for the road ahead.

Our discussions spanned a wide range of topics – everything from how to recruit and retain top talent to how to communicate better with patients to how to manage the financial health of the practice. Each conversation was

'By addressing key areas like communication, leadership, and workflow optimisation, we've driven meaningful changes that have had a lasting impact on the practice's success'

a step forward, helping Hannan navigate the complexities of running a successful practice. But more than that, these talks helped us build a relationship of trust and mutual respect. It wasn't just about me giving advice; it was about us figuring things out together.

The role of the coach

As a coach, my main job has been to create an environment where Hannan could thrive. This has involved focusing in several key areas:



Accountability: holding Hannan accountable for his goals has been crucial. We set clear expectations and tracked progress closely, ensuring that he stayed on course.

Accountability isn't about pressure; it's about providing a framework for success and celebrating the milestones along the way.

Clarity: one of my most important roles has been helping Hannan define his objectives and priorities. Without clarity, it's easy to get lost in the day-to-day grind. By working together to establish clear goals, we've ensured that every action aligns with the bigger vision for the practice.

Focus: it's all too easy to get bogged down by less important issues, so maintaining focus has been key. I've worked with Hannan to direct his energy towards the most impactful areas, maximising productivity and ensuring that we're always moving in the right direction.

Engagement: keeping Hannan and his team engaged has been about more than just motivation – it's been about creating a compelling vision that everyone can rally behind. We've worked hard to ensure that every team member feels valued and knows how their contributions matter.

Motivation: inspiring Hannan to reach his full potential has been one of the most fulfilling



aspects of this journey. Whether it's celebrating successes or constructively addressing setbacks, we've fostered a growth mindset that's kept the practice moving forward.

By focusing on these elements, I've aimed to empower Hannan to become the leader his practice needs – a leader who can guide his team through any challenge and steer the practice towards continued success.

Key areas of focus

Throughout our coaching sessions, we've zeroed in on several critical areas that have been instrumental in the practice's growth and success:

Mindset and growth planning: from the outset, we focused on cultivating the right mindset for growth. This meant not only brainstorming big ideas but also laying out concrete plans to bring those ideas to life. Challenging existing paradigms and thinking bigger has been crucial to pushing the boundaries of what's possible for the practice.

Recruitment and retention: building a great team is the backbone of any successful practice. We developed strategies for attracting and retaining top talent, ensuring that the team was aligned with the practice's values and goals. This has created a stable and motivated workforce, reducing turnover and enhancing continuity.

Onboarding and expectations: getting new team members off to a strong start was another key focus. We created a clear onboarding process that not only integrated new hires smoothly but also set them up for long-term success. Clear



expectations have helped new team members quickly acclimate and perform at a high level.

Leadership development: strong leadership is essential for creating a positive and productive work environment. We've focused on developing Hannan's leadership skills, particularly in areas like communication, decision making, and team management. This has not only improved his confidence but also fostered a more collaborative culture within the practice.

Team coaching: effective teamwork doesn't happen by accident – it requires deliberate effort. We've worked on enhancing communication and collaboration among team members, addressing interpersonal dynamics, and resolving conflicts. The result has been a more cohesive and efficient team.

Patient communication: at the heart of any dental practice is the relationship with patients. We've worked on improving patient communication, focusing on active listening, empathy, and clear explanations of treatment options. These efforts have strengthened patient trust and satisfaction.

Workflow optimisation: efficiency is key to a smooth-running practice. We've analysed existing workflows, identified bottlenecks, and implemented improvements to streamline operations. This has not only improved productivity but also reduced stress for both the team and patients.

Consultative selling: engaging patients in a meaningful way has been another area of focus. By adopting a consultative approach to selling, we've improved treatment acceptance rates in the practice.

This approach involves truly understanding patients' needs and offering solutions that resonate with them.

Financial management: finally, we've worked on making informed financial decisions to ensure the practice's long-term sustainability. This has involved budgeting, forecasting, and regularly analysing financial performance to keep the practice on a solid financial footing.

Overcoming challenges

Throughout this journey, we've faced our fair share of challenges. I remember early on when we identified a significant issue with patient retention that was impacting revenue. Instead of getting discouraged, we dug in, analysed feedback, and made targeted changes that led to a significant turnaround.

Another challenge was helping Hannan become more comfortable with delegating tasks. He initially struggled with letting go, but through our leadership coaching, he began to trust his team more. This shift has not only alleviated pressure on him but also empowered his team, creating a more dynamic work environment.

When we started, the team often struggled with communication, leading to misunderstandings and inefficiencies. Through focused team coaching, we introduced new communication protocols that fostered a more collaborative environment.

The result has been a significant improvement in team dynamics, with better coordination and a noticeable boost in overall productivity.

We also identified that patient communication and follow-up were areas needing improvement. By implementing a more patient-centric approach, including personalised follow-ups and clearer explanations, we saw a significant increase in patient retention rates. This not only enhanced patient satisfaction but also contributed to the practice's financial growth.

Initially, the practice was bogged down by inefficient workflows that were causing delays and frustration. By conducting a thorough workflow analysis and implementing targeted

improvements, we were able to streamline processes. This resulted in faster service delivery and a more organised practice environment.

By addressing key areas like communication, leadership, and workflow optimisation, we've driven meaningful changes that have had a lasting impact on the practice's success.

Conclusion

Through a dedicated approach to accountability, clarity, focus, engagement, and motivation, we have navigated the complexities of practice management and driven meaningful transformation. The journey has been one of growth, learning, and achievement, highlighting the power of consistent support and strategic guidance.

As we continue to build on the progress made, the lessons learned and successes achieved will serve as a foundation for ongoing development and excellence. The transformation of Hannan's practice into a thriving and exceptional team stands as a testament to the value of dedicated coaching and the potential for positive change in the dental field.

Moving forward, the focus will remain on sustaining the momentum and ensuring that the practice continues to evolve and adapt to future challenges.

The journey is far from over, but with the solid foundation we've built, Hannan and his team are well-equipped to face whatever comes their way.' **D**

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It's time to meet the team who have the tough job of assessing the entries and making those all-important decisions

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This prestigious event could not take place without the esteemed panel of judges who work hard to assess all the entries. Here, we meet the team behind the scenes and say a huge thank you for their dedication to celebrating excellence in dental practice.



Yusra Al-Mukhtar

Dental surgeon and facial aesthetics practitioner



Shivana Anand

Specialist prosthodontist and co-founder of Dental Training Consultants



Ben Atkins

Past president of the Oral Health Foundation



Lisa Bainham

Practice manager and chairperson of the Association of Dental Administrators and Managers (ADAM)



Mani Bhardwaj

Clinical director of the Smile Studios Dental Group, implant dentist



Bal Chana

Dental hygienist and therapist, past president of the British Association of Dental Therapists (BADT)



Alexandra Day

Cosmetic dentist and facial aesthetician



Moj Dehghanpour

Principal dentist at Your Dental Wellness with a special interest in restorative and cosmetic dentistry



Brian Franks

Facial aesthetics practitioner and trainer



Luke Hutchings

Dentist and president of the British Academy of Cosmetic Dentistry (BACD)



Preetee Hylton

President-elect of The British Association of Dental Nurses (BADN)



Emma Laing

Specialist in orthodontics



Chris Leech

Partner at Clear Dentistry, scientific director of the British Academy of Cosmetic Dentistry (BACD)



Sophie Lesiuk

Dental nurse



Philip Lewis MBE

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Hanna Miraftab

Principal dentist at Kiln Lane Dental

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Nilesh Parmar

Dentist with a special interest in implant dentistry



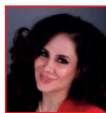
Amit Patel

Specialist in periodontics and implant dentist



Tina Patel

Dentist



Nina Shaffie

Specialist orthodontist



Shameek Popat

Dentist, CEO and founder of Tooth Angel



Mel Prebble

Dental hygienist and therapist



Nishma Sharma

General dental practitioner and chair of the Diversity in Dentistry Action Group (DDAG)



Matt Everatt

Director at S4S Dental Laboratory and editor-in-chief of *Laboratory* magazine



Gina Vega

Principal dentist at Bishopsgate Dental Care **D**

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Opportunities in orthodontics

Guy Deeming shares his thoughts on the changing landscape of orthodontics and the support available for those in the field

Guy Deeming

Specialist orthodontist and conference chair, British Orthodontic Society



I'm a specialist orthodontist.

I work in the northeast of England, running a small group of orthodontic practices. Recently, we became part of the Portmandentex group.

I've been with the British Orthodontic Society for nearly 15 years in various roles, including director of clinical practice. I'm very much enjoying my current role as the conference chair and look forward to bringing the event to Birmingham this autumn.

Orthodontics has always felt like the most interesting area of dentistry for me.

It represents the interface between engineering, physics, and biology... All wrapped up in the pleasure that comes from knowing you haven't had to compensate for nature's failings but have worked with nature to create really great, functional, healthy, and beautiful outcomes.

This includes aesthetics, smiles and patients of all ages, along with the wonderful technologies we now get to enjoy and the wonderful colleagues and teams I get to work with. I have no regrets about my choice.

Sustainability and eco-conscious practice isn't a choice: it's an obligation.

It's a serious part of how I view the world and how I want to run my business and life. It becomes a core value, a touchpoint, something we always reference.

In traditional business, we always consider costs, but now we also consider the environmental and community implications. It becomes intuitive, just like analysing cost benefits.

It's not only about money; it's also about the environment, community, people, and teams. Once you embed that into your work, it becomes easier and more successful.

Orthodontics is behind other sectors when it comes to sustainability, I think.

Dentistry as a whole has struggled, particularly with the waste from COVID-19. The agenda was knocked off course by those events, and there remains a huge problem with commercial plastic waste.

However, I'm heartened by the knowledge that some larger commercial manufacturers are waking up to their obligations to demonstrate sustainability in a meaningful way.

I've seen orthodontics change beyond recognition since I started practising.

The British Orthodontic Society (BOS) turns 30 this year, and while I'm slightly too young to remember its inception, I've seen dramatic changes over the last 10 to 15 years, particularly regarding the environment and CSR.

These were foreign concepts when I started, but now they are very much part of the day job at the BOS and BOC. We've understood much more about the relationship between our commercial partners in the trade.

The BOS continues to attract fantastic people into its office functions, committee, and member functions, and we have the privilege of a wonderful membership. We've expanded our reputation across the UK and the world as one of the benchmark orthodontic societies.

I'm excited to bring the BOS conference to the next generation of content creators.

As the chair for the 2024 events, I wanted to create opportunities for both to interact and understand the available technologies, opportunities, and services.

At the same time, we aimed to create a clear delineation between these things and the scientific program.

One of the other clear aims for me and Martyn Cobourne, my scientific adviser, was to introduce a new range of national and international speakers to the congress, who have a reputation for their clinical or scientific work but may not have had the opportunity to speak to a UK audience before.

This combination of unique speakers and a new way of interacting with the congress and our commercial trade partners is our core aim for this year. We want to build on success and create new audiences and a new delegate experience.

I can't wait to see the conference come to life!

All this talk, effort, and work on behalf of the team and all those involved – seeing that come to life is going to be the most rewarding thing. There are lots of individual elements and speakers I'm looking forward to, particularly Kevin Fong, our keynote invited speaker, known from Radio 4 and television documentaries.

I'm also looking forward to our Saturday sessions, which are trade-sponsored, and our studio theatre and trade theatre projects. Of course, I'm also looking forward to seeing friends and colleagues from across the country and world.

My advice for anyone starting as an orthodontist today is to get involved, come to events, be involved with the BOS, be proactive, and create your own luck. Say yes to opportunities and seek them out. You will have the pleasure and reward of being involved in one of the finest medical or dental specialties

Things have changed – but the real upheaval is yet to come.

Where do I see orthodontics in the next 20 years? The changes are going to dwarf those of the last 100 years. Technology will bridge the gap between clinic chairs, tables, teams, and patients, creating a more integrated digital stack. This will be exciting, rewarding, and challenging.

I look forward to seeing how we all adapt and evolve to create new opportunities for the profession and great outcomes and experiences for our patients. I'm curious to see how regulatory authorities adapt, as I suspect the profession, patients, and teams will wish to drive change faster than the authorities can provide guidance.

It's a great time to get involved in orthodontics – whether you're a GDP or want to specialise.

Many GDPs already provide exceptional orthodontic work and will continue to do so. The training, support, and technology opportunities for these teams will continue to increase and improve.

My advice for anyone starting as an orthodontist today is to get involved, come to events, be involved with the BOS, be proactive, and create your own luck. Say yes to opportunities and seek them out. You will have the pleasure and reward of being involved in one of the finest medical or dental specialties.

I look forward to seeing younger colleagues at BOS events in the future. **D**

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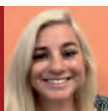


Why my dental career makes me a better mother

Stevie Farndon explains how she balances motherhood and work, and why the experience has been so fulfilling

Stevie Farndon

UK business development manager,
S4S Dental Laboratory



What motivated you to return to dentistry after having your daughter, Camden?

It was a combination of practical and personal reasons. Officially, I returned to work after five months because I was the primary breadwinner in the family. However, the deeper motivation was more complex.

Motherhood, while incredibly rewarding, can also be a very isolating experience. I found myself feeling quite lonely compared to the bustling, interactive environment I was accustomed to in my professional life. My healthcare visitor even cautioned me that transitioning back to such a fast-paced work environment might be challenging. Despite these concerns, I realised that I wasn't feeling like myself anymore. I felt like I had lost a part of my identity.

Returning to dentistry allowed me to reconnect with my sense of self and regain my confidence. It wasn't just about the financial necessity; it was also about reclaiming my personal and professional identity, which had always been a significant part of who I am.

Balancing motherhood with my career has been an adjustment, but it has also been incredibly fulfilling and has made me appreciate both roles even more.

How did you manage the transition back to professional life while balancing motherhood? Were there any challenges?

It was indeed a challenging journey, but also incredibly rewarding. My fiancé has been an amazing dad, really stepping up to take over 'daddy daycare' whenever I have work commitments. His support has been invaluable and has made a huge difference in easing the transition.

Additionally, my daughter has a fantastic relationship with both sets of grandparents,



who are always willing to lend a helping hand. We also have an amazing childminder who provides structure and care for our daughter, which has been crucial in maintaining a stable routine.

Despite these supports, the initial adjustment period was tough. I often found myself exhausted from sleepless nights with our daughter, only to face a full day of work.

Sleep training our daughter was a game-changer, as it allowed us to regain our energy and better manage our responsibilities.

Taking care of ourselves meant we could be more present and energetic for our daughter and our professional roles.

How has work positively impacted your children and other loved ones?

Returning to work has had a profound and positive impact on my family and myself. My daughter, now 22 months old, has experienced the ups and downs with me.

Initially, I struggled with the emotional toll of balancing work and motherhood. There were days when I felt overwhelmed and didn't want to face the world.

It took me a long time to admit that I wasn't okay because I wanted to seem strong. However, acknowledging my struggles and seeking professional help made me stronger.

Finding the right role in my career turned my personal life around. While I work hard, it has allowed us as a family to create many wonderful memories together.

Without my career, I wouldn't be as motivated or able to provide the same opportunities for my family.

Balancing professional life and motherhood is no easy feat, but with the right support systems and mindset, it's entirely possible to thrive in both areas. **D**

Tips for others returning to their careers:

1. Listen to yourself: the only opinion that matters about when you should return to work is yours. Drown out any negative comments and focus on what feels right
2. Acknowledge your emotions: it's okay to admit that you're struggling. Seeking help when you need it is a sign of strength, not weakness
3. Protect your wellbeing: noticing how much my daughter picked up on my sadness was heart-wrenching. Ensuring my own happiness allowed me to run a happier household and provide a better life for her
4. Lean on your support system: my fiancé and family have been incredible rocks during this transition. Their support and listening ears made all the difference
5. Find the right role: returning to a job that allows you to feel like yourself again is crucial. It helps you reclaim your identity and provides a sense of fulfilment
6. Build a community: meeting other women in similar situations and empowering each other has been immensely helpful. Sharing experiences and support can make the journey smoother.



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Reform GDC regulation to boost morale

The new government's rescue agenda for dentistry must include GDC reform says **John Makin**

John Makin

Head of the Dental Defence Union (DDU)



A fresh start is always welcome provided it brings new energy and a sense of purpose. I was pleased that the health and social care secretary, Wes Streeting, met with dental leaders in his first week in the job as part of his commitment to 'rescue and reform' the dental service.

Renegotiating the NHS contract is rightly a priority. However, there's another pressing long-term issue where a solution is already at hand. Despite proposals for regulatory reform, which date back to 2021, legislators still need to address the GDC's cumbersome and stressful fitness to practise (FTP) process.

While only a fraction of dental professionals are subject to a GDC complaint, I can certainly attest to the fear and anxiety felt by many in our community – the subject comes up repeatedly when I meet colleagues at events and lectures. A DDU survey found that GDC reform was

second only to tackling waiting times in terms of members' dental policy priorities after the general election.

The GDC has introduced measures over the years to conclude cases at an earlier stage and reduce their impact, most recently its initial inquiries pilot which is being extended until October.

In June, the GDC reported that 12% of cases assessed through the pilot (involving complaints about clinical practice by a single patient) were progressed to case examiners. This compares with 85% of cases overall which are typically referred for assessment. It also said that: 'efforts across the sector to improve complaint handling and reduce the impact of investigations are having an effect and we are moving in the right direction'.

This is welcome progress, but our experience is the FTP process remains time consuming and demoralising for dental professionals. The DDU is currently looking at delays of more than six months at the case examiners stage and members are waiting up to six weeks for

a decision that they had been told to expect within 28 days. The GDC's own statistics for 2023 show that only 55% of investigation stage cases were completed within six months in 2023. The average time for a hearing to start before the Practice Committee, following referral by case examiners, was 10 months and one day, when the target is nine months.

Dental professionals are expected to respond promptly to GDC requests for information, but this goes both ways. If dental professionals are expected to make every effort to comply with timescales, they have a right to expect the same courtesy from their regulator.

The GDC acknowledges that it has 'more to do to improve timeliness and the support provided to individuals' and says 'our legislation has been constraining'.

