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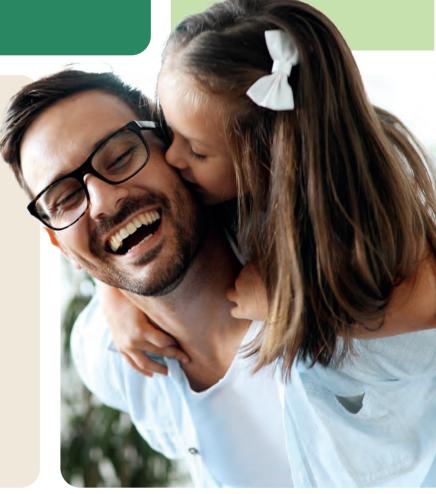
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SEPTEMBER 2024

### DENTISTRY

# Creative convergence

How I Did It: Feel Good Dental



### Green growth

How sustainability can boost your bottom line

### Changing minds

Mental health in dentistry



### Young at heart

A practice that puts children first

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# Time for a fresh start?

Patrick Ward

ummer officially comes to an end this month, which means the season of holidays and complicated childcare arrangements is nearly over.

As the season changes, we have plenty to inspire change in your own practices. You might be looking to reinvigorate your brand; in which case Emily and Eleanor Pittard can offer some pointers (on page 34). Or perhaps you're looking to renovate your practice, in which case take a look at the financial implications of doing so with Adam Bernstein's article on page 29.

The new season might also inspire you to take action on making your practice more sustainable, for which you can turn to page 40 to get advice from sustainability expert Mark Topley, or more

LGBT+ friendly (see Andrew Gilliver on page 61).

Or maybe you'll be looking to take on the major task of starting a new practice – and if so, you'll no doubt benefit from the advice from Alex Marsh and Ryan Kerr (on page 22), who walk us through things to consider when finding and designing a new premises.

But one thing that matters all year round is taking care of your mental

health. Recent data from the *Dentistry Census 2024* shows just how prevalent mental health issues are across the sector (see more on page 46). More than half of the dental professionals surveyed said that they have sought help for mental health issues, a figure that's risen by more than a fifth since 2021.

Thankfully, the days of the 'stiff upper lip' are over, and people are starting to take mental illness seriously without so much fear of the once prevalent stigma associated with it. There's plenty that can be done to combat mental ill health on an individual level, from changing routines to seeking therapy. We can also help our friends and colleagues by being open about how we feel and offering support to others.

But we must ask ourselves why dental professionals specifically are experiencing

such difficulties. Sure, it's an intense job at the best of times, as patients put their trust and welfare in your hands. However, the tangle of regulations and threats of litigation also pile on the stress and can detract from the important work of improving people's oral health.

Here's hoping that this is something the new government will take seriously as it grapples with the myriad problems faced in the sector.



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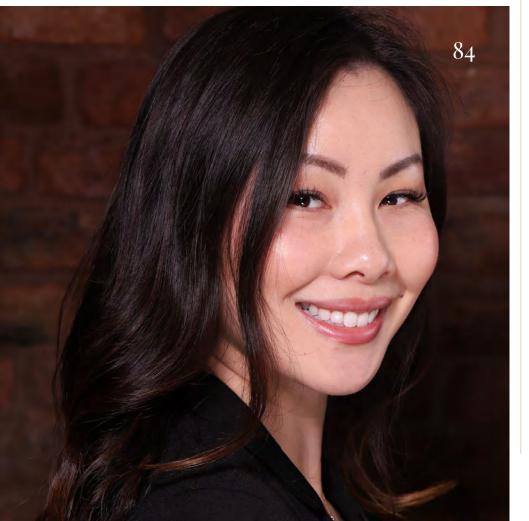
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### MISSION STATEMENT

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

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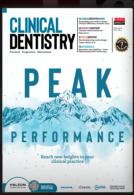


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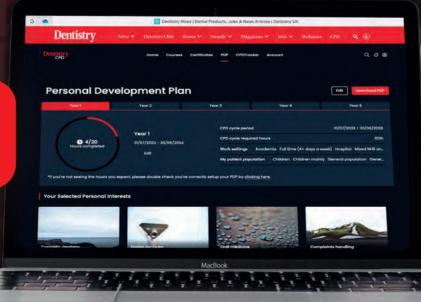
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BDS, runs a multidisciplinary practice at Neel Dentistry. He founded PDI-Professional Dental Indemnity Ltd. He is a judge on the Private Dentistry Awards. He founded the British Academy of Microscope Dentistry and is a founder of the BAPD.