Dental professionals need the morale boost that will come from knowing the regulatory system is fair, speedy and appropriate. The new government must make good on its pledge to rescue and reform dentistry, including dental regulation. **D**

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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)

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Intuitive software

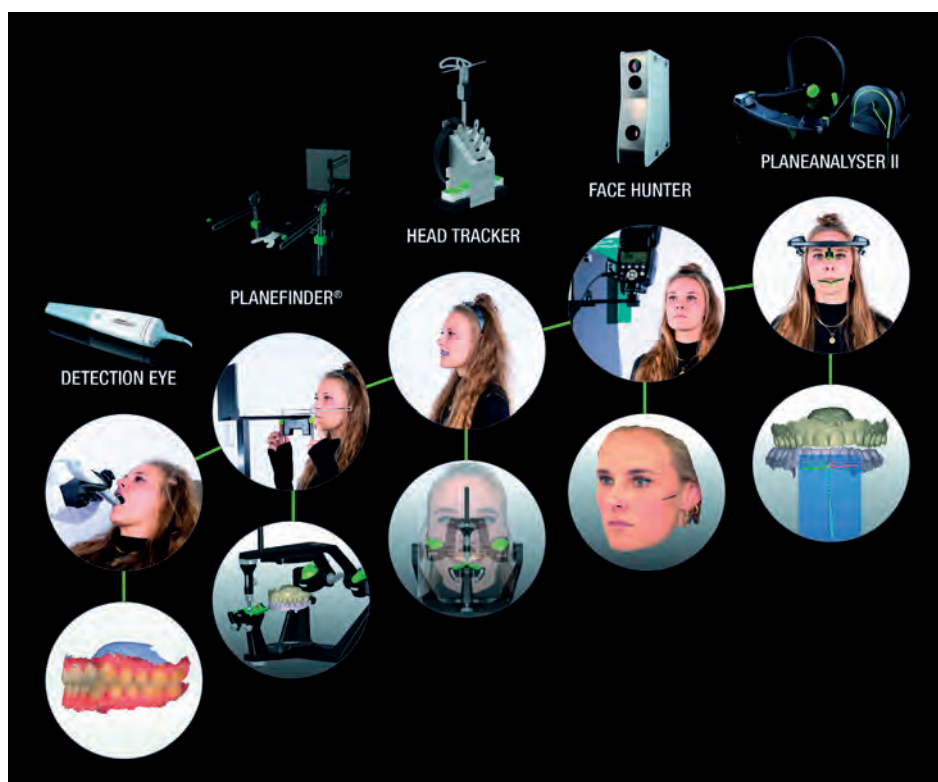
With its intuitive software, the scanning process can be completed via one-button control. The software can also be operated via Motion Sensing technology. By moving the scanner, the user can perform actions without touching the PC, simplifying handling and ensuring a hygienic digital impression.

Moreover, the software uses artificial intelligence to automatically identify and remove unnecessary data from the soft tissue, resulting in a faster and optimised scanning process.

Using a QR code, dentists can also share via smartphone 3D scans and clinical recommendations with their patients, making them more acquainted with the treatment plan and increasing their satisfaction.

To obtain a complete 3D virtual

Working on 3D patients provides the restorative team with the ideal starting point for a better achievable functional and aesthetic design of restorations in the digital environment



reproduction of the patient, including patients' intra- and extra-oral anatomy, intraoral scans can be perfectly combined with further individual data.

Integration

Zirkonzahn's digital workflow is exclusively and perfectly combined with the PlaneFinder®, an innovative device developed by MDT Udo Plaster in collaboration with Zirkonzahn, for capturing patients' maxilla position.

With the Face Hunter 3D facial scanner, it is then possible to integrate 3D scans of patients' physiognomy. The acquired data are smoothly transferred 1:1 into Zirkonzahn Software without loss in information and then merged.

Data can also be combined with individual jaw movements (PlaneAnalyser II) and the

information recorded via Head Tracker (Zirkonzahn's new device to record the patients' natural head position digitally, used in combination with the PlaneFinder®). Working on 3D patients provides the restorative team with the ideal starting point for a better achievable functional and aesthetic design of restorations in the digital environment.

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Unleash your creativity

Practice Plan's creative director, **Les Jones**, helps people to Be Inspired on this year's Workshop Tour

Les Jones

Creative director, Practice Plan



Practice Plan's creative director, Les Jones, is a man of many talents. As well as leading the highly creative and successful design team at Practice Plan, he is an accomplished speaker and facilitator, former official photographer for Wembley Stadium, award-winning magazine publisher, and collage artist. Creativity oozes from his every pore!

However, Les is keen to show people that, despite what many may believe, creativity is a skill that is not reserved for the few but can be developed by the many. Les is one of the presenters on this year's Practice Plan Workshop Tour. The Workshop Tour is part of the exclusive range of events available to Practice Plan dental practice teams as part of the additional business support it offers. Held annually across the UK at 13 different venues, this year's theme is 'Culture & Creativity' and in Les' session he aims to show that creativity can be applied in all aspects of our lives and not just for fun.

'When I was planning my session, I guessed that some people might ask, "what has creativity got to do with dentistry?"' he says. 'Well, "nothing and everything", is the answer. Because you can either be a dental practice that just conforms and fits the preconceived idea of what a dental practice is all about, or you can do things differently and approach every aspect of your practice in a more creative and interesting way. You could approach your waiting room and reception in an engaging and memorable way. You could talk to your patients and involve them in their dentistry in a more creative, interesting and dynamic way. You could present your treatment plans in a more creative, interactive, and engaging way. You

can do things with your community in a more creative way. You could design your website to be more informative and engaging... I could go on. However, what I'm not going to do is tell people how to do all these things, that would take a lot of time. What I am going to do is break down some of the barriers to being more creative and give attendees the inspiration to go and do those things themselves.'

Creativity is in us all

Noted for being a profession of 'doers' Les feels some in dentistry may find the word 'creativity' a little daunting. However, breaking down those barriers to creativity is the first step to unleashing it. 'People think, "I'm not creative, therefore, I don't do creativity". By not using creativity, in their mind, it reinforces the fact that they're not creative. So, it's a vicious circle. What I want to do is break that vicious circle and show people they have far more latent potential than they give themselves credit for. They just need to give things a try.'

Les is also keen that those attending the Workshop Tour appreciate that there are benefits to tapping into their creativity in their personal, as well as their professional lives. 'You can be more creative in the things you do outside of your practice that will help you to be less stressed, be more mindful, find peaceful moments and help you to express yourself in different ways,' he explains. 'Creativity has nothing to do with dentistry per se, but it can make you a calmer, less stressed person. That in itself can help you cope with the stresses of working in a dental practice.'

'Using your innate creativity is about defining what you want to do and then how you can creatively work towards making it happen. Often, people are too accepting of their lot. They believe "I'm an NHS dentist, which means that I'm stressed, I'm overworked, and I feel underpaid.

My team members are also stressed, so they give me hassle. Patients are demanding, but that's the way it is." When I'm working as a consultant with someone on their strategy, I ask them to think about how they would like things to be and show them that they need to become more creative about what they really want and what they're doing. How they can start working towards what they want today and not just waiting for things to improve,' he says. 'In this instance you could replace the word "creativity" with the phrase "doing something different". Because creativity is largely about exploring what those different ways of achieving what you want might be.'

Les' session promises to be an entertaining, engaging and most of all, fun afternoon. His hope is that attendees will end the day full of 'excitement and enthusiasm to put some things into action. I want people to think: "I need to do some of that".'

'I want the afternoon to be a friendly, enjoyable, humorous exploration of the possibilities,' Les states. 'Creativity for me is about unlocking potential. It's basically getting the message across that there's no such thing as creative people and non-creative people. There are only people who use their creativity and people who don't use their creativity; everyone has the potential to be creative.'

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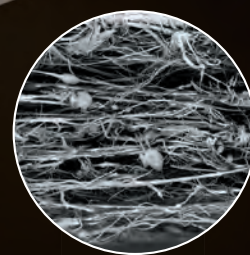


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Your first tax year as a dentist

PFM Dental breaks down taxation for newly qualified associate dentists

PFM would like to extend our congratulations for all of the newly qualified associate dentists. Now you have finished your studies, it is time to get stuck in with your new career.

We are here to give you an overview of your first tax year and how to stay on the right side of HMRC.

Employment status

The first thing that you need to be aware of is that you will no longer be treated as an employee. As an employee your tax is deducted by your employer and paid directly to HMRC. Most associate dentists are classed as sole traders, which means that the income they receive has not had any tax deducted from it and a tax return will need to be completed.

Over recent years, HMRC have questioned the implied sole trader status based on the standard associate contract. From April 2023, HMRC require each practice to complete a Check Employment Status for Tax (CEST) test for all associates. The test determines if you should be treated as an employee or self-employed for tax purposes. If this test is answered accurately, HMRC will stand by the outcome of the CEST test. The CEST test must be reviewed if there are any changes to your role to ensure the answers are still accurate.

If the CEST test determines that you should be treated as self-employed you will need to register with HMRC. Here at PFM, we complete the self-employment registration for our clients, to help ease the administrative burden.

While you are self-employed you need to maintain 'good accounting records'. This includes your monthly associate pay schedules from the practice as well as receipts for any expenses that you wish to claim. We use Xero bookkeeping software to collect all of this information in one place and keep it safe for when you need to complete your tax return.

Accounting software

HMRC will require the use of an online accounting software provider for the preparation of the tax returns from April 2026 under their Making Tax Digital (MTD) scheme. We have not heard of any changes to this from the new government.

An MTD software links to your bank account and imports the transactions directly. This reduces the chance of any expenses being missed, when you come to put your records together. If you are a higher rate



taxpayer, you will be paying tax at a marginal rate of 42%.

This means for every £100 of expenses that are missed from your tax return it will cost you £42 in tax.

Your first accounting period will end on 31 March 2025. You will need to get all of your information to your accountant to prepare your tax return. You have until 31 January 2026 to submit your tax return and pay any tax due to HMRC.

Using an MTD software can give you a massive advantage, as you can have your accounts ready to be given to your accountant as soon as the tax year ends. We would always recommend getting your information in as early as possible, this way your accountant should be able to calculate your tax due much earlier in the year.

Your first tax return

As mentioned, your first tax payment will be in January 2026. The sooner you know what

the tax liability is going to be, the easier it is to save and make informed financial decisions, such as: 'Do I have spare cash that can be put into a private pension (which can help to reduce the next year's tax bill)', or: 'Do I have more saved so I can put down a larger deposit on a house?'

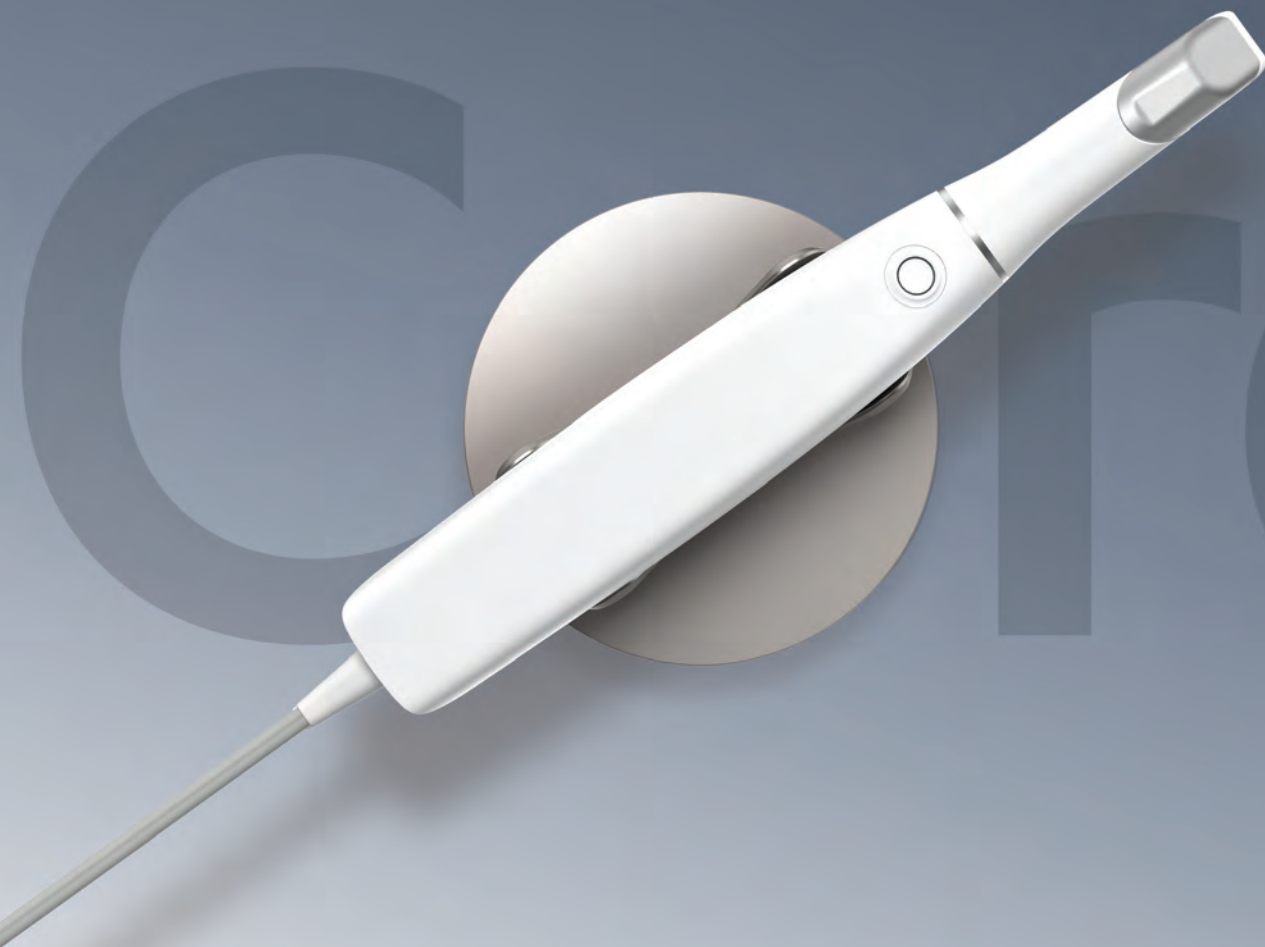
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The evolution of dentistry

A journey of innovation and excellence with **Dr Hartej Singh Matharu**

Dr Hartej Singh Matharu

Founder of the Cosmetic Dental Gallery



In the ever-evolving world of dentistry, staying at the forefront of technological advancements is crucial for delivering the highest standard of care. Dr Hartej Singh Matharu, a distinguished figure in the dental community, exemplifies this commitment to excellence. As the founder of the Cosmetic Dental Gallery, with two state-of-the-art practices in London, Dr Matharu's journey from an NHS dentist to a leader in cosmetic and multidisciplinary dental care is a testament to his dedication to both his craft and his patients.

A vision for modern dentistry

Dr Matharu's journey began with a clear vision: to create a dental practice that not only met but exceeded the expectations of patients seeking advanced cosmetic and general dental treatments. 'When we opened the Cosmetic Dental Gallery in March 2020, we wanted to ensure that our practice was equipped with the latest technology,' he explains. This commitment led him to extensively research and invest in cutting-edge tools, from digital smile design to intraoral scanners, to ensure that his patients received the most precise and effective treatments available.

This vision extended beyond his first practice. In opening a second location in Battersea, Dr Matharu maintained his focus on integrating the best technology into his practice. 'Our focus has always been on providing high-end cosmetic and general dental treatment,' he says, highlighting the importance of using the latest technological innovations to enhance patient care.

The journey to excellence

Dr Matharu's career began in 2015 after qualifying as a dentist in London. Starting his career within the NHS, he honed his skills before transitioning to private practice. This shift allowed him to delve deeper into complex, full-mouth rehabilitation and cosmetic dentistry. Alongside his practical work, he pursued postgraduate education, earning diplomas in implants and prosthodontics, ensuring that his knowledge and skills remained at the cutting edge of dental practice.

'As we've been working over the last four or five years, I've seen my own personal skill set develop significantly,' Dr Matharu reflects. 'The technology we use has also evolved,

allowing us to provide a higher level of care in increasingly complex, multidisciplinary cases.' His practice has grown to include a team of specialists, enabling them to handle cases requiring the expertise of multiple providers, and even collaborating with international dentists who visit the UK to work alongside them.

The power of CBCT

Central to the advanced care provided at the Cosmetic Dental Gallery is the use of Cone Beam Computed Tomography (CBCT) technology. 'CBCT imagery allows us to visualise anatomy in a 3D plane, which is crucial when performing implant work,' Dr Matharu explains. This technology enables the team to accurately assess bone structure, locate vital anatomical features, and plan treatments with an unparalleled level of precision.

The Vatech Green X, a CBCT machine that Dr Matharu has integrated into his practice, offers advanced features that have revolutionised the way he approaches complex procedures. 'With the Green X, we can image teeth for root canal treatment, map canal systems, and even create surgical guides with pinpoint accuracy,' he says. This level of detail is invaluable not only for implant placements but also for a wide range of other procedures, from orthodontics to oral surgery.

Enhancing patient care

The impact of CBCT on patient care cannot be overstated. As Dr Matharu points out: 'In a world where litigation is on the rise, we must plan cases with the utmost accuracy, and there's no better way to do that than with CBCT imaging.' The ability to visualise structures in 3D ensures that potential complications are identified and mitigated before any procedure begins, significantly reducing risks and enhancing patient safety.

Moreover, the ability to process these images quickly and discuss them with patients in real-time fosters greater trust and understanding. 'Patients are often nervous about complex procedures, but when we can show them detailed imagery and explain the steps we're taking to ensure their safety, their confidence increases,' he notes.

Vatech's commitment to quality

Dr Matharu's decision to invest in Vatech's Green X CBCT machine was driven by a desire to offer the best possible care to his patients. 'I compared the image quality of Vatech against other brands, and the level of definition and

sophistication was far superior,' he recalls. Visiting Vatech's showroom and experiencing the technology firsthand solidified his decision. The combination of superior image quality, ease of use, and comprehensive support made Vatech the clear choice.

'The software is very intuitive, allowing us to manipulate images with ease, rotate different slices, and view various angles at the click of a button,' Dr Matharu explains. This user-friendly interface, combined with the machine's exceptional imaging capabilities, has made it an indispensable tool in his practice.

Inspiring the next generation

As a mentor and educator in the dental community, Dr Matharu is passionate about the role of technology in modern dentistry. He encourages young dentists to embrace tools like the Vatech Green X, highlighting its ease of use and the significant advantages it brings to treatment planning and patient care. 'Having the ability to take excellent 2D and 3D images has been vital in my practice,' he says. 'It's an essential part of providing safe, accurate, and confident care.'

Recognition and the future

Dr Matharu's dedication to excellence in dentistry was recognised when he won the Private Dentistry Award for Best Young Dentist in 2023. He attributes this achievement, in part, to his commitment to using the latest technology in his practice. 'The ability to combine advanced imaging and digital tools has allowed me to elevate the level of care we provide,' he reflects.

Looking ahead, Dr Matharu remains committed to pushing the boundaries of what's possible in dentistry, driven by his passion for innovation and his unwavering commitment to his patients. 'I'm very grateful to have access to such incredible technologies,' he says, 'and I'm excited to see where this journey takes us next.'



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Bioglasses in toothpastes

Developed over 20 years ago, first generation NovaMin® bioglass was not originally developed for use as a toothpaste. It was initially formulated for orthopaedic bone grafting. Only later was it used in toothpastes because of its adherent and slow dissolving capabilities to release calcium and phosphate. It does not contain fluoride or even optimum proportions of calcium and phosphate.

NovaMin®, the active ingredient in Sensodyne Repair and Protect, is a bioglass without fluoride. Repair and Protect incorporates additional soluble fluoride which rapidly washes away like all other saliva soluble fluoride toothpastes.

Resulting from 15 years research and development at Queen Mary's University, London, BioMin® F is an advanced second generation bioglass, specifically developed for dental applications and uniquely formulated to slowly release fluoride, calcium and phosphate ions over a 12-hour period. It facilitates rapid and continual production of stable, acid-resistant fluorapatite within dentinal tubules and on tooth surfaces. This constant fluorapatite development increases the acid-resistance of teeth by 1000%. All other toothpastes contain soluble fluoride which is washed away providing far less protection.



BioMin® F contains fluoride, calcium and phosphate ions in the optimum proportion

The fluoride misconception

Some wrongly believe that the optimal toothpaste should contain 1500ppm of fluoride. This figure is not based on clinical benefit, but is simply the legal maximum a toothpaste can contain without having to comply with onerous product registration requirements. No manufacturer can add more fluoride to a toothpaste without a Pharmaceutical Product Licence. BioMin® F avoids this problem because of its controlled continuous release of fluoride with calcium and phosphate.

The higher the

fluoride content the greater the risk of fluorosis by accidental imbibition, especially amongst children and people prone to swallowing toothpaste.

With its dramatically lower 530ppm fluoride content this risk is minimised, whilst still delivering 12 hour fluoride protection!

Reduced sensitivity

BioMin® F contains fluoride, calcium and phosphate ions in the optimum proportion. As the oral pH decreases after consuming sugary and acidic food and drink, the bioactive

glass dissolves quicker, resulting in even faster release of these minerals, which in turn neutralises acid helping to stabilise the pH further and helping to protect the teeth from decay.

BioMin® F bioglass particles are 60% smaller than those found in NovaMin® products, resulting in less abrasivity and deeper penetration of the dentinal tubules with acid resistant fluorapatite. So, formation of fluorapatite is not just on the tooth's surface, but also deep within dentinal tubules. The tubular occlusion achieved with BioMin® F is much more resistant to dissolution, providing more effective and longer-lasting relief from dentine hypersensitivity. No other toothpaste can deliver such effective strengthening and protection of enamel and long-term defence against dentine hypersensitivity.

Published research shows that BioMin® F outperforms other sensitivity toothpastes in its ability to block dentinal tubules, resulting in superior and long-lasting sensitivity relief (Studies available upon request).



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 **COLTENE**

Dentistry Show London fast approaching

Only a few weeks remaining until the capital's premier **dental event!**

The industry and profession are hotly awaiting the return of Dentistry Show London, taking place on 4-5 October at the ExCeL London exhibition centre.

Over 4,000 visitors are expected and 2024 is set to be the best year yet, with an unparalleled exploration of the latest innovations in dental technology and practice, as well as patient care.

The new Specialty Interest Theatre

One of the key features this year is the new Specialty Interest Theatre, which is set to draw attention from a wide range of visitors. Covering topics such as endodontics, orthodontics, oral surgery and periodontology, the Theatre will be supported by a range of high-profile partners. These include the British Endodontic Society (BES), British Orthodontic Society (BOS), British Society of Periodontology (BSP), British Association of Oral Surgeons (BAOS), and the Association of Dental Implantology (ADI).

This exciting addition will appeal to all members of the dental team who specialise in these areas of expertise, as well as those keen to find out more about the latest developments in this field. Prestigious speakers include Tamer Theodossy, consultant oral surgeon from the BAOS, who will be giving a talk on the 'Limitations of 2D imaging in oral surgery' and exploring how 3D imaging can enhance understanding of crucial anatomy and allow professionals to modify techniques.

The lecture will also cover how CBCT scans can be formatted to extract the data from them. This fascinating subject will leave attendees with a deep understanding of the various 2D and 3D imaging modalities available in oral surgery and their individual limitations.

Another notable speaker who we are excited to see take to the Specialty Interest stage is Reena Wadia, founder and CEO of Specialist Periodontist, RW Perio and Perio School – the largest and one of the top specialist gum clinics in the UK. Reena is keen to raise the importance of gum health and how it can be incorporated into a lifestyle approach; she is regularly featured in popular national and consumer publications on the subject as part of those efforts.

She will be covering the 'Latest guidelines on the perio-ortho interface', looking at the S3-level clinical practice guidelines, which allow for an evidence-based and patient-centred decision-making process for managing periodontitis patients requiring orthodontics. The talk will also consider orthodontic management, including types of appliances, movement, use of adjuncts, timing, management of periodontitis relapse, as well as the importance of successful maintenance.



Expertise and insight

Official partners of the Specialty Interest Theatre will also be on hand, offering expertise and insight into their specialist field, including the BSP, with 'A deep dive into periodontal pockets: a guide to effective management'.

Jay Parmar, specialist periodontist at the Society, will host this talk and explore the factors contributing to the formation of periodontal pockets, helping visitors gain a comprehensive understanding of accurate and effective assessment and management. Evidence-based non-surgical and surgical treatment modalities will be discussed, and attendees will be empowered with the knowledge to enhance their clinical practice and improve patient outcomes.

Dentistry Show London event portfolio director, Alex Harden, comments: 'We're really excited about the forthcoming event and, in particular, the stellar lineup of speakers and exhibitors we have at this year's show. Our new Specialty Interest Theatre will provide fresh insights and discuss groundbreaking research, leaving delegates inspired and empowered with the knowledge and skills in these specialities. We are incredibly grateful to our fantastic partners and industry-leading speakers for sharing their expertise.'

Action packed

A host of other innovative theatres will also be running over the action-packed two days, with popular additions such as the Clinical Excellence Theatre, Practice Owners & Business Management Theatre, and Aesthetic & Digital Dentistry Theatre making comebacks, as well as the Dental Care Professional Hub and Enhanced CPD Theatre.

In addition to hearing about the most topical subjects and staying abreast of trends, attendees can earn enhanced CPD hours, with up to 12 hours of content available for each attendee – great for those looking to progress their professional development. In total, over 100



hours of free innovative content will be available, delivered by some of the most renowned names in dentistry.

With more than 150 exhibitors confirmed and a host of inspiring speakers and seminars, there is no better place to celebrate dynamism and creativity. The show floor is set to be abuzz with trends and insights into the industry's future. The 'who's who' of dentistry will be in attendance and dental experts, fellow practitioners and key opinion leaders will be on hand to share experiences, engage in meaningful conversations and discuss emerging trends, as well as potential challenges in the dental field.

Attendees are recommended to plan in advance to maximise their time at the show. As well as visiting the inspiring theatres and discovering innovative products on the show floor, Dentistry Show London offers an unparalleled networking opportunity – allowing you to meet and network with colleagues and friends, plus make new connections to help you thrive and grow. Look out for events taking place at stands throughout the show and don't forget to visit the networking lounges.

FOR MORE INFORMATION and to register for free, 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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Tooth whitening: a bright idea?

Nicolas Coomber discusses the benefits and drawbacks of tooth whitening, and potential alternatives to harsh or ineffective treatments

Nicolas Coomber

National account and marketing manager, Coltene



A common desire for many patients is to achieve a whiter, brighter smile. In fact, a 2020 survey revealed that 22% of Brits would like to have their teeth professionally whitened (Statista, 2020). An attractive smile can have a big impact on a person's social life, making it a popular cosmetic treatment sought out by a wide range of people.

As such, it's important that clinicians are able to offer patients the right solutions for them. Clinicians should be knowledgeable about any potential limitations or complications that patients should be aware of before proceeding with treatment to help them make an informed decision about their care.

Causes of tooth staining

Discolouration can occur for many different reasons, with potential causes ranging from internal (intrinsic) to external (extrinsic) factors. The reasons for discolouration may have an impact on the patient's desire to whiten their teeth, as well as the ability to reach the desired shade.

Intrinsic staining can be caused by factors like genetics, age (from worn enamel exposing yellow-coloured dentine), antibiotics, and non-vital discolouration. Additionally, some dental restorations, such as amalgam, can cause tooth staining.

Extrinsic staining is usually caused by environmental factors like smoking, pigmented foods, and drinks including tea, coffee, and red wine (Carey, 2014).

Hydrogen peroxide

In the UK, the use of hydrogen peroxide (HP) for cosmetic purposes is very limited. It is illegal for tooth whitening products which contain more than 6% HP to be supplied or administered for cosmetic purposes.

Further to this, tooth whitening products which contain 0.1%-6% HP should not be available directly to consumers, and should only be provided by a registered dental professional (GDC, 2016).

HP is associated with a number of side effects, particularly when used in high doses, or over a long period of time. Tooth sensitivity, for example, is experienced by 15-78% of patients who have had their teeth whitened using hydrogen peroxide (Tredwin et al, 2016). This common concern can cause patients unnecessary pain and, while it's often temporary, might be an indicator of long-term issues. Other side effects of whitening using HP include gingival irritation, enamel softening, surface roughness, demineralisation, and cervical root resorption (when used for internal bleaching).

HP in low doses

Because the use of HP in the UK is limited to less than 6%, it is important to consider how effective it is to use such a low dose. A 2004 study found that a 5% hydrogen peroxide solution was just as effective as a 25% solution at whitening teeth (Suliman et al, 2004).

However, to achieve the same results, the 5% solution would need to be used 12 times compared to just once with the 25% solution. This means that, to achieve the desired shade using a concentration of less than 6%, more treatments will be required.

As such, patients may need to return to the practice on several occasions to complete their treatment, or be prescribed at-home tooth whitening to complete over a period of time.

What are the alternatives?

With the use of HP for tooth whitening restricted, it is sensible for clinicians to consider other options which produce a brighter smile for their patients without the negative side effects presented by hydrogen peroxide.

Phthalimido-peroxy-caproic acid (PAP) has emerged as a fantastic alternative for tooth brightening, and is likely to be the future of the cosmetic treatment modality. One study reported that PAP was nearly harmless to enamel, whereas HP would cause hypersensitivity and a burning sensation (Qin et al, 2019). Additionally, PAP had an equivalent effect to HP, but was fundamentally safer and more reliable.

The in-office brightening system, BRILLIANT Lumina from Coltene

is formulated with PAP. It offers patients tooth brightening without sensitivity, which is extremely gentle on the tooth structure, and it is very easy to use. When prescribed by a dentist, the treatment can be provided by a dental therapist.

Over 5,000 treatments have already been performed with BRILLIANT Lumina, with no tooth sensitivity observed during or after the procedure. This makes BRILLIANT Lumina the ideal choice for patients who are hoping to achieve a naturally brighter smile.



PAP is the future

With so many patients looking to improve the appearance of their smile, offering a treatment which naturally brightens the teeth enables you to cater to their needs. Whilst many patients may assume that to reach their aspirations, aggressive tooth whitening or invasive restorative treatments may be required, leading to post-treatment sensitivity, it can be reassuring to offer a solution which makes comfort a priority.

With PAP, your patients can enjoy all of the benefits of a naturally brighter smile, without the sensitivity that is traditionally expected from tooth whitening using HP. This will be refreshing news for clinicians and patients alike, who wish to achieve stunning results, without the use of harsh and heavily restricted chemicals. Naturally, PAP is the future, and now is the time to embark on this journey with your patients.

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

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How AI plugs gaps in dental diagnostics and recruitment

Neal Mehta explains why AI technology is a must-have for practices and clinicians looking to stay ahead of the game

Neal Mehta

Dentist and founder of Locumloop



I qualified 10 years ago and started my own practice with my brother around eight years ago in Salisbury.

We also became partners with my dad at his existing practice a few years ago, helping him with its management and expansion.

Clinically, I focus on orthodontics (Invisalign), general dentistry, cosmetic dentistry, and I also place implants.

I have been a foundation dentist (FD) trainer for six years and have always prided myself on the business side of dentistry. I strive to expand our knowledge and the services we provide.

When running the practices, especially in Salisbury, we faced recruitment issues, which led to the creation of Locumloop.

Through this, we link dental nurses to dental practices to provide a cost-effective solution to staffing gaps in dentistry.

'Gives you confidence'

Through my experience as an FD trainer, I have realised that diagnosing caries is something every FD struggles with – including myself when I was newly qualified!

You might think it's such a basic skill. But when you look at an X-ray, you can often wonder, 'Is that burnout? Is that decay?' – especially at the beginning of your career.

I have always taken a lot of interest in this, particularly when training my FDs at the beginning. They'd often be keen to discuss topics like composite courses and other technical skills, but I insisted on starting with the basics, one of which is caries diagnosis.

Pearl software helps to diagnose this. Obviously, you can't rely on that solely as AI software is still learning but it can help to give you confidence. With this in mind, I don't believe it deskills you.

Caries diagnosis can be quite subjective, even though it shouldn't be. I tell my patients that I look clinically, then radiographically, and then double-check clinically again. There's not an exact science to it, but AI gives you the confidence to diagnose, especially in those 'question mark' areas.



Another tool

It also provides patient confidence. Although I'm relatively new to using it in practice, it helps to show that you are a forward-thinking practice with the latest tech.

We've got our CBCT scanners and intraoral scanners – this is simply another tool.

It helps to back up what you're saying. And it significantly helps with that trust element of patient rapport too.

Similarly my company Locumloop helps practices survive by offering cost-effective solutions to recruitment issues, short staffing and gaps.

It shifts away from that traditional agency model.

Just as Locumloop represents a revolutionary platform in recruitment, Pearl represents a shift towards a new generation of diagnostics.

Better diagnosis

With this in mind, I think it's important to invest in your practice and your clinicians.

For example, we have all generally accepted that investing in CBCT scanners and intraoral scanners is crucial, as these technologies are time and cost efficient.

Pearl is another example of good technological investment.

My nurse, who is also our treatment coordinator, recently mentioned to me that just one additional composite filling would cover the monthly fee for Pearl!

Many dentists can be stuck in the dark ages. A bit like Locumloop, many of these innovative solutions are a simple concept that can save a practice a tonne of money. I don't see Pearl as an outlay but as an investment.

It helps you diagnose more accurately, and helps to retain dentists because they feel supported by advanced tools.

Dental nurses also appreciate working in a forward-thinking practice.

There are many, many benefits and these feed into the ethos of my own practice too.

If you want to increase your revenue, you need to increase confidence of your patients.

We've got to shake off this 'old school' mentality that some clinicians are stuck in. You want to always be ahead of the game.

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- Cementation of the restorations in the patient's mouth and subsequent fine polishing



Is this the end for dental technicians?

Matt Everatt predicts when dental technicians will cease to exist and whether the workforce's steady decline is reversible

Matt Everatt

Director at S4S Dental Laboratory
and editor-in-chief *Laboratory*
magazine



Following the new CPD cycle and payment of the ARE, the General Dental Council (GDC) has released the latest figures on the number of registered dental care professionals. Every group has increased in numbers with the stark exception of the dental technician! We have declined yet again.

In 2008, there were 7,460 dental technicians in the UK, supporting a workforce of 36,281 dentists – a ratio of 4.86 dentists to every technician. Fast forward to 2024, and the numbers tell a much grimmer story: 4,935 technicians to 45,204 dentists, representing a shocking ratio of 9.16 dentists for every technician. This steady decline in the dental technician workforce raises serious questions about the future of dental care in the UK, and if the trend continues, we can predict a point in which there will be no dental technicians left in the profession at all.

When will dental technicians disappear?

Year on year, the number of dental technicians has fallen. Since 2008, the UK has lost 2,525 technicians – a 34% reduction in just 16 years. Meanwhile, the number of dentists has increased by nearly 25%. This imbalance between the two professions is not only unsustainable but will also likely lead to catastrophic effects on the quality and availability of dental prosthetics and appliances.

If we look at the figures, the downward trend in dental technicians is linear and, unfortunately, predictable:

- 2008: 7,460 dental technicians
- 2024: 4,935 dental technicians.

Without enough skilled technicians, dentists will struggle to meet the needs of their patients, leading to longer waiting times, reduced quality of care and increased costs for patients



The profession has lost an average of 157 dental technicians per year between 2008 and 2024.

If this trend continues, the UK could see the number of dental technicians fall to zero in approximately 31 years from 2024, which would be around the year 2055.

Implications for dental care

The prospect of reaching a point where there are no dental technicians is deeply concerning.

Dental technicians are the backbone of restorative and cosmetic dentistry, providing vital services such as fabricating dentures, crowns, bridges and orthodontic appliances.

Without enough skilled technicians, dentists will struggle to meet the needs of their patients, leading to longer waiting times, reduced quality of care and increased costs for patients.

While automation and technology have made strides in dental manufacturing, the intricate work of skilled dental technicians cannot be entirely replaced by machines.

The individual customisation and precision that they provide remain unmatched by any current technology.

What is causing this decline?

Several factors have contributed to the decline in dental technicians:

1. Low pay and high pressure: many dental technicians have left the profession due to low pay and increasing regulatory pressures from the GDC
2. Lack of recognition: dental technicians are often undervalued compared to their dentist counterparts, leading to a lack of motivation among younger professionals to enter or stay in the profession
3. Education and training: fewer students are enrolling in dental technology programs, leading to a shortage of new technicians entering the workforce

4. Regulatory burdens: onerous and sometimes disproportionate regulations imposed by bodies like the GDC are discouraging new entrants and hastening the exit of seasoned professionals.

Can the decline be reversed?

Addressing this decline will require significant changes in policy, education, and professional recognition. Potential solutions include:

- Increased investment in education and training: more incentives are needed to encourage students to pursue careers as dental technicians. Scholarships, apprenticeships and better access to continuing education could help bolster the workforce
- Regulatory reform: the GDC needs to re-evaluate its approach to regulating dental technicians, adopting a more proportionate and supportive stance that encourages rather than penalises
- Professional recognition: dental technicians need greater acknowledgment for the vital role they play in patient care. Increased wages, better working conditions and public awareness of their contributions could help reverse the attrition.

Alarm bells

The steady and predictable decline of dental technicians in the UK should sound alarm bells across the dental profession. The year 2055 is not far off.

Without intervention, we may see the end of dental technicians in the UK – a loss that the dental profession and patients alike cannot afford. **D**

HAVE YOUR SAY Can the decline of dental technicians be reversed? Email us at newsdesk@fmc.co.uk with your comments.

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Endodontic diagnosis and treatment planning in a digital world

Alyn Morgan discusses when assistive technology should be employed, and when it should be approached with caution

Alyn Morgan

Specialist endodontist, past president British Endodontic Society



As the landscape of dentistry continues to change, many clinicians are reflecting on their current workflows, and the ways in which digital technology will impact their professional lives now and in the future. The field of endodontics is not untouched by the use of dental technology. As such, it is important to consider the fundamentals of diagnosis, case assessment, and treatment planning, and the ways in which digital tools may assist clinicians in these areas.