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



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BDS, is owner of Kiln Lane Dental practice and an actress in Real Housewives of Cheshire. She has completed a master's degree in prosthodontics and has qualifications in non-surgical treatments such as anti-ageing injectables.



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The Endo Course.



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



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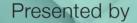
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### Half of adults **skip toothbrushing** at least once a week, says study

More than half (54%) of the adult population admit to skipping toothbrushing at least once per week, according to research by the Oral Health Foundation (OHF). One in six (16%) also said they skip toothbrushing at least three times each week.

The OHF called the findings 'extremely troubling'. Chief executive Nigel Carter said: 'Skipping brushing sessions, especially on



a regular basis, significantly increases the risk of plaque build-up, which is the primary cause of tooth decay and gum disease. This can lead to painful and costly dental issues if left unchecked.'

The study found that skipping brushing in the evening was twice as likely than in the morning, at 28% compared to 15%. Dr Carter continued: 'The bedtime brush is arguably the most crucial of the day. Throughout the day, bacteria and food particles build up in the mouth, and failing to remove them before bedtime allows these harmful substances to wreak havoc overnight.'

Another factor that the study explored was brushing frequency. One quarter (24%) of respondents said they brushed their teeth only once daily. As few as 68% said they adhered to the recommended twice-daily toothbrushing regimen.

Dr Carter emphasised that once-daily brushing 'significantly increases the likelihood of plaque build up and the development of dental problems'.

More than a third of the respondents (36%) said they used an electric toothbrush. The OHF said this was a 'positive step towards improved oral hygiene'. However, it also highlighted 'gaps in other aspects of oral care'. For example, only 41% of participants said they use mouthwash daily and 18% use interdental brushes.

Women were three times more likely to adhere to a strict oral care routine than men.

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### Dental consumables market revenue predicted to hit \$54.6bn by 2029

Global dental consumables market revenue is estimated to be worth \$36.3bn in 2024 and is expected to increase to \$54.6bn by 2029, a compound annual growth rate of 8.5%, according to a new report.

Marketsandmarkets conducted the research, citing a global increase in dental disorders, growing awareness of oral health, advancements in dental technology and demand for cosmetic dentistry as factors driving the revenue growth. It also noted that the market was being stimulated by an ageing global population and the prevalence of dental insurance. However, this growth was mitigated by the high costs associated with dental work and stringent market regulation, the report noted.

The report divided the dental consumables market into eight categories: dental restoration, orthodontics, periodontics, infection control, endodontics, whitening products, finishing and polishing products and other dental consumables. Of these, dental restoration was expected to make up the largest share of the market in the period leading up to 2029.

Last year, the largest geographical share of the dental consumables market was Europe. This was due to factors including well-established healthcare infrastructure, largescale adoption of advanced treatments and supportive government initiatives, the report claimed.

### **'Significant' evidence** links tooth loss to heart disease

Researchers have found 'significant' evidence linking tooth loss to an increased risk of death from cardiovascular disease (CVD).

A study conducted at the Case Western Reserve University in Ohio, United States, noted that while the causal relationship between the factors was uncertain, loss of teeth was a 'predictive risk factor' for deaths linked to heart disease.

Lead researcher Anita Aminoshariae, a professor at the dental school, said: 'Our findings clearly show that tooth loss is not just a dental issue but a significant predictor of cardiovascular disease mortality.

'Maintaining good oral health is essential, not only for a healthy smile, but also for a healthy heart. This study underscores the importance of regular dental check ups and preventive care to reduce the risk of serious cardiovascular events.'

The research found that people who had lost more than one tooth had a 66% higher risk of death from heart-related issues than those who did not.

This rose considerably among those who had lost all their teeth

The study was based on a literature review of major research journals, and the results were published in the *Journal of Endodontics*.



### **CQC 'not fit for purpose',** says minister after damning report

A government review has identified failings within the Care Quality Commission (CQC) that are 'hampering its ability to identify poor performance'.