Diagnosis and case assessment

When establishing a diagnosis, it is important to use the correct clinical language. By getting the diagnostic terminology right, it is clear that a clinician has understood the aetiopathogenesis of the condition that's present. As a consequence, the condition is far easier to treat, and you can anticipate a successful outcome as a result. This is especially important in clinical notes, as a patient's notes must be a true and accurate reflection of the situation, and should inform any subsequent treatment. So, the use of language shows an understanding of the pathogenesis, allowing you to discuss the condition and its treatment with patients accordingly, ensuring that the diagnosis is right, and informing patient consent. In the increasingly medicolegal world in which we operate, we should record our notes using

the correct terms, because it demonstrates a thorough understanding.

Clinicians should consider both the pulpal and periapical diagnosis, as some teeth will have both, whereas others may have mixed vitality – some might have apical infection without pulp necrosis. It is important to establish whether periapical disease or pulpal disease is present during the consent process as, generally, pulpal disease has a slightly better prognosis (Yong, 2021). This is because, once a lesion has developed, periodontitis is a likely secondary factor.

By recording notes and discussing conditions with patients using the right terminology, it is clear to anyone reflecting on the case that you understand the disease you're trying to treat. If the diagnosis is not properly identified to begin with, success becomes unlikely.

Case assessment and planning treatment in detail

Having arrived at a diagnosis, it's time to move on to planning treatment in detail. Amongst other things, planning treatment involves deciding whether to treat or refer, whether to provide treatment in one or two visits, and whether to remove a restoration or not. It is encouraged to write a detailed plan, including timings to guide the entire journey. Breaking the appointment down into segments helps to use the time efficiently, allowing the clinician and the dental nurse to know when instruments and equipment are needed as treatment is sequential.

Case assessment is an essential aspect of planning treatment. Clinicians should consider the specifics of the case, including the canal curvature and techniques needed to treat it effectively, and what file system is needed. There are a number of case assessment tools available to help clinicians understand the difficulty of the situation by answering a series of questions. Medicolegally, a complexity assessment can help to support clinicians' decisions to treat or refer.

Clinicians should not be afraid to refer cases that are outside of their expertise, or upskill to enable them to tackle more challenging cases. A large number of cases would not be expected to be undertaken in

a general dental practice. Case assessments can help clinicians decide whether to refer cases which might present challenges, or be prone to complications. This can help practitioners to avoid wasting time in the practice, and depleting patients' trust when preventable complications occur.

The use of digital tools in endodontics

The most impactful technological development in recent years has been CBCT imaging. Whilst it should not be used routinely, it should be employed when its findings will impact the treatment. For example, by taking a CBCT of a tooth with an unknown number of canals, you're able to locate the canals first. As such, you don't waste time removing dentine to try and find an additional canal which isn't there. Additionally, the risk of missing a canal is reduced. Further to this, the canal morphology, number of canals, location, curvature, and length determination can be measured very accurately using CBCT.

Predictive AI is also a growing area of dentistry – this includes CBCT. This should be used with caution as programmes such as 'metal artifact reduction' technically alter the image, filling in the gaps. As such, it may not accurately represent what is really there.

Whilst it may be impossible to avoid dental AI going forward, the technology is not flawless yet. Currently, in order to get a large enough data set, clinicians must train the software. The technology is reproducible, but it is not currently better than an experienced dentist. As such, clinicians can do better by using their skills, knowledge, and experience. However, for those who carry out very few root canal treatments, assistive technology can offer helpful guidance. **D**

Reference

Yong, D., and P. Cathro (2021), Conservative pulp therapy in the management of reversible and irreversible pulpitis, *Australian Dental Journal* 66: S4-S14.

Whilst it may be impossible to avoid dental AI going forward, the technology is not flawless yet. Currently, in order to get a large enough data set, clinicians must train the software

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A new lease of life

Ray Cox believes that a review of the way a practice is equipped may pay unexpected dividends

Ray Cox

Managing director, Medifinance



I think that we can benefit from being able to laugh at ourselves.

A very good friend of mine who runs a successful practice was recently told by a long-established patient that while she considered him to be an excellent dentist she felt that the overall feel of the practice was, to use her words, 'a bit tired'.

Now JS (as we'll call him) is certainly careful with money, but he's not mean. Equipment is replaced as and when necessary or when the lease ends but that's about it when it comes to any sort of replacement/updating programme.

By his own admission he hasn't really thought a great deal about the other factors that might impact on a patient's perception of his practice, so the 'tired' comment came as something of a surprise. And not a particularly pleasant one.

Holistic approach

To give JS his due, he took it on the chin. Over a very pleasant and good-humoured lunch, we agreed that a patient's perception is reality and that he needed to understand this and up his game.

While we both acknowledged that every practice is different and there can never be a 'one size fits all' equipment strategy, we felt that there are other factors to take into account that may be easily overlooked.

In short, planning for replacing/updating equipment should go beyond simply

replacement when it reaches its sell by date. A far more holistic approach is needed.

Let me tell you (albeit briefly and without the accompanying glass or two) what we talked about and what considerations practices might well benefit from taking into account as they invest in their growth and profitability.

Here are a few questions I think you should ask yourself...

On the basis that you get what you pay for, what best describes our treatment equipment strategy?

Do we as a rule replace like with like? Do we look to upgrade where feasible? Do we 'wait till it breaks' and risk increased servicing bills? Are we confident that we are up to date on what products are available within the categories in which we are seeking to replace?

What is our policy for looking at providing additional/new treatments that could potentially increase revenue?

Do we actually have a policy and if so, how frequently is it reviewed and discussed? What are the criteria for implementation? Even if the demand were there would we postpone opening a new surgery and simply accept that prices will rise whilst we delay our decision?

When a new client walks into our practice what might be their first impression?

Are we maintaining an investment in our practice as a whole?

If you were being graded, give yourself marks out of 10 (and be honest with yourself or better still ask a few clients to do it for you) on:

- Friendliness
- Signing
- Parking
- Waiting area facilities and comfort
- Overall décor, tidiness and cleanliness throughout the practice
- Waiting time.

As a practice are we investing in a working environment that not only helps us retain staff but also aids recruitment?

Again it's worth taking a critical look not only at treatment equipment, but also at rest facilities, toilets, lighting, staff parking and so on. Is there a positive energy about the place? Is staff morale high?

Do we try and stay ahead of our competitors?

And if we do, how? Have we recently checked out the competition and are there things they do better?

To sum up

The point I want to make is that every type of equipment you purchase for your practice, be it waiting room furniture or scanners, is an investment. The better the investment, the more revenue it will generate.

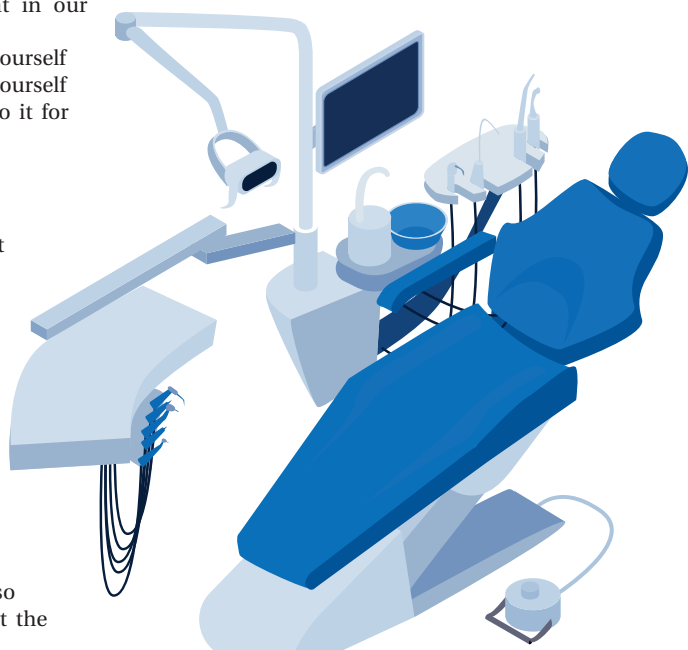
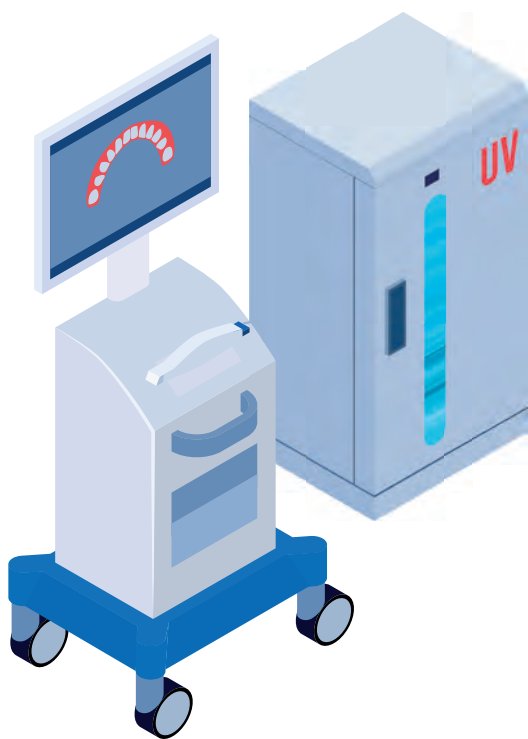
So when is the right time to invest in new equipment? In truth there is never a right time.

Do you wait until something breaks before replacing it or recognise the signs of wear and tear and ever-increasing service bills and get ahead of the curve?

Do you postpone expanding into another surgery to deal with patient demand merely to exacerbate the situation or be ahead of the game and bring the new surgery into use to deal with the demand as it happens?

That new piece of imaging technology you know other practices in the area have: do you wait until the price comes down or invest now and reap the rewards of better and faster diagnosis? There are many reasons for delaying new investment and probably the most common is the financial one.

But while you wait for interest rates to improve the price of equipment just keeps on rising like a rainbow with no end. One answer is to speak to us and find out the actual cost of financing your investment. You may be pleasantly surprised. **D**



If you feel Medifinance may be able to help you, please contact Ray at rcox@medifinance.co.uk, 07785 757782 or www.medifinance.co.uk.

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Combining heritage with modern dentistry

Steve Wright discusses the importance of the past for laying the foundation of the future

Steve Wright
CEO of Kent Brushes



Heritage is a valuable asset that builds credibility, trust and a sense of identity for individuals and organisations. In dentistry, the accumulated knowledge, accomplishments and values of the past provide a strong foundation for future success.

For companies with a respected history, heritage highlights their lasting dedication to quality and innovation. In dental care, both in professional settings and with at-home products like toothbrushes and toothpaste, heritage plays a crucial role in helping to shape the industry and driving progress.

A dynamic landscape

The significance of heritage in dental care is multifaceted. For instance, it provides a wealth of knowledge and expertise accumulated over generations, helping inform best practices and guiding professionals and consumers toward better oral health outcomes. Historical insights into dental treatments, the evolution of dental tools, and the development of effective oral hygiene products underscore the importance of heritage in the ongoing quest for optimal dental care.

However, it is crucial to acknowledge the potential downsides of heritage. While a rich legacy can be a source of strength, it can also lead to complacency and resistance to change in the wrong hands. The dental care industry, like many others, is continually evolving, with new technologies and methodologies emerging at a rapid pace. Companies and professionals who rest on their laurels risk falling behind and being unable to keep up with the dynamic landscape of modern dental care. Certainly, relying solely on traditional techniques and products without embracing innovative solutions can hinder progress and limit the effectiveness of treatments and at-home care routines.

For example, Kent's heritage, while a cornerstone of its identity, exemplifies the need to balance tradition with innovation. Where a

company's long-standing reputation for quality and reliability is rooted in its historical achievements, it must also be recognised that maintaining relevance in the competitive dental care market requires a proactive approach to innovation. By integrating cutting-edge technology and contemporary research into product development processes, such companies can ensure that their offerings remain at the forefront of oral health care.

Balancing the benefits

In the realm of at-home dental care products, heritage and innovation go hand in hand. Traditional toothbrush designs have evolved significantly over the years, incorporating ergonomic handles, advanced bristle technologies and electric functionalities. Toothpaste formulations have also seen remarkable advancements, with modern products offering targeted benefits such as whitening, sensitivity relief and enamel protection.

All these innovations are built upon the

Without a doubt, heritage is a powerful force that shapes the identity and trajectory of individuals and organisations

foundational knowledge and experience garnered through years of research and development, underscoring the symbiotic relationship between heritage and progress.

In addition, the dental care sector benefits immensely from a balanced approach. Techniques and tools that have stood the test of time provide a solid foundation for contemporary practices. Dental professionals draw upon historical knowledge to refine and enhance their skills, ensuring patients receive the highest standard of care. Simultaneously, the incorporation of new technologies, such as digital imaging, laser treatments and minimally invasive procedures, reflects the industry's commitment to continuous improvement and patient-centric care.

Striking the right chord

The interplay between heritage and innovation is not without its challenges. Striking the right chord requires a thoughtful and deliberate approach. Companies and professionals must remain vigilant, constantly assessing the relevance and efficacy of traditional practices while being open to novel solutions. This delicate balance is essential for fostering a culture of excellence that honours the past while embracing the future.

Without a doubt, heritage is a powerful force that shapes the identity and trajectory of individuals and organisations. For a company like Kent, its rich history is a source of pride

and a guiding light. However, the true strength of heritage lies in its ability to inspire and inform innovation. In the ever-evolving field of dental care, the fusion of tradition and modernity ensures that the industry continues to advance, offering improved outcomes and enhanced experiences for patients and consumers alike.

By acknowledging the importance of heritage and the need for continual innovation, the dental care sector can achieve the best of both worlds – a combination of legacy with a willingness to keep it fresh, honouring the past while confidently stepping into the future. **D**

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AI IN DENTISTRY

WITH ALAN CLARKE

A new generation

Alan Clarke explains how a tech-driven approach can be used to engage millennials and gen Z in dental health

Alan Clarke

Cosmetic dentist and the owner of
Paste Dental



Have you tried the Apple Vision Pro?

In February this year I made a strategic beeline from the US Midwinter Dental Meeting in Chicago to the Apple store to have a personal demo on what I think could be one of the coolest innovations in the dental sphere! I have to say it sat above many dental products from the conference, with even more usefulness in our industry than I could have ever imagined.

Three miles up the road, away from the traditional suppliers and dental corporate behemoths, the revolution had started!

I literally couldn't believe my eyes – if we harness this technology in dentistry, our game is going to radically improve. But who will be first to market and who will set the trends that others follow?

As technology continues to advance, it has become increasingly critical to incorporate innovative solutions into the realm of dental health.

Right now in the UK you can harness AI and cutting-edge technologies to attract younger new clients. As gen Z descend from their brat summer high, take some of these strategies in clinic to engage with and help this tech-savvy generation be more aware of their health and your vital role in protecting it.

So what are some of the tech driven approaches we can take as owners and dental associates?

AI-powered apps

Take your patient communication to the next level and design your own communication app!

AI in patient communication is being democratised and social media marketing has shifted. As a clinic, consider how you streamline your patient messaging.

Could you design a simple app for all your clients to receive information and updates. Could you create a community?

At Paste in Belfast we are working to do just that: community building with our clients. Human connection gets lost in tech, so let's harness tech to make people feel seen and heard like never before.

With personalised messaging and integration with property management systems through Open API, the ability is there from a tech perspective. Now it's just up to you and your ideas to be the clinic that breaks the mould!

Virtual and augmented reality

Integrate virtual reality (VR) or augmented reality (AR) into your dental health education to provide a unique and immersive experience for younger patients. Cue the start of the Apple Vision Pro revolution.

VR simulations that showcase proper dental care techniques or AR applications that allow users to visualise the consequences of poor dental hygiene. This could make treatment planning a never before seen or experienced immersive journey.

Think about multiple screens with your radiographs, graphic overlays, caries, gingival health, education videos, before and after comparisons – all in an interactive journey format as the patient is guided through by you, their trusted expert. It's coming, so get ready!

Case acceptance will sky-rocket and hygienists and treatment coordinators will have a new role, sitting at the core of our team for clinical patient management and education.

Influencers and brand partnerships

Leveraging the influence of social media personalities popular among millennials and gen Z can be an effective strategy for increasing awareness of your clinic and engagement with its services and your online profile as well.

Think about collaborating with influencers to create informative yet entertaining content about oral health, targeted to your client base or the type of client you want. Turn up and be present – this is a great version of a calling card, an online shop

window to your clinic and brand personality!

It doesn't have to cost the earth either. Micro influencers from your area may happily get involved because they know and trust you already!

Smart dental devices

Embracing technology through the development of smart dental devices such as AI-powered toothbrushes and smart mirrors can help younger generations incorporate dental care into their daily routines.

Electric toothbrush tracking with AI can really appeal to gen Z and millennials. It can help them amend and change brushing habits while incorporating interactive elements such as games, challenges and points against siblings – with the overall aim of improving oral health!

Utilising the convenience and familiarity of tech-driven tools can facilitate the adoption and maintenance of healthy habits.

Online educational content

Creating online forums, support groups, or educational blogs can foster a sense of community and facilitate the sharing of information related to dental health.

For example, building a platform where users can ask questions, share tips, and learn about the latest dental advancements can empower millennials and gen Z to take control of their oral health journey. This can be on site or off site or indeed via your own social media platform as a micro influencer!

Fostering a voice of authority and a community of support around you takes your clinic and your message to as many people as possible.

By adopting tech-driven solutions and implementing AI-powered features, dental professionals can effectively engage millennials and gen Z through tech. These younger generations are the future of your clinic – your method of paying staff and hiring new team-members attracted by your passion. So use tech as a tool like never before and engage with new depth and passion. **D**

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Neonatal care: what are my rights?

Sarah Buxton explores changes to laws surrounding neonatal care and how these affect employees in the dental profession

Sarah Buxton

Director, Buxton Coates Solicitors



Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit. The word 'neonatal' means newborn, and includes the first 28 days of a baby's life. Babies are likely to be treated in a neonatal unit if they are affected by any of the following:

- Early or premature birth
- Low birthweight
- Infection
- Jaundice
- Birthed in difficult circumstances
- Waiting for or recovering from complex surgery.

Prior to 2022, parents who found that their child needed to receive neonatal care were put in a difficult position between using their existing leave entitlement with their baby for often a prolonged period of time, or having to return to work whilst their baby is still receiving care.

Neonatal Care Leave Act

In 2022, the Neonatal Care (Leave and Pay) Bill was proposed which will allow parents to take up to 12 weeks of paid leave. This is in addition to other parental leave entitlements such as maternity and paternity leave, so that parents can spend more time with their baby during the stressful time of their child receiving neonatal care. These new rights are not expected to come into force until April 2025.

To qualify under the act, the parent must have prescribed parental or other personal relationships with the child who is receiving, or has received, neonatal care. The care must also continue without interruption for a period of at least seven days beginning from the day after the day of which the care starts.

In order to take Neonatal Care Leave, the parent must be employed and the leave must be taken before the end of a period of at least 68 weeks beginning with the date of the child's birth. This will be a day one right for parents.

In order to receive Neonatal Care Pay under the act, the parent must meet the minimum requirements of continuity of employment (at least 26 weeks) with their current employer. Earnings are to be paid during that leave at a prescribed rate. In line with other entitlements to paid statutory leave, the act allows provision to be made for employers to reclaim payments from the government.

Parents can expect to be protected in their employment in the same way as those associated

with other forms of family related leave, such as maternity, paternity, adoption, parental bereavement and shared parental leave. Parents should be assured that this includes protection from dismissal or detriment as a result of having taken leave.

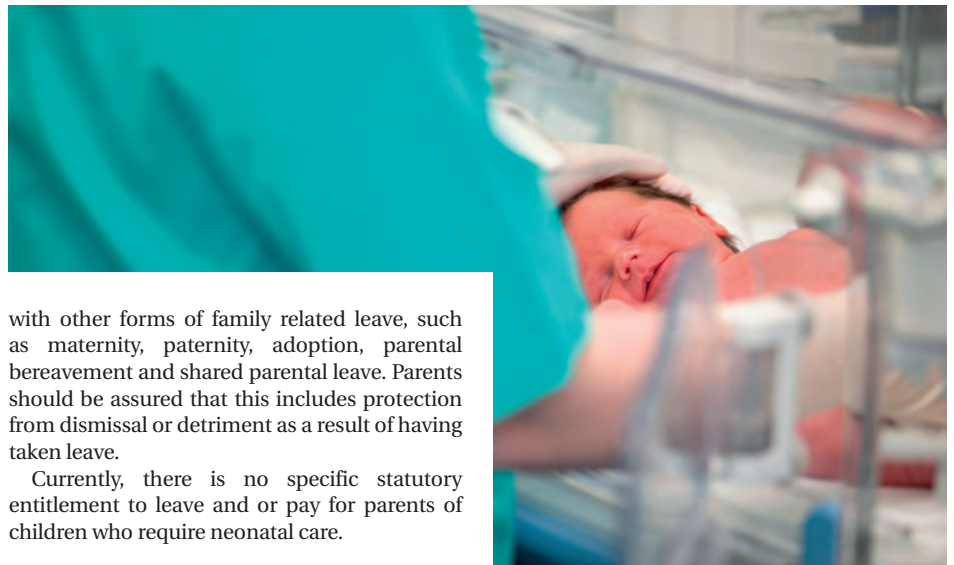
Currently, there is no specific statutory entitlement to leave and or pay for parents of children who require neonatal care.

Eligibility summary

In summary, parents must meet the following conditions in order to be eligible for Neonatal Care Pay:

- Parent has a prescribed parental or other personal relationship with the child who is receiving, or has received, neonatal care
- Neonatal care continues without interruption for a period of at least seven days beginning from the day after the day on which the care starts
- Parent must have been continuously working for their employer for at least 26 weeks by the end of the week immediately before the one in which neonatal care starts – 'the relevant week'
- If the parent is entitled to statutory maternity, paternity or adoption pay, 'the relevant week' will instead align with the week that is already specified as 'the relevant week' for that entitlement. In both cases the parent must also be legally entitled to be in that employment
- That, over an eight-week period ending with the end of the relevant week, the parent's normal weekly earnings are not less than the lower earnings limit (whatever amount this may be at the end of the relevant week).

Parents should be aware that the regulations may also add a further condition that a person will not be entitled to pay for a particular week, or period unless at the start of that week or period, if they do not remain employed by the same employer. It is unclear as to if the regulation will also further add consideration to whether the leave and pay is per child or if it will include provisions for multiple children.



An employer perspective

Employers should note that when the Neonatal Care Leave becomes law in England, this will be a day-one right for all employees. However, this does not apply to Northern Ireland, where employment law is devolved.

The statutory Neonatal Care Pay can only be claimed if the parent has completed 26 weeks of work and earns on average to £123 per week. Employers should be considerate that employees having a newborn in a neonatal care unit can be a worrying experience, and it is therefore appropriate to find ways to make employees dealing with this process more comfortable.

Having a clear policy in place will help employers support their employees, as well as training the relevant HR staff in how to deal with the sensitive topic. Employers should ensure that they are allowing their employees to:

- Take their Neonatal Care Leave once their other parental leave has ended
- Offer alternative employment to any employee being made redundant while receiving Neonatal Care Leave
- Respect the employee's wishes when it comes to privacy. In particular, that under data protection legislation, details of a baby's medical condition are private
- Avoid dismissing an employee for any reason related to their Neonatal Care Leave. **D**

If you require new HR policies drafting to comply with the new Neonatal Care Leave Act coming into effect in April 2025, contact Buxton Coates Solicitors on 0330 088 2275.



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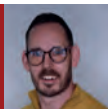


Should you be operating under a limited company?

Aaron Prested and **Mike Blenkarn** discuss the advantages for dentists of using a limited company structure to fund retirement

Aaron Prested

Dental specialist financial adviser,
Wesleyan Financial Services



Mike Blenkarn

Partner and head of dental,
UNW LLP



Due to the increase in the number of dentists working privately, whether that be fully or partially, there are more dentists working through limited companies. When a dentist trades through a limited company, they are typically both the director of the company and the shareholder or owner of the company.

As a director, they are responsible for operating the company on the company's behalf and therefore can command a salary from the company. As a shareholder, they are also entitled to receive dividends from the company, which the company declares from its profit reserves.

Personal allowance

Any dentist earning over £100,000 should consider whether trading through a limited company would be right for them, as income earned above this level when operating as sole trader means that a dentist will start to lose their tax-free personal allowance (which is currently £12,570). When you lose your personal allowance, it will be lost at a rate of £1 for every £2 you earn above the £100,000 threshold.

For example, a dentist earning £120,000 a year would be entitled to a reduced allowance of just over £2,500 per year. Any dentist earning above £125,140 per year would lose their personal allowance entirely.

This would mean that you pay tax at an effective rate of 60% on earnings between £100,000 and £125,140.

Corporation tax

This then poses a different question. When trading through a limited company, the company will pay corporation tax on its profits (with the current main rate of corporation tax being 25%).

Any dentist operating through a limited company would typically calculate how much income they need to draw based on their normal living costs. The company then votes dividends to offset their drawings requirement with the remaining (undistributed) profits left in the company having therefore been 'sheltered' from personal income tax.

A dividend must be declared through an ordinary resolution – a shareholder decision – such as a vote at an annual general meeting (AGM) or through a written resolution.

Therefore, a dentist trading through a limited company may benefit from exploring the tax saving opportunities of funding their pension through their limited company to avoid the personal taxation on drawing income surplus to requirement. Also, the corporation tax relief their company could receive on making pension contributions to a relevant pension scheme.

Example

To give an example, let's imagine that a dentist has £300,000 of available profit reserves to draw from their limited company. If they were to withdraw all of this as personal income, their income would be proportionately taxed under the income tax bands set by the government. For a dentist in England, this would mean income tax of nearly £103,000.

In the same scenario let's consider a dentist using their limited company to make £60,000 of pension contributions on their behalf, declaring £100,000 of personal taxable income, and leaving the remaining £140,000 in their limited company. The £100,000 of personal income would be liable to income tax of £20,000. The £60,000 paid into the pension would attract corporation tax relief in the order of £15,000, meaning the net cost to the company of making the contribution is only £45,000. The remaining cash in the company would be £155,000.

In the first scenario, the company is left with £0 in their bank account and the dentist will have £197,000 in cash (£300,000 drawn from the company, less the £103,000 tax liability). In the second scenario, the dentist has £80,000 cash (£100,000 drawn from the company, less the £20,000 tax liability), £60,000 invested into a pension by the company and £155,000 left in the company bank account for further investment/use.

This is a very simplified but powerful illustration of the benefits of controlled drawings from the company and employing tax-efficient means of using the remaining cash left in the company.

This situation would become even more tax efficient if the dentist's life partner was also working in the business and could draw both income and pension contributions from the £300,000 profit reserves too.

On this basis, it is worth considering your optimal tax structure with a specialist dental accountant. Once you know what the right income withdrawal strategy for your situation is, you should then be consulting with a dental specialist financial adviser to consider the other efficiencies you could make. **D**

Tax treatment depends on individual circumstances and may be subject to change.

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The unknown leadership transformation principle

Justin Leigh discusses unlocking the power of contracting in dental practice leadership

Justin Leigh

Founder, Focus4growth



In last month's article, we explored the significance of emotional intelligence in practice leadership. This month, our focus shifts to the transformative power of coaching as a leadership style. While coaching is widely recognised for its effectiveness, the transition from a traditional, top-down management approach to a coaching-oriented leadership style presents its own challenges. Among the most common obstacles is the resistance from team members who have become accustomed to relying on their leader for direction, support, and decisions. Although this dependency may initially seem beneficial, it can ultimately create a trap for both the leader and the team, leading to overwhelm, inefficiency, and stunted growth.

As leaders in dental practices, many of us start our careers with a strong inclination to provide direction and solutions. It feels natural and rewarding to assist our teams when they lack the answers. However, over time, this approach can result in an unsustainable workload and foster a culture of dependency that stifles individual growth and team development. The solution lies not merely in adopting a coaching style but in making the transition effective. This is where the lesser-known principle of 'contracting' becomes crucial – a principle that, once understood and applied, can transform both leadership dynamics and practice culture.

The power of contracting

Contracting is a concept borrowed from professional coaching where, at the outset of a relationship, the coach and client agree on a set of expectations, boundaries, and commitments. This agreement, or 'contract', sets the foundation for a productive, respectful, and effective working relationship. It clarifies the roles, responsibilities, and values that both parties will adhere to, creating a safe space for open

and honest communication.

In the context of dental practice leadership, contracting can be the key to fostering a culture of accountability, autonomy, and high performance. By establishing clear agreements with each team member, you can shift the responsibility for results, deadlines, and task completion from yourself to your team. This shift not only empowers your team members but also allows you, as the leader, to step back, create space for strategic thinking, and engage in high-quality coaching conversations that drive performance to the next level.

The principle of contracting is not just about setting expectations; it is about creating a shared understanding of how everyone will work together. This involves discussing and agreeing on what success looks like, how challenges will be addressed, and what support will be available. Contracting also includes setting boundaries – clarifying what is and isn't acceptable behaviour within the team and the practice. When done correctly, contracting fosters a sense of ownership among team members, as they become more invested in the outcomes they are responsible for delivering.

The impact on team dynamics

When effectively implemented, contracting can lead to stronger working relationships, increased respect and credibility, and ultimately better performance. Reflecting on my own leadership journey, I realised that whenever I effectively 'contracted' with my

team – whether formally or informally – the results were remarkable. Team members took greater ownership of their roles, were more accountable for their actions, and were more connected with each other and with me as their leader. This sense of ownership translated into higher levels of engagement, more proactive problem-solving, and a stronger commitment to the practice's goals.

Conversely, when I failed to establish clear contracts, I encountered challenges such as managing performance issues, having difficult conversations, and holding people accountable. These struggles often stemmed from a lack of clarity around expectations, responsibilities, and acceptable behaviours. Without a clear contract in place, misunderstandings can arise, leading to frustration, decreased morale, and diminished performance.

In a dental practice, where the stakes are high and the quality of patient care is paramount, the need for clarity and accountability is even more critical. Contracting provides the structure needed to ensure that everyone is aligned and working toward the same objectives. It also helps to create a culture where feedback is welcomed and where team members feel supported in their professional development.

Implementing contracting in your dental practice

As a leader in a dental practice, implementing contracting with your team can be transformative. Before you embark on coaching your team, take the time to establish a 'contract' with each of your team.

This contract should outline the expectations, commitments, and values that will guide your working relationship. It should also address potential challenges and set the tone for the coaching relationship going forward.

To implement contracting effectively, start by having an open conversation with your team members. Explain the concept of contracting and why it is important for the success of the practice. Be transparent about your intentions and invite input from your team.



This collaborative approach builds trust and ensures everyone feels invested in the process.

One key element of this contract may involve agreeing with your team that you are transitioning to a less directive, more coaching-led leadership style. This can be a significant change for both you and your team, especially if they are used to a more traditional management approach. Encourage your team members to hold you accountable to this commitment, reminding you when you may fall back into old habits of giving directions rather than guiding through questions. This mutual accountability helps to reinforce the new leadership style and ensures that everyone is committed.

When your team buys into this new approach, the transformation is incredible. Responsibility shifts from you as the leader to the team member, allowing for more autonomy, improved performance, and a more dynamic, engaging workplace culture. Your role then becomes one of facilitating growth, providing strategic guidance, and helping your team unlock their full potential.

Reflecting on your leadership style

As you consider the concepts discussed in this article, take a moment to reflect on the challenges you face in your practice today. Are there behaviours, challenges, or issues that stem from a lack of clarity around what is

acceptable and what is not within your practice culture? Remember, if the leader does not set the tone for culture, it will be set by the team – and not always in alignment with the values and standards you aspire to.

Creating clarity around expectations, behaviours, and values through contracting is not just a nice-to-have; it is essential for cultivating an intentional culture of responsibility, accountability, and high performance. While coaching alone cannot achieve this, contracting provides the necessary foundation for truly effective coaching conversations and leadership.

Embracing contracting for success

The principle of contracting is a powerful yet often overlooked tool, particularly within the dental practice. By taking the time to establish clear contracts with your team, you can create a culture of accountability, autonomy, and mutual respect. This not only enhances individual and team performance but also allows you to focus on strategic growth and patient care rather than micromanaging day-to-day tasks.

Transitioning to a coaching leadership style is a journey that requires commitment, patience, and a willingness to embrace change. However, with contracting as a foundational principle, this journey becomes much more manageable and ultimately more rewarding. As you move

forward, consider how you can integrate contracting into your leadership approach and watch as your team becomes more empowered, engaged, and effective.

Take the first step today

Now is the time to take action. Reflect on your current leadership style and consider how contracting could help you and your team achieve greater success. Start by having a conversation with your team about the concept of contracting and how it can benefit your practice. Take the time to establish clear contracts with each team member, setting the stage for a more collaborative, accountable, and high-performing practice.

As you implement these changes, be patient with yourself and your team. Transitioning to a coaching leadership style takes time, but with contracting as your guide, you can create a lasting impact on your practice culture and performance. In next month's article, we will delve deeper into the practical steps for making this transition. But for now, focus on embedding the principle of contracting into your leadership practice – it is the gateway to a more empowered, high-performing team and a thriving dental practice. **D**

For further discussions on this topic, contact Justin at justinleigh@focus4growth.co.uk.



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Navigating a candidate-centric job market

James Wigglesworth shares some effective recruitment strategies for your dental practice

James Wigglesworth
Director, Dental Talent



In today's increasingly competitive job market, recruiting employees for your dental practice presents challenges. With the job market becoming more candidate-centric, where skilled professionals hold the upper hand, finding the right talent requires not only time but also a well-thought-out strategy. In this environment, dental practices must go beyond traditional recruitment methods to attract and retain the most qualified professionals.

Recruiting top talent is essential for the success of your practice. The right team not only enhances the quality of care provided to your patients but also improves your practice's reputation, increases patient satisfaction, and drives overall growth. This article will explore various strategies to help you effectively navigate the complexities of recruiting in a candidate-led market, ensuring that your practice stands out as an employer of choice.

Crafting job ads

Your job advertisement serves as the first point of contact between your practice and potential candidates, making it a critical element in the recruitment process. A compelling job ad should do more than just list job responsibilities and qualifications – it should capture the essence of your practice and what makes it an attractive place to work.

To start, your job advertisement should be clear, concise, and meticulously proofread to avoid any spelling or grammatical errors. A well-written advert demonstrates professionalism and attention to detail, both of which are highly valued in the dental industry.

It's important to structure the job description in a way that's easy to read, using bullet points to highlight the most important information. This format allows candidates to quickly scan the ad and determine if they are a good fit for the position.

Beyond the basics, your job advert should reflect your practice's culture and values. In a candidate-led market, professionals are not just looking for a job – they are looking for a workplace where they feel supported and valued.

Highlight the various aspects of your practice that contribute to a positive work environment.

This could include opportunities for professional development, such as continuing education courses, mentoring programs, or leadership training.

Additionally, emphasise any flexible work arrangements, social events, or wellness initiatives that support a healthy work-life balance. These details can make your practice more appealing to top candidates who are evaluating multiple job offers.

Maximising visibility

Once you've crafted a compelling job advertisement, the next step is to ensure it reaches a wide and relevant audience. Leveraging specialised job boards and online platforms is crucial in expanding your reach and attracting the best candidates.

Platforms like Dentistry Jobs are particularly effective for dental practices because they target professionals in the industry. These platforms not only host your job advert but also distribute it across multiple job boards, significantly increasing its visibility.

This multi-channel approach ensures that your vacancy is seen by a broad pool of qualified candidates, including those who may not be actively seeking a new position but are open to the right opportunity.

In addition to industry-specific job boards, consider using general job platforms like Indeed or LinkedIn, which have extensive reach and sophisticated targeting options. LinkedIn in particular offers the ability to search for and directly contact potential candidates, giving you more control over the recruitment process.

Additionally, you can use these platforms to showcase your practice's brand through company profiles and employee testimonials, further enhancing your appeal to prospective employees.

Building a brand

In a candidate-driven market, your practice's brand as an employer plays a significant role in attracting talent. Building a strong employer brand involves creating and maintaining a positive reputation as a great place to work.

This goes beyond just offering competitive salaries and benefits; it's about fostering a workplace culture where employees feel valued, respected and motivated.

Start by ensuring that your current employees are satisfied and engaged, as they are your best brand ambassadors. Happy employees



are more likely to speak positively about your practice to others, including potential candidates.

You can gauge employee satisfaction through regular feedback surveys, one-on-one meetings, and by fostering open communication channels where employees feel comfortable voicing their opinions.

Additionally, invest in your online presence. Potential candidates are likely to research your practice online before applying, so it's important that your website, social media profiles, and online reviews reflect the positive aspects of your workplace culture. Share stories about your team's achievements, community involvement, and the positive impact your practice has on patients.

Encouraging your employees to share their experiences on platforms like Glassdoor and LinkedIn can also help in building a strong employer brand.

Employee referral

An employee referral programme can be a powerful tool in your recruitment strategy, especially in a candidate-led market. Referrals often lead to high-quality hires because your current employees understand the skills and personality traits needed to succeed in your practice.

Moreover, referred candidates tend to have a more positive perception of your practice, knowing that someone they trust already enjoys working there.

To make your referral program successful, ensure that it is easy to use and offers attractive incentives. Financial bonuses are a common incentive, but you could also consider offering additional paid time off, gift cards, or other rewards that your employees value.

It's also important to communicate clearly about the programme – make sure all employees are aware of how it works, what

types of positions you are looking to fill, and what rewards are available.

Furthermore, to maximise the effectiveness of your referral programme, consider creating a structured process for tracking and following up on referrals. This includes setting up a system to acknowledge and reward employees who make referrals and ensuring that referred candidates receive timely communication throughout the recruitment process.

A well-managed referral programme can significantly reduce recruitment costs and lead to faster hiring times.

Staying competitive

To attract and retain top talent, it's essential to stay informed about what other dental practices are offering in terms of compensation, benefits, and work culture. In a candidate-led market, professionals have more options, and they are likely to compare your offer with those of other potential employers.