The interim report found that the regulator's inspection levels were well below pre-COVID levels. It also described a lack of clinical expertise among inspectors and inconsistent assessments. Finally, it identified issues with the IT systems.

The report said these failings mean the CQC is 'unable to consistently and effectively judge the quality of health and care services, including those in need of urgent improvement'. The result of this is care providers waiting 'too long' for registration and reviews, which limits their capacity to take patients.

CQC interim chief executive Kate Terroni said that it fully accepts the findings and recommendations of the review. She said: 'Many of these align with areas we have prioritised as part of our work to restore trust with the public and providers.'

The government said it would take 'immediate steps to restore public confidence'. One of these steps will be compiling a full report, which is set to be published this autumn.

Health and social care secretary Wes Streeting, who branded the CQC 'not fit for purpose' after the report's publication, announced the following measures to improve it:

- A review of CQC assessment frameworks
- Improved transparency around how CQC determines ratings
- Increased government oversight of CQC, with regular updates provided
- A review of the effectiveness of all patient safety organisations.

Terroni said work was underway to make improvements.

The CQC review was commissioned in May 2024 and led by North West London Integrated Care Board chair Dr Penny Dash.

Dr Dash said: 'The contents of my interim report underscore the urgent need for comprehensive reform within the CQC.'

### Last chance to make use of **free** sustainability tool

Practices looking to become more sustainable can get a head start with a free online tool, but they need to be fast! Dentistry's sustainability audit gives practices a tailored report on their existing sustainability credentials with a customised guide on improving their score. The tool, developed in partnership with Go Practice Green, will close in September.

Dentistry's sustainability audit is a simple, clear and effective tool that any practice can use. Completing the questionnaire

will build out a custom report for your business, based on your scores across a range of areas – with personalised suggestions on where you can start making changes.



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



### The ice cube

Chris Barrow relates how opening a can of water opened a can of worms

want to share a story from one of my clients, a lady who owns a very high-end practice in the affluent suburb of a major city.

She and her husband took a well-deserved 10-day trip to a European capital, purely for R&R. On her return, she told me about an event that happened on her first day back at the clinic.

She said: 'I was walking through my own patient lounge, when I overheard a member of my front of house team asking a patient if they would like still or sparkling water. When the patient chose sparkling, the team member reached into our mini fridge, grabbed a can and handed the can to the patient.

'I nearly died there and then. We have a very well-established protocol here in the clinic. When a patient asks for water, we take the can out of the fridge, pour the contents into a cut-glass tumbler, add an ice cube and hand the glass to the patient with a small, branded drinks mat underneath the glass.'

### ICE CUBES AND PROTOCOLS

On hearing this tale, I asked my client the following three questions:

- 1. Do you have the glass and ice cube protocol written down?
- 2. Have you trained the team member concerned on the protocol?
- 3. Do you regularly repeat the training for the team involved?

IN EVERY
ASPECT OF
BUSINESS
(LIFE?),
THE DEVIL IS
IN THE DETAIL

The answer to all three questions was along the lines of: 'No – first, we have always done it this way and second, surely you don't have to practise putting water in a glass and an ice cube in the water?'

Well, clearly you do.

#### AVOIDING SLIP UPS

Readers may complain that I'm using up good column space talking about a triviality, but I think they would miss these important points:

- 1. In every aspect of business (life?), the devil is in the detail
- 2. If you assume that your team will follow an unwritten protocol, it makes the proverbial ass out of you and me
- 3. Equally, you cannot assume that training people once is adequate soldiers march well after hours of square-bashing. So, I'm not in the least surprised that my client's holiday absence allowed an unwritten and unrehearsed rule to be

Of course, we will get over the ice cube incident quickly. Nobody died, and I doubt that the patient left the building or wrote a negative Google review. But who's to say that the same slip might not happen either in connection with a more serious aspect of the patient journey or in surgery?

Clinical governance and compliance help us to avoid slip ups in consultation, diagnosis and treatment. Software and technology help us with finance, marketing, patient management and human resources. What helps us with our hospitality systems?

In a competitive marketplace, how important is the ice cube moment?