One way to stay competitive is by regularly reviewing salary benchmarks for dental professionals in your region. You can use industry reports, surveys, and online salary calculators to ensure that your compensation packages are in line with or exceed market standards.

However, compensation is just one part of the equation. Many candidates are looking for a total package that includes work-life balance,

opportunities for advancement, and a positive work environment.

Additionally, staying active on social media can help you keep a pulse on industry trends and what professionals in your field are talking about. Engage with industry groups, participate in discussions, and share your own insights to establish your practice as a thought leader in the dental community. This visibility can attract like-minded professionals who align with your practice's values and goals.

Candidate experience

The recruitment process itself can significantly impact a candidate's decision to join your practice. A smooth, transparent, and respectful hiring process not only helps you secure top talent but also enhances your practice's reputation.

Start by ensuring that your application process is straightforward and user-friendly. Complicated forms or unclear instructions can deter candidates from applying. Consider implementing an online application system that allows candidates to easily submit their resumes and track their application status.

During the interview process, focus on creating a positive experience for candidates. This includes being punctual, prepared, and respectful of their time.

Provide clear information about the role, the expectations, and the timeline for making a

decision. Candidates appreciate transparency, and providing timely updates can prevent them from feeling uncertain or undervalued.

Finally, even if a candidate is not selected for the position, it's important to leave them with a positive impression of your practice. Sending a personalised rejection email and offering constructive feedback can help maintain goodwill and keep the door open for future opportunities.

Final thoughts

Recruiting in a candidate-centric market requires a proactive and strategic approach. By crafting engaging job advertisements, leveraging specialised job boards, building a strong employer brand, implementing effective referral programs, staying competitive, and enhancing the candidate experience, you can attract and retain the best talent for your dental practice.

These strategies not only help you navigate the challenges of a competitive job market but also ensure that your practice remains a desirable place to work. By investing in your recruitment process, you are investing in the future success of your practice, ensuring that you have the skilled, motivated team needed to provide exceptional care to your patients. **D**

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Staying vigilant against COVID-19

Pat Langley issues a personal reminder for dental practices amid a new COVID-19 variant

Pat Langley
Founder, Apolline



As someone who recently navigated a COVID-19 infection, I'm keen to share my experience with dental practice teams. If I can help even one person avoid COVID's clutches, I'll be happy! My journey with the virus was a stark reminder that we can't afford to lower our guard, especially with a highly infectious new variant circulating.

I'm aware that as life has more or less returned to normal, it's easy to become complacent. The turning point for me came when I was preparing for a long-awaited family reunion. I woke up with mild symptoms of a few sniffles and a bit of a cough that I thought were my hayfever. With elderly relatives on the guest list, I decided it would be prudent to take a COVID-19 test as a precaution. To my surprise and dismay, the test came back positive.

Within a day, my mild symptoms were no longer mild, and I fell prey to a continuous cough, sneezing with a constantly running nose, and almost paralysing fatigue. I was so exhausted that even getting out of bed was a struggle. It was two days of misery before I began to see any improvement.

Reflecting on this experience, I reminded myself just how vulnerable we still are to COVID-19, despite vaccinations and previous exposures. The new variant, more transmissible than earlier ones, does not discriminate. Even those who have taken precautions, like me, can find themselves unexpectedly sidelined by this relentless virus.

How can dentists help?

I am a great believer in the concept of 'learning to live with COVID-19', although this comes with some caveats. Dental practices are unique environments where the risk of virus transmission can be higher due to the nature of the work. This has always meant that the role of dental practices in maintaining stringent COVID-19 precautions is crucial.

Throughout the pandemic, dental practices have been exemplary in implementing safety measures such as pre-appointment screenings, enhanced cleaning protocols, PPE, and patient management strategies. These steps have been vital in protecting both patients and team members.

However, with the emergence of new variants, it's worth taking time to revisit some of the protocols we used at other times of increased transmission.

Continued vigilance

From a personal perspective, having recently experienced the swift and unexpected onset of COVID-19 symptoms, I urge dental practices to continue their vigilance. This isn't just about protecting yourself or your patients – it's about safeguarding the community, especially those who are more vulnerable.

For me, the aftermath of the infection has been a mixed bag. While the worst of the physical symptoms passed after a few days, I was left grappling with a lingering fatigue that has made everyday tasks challenging. Thankfully, the brain fog – a common post-COVID-19 symptom – has lifted, but the experience has been a sobering reminder of the virus's potential long-term impacts.

Dental practices, with their close contact and potential for exposure, are in a unique position to help curb the spread of this new variant. Here are a few recommendations based on current best practices:

1. Continue rigorous screening

Pre-appointment screenings continue to be crucial. Ask patients about symptoms, recent travel (especially to countries where the new variant is spreading quickly), and possible exposure to COVID-19. Use this information to make informed decisions about appointments.

2. Delay appointments for patients with symptoms

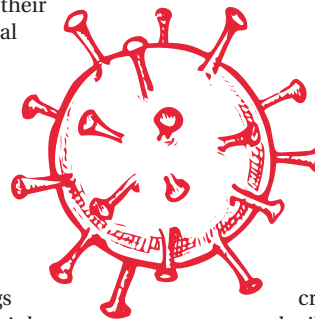
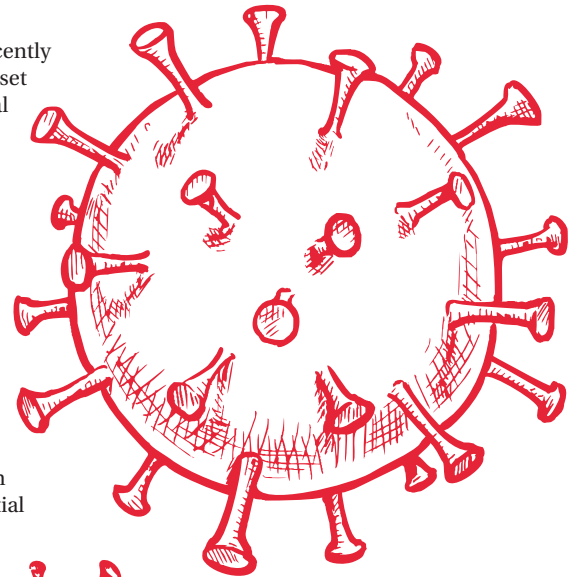
If possible it is wise to delay non-urgent appointments until the patient's symptoms improve or they have a negative COVID-19 test result.

3. Consider enhanced PPE protocols for patients with symptoms

If you have a patient with symptoms who is in urgent need of dental care you should consider using enhanced PPE if they require aerosol-generating procedures. This means a return to FFP2 or FFP3 face masks, a visor, and possibly a disposable gown.

4. Ensure your ventilation is optimal

Good ventilation can significantly reduce the risk of airborne transmission. If possible, keep windows open and use mechanical ventilation,



or use air purifiers with HEPA filters in treatment rooms.

5. Vaccination and boosters

Encourage team members and patients to stay up to date with their COVID-19 vaccinations and boosters. Vaccination remains a critical tool in reducing the severity of the illness.

6. Educate and communicate

Keep team members informed about the latest COVID-19 developments and encourage them to follow protocols both in and out of the workplace. Clear communication with patients about the measures in place can also reassure them and encourage compliance.

The responsibility we share

My recent bout of COVID-19 was a reminder of the virus's unpredictable nature and the importance of continued vigilance. Dental practices, as critical touchpoints in healthcare, have a responsibility to maintain rigorous safety protocols. By doing so, they not only protect their patients and team members but also contribute to the broader public health effort to contain the virus.

Let's not forget that while the immediate threat may seem reduced, the virus is still very much with us, especially with the emergence of new, more infectious variants. By staying vigilant and proactive, dental practices can continue to play a pivotal role in our collective fight against COVID-19. **D**

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Sustainable solutions for global oral health

Bridge2aid celebrates 20 years of impact with the #20for20 appeal

This year marks a remarkable milestone for Bridge2aid as the charity celebrates 20 years since its very first dental volunteer programme in Tanzania.

To honour this achievement, the charity is launching the #20for20 campaign, inviting you to contribute to its lasting legacy. By donating £20, supporters can help to raise £20,000 to kickstart the next 20 years of life-changing work!

Your donations will make a profound difference by:

- Empowering the local dental workforce – supporting the training and up-skilling of local oral care providers and ensuring essential treatment reaches those in need
- Educating communities – training teachers and community health workers to spread vital oral health messages in schools and communities
- Expanding reach – enabling the expansion of programmes to create sustainable, community-led changes that will impact thousands of lives.

Why is this work vital?

Oral diseases and pain affect around 3.5 billion people worldwide, with the most disadvantaged populations bearing the brunt, particularly in remote rural areas. This often prevents individuals from eating properly, working and attending school. Three quarters of those affected live in low and middle-income countries.

In Tanzania's Mwanza region, 76% of adults and 38% of children suffer from untreated dental caries. With no access to dental care and very low oral health literacy, people are



living for years with dental pain. This can lead to disfigurement, sepsis and in the most severe cases, death. Bridge2aid aims to change this reality, ensuring that no one suffers in silence.

Training and collaboration

Bridge2aid is committed to sustainable solutions, working closely with local partners, ministries and national dental associations to align efforts with national policies.

Many district hospitals have now employed dental therapists, but they are often working in isolation, with no access to training, development or peer support.

By training local dental therapists, teachers and community health workers, the charity makes oral health education and treatment accessible where it is needed most. Contributions directly support these essential initiatives.



How to get involved

There are still a few spaces left for dentists and dental care professionals (DCPs) on the October outreach/training programme in the Mwanza region of Tanzania, running from 19 October to 2 November 2024.

This programme will focus on:

- Screening in primary schools
- Training and up-skilling local dental therapists
- Providing basic dental treatment
- Delivering oral health education
- Post-programme mentoring for dental therapists.

Volunteers are welcome to join for the full two-week programme or for a single week.

Additionally, there are upcoming programmes focusing on oral health education in February, March and May 2025, as well as further outreach programmes in February and June 2025. **D**

To learn more about volunteering, please contact annie@bridge2aid.org or shaenna@bridge2aid.org, or fill in the expression of interest form at bit.ly/3MOIsBd. Please do consider donating £20 to the #20for20 campaign. To make a difference, visit bridge2aid.enthuse.com/cf/20for20.



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Sustainability as a collective effort

Mark Topley speaks to Amarantha Fennell-Wells about her evidence-based approaches to sustainability in dentistry

Responsible DENTISTRY

MARK  TOPLEY

Mark Topley

Dental CSR and ESG consultant



Amarantha Fennell-Wells

Specialist registrar in public health



Sustainability is increasingly becoming a central focus within the dental industry. However, for many practices, knowing where to start can be a daunting challenge. To shed light on this, I recently had the pleasure of interviewing Amarantha Fennell-Wells, who was at the time the senior clinical policy manager at the Office of the Chief Dental Officer England (OCDO) and a leading figure in sustainable dentistry, who has played a pivotal role in integrating sustainability into clinical practice and policy. Her insights provide a valuable guide for dental practices looking to adopt more sustainable, evidence-based approaches.

Amarantha's journey into sustainable dentistry began from a place of deep concern and practical observation.

She was driven by a frustration for the environmental impact of everyday dental practices. 'I was working with a wonderful team in South Wales,' she recalled, 'but we were experiencing quite a few sharps injuries, which led to the decision to replace our reusable kits with disposable ones. The entire tray, with all its instruments, was being discarded after each use. It struck me as crazy – the waste was enormous.'

This realisation led Amarantha to pursue a fellowship focused on environmentally sustainable healthcare, a decision that would shape her future career. 'The fellowship opened my eyes,' she said. 'I realised that my sense of injustice – whether it's social, health, or climate justice – was what really drove me. It wasn't just about the waste; it was about the broader implications of our actions as healthcare professionals.'

Her passion for sustainability eventually brought her to the CDO's team, where she was given the freedom to develop and revamp

key resources. 'I'm really proud of what we've accomplished,' she shared.

Key resources for sustainable dentistry

Amarantha and colleagues across the sector have developed several resources that are now essential tools for sustainable dental practice. During our conversation, she highlighted four key resources:

NHS Green Impact Dentistry Toolkit: 'This toolkit is one of our biggest achievements,' she explained. 'It's hosted by SOS-UK and is freely accessible to any dental practices across the UK. It provides tangible actions that practices can take to reduce their environmental impact.'

Environmentally Sustainable Dentistry e-learning module: 'If you have half an hour and a cup of coffee, start here,' she advised. 'This module is available to anyone and everyone through the NHS e-learning portal and covers the basics of sustainable dentistry.'

Clinical guidelines for sustainable dentistry: Co-authored by Amarantha, these guidelines are an invaluable resource for dental practices. 'These guidelines provide a robust framework for integrating sustainability into clinical decision-making,' she noted. 'They're evidence-based and designed to help practices minimise their environmental footprint without compromising patient care.'

Scoping review on Sustainability in dentistry: Leading for change. Available on the CGDent website, this document outlines a strategic approach to sustainability that spans both the NHS and private sectors, accessible to anyone in the dental field looking to adopt sustainable practices. The OCDO's work has ensured that the barriers to accessing these tools are minimal.

Overcoming barriers

Implementing sustainability in dentistry is not without its challenges. Amarantha identified two primary barriers.

'The first challenge,' she explained, 'is being made to feel like an outsider because you're

bringing a different idea to the status quo. It's a communication challenge, really. You have to meet people where they are, and that can be difficult because it often means reining in your passion and sense of justice.'

The second major barrier is IPC, a significant concern in healthcare. 'Infection prevention and control is a huge question mark,' she said. 'Some of it is very robust and evidence-based, but other parts are more about tradition – "We've always done it this way, so why change?" Working with scientists to identify what can safely change is key to overcoming this barrier.'

A personal drive for justice

Amarantha's passion for sustainability is deeply rooted in her sense of justice. Reflecting on her experiences, she shared: 'For me, it's about more than just reducing waste. It's about ensuring that what we do in our clinical practice doesn't come at the expense of others, whether that's through environmental harm or the exploitation of vulnerable populations. I see it as a moral and ethical responsibility.'

This commitment to justice drives her work and her advocacy for sustainability in dentistry. 'How can we deny the evidence on climate change when it's just as strong as the evidence we rely on to treat our patients? It's a matter of self-preservation and doing what's right.'

Final thoughts: collaboration is key

As our conversation concluded, Amarantha emphasised the importance of collaboration in advancing sustainability in dentistry. 'This isn't a competition,' she said. 'It's a collective effort. Sharing knowledge, resources, and experiences is crucial if we're going to make progress.'

For dental practices looking to embark on this journey, the resources developed by Amarantha and her team offer an excellent starting point.

'Talk about your setbacks,' she encouraged. 'This is a learning process for all of us, and the more we communicate and collaborate, the better we'll be at creating a sustainable future for dentistry.'

Amarantha's work is a testament to the power of evidence-based approaches in driving meaningful change. **D**

Elevating standards in specialist care

Moor Park Specialist Dental Centre houses nine specialties under one roof – find out more about director **Joe Bhat's** innovative approach

Joe Bhat

Director, Moor Park Specialist Dental Centre



If the essence of a high-quality dental practice is its patient volume, then Moor Park Specialist Dental Centre has it bottled. A busy referral clinic in Northwood, it hosts nine specialties under one roof, offering a comprehensive range of specialist care to 'rival the best teams around the world'. With more than 2,000 referrals a year, it is akin to a mini teaching hospital.

Remarkably however, little of its online presence showcases Moor Park's extraordinary success. What sets this practice apart is an understated marketing approach that embodies the ethos of a 'quiet luxury' brand – elegantly demure while excelling in what it does without the accompanying noise.

While it does have a social media presence –

on Facebook and Instagram – this is without the usual bells and whistles. Meanwhile, solid old-fashioned word-of-mouth recommendations are actively sought, and greater emphasis is placed on those invaluable (and in Moor Park's case, glowing) Google reviews.

However, having recently won Best Referral Practice South at the 2023 Private Dentistry Awards, the spotlight may have just swung in its direction. The team's unwavering dedication to providing exceptional dental care clearly stood out, and it is understandable why the judges were impressed.

The approach

At its helm is director Joe Bhat, a specialist in oral surgery and prosthodontics. Qualifying in 1992, he now focuses on complex restorative cases and dental implants. He is a highly sought-after speaker and respected authority on implant dentistry and education. Joe leads

Moor Park's implant training and mentoring programmes, which include study groups and customised courses.

His quiet modesty belies a fierce pride in what he has achieved. Applying the adage 'work until you no longer have to introduce yourself' to his everyday clinical work, another search online turns up little of his personal successes. Indeed, his latest Instagram post dates back to December last year, and even that was about his team.

Joe's practice ownership journey began more than 25 years ago. He recalls: 'The inspiration came from looking at multiple mono-specialty practices when I qualified as a specialist and wondering why various specialists could not be set up under one roof for the convenience of referral. So, Moor Park started as a concept that all specialisations should be under one roof.'

'It's now common practice to call centres "multidisciplinary" when only two or three ▶



specialists exist. But we are proud to be one of the few with nine specialisations under one roof, which has been the case for two and a half decades.

'It has just grown and grown in success because dentists like the fact it's a one-stop shop. If the endodontic treatment cannot be done, we have an implant surgeon for placements or an oral surgeon for extractions and so on, making it an extremely straightforward process.'

Teamwork

Coordination and teamwork at Moor Park are essential to what they do – and how they deliver. Clinicians are available outside of clinical hours (patients even have access to their mobile numbers), and opinions can be given immediately without patients having to go elsewhere, thereby reducing costs.

The practice often goes the extra mile to accommodate late and out-of-hours appointments and offers complimentary transportation home for those undergoing surgical procedures. It's a win-win scenario.

Practitioners attend monthly multidisciplinary meetings. Joe explains: 'We have a unique set-up with regular interdisciplinary meetings for all the specialists. We also have dental nurse team meetings and reception team meetings.'

'We are a 10-surgery practice that opens six days a week. The total workforce at the last count was 54, so it's a massive team. Therefore, coordinating it in sections and sectors is very important, with the correct lead taking on the team to inspire them to the next level.'

'Team bonding is also vital; we go abroad every first bank holiday of the year. We ensure all are included, and we take care of everyone.'

Referral evenings

The practice also runs multiple referral evenings for referring dentists, during which they meet the team and tour the facilities. In doing so, they also gain CPD hours.

Joe says: 'We have developed a style of teaching called table clinics, whereby four different specialists speak simultaneously, and the participants are divided into small groups of four in each room. After 20 minutes, the bell rings, and they go to the next specialist.'

'By the end of the CPD event, the dentist has learned four different "tricks of the trade" from specialists in four different specialisations. That is how they see patients in their practice. Patients do not visit a practice one day to have veneers or composites done; they could be visiting for a variation of multiple treatments.'

'Therefore, we firmly believe their education should be along the same lines – varied on different specialisations, all on the same day. It's a teaching system we set up over 15 years ago and continues to go from strength to strength.'

Technology

Moor Park's ongoing investment in technology and equipment reflects its commitment to delivering the best care possible, with patients at the heart of its approach.



'We are a modest yet tough working team that pushes the horizons of patient care as much as possible and keeps the patients in the best oral health using the most innovative technology, training and aftercare. The practice has used cone beam CT scans for the last 16 years and is already on its third-generation CBCT.'

'It has intraoral scanners; we have everything that technology can get in dentistry because, as a team of specialists, we must be seen as being at the forefront of dentistry.'

'Patients genuinely appreciate that because they know we are not just putting money in our pockets but spending it on their oral health.'

Comfort

Practitioner and patient comfort are also crucial. 'The Belmont Cleo II treatment centres are workhorses. The upholstery and comfort they offer, especially during lengthy procedures, are unparalleled by any other brand.'

'In some of our smaller rooms, we use the Belmont model with folding leg rests. These

are particularly beneficial in compact spaces like the hygienist's room, allowing patients to move around easily once seated. They also make the room feel less intimidating and more comfortable.'

'When we advertise our practice, we advertise it as a "patients' practice". We say "welcome to your practice" rather than "our practice" because, realistically, we are just there to facilitate the service for them and their oral health.'

And finally, what would he wish his legacy to look like?

'My passion for dentistry runs deep, and my goal has always been to elevate the standards of dental care and support my peers in doing better dentistry. My background in a family of teachers means that education and knowledge-sharing come naturally, which is how I give back.'

'It is important to exchange insights with my colleagues and put in as much as I have received from this wonderful profession. I am lucky to have had such an amazing journey.' **D**

The woes of NHS dentistry today

With NHS dentistry no longer fit for purpose, **Luke Hutchings** shares his dream solution for a core service that would promote affordable, high-quality patient care

Luke Hutchings

President, British Academy of Cosmetic Dentistry (BACD)



NHS dentistry in the UK is in a sorry state. The system is no longer fit for purpose and patients are suffering as a result. There is a significant lack of access to essential dental care across the nation, but especially within certain areas – unfortunately, these are also often regions of lower socioeconomic status and therefore higher dental need. The powers that be claim that change is on the way. But how long this will take and whether the current proposed changes are the right ones are still widely debated.

A plan for recovery or further demise?

When NHS England announced the dental recovery plan, it did little to quell concerns among the profession. The fundamentals of the document are based on sound concepts – increased UDA rates, golden hellos to get

dentists into the NHS and a protected dental budget all look good on the surface. The problems creep in when you look at the plan in more detail. A lot of the proposals just don't go far enough to really make a difference. Plus, there are still many questions surrounding funding for the changes, as well as how well long-term patient care is incentivised. And, of course, there are concerns about whether a Labour government will honour the plan at all.

What we need

As with anything of such multitude and impact on public health, there is no single solution to all our problems. What we really need, in my opinion, is a completely new system that focuses on and promotes high-quality patient care. In practical terms, this would mean changing the purpose of NHS dentistry to move away from comprehensive care and towards a core service that focuses on managing pain and emergencies. This would allow those who really need it to access essential dental care, while reducing the strain on NHS dentistry. It would

likely rely on the development of membership or payment plans in order to make dentistry more affordable for more people, with increased transparency for patients and a larger range of treatment options available to them.

This, combined with fair remuneration for dentists offering essential dental care and improved skill mix in the practice to ensure business viability, is just the start.

And back to reality

Is all this a pipedream? With NHS dentistry in its current condition, yes, it is.

Dentistry has been used as a political chess piece to gain voters and only time will tell if we were fed empty promises or if proposals were fuelled by a genuine desire to enhance public health. There are still challenges to be solved with regards to effective remuneration for dentists and other clinicians that fairly represents the time and effort spent in prevention. We need to create a model that encourages long-term commitment to NHS dentistry – only then will access to care be truly improved for patients. **D**

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PRACTICE PRINCIPLES

From the dental corporates' perspective

Polly Bhambra discusses the future of dentistry with Neil Charmichael

Polly Bhambra

Practice principal,
Treetops Dental Surgery



Neil Charmichael

Chair of the Association of
Dental Groups



For a large percentage of the profession, many of us will at some point or another work in a dental group, also known as a dental corporate.

These corporates service a large proportion of the NHS provision, as well as private treatments.

One of the groups representing dental corporates is the Association of Dental Groups.

Neil Charmichael is the chair of the ADG. I sat down with him recently to better understand what dentistry looks like from his perspective.

Polly Bhambra (PB): How are things in general for dental groups at the moment?

Neil Charmichael (NC): Recruitment continues to be of huge concern to ADG members.

But the recent 'adjustments' to the NHS contract, such as the patient premium, has had a reasonably positive impact but only where there is sufficient dentistry capacity.

The reputation of groups – especially during the difficult period of COVID – has been consistent with good practice. And constructive relationships between groups and associates have further embedded

Private dentistry is also impacted by the shortage of available dentists.

PB: What are your thoughts on the current dental recruitment crisis and how do you feel it should be resolved?

NC: The recruitment crisis can be tackled in four ways:

1. Long term by raising the cap on students at dental schools
2. More immediately – and urgently – through increasing the pace and capacity of the overseas registration examination
3. Pre-registration of dentists is also on the agenda as an idea. The ADG is keen to support the implementation of this measure. But it would stress the importance of ensuring high quality entrants at all points
4. Mutual recognition of qualifications would be helpful. And, while this is fraught with complications, providing suitable training for international applicants would be beneficial.

PB: What is the general shift for groups – acquisition or consolidation – and why?

NC: Acquisition featured strongly last year. But the big story currently seems to be the emergence of smaller groups keen to expand and 'growth through purchase' of medium sized groups.

PB: Some dental groups and corporates have in the past received a bad reputation by employees. Is this justified and have you noticed a shift in recent years?

NC: The ADG is developing a 'kitemark' approach for new members and promotes a focus on good practice.

It must be stressed that dentists are self-employed and therefore not 'employees' and this extends to therapists and hygienists.

The reputation of groups – especially during the difficult period of COVID – has been consistent with good practice. And constructive relationships between groups and associates have further embedded.

The ADG does not account for all groups, but there is evidence of groups seeking to emulate the approach of the ADG.

PB: How is the current NHS system impacting dental groups and how much involvement are they having in helping resolve the backlog?

NC: Delivery of contacts is dependent on having a full complement of dentists. The ADG is continuing to work with the General Dental Council and, in addition to the normal routine of meetings with agencies and the Department, it is engaging with the new government at ministerial level.

PB: It feels like there's an ever-growing group of dental corporates and it's difficult for individual dentists to purchase and grow their own practice. Is this the reality?

NC: Groups represent approximately 27-28% of dental practices. So, there is still plenty of scope for groups to be created or to expand.

The key to success is to develop groups in a paced and structured manner, always built on sustainable and patient-focused fundamentals.

PB: What does the future look like for the dentistry and the ADG?

NC: It is vital to think of dentistry as whole, encompassing several valued professions; groups enable this to happen, and they innovate and introduce modern technologies.

The next significant development in the sector will be further enhanced patient service by investing in technology.

Another point to underline is the mixed economy of dentistry where private, NHS and community dentistry all contribute in providing dentistry – the ADG represents them all. **D**

Follow Polly on Instagram @pollybhambra for more hints and tips.

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BSDHT's unmissable event of the year!

Join us at the Oral Health Conference (OHC) 2024 as we celebrate 75 years of prevention in oral care with an inspiring event that educates and connects professionals, writes **Miranda Steeples**

Miranda Steeples
President, BSDHT



Are you ready to be part of an event that places you at the very heart of the dental profession? The British Society of Dental Hygiene and Therapy (BSDHT) is thrilled to invite you to the Oral Health Conference (OHC) 2024, a milestone event that promises not just to educate but to inspire.

This year marks the 75th anniversary of the BSDHT, and the OHC is set to be a celebration like no other, under the fitting theme: '75 years at the heart of prevention.'

Our mission includes being a consultative body for the professions and the public, so us 'being at the heart of prevention' fits really well with this.

A learning opportunity

The OHC 2024 represents a fantastic chance to enhance your skills, broaden your knowledge, and stay ahead in your profession. Prevention is at the core of our practice, and this year's event will underscore its importance with a range of insightful presentations from top experts in the field.

These sessions are designed not only to inform but to ignite a passion for advancing oral health care, ensuring that you leave the conference with actionable insights and renewed enthusiasm.

Highlights include 'The next 75 years in periodontology' by Dr Paul Renton Harper, offering insights into the future of periodontal care, and 'Gerodontology: research on dental hygiene in care homes' by Prof Paul Brocklehurst, focusing on elder care.

Attendees can also look forward to practical workshops such as 'Flapless regeneration: advances in non-surgical therapy (MINST)' with Dr Devan Raindi.

Additionally the plenary session, 'An audience with the chief dental officers', will provide valuable perspectives from leaders across the four nations.

But that's not all – this year's conference introduces an innovative session styled after a Graham Norton show, featuring the acclaimed Prof Avijit Banerjee and Prof Iain Chapple.

This interactive experience offers a relaxed, engaging atmosphere where you can pose those burning questions about biofilm, caries and periodontal disease, making it an unmissable highlight of the conference.

A hub for development

One of the standout aspects of the OHC has always been its commitment to professional growth.

This year is no exception, with a special afternoon dedicated to research and development in collaboration with the Oral & Dental Research Trust (ODRT).

Whether you're looking to get involved in cutting-edge research, seeking mentorship, or simply curious about the latest trends, this session is a must-attend.

This is an invaluable opportunity to elevate your career, connect with leading minds in the field, and contribute to the future of dental hygiene and dental therapy.

Networking is at the heart of OHC, and we've ensured there are ample opportunities for you to connect with industry experts, fellow professionals and like-minded peers. Engage in lively discussions, explore the latest innovations at our trade exhibition, and build relationships that will benefit your career long after the conference ends.

The informal setting of these networking opportunities is designed to encourage open dialogue and idea sharing, allowing you to forge connections that could lead to collaborative projects, new partnerships, or simply the exchange of best practices.

75 years in the making

As we commemorate the BSDHT's 75th anniversary, we're pulling out all the stops to make this event truly special. Expect vibrant social activities, including a highly anticipated Friday night party complete with live music and a delicious dinner. This is not just a chance to unwind and have fun but also an opportunity to build camaraderie with your peers.

Meanwhile, the breakfast networking session is the perfect way to kickstart your conference experience, providing guidance on how to make the most out of your time at OHC. This session is especially beneficial for newcomers, offering insights into navigating the conference, making valuable contacts, and fully engaging with all that OHC has to offer.

In addition, we will be launching this year's *Annual Clinical Journal of Dental Health*, published in conjunction with the *International Journal of Dental Hygiene* as a special anniversary edition. This publication will not only celebrate our past achievements but also set the stage for future innovations in the field.

Join our celebrations

The OHC is integral to the profession's movement towards a brighter future in oral healthcare. Don't miss out on this unparalleled opportunity to be part of a supportive, pressure-free environment where learning, networking and celebration come together seamlessly. Whether you're an experienced clinician or just starting out, OHC 2024 offers something valuable for everyone.

Mark your calendars, secure your spot and get ready to join your colleagues at the OHC 2024. Together, we'll celebrate 75 years of excellence and pave the way for the next chapter in preventive oral healthcare. **D**

FOR MORE INFORMATION and to register, visit www.bsdht.org.uk/ohc-2024.

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A match made in heaven

Ibrahim Numan shares his passion for dental therapy and paediatric dentistry

Ibrahim Numan
Dental therapist



I graduated from the Eastman Dental Hospital in 2019, and I have worked across private practices in London and Brighton. My first job was a hygienist role in north London and, like many of my colleagues at the time, I endured back-to-back 30-minute appointments without a nurse and lots of undiagnosed periodontal disease. I spent most of my time after work listening to my six-point pocket charts on a dictaphone and doing my notes. I soon realised that the only time I was smiling and not stressing was when I had children's oral hygiene visits.

When a new dental therapy job opportunity popped up in an amazing family practice in Fulham, it was time to make the jump. At the interview I was asked what I enjoy most about therapy. When I replied with paediatric dentistry the principal dentist without hesitation said: 'Done deal.' During my time in Fulham I saw many paediatric patients, and instead of spending my time after work listening to my dictaphone, I was blowing up gloves and drawing smiley faces on them.

I tell my patients to sit on the 'boss chair', as children love being in charge



Blood, sweat and tears

A lot of the work I do nowadays is cosmetic dentistry. Composite veneer smile makeovers can be blood, sweat and tears, and to be honest sometimes paediatric dentistry is literally blood, sweat and tears but the reward at the end of it is unmatched. We all hear the famous opening line from adults: 'I hate the dentist', even from patients I see regularly, but when little Johnny pops into his review appointment two-weeks post extraction and gives me a big hug and a drawing, that feeling is unbeatable.

As we all know, general dentistry has many grey areas, it's a world where we use all our knowledge and basic principles to do what we think is best for the patient. Paediatric dentistry is in another league, because sometimes what you want to do, or the best thing to do is not always feasible. For example, if I was planning to do a glass ionomer restoration on a URD but little Johnny is kicking his legs when I pick up my excavator, then we re-assess and wait for him to calm down and attempt the 'finger press technique' with Fuji Triage and continue with acclimatisation appointments.

Behaviour management

I'm a strong believer that first impressions count, and this is vital in paediatric dentistry. We must come across as trustworthy, fun and caring to both the patient as well as the parent/guardian. Managing a patient's behaviour starts as soon as you call them in. Personally, I like to call the patient in myself from the waiting room as I think it puts them more at ease, instead of walking into a room with me waiting there. There is so much to unpack, so here's a quick

whistle-stop tour around behaviour management with some tips that work well for me:

- Non-verbal and verbal communication: body language is important so avoid folding your arms or pointing... open palms are welcoming. Try to avoid speaking with a monotone voice and always start with a compliment and smile!

- Enhancing control: I tell my patients to sit on the 'boss chair', as children love being in charge. Inform them of the stop signal and make sure to always honour it
 - Positive reinforcement: enhancing compliance by praising the child for things they do well eg 'You are so good at being still like a statue' (be specific)
 - Negative reinforcement: strengthening of a pattern of behaviour by removal of a stimulus that the child finds threatening, children are brutally honest, always communicate with them and find a middle ground
 - Relaxation: 'Hands on tummy' so they can feel their breath, which helps them to monitor their breathing and slow it down during treatment
 - Distraction: Learn to be a magician... never let them see the syringe and needle: 'My nurse says that my eyes changes colour when I count to 20, look in my eyes as we count to 20 and let me know if she's telling the truth'
 - Modelling: If you are seeing a parent or sibling remember you can see them first and get child involved with treatment
 - Tell-show-do: 'Here's my straw (three in one), I use it to dry your teeth. Give me your hand and I will show you how it feels. I dry one tooth at a time, gently' – always check the patient is still in a relaxed state
 - Systemic desensitisation: it's not possible to feel anxious and relaxed at the same time. Break the procedure down to small steps and check breathing throughout
 - Structured time: children may be able to handle unpleasant experiences if for a defined time, another way to build trust and give control. Do not sell yourself short, start with a high number and count backwards!
- In conclusion, I'm hugely grateful I can work alongside supportive dental practices that trust my clinical judgment and give me the clinical freedom I need. In my opinion, dental therapy and paediatric dentistry is a match made in heaven. The skills you learn can be applied in many other scenarios and I truly believe it has made me a better clinician... and uncle. **D**

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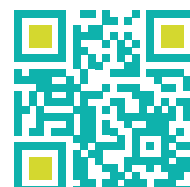
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Creating a safe space for the LGBTQ+ community

Nick Coller discusses the measures dental practices need to take

Nick Coller

Dental hygienist with an interest in facial aesthetics



It can be tempting to think that increased visibility of LGBTQ+ people in the media equates to a societal acceptance of the community in general. Sadly, this is often not the case.

I wrote an article for *Dentistry* a couple of years ago about treating members of the LGBTQ+ community which I chose to be factual in its nature. However, I have wanted to write an article like this one well before now, but I have been nervous to do so. After all, this will appear in front of an audience of my predominantly straight, cisgender (cis) – people whose gender identity is the same as the gender they were assigned at birth – peers. Will I appear too terminology obsessed, too woke or too angry? There goes Nick with his LGBTQ+ obsession...

Try to understand

I understand these thoughts come from a place of shame, which even I have to challenge on a regular basis. They stem from a childhood knowing I was different, not understanding why but 'knowing' there was something 'wrong' with me. I wasn't like other boys. Whatever it was that I was, it was in no way positive and it was better not to be discussed with anyone.

As a child, the word 'gay' was the worst insult of

all – for many it still is. The word 'gay' is still used often by many (and disappointingly by adults) nowadays as slang to mean 'pathetic'. Pride for me is not a day or a month. It is an ongoing process of shaking off the shame that I feel because I am 'not like you'. Pride is the opposite of my internalised shame, which I obtained growing up in the straight world with its cultural norms and institutional practices.

I am not looking for sympathy – I am asking you to try to understand. Indeed, I consider myself to come from a place of privilege as a white cis gay man living in the UK, married to the man I love. I cannot imagine how difficult life must be for other members of the LGBTQ+ community who are far more marginalised and stigmatised than me.

I invite you to imagine living in a world knowing there are countries in which you would be in danger if you were born there. There are currently 64 countries where it is illegal to be gay and even more where it is still dangerous to be gay, even if it's not illegal.

I invite you to imagine growing up thinking that you wouldn't be able to get married to the person you love. There are currently only 37 countries where same sex marriage is recognised. It was only legalised in the UK in 2013.

Raising awareness

So often conversations around the LGBTQ+ community are toxic. We're angry, we want more rights than other people, we want special and different treatment, we want to take over other people's safe spaces. The truth is we have

often have not had safe spaces of our own. We have known prejudice, violence, bullying and harassment in ways other members of society have not.

Members of the LGBTQ+ community face unique challenges that can all too easily get overlooked.

We suffer from 'minority stress'. We are more likely to suffer from depression and anxiety. Our community has a far greater incidence of self-harm, eating disorders, drug abuse, homelessness and suicide compared to the rest of the population.

I don't hold myself out to and I can't possibly hope to speak for the entire LGBTQ+ community. I can, however, try to raise awareness of the challenges that members of my community face – be they patients or colleagues.

Part of our duty of care is to ensure we treat our patients without discrimination.

This can mean challenging our own preconceived ideas and prejudices towards members of society that we might not come into regular contact with outside of our working environment.

However, according to Stonewall, one in seven LGBTQ+ people avoid seeking healthcare due to fear of discrimination by staff.