- Patient category number one: I want the cheapest, fastest, easiest – and I'm not bothered about your ice cubes
- Patient category number two: I want 'the experience' – and the ice cube is a part of that.

As a result of this incident, my client is going to review, write down, train and repeat train every step of their hospitality protocols. I suggest you do the same if you want to call yourself a 'private dentist'.



PRIVATE DENTISTRY SEPTEMBER 2024



### Feel Good Dental

How **Nirmalan 'Niz' Patkunan** brings the Feel Good Dental experience to his community with a creative convergence of art, entertainment and science

y mum taught me early on in life that 'hands that help are holier than lips that pray', and it stuck with me. The idea of service was fundamental to me growing up. Becoming a dentist meant I could work in a way that served the community. But opening Feel Good Dental has exceeded my expectations of what that responsibility would look like.

I graduated from Bart's in Queen Mary University of London in 2015.
I did my foundation training in north east London and continued my postgrad training at the Royal London Hospital. I was in the paediatric department at the Royal London Hospital for more than three years. I was very fortunate to be with a genuinely loving and supportive team led by Dr Rosemary Whatling.

Although I had fun, I wasn't making the impact I wanted. I moved to south London in 2019, where I began practising as an associate dentist. I gained a lot of confidence in my dentistry from my principals, Vishal Jasani and Aaron Yusef, who, along with my wife and family, are the biggest reasons I've got this far in this fantastic journey.

I'd been toying with the idea of owning a practice for a while, and

### EVERYTHING HAS BEEN CAREFULLY CHOSEN TO CREATE A WELCOMING AND INSPIRING ENVIRONMENT

my wife opening her private practice in Purley in September 2021 was the nudge I needed. Her journey made me realise that starting a practice wasn't as daunting as it seemed and gave me the confidence to pursue my dream.

# Step inside... THE PRACTICE Feel Good Dental 263 Lower Addiscombe Road Croydon CRo 6RD TELEPHONE 02045533077 WEBSITE www.feelgooddental.co.uk INSTAGRAM feelgood.dental