Ultimately, I believe that you, like me, might have chosen dentistry as it is a caring profession. I take it that you have an interest in people, appreciate differences and you want to make a difference in helping others. So, how do we ensure that the dental practice is a safe space for the LGBTQ+ community? ►

Terminology

- Sexual orientation = an emotional, romantic or sexual attraction to other people
- Gender identity = a person's sense of being boy/man/male, girl/woman/female, another gender, no gender
 - All people have a gender identity
- Gender expression, eg non-binary = external appearance of one's gender identity which does not need to conform to characteristics typically associated as masculine or feminine
- T = transgender. People whose gender identity is different from the gender they were thought to be at birth
- Cis = people whose gender identity as the same as the gender they were assigned at birth (cisgender)
- Q = queer. This used to be considered derogatory but has been reclaimed by the LGBTQ+ community as an umbrella term for inclusivity.



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Be kind, foster trust and a healthy environment

- Treat people how you want to be treated. Keep an open mind
 - Avoid unnecessary gossip about colleagues' or patients' sexuality or gender identity. Be prepared to challenge such gossip if it occurs. Stopping these things at the outset prevents them escalating. Ensure all members of staff are aware of the practice's non-discrimination policy, which should encompass sexual orientation, gender identity, and gender expression. Don't slip into generalisations or discriminatory language
 - Remember that it is not just LGBTQ+ patients that we might encounter in the dental practice. Dental staff members need to feel supported and included regardless of their sexual orientation or gender identity.
- According to the most recent GDC statistics, only 1% of dentists identify as a gay or bisexual man, with none identifying as a gay woman. For dental care professionals, the figure is 1%. Compare this to the most recent 2021 census figures which showed that 3.2% of the UK population aged 16 and over identified as gay, lesbian, bisexual, or another sexual orientation (LGB+)
- Research in 2018 conducted by Stonewall reported that one in five LGBT people in the workplace had been the target of negative comments or conduct by staff purely because they were LGBTQ+.

Members of the LGBTQ+ community face unique challenges that can all too easily get overlooked

Be informed

- While advances have been made, inclusion and diversity training is still not a core component of teaching at dental institutions in its own right. This means the onus is on each individual and practice to seek ongoing training about treating and caring for the needs of the LGBTQ+ community
- Remain up to date with current terminology. Conversations about sexual orientation, gender identity and gender expression are constantly evolving, so this is by its nature an ongoing process. It is reasonable to expect that dental professionals have as much understanding and empathy as possible. See the terminology box on the previous page...
- Apologise if you slip up and move on
- Pay special attention to the care needs of vulnerable stigmatised patient groups, eg HIV positive or trans patients.

Avoid assumptions

- Other members of society have the right to live differently to you and to experience the world in a different way than you do. Be prepared to challenge your own prejudices and received cultural norms
 - Don't assume a patient or colleague's gender identity or sexual orientation based on how they look or sound. If in doubt, simply ask what pronouns they would prefer to use
 - Review the language in registration and medical history forms (eg include a range of gender identities and to allow patients to identify in a way they feel comfortable)
 - Be aware of the needs of same sex parents. LGBTQ+ families face particular challenges in health care
 - Avoid assumptions about the gender of parents and their partners.
- In conclusion, there is much evidence that the LGBTQ+ community have disproportionately worse health outcomes and experiences. Minority stress affects the LGBTQ+ community in ways that members outside of this community might not realise.

Appreciation of the difficulties that members of this community face, the barriers to treatment, and a willingness to become and stay informed are key to ensuring that members of the dental team create a safe space for their LGBTQ+ patients. **D**

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60 years of innovation and success

A-dec celebrates its 60th anniversary, reflecting on six decades of innovation in dental equipment design

A-dec, one of the world's largest manufacturers of dental equipment, is celebrating its 60th anniversary. For almost 40 of those years, A-dec has operated in the UK.

The Newberg, Oregon based company in USA was founded by engineer, inventor and innovator, Ken Austin and his wife Joan, who left her insurance job to manage the administrative side of the business as co-director while also raising their two children.

A-dec's foundations were set by a clear vision: to make A-dec the preferred choice by providing a superior customer experience.

Ken understood it was not enough just to supply exceptional dental equipment. The user journey is just as important – you can't thrive as a business through one-dimensional, transactional encounters. Customers needed to feel valued and heard by suppliers; if this is achieved repeat orders are more likely to occur and the growth of the business will be secured.

Ken set out on a lifelong quest to design better equipment to improve the practice of dentistry and with the business-minded Joan by his side he soon released the opportunities for the company.

Key questions

To this day, A-dec staff refer to six key questions which Ken repeatedly asked himself when creating new inventions:

1. Is there a need?
2. Is this the simplest and best way to do it?
3. Am I using time and materials effectively?
4. Am I helping make A-dec better for everyone?
5. Can I be proud of what we are doing?
6. Have I communicated?

As a self-described 'imagineer', Ken was adamant that the equipment should solve a problem, be robust, simple and effective, and be sold at a fair price. He also felt that not only should the equipment last a long time, but it should also prolong the working life of the operator.

Company growth

Over the years the business has grown, now selling a wide range of dental units, delivery systems and dental lighting too – though dental chairs remain a hero product.

The company's roots remain in Newberg, though the present 50-acre 'campus' incorporates offices, a factory and the A-dec Education Centre. This is slightly more spacious compared to the humble set-up the company once had in 1965 in a 24x40 army surplus tin Quonset hut.

The company has expanded globally with offices in the UK and Australia, supplying dental products to dental professionals in more than 100 countries through a network of wholesalers, distributors and retailers.

Despite the impressive growth of the company, the core ethos has remained the same: 'Doing things better.' This was something Ken Austin was passionate about, with a focus on ergonomics,



productivity and unbeatable reliability, which are today hallmarks of the A-dec brand.

The A-dec way

A-dec, an acronym for the Austin Dental Equipment Company, has a philosophy and culture known as 'the A-dec way', which outlines A-dec's corporate values and mutual respect for employees, co-workers, suppliers and customers. This underpins the businesses' purpose of providing opportunities and care for people.

These 15 guiding principles all stemmed from a small discrepancy in the logo colour when the 'A-dec green' was not used when a set of invoices was printed. Although a minor thing, this action helped shape the company's corporate values which remain at the heart of the business today.

During the 60 years A-dec has been operating there have been many accomplishments. Early key milestones include Ken identifying a need for oral evacuation system in 1964 and designing a portable Rota-dent unit and Totachair in 1970.

A-dec UK opened and launched the first delivery system in 2004 to allow for fully integrated ancillaries. There have been many milestones which has shaped the A-dec we know today.

What's next for A-dec?

Although the heroic founder Ken Austin passed away in May 2019 he did have a clear vision for the business's future. When the company reaches the next milestone of celebrating its 100th anniversary, the founder specified his wishes for the company's headquarters to remain in Newberg.

Ken and Joan witnessed many Oregon

companies being acquired and moving out of the states, taking away many local jobs. A-dec is proud to remain loyal to the local community and play a part in the economic growth of Yarmouth County.

Any new A-dec employee hired in 2065 will still be immersed in the A-dec way and uphold the philosophy outlined in the fifteen principles. A-dec emphasises a 'concern for people', valuing each employee's contribution to the company's success and growth.

A-dec never rests on its laurels, consistently striving to produce pioneering dental equipment.

Finally, A-dec is formed based on unity and Ken would champion having the A-dec brand remain a family-run business for generations to come. The Austins' son-in-law, Scott Parrish, took over the reins of the company in 2007 and decades after the business started, the children and grandchildren of A-dec's first employee are still employed at the business today!

It is indeed a matter of immense pride for A-dec to mark this momentous milestone for the company, reflecting on its history, culture and tremendous achievements in improving the practice of dentistry for its customers all around the world. **D**

Who is your decon top gun?

Laura Edgar explains how the unlikely metaphor of jet pilots can be applied to delegation of decontamination responsibilities in the dental team

Laura Edgar

Managing director,
Aura Infection Control



The connection between jet pilots and dental teams is not the most obvious comparison, but the analysis of roles, responsibilities and consequences can be a powerful and thought-provoking study.

For jet pilots, the consequences of poor teamwork and faulty communication can be serious. Poor teamwork and communication can result in a variety of undesirable outcomes. Think of defective parts in cars and aeroplanes during production, incorrect medications or dosages given to patients in a hospital.

Role delegation

As dental professionals, we can impact the safety of our patients, ourselves and each other if our teamwork and communication is not up to scratch.

On the 'ILM leadership and management in dental decontamination' course, our learners are asked to consider some of the roles in decontamination. For example, the practice manager can be considered the pilot of the aeroplane. They hold the ultimate responsibility for the practice, safety and provision of service, and can model behaviour and put in place the decon lead and designated person (DP).

Liability doesn't leave with delegation. The buck still stops with the practice manager so it's in the best interest to ensure all delegated roles are well trained so they can delegate with confidence.

The HTM heavily promotes training and competence and encourages anyone given a 'lead' role is also provided with sufficient training.

The DP is responsible for the interface between external support providers and the practice, the user, who is overseeing the day-to-day management of decontamination and all the operators who work in the decon room.

The decon lead

The decon lead is responsible for all aspects of decontamination and infection prevention and control. A senior member of staff, they are responsible for managing all aspects of decontamination. Like a flight engineer, they create safe operating systems and define policy with an appreciation for all available current best practices and guidance.

The decon lead is a role enshrined by the Health and Social Care Act, a requirement of law that must ensure all users of the decontamination facility and suitably trained. Decon leads develop their teams, guide and train others, take part in induction training and ensure they can see evidence of competence.

Skills and training

Everyone who works within a technical field should have received training and be able to demonstrate competency. In our case, anyone who works in, controls or manages decontamination processes should hold an understanding of the whole decontamination process.

They should also understand the roles and responsibilities they hold and those of others, and how IPC underpins decontamination and the local policy and understand how to perform period testing.

We may not be flying planes out there, but patient safety is as important as passenger safety. As an industry, we must ensure we have done everything we can to protect our people. **D**

FOR MORE INFORMATION about the Aura Infection Control course call Laura Edgar on 01833 630393, email training@aiconline.co.uk or visit www.aiconline.co.uk/ilm-leadership-and-management-in-dental-decontamination.

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Dentistry Show London will be opening its doors in less than two months and is set to inspire and unite the industry like never before. With an unparalleled exploration of the latest innovations in dental technology and practice, the capital's premier dental event is taking place on 4 and 5 October at the Excel London exhibition centre.

The new Specialty Interest Theatre is set to delight and empower delegates. Covering topics such as endodontics, orthodontics, oral surgery and periodontology, it will be supported by high profile partners, including the British Endodontic Society (BES), British Orthodontic Society (BOS), British Society of Periodontology (BSP), British Association of Oral Surgeons (BAOS), and the Association of Dental Implantology (ADI).

With a host of other inspiring talks from over 100 experts and theatres planned, there is something for everyone. And when it comes to innovation, there is no better place to celebrate dynamism and creativity. Take to the show floor where over 150 exhibitors will be displaying and demonstrating the latest trends and technology, and experience exceptional networking opportunities throughout the two-day event.

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For any dental practice, the dream is an easy-to-use, fully integrated digital system to streamline all processes. That's why now joining the Sensei Cloud family is Sensei Cloud Enterprise, the most comprehensive practice management solution in the industry.

A cloud-based, centralised business platform with intuitive visualisation tools, Sensei Cloud makes analysis easy, and insights can inform your business in real time straight from your dashboard. Whether your business is multi-location or based in a single site, Sensei Cloud Enterprise streamlines processes for clinical excellence and business performance.

gosensei.co.uk

The complete sequence

Coltene



COLTENE

For a complete system for more predictable endodontics, try the Hyflex OGSF File Sequence from Coltene for improved workflows.

The sequence consists of an orifice opener, glidepath file, shaping file and finishing file, expertly designed to tackle each stage of endodontic treatment effectively. Their shapes and lengths are optimised for simple use.

By utilising the entire sequence, clinicians can clean and shape root canals with increased certainty. Additionally, the flexibility of the files makes them suitable for use even in cases with extremely curved canals. The files can be pre-bent to adapt more effectively in severe cases.

www.coltene.com

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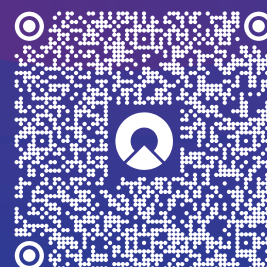
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Coming to a town near you

Planmeca

Planmeca is excited to announce that its expansive mobile showroom will be in the UK this autumn!

Bringing cutting-edge technology directly to your doorstep this October, the moving showroom is the perfect way to learn the unique benefits of the whole Planmeca product portfolio: digital dental units, 2D and 3D imaging devices, CAD/CAM solutions and Romexis software.

Free to attend, come and interact with members of the local Planmeca team and engage in hands-on demonstrations. If you're interested in new equipment, come and explore Planmeca's complete range of dental solutions, designed to enhance patient outcomes and streamline practice operations.

Stops include:

- Dublin – Monday 7 October
- Leixlip – Tuesday 8 October
- Manchester – Thursday 10 October
- Birmingham – Saturday 12 October
- South west – Monday 14 October
- South west – Tuesday 15 October
- South east – Thursday 27 October.

www.planmeca.com/roadshow



One composite, many advantages

Coltene

Coltene has done it again with Brilliant Crios. The reinforced composite block is ideal for the fabrication of milled indirect restorations.

Brilliant Crios is available in two translucencies and a total of 13 shades, which offers a wide range of options for aesthetic restorative outcomes.

It has versatile application, suitable for both anterior and posterior applications, and excellent mechanical properties, offering a natural bite feeling. This makes Crios an ideal material for daily use in the practice.

Brilliant Crios has high flexural strength for resistant restorations, and excellent abrasion resistance.

rewards.coltene.com

info.uk@coltene

0800 254 5115



Compact clarity

Carestream Dental

Looking for a versatile 2D/3D scanning system? The Neo Edition of the CS 8200 3D from Carestream Dental is a powerful yet easy-to-use CBCT system that delivers outstanding 2D and 3D images.

Boasting the broadest range of fields of view in its category, it is ideal for dental professionals who want to expand their treatment capabilities.

This model is compact enough to fit into tight spaces and offers low-dose imaging that gives high quality 3D images at the same or lower dose as a standard panoramic exam.

To give you and your practice peace of mind, the CS 8200 3D comes with a 10-year warranty.

www.carestreamdental.co.uk



Continuous 12-hour fluoride protection!

Trycare

Conventional 1450ppm and above fluoride toothpastes only deliver fluoride for a maximum of 90 minutes, whatever their fluoride content and provided the patient does not rinse. Despite its lower 530ppm fluoride content, Biomin F remains active for up to 12 hours, continuously releasing fluoride to strengthen teeth and protect against decay, even if the patient's toothbrushing is erratic and inefficient.

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

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

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

www.trycare.co.uk/biomin

01274 885544



Natural mineral bone material

Augma

Augma's Bond Apatite is a natural mineral bone regeneration material that does not wash away.

Supplied in an all-in-one syringe that enables immediate dispensing directly into the bone defect, it is incredibly quick and easy to use. Simply depress the plunger to activate the ingredients, dispense it into the defect and apply pressure using a sterile gauze and it's set. The whole process takes literally seconds.

Bond Apatite sets hard, so it won't wash away even in the presence of blood and saliva. Because of this, there is no need for a membrane which saves additional time and unnecessary expense.

There is no need to achieve tension-free closure, this is actually contra-indicated, or even complete primary closure for gaps less than 3mm. Small dehiscences can be left exposed without any risk of infection or breakdown. Larger dehiscences can be protected by suturing an Augma Shield protective layer over it.

Formed from a patented mixture of biphasic calcium sulphate and hydroxyapatite in a two to one ratio, Bond Apatite sets like a cement in the oral cavity. After a few weeks it transforms into a radiolucent matrix, before calcifying and becoming radiopaque new bone. According to the manufacturer, it produces 90% new bone after three months and over 95% new bone after eight months.

www.augmabio.co.uk



New ortho range launched!

Trycare

Trycare is known for enviable 'speciality' ranges, complemented by all the consumables you need on a day-to-day basis to keep your practice running smoothly. With these attributes in mind, it was the correct time to launch its orthodontic range, a market that is one of the fastest growing areas of the dental industry.

Trycare's aligner solutions range comprises of all the products you need to treat an aligner case, an extensive range of IPR, accessories for patient care and a fabulous range of attachments.

Riding on the success of this launch Trycare has put together a range of orthodontic products for fixed treatment. With a dedicated orthodontic sales team who have a depth of knowledge, Trycare has sourced innovative and exclusive products.

The benefits of being able to combine your dental consumables and orthodontic orders together is a major advantage to your practice, reducing deliveries and invoices. You can even select a delivery date to suit your practice combining the week's orders into one delivery.

orthodontics@trycare.co.uk



Tooth brightening made simple

Coltene

With Brilliant Lumina, the in-office tooth brightening system from Coltene, providing patients with results they'll love is simple.

When prescribed by a dentist, the treatment can be provided by a dental therapist. The easy-to-follow treatment protocol enables dental professionals to offer patients excellent outcomes.

Begin by cleaning the teeth to remove biofilm and establishing a reference shade. Then place a gingival barrier to protect the patient's soft tissue. Brilliant Lumina is then placed and left on the tooth surfaces for the application period, and aspirated to remove at the end.

Treatment is finished by cleaning with water and removing the gingival barrier, allowing patients to enjoy their smile makeover.

Brilliant Lumina produces a naturally brighter tooth shade, ideal for patients who want to elevate their appearance.

www.coltene.com

info.uk@coltene.com

0800 254 5115



Zirkonzahn Preparation Course

Zirkonzahn

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

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

Day 1 – from 9am to 6pm:

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

Day 2 – from 9am to 6pm:

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

The course will be held on 26-27 September and on 13-14 February 2025 by a qualified dentist at Zirkonzahn Klinik DeMedici and allows a maximum of six participants.

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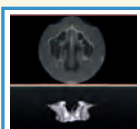
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Winner
Practice Principal (North)
Dr. Lisa Currie & Ivin Tan
Private Dentistry Awards 2023



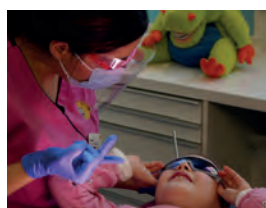
Winner
Team of the Year
The Dentistry Awards 2023 &
Dentistry Scotland Awards 2023



Toothbeary

Toothbeary is a leading private children's dentist in London, known for its commitment to providing high-quality dentistry for children.

Our services include procedures designed to address the unique oral health needs of young patients. From routine check-ups and hygiene appointments to specialized treatments such as sealants, fillings, crowns, pulpotomy's, root canal treatment for baby teeth and immature adult teeth, extractions plus space maintainers, paediatric prostheses, and early orthodontics.



Our Children's dental team is led by Dr. Nicole Sturzenbaum, with over 24 years of experience in paediatric dentistry.



As a team, we understand that sometimes children may feel anxious, particularly if they are very young or have had a previous negative experience. As a result, we offer personalised support by using different treatment methods such as Dental Hypnosis, Nitrous Oxide and Intravenous (I.V) sedation.

Toothbeary is proud to have received official recognition from the IACSD (Intercollegiate Advisory Committee for Sedation in Dentistry), to fulfil all the requirements to provide safe sedation.



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