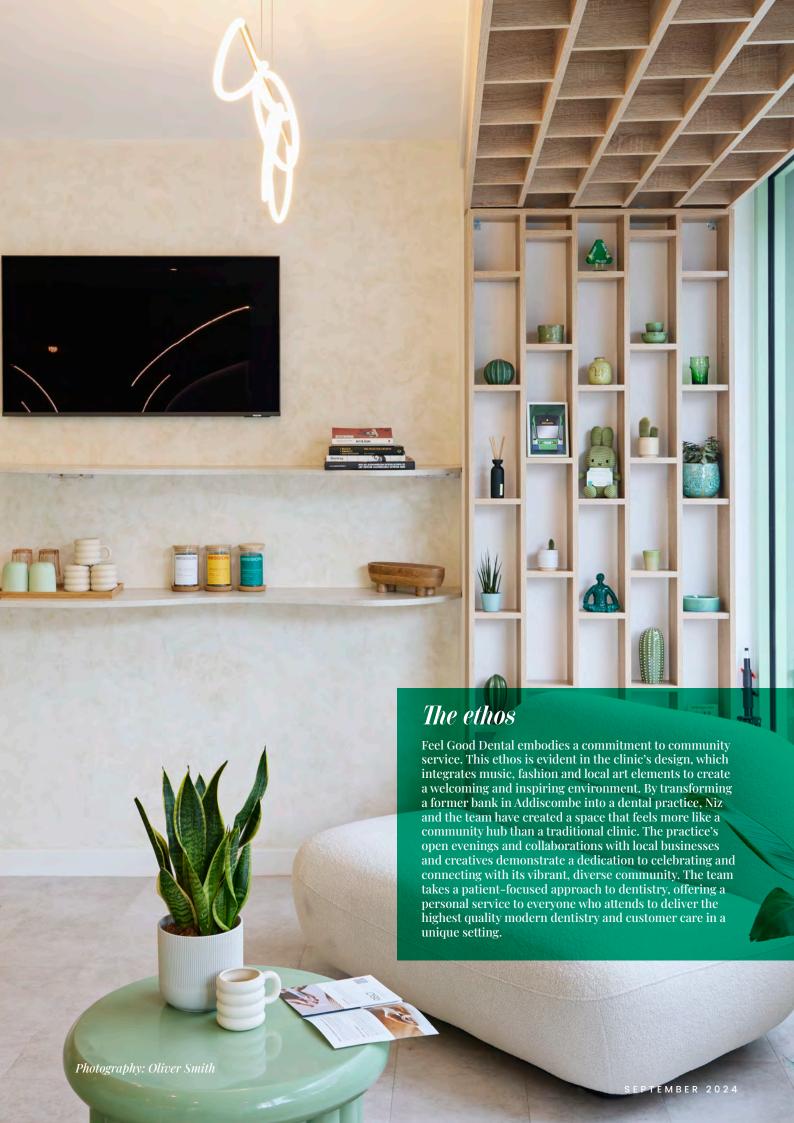
#### THE PERFECT SPACE

When an opportunity arose at a location where we live in Addiscombe, I saw it as the perfect space to create a clinic where patients would feel genuinely cared for. I also wanted it to reflect my interests and passions beyond dentistry, such as music, art and fashion. The result is Feel Good Dental, which is more than just a dental practice; it's a community hub where people come to get inspired.

Addiscombe is a vibrant and diverse community. The area is evolving, and while there's still a fair bit of petty crime, the signs are there that it's moving forward. The demographic is shifting to younger working professionals, and young families are moving in. It's great talking to my patients because they're all starting to sense something in the air.

Croydon is hugely diverse – a melting pot of cultures – so having that tight-knit community around us helps, and word of mouth spreads fast. There are a lot of creatives in Croydon – artists, photographers, fashion designers and musicians – and I wanted to showcase their work at the practice. The premise of the practice design was to furnish it so that it would subtly speak to all of those people.

Our branding is a significant part of this and something we were very



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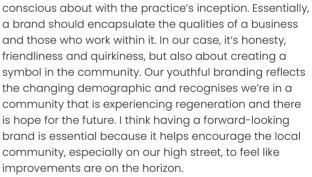
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DENTAL NURSE Maddison Winyard

DENTAL NURSE Tiani Samuels

PRACTICE MANAGER Laura Kitchenside



The building was previously a bank. It's a unique space with its own challenges, particularly regarding the security system and structure. We had to make some critical decisions about the layout, but we managed to transform it with the help of interior designers KTM Design. The design process was gratifying and allowed us to incorporate elements that reflect my interests and the community and create a relaxing environment for patients.



We opened in November 2023. Our waiting area is designed to be an oasis of calm. With comfortable seating, collections of limited-edition books and stunning local art, it's a place where patients can relax before their appointments. Everything has been carefully chosen to create a welcoming and inspiring environment – from the turntable and record collection to the furnishings and art pieces. A lot of that came from us just browsing and figuring out how to put the place together, and I guess much of the decor and furnishings are symbols of my interests. We have nods to streetwear and other niche communities – and most of these references fly over



PRIVATE DENTISTRY SEPTEMBER 2024

### HOW I DID IT





patients' heads – but seeing them engage with the art and compliment the space is wonderful.

We're deeply committed to engaging with our community. Our open evenings are a testament to this, bringing together patients, local businesses and creatives. Recently, we hosted an event with catering from a local delicatessen, breathwork sessions from Ark, a yoga and wellness studio (which taught us techniques to help calm patient nerves) and photography by Glenn (@Croydon\_photographer), displayed in our reception area.

We hosted this 'coming together' of creatives and other shops and faculties on the high street to represent Addiscombe. It was less about dentistry and more about celebrating and connecting with local people.

Feel Good Dental is not about me, 'Doctor Niz'; it's about showcasing an alternative experience, the interests of the people living here and its culture. It is about taking the 'patient' and 'dentist' labels out of the equation and connecting at a human level. I think it's about sharing what inspires you.

Beyond providing exceptional care, if Feel Good Dental can inspire its patients to contribute something extraordinary to life, I have made the right impact.

### **DEFY CONVENTION**

I enjoy addressing creative problems like breaking down barriers when patients visit the dentist, which is ordinarily a sterile environment. To anyone wanting to start something like this, don't be afraid to defy convention. Draw from personal experience and interests that make you smile. You reveal your most authentic self in those moments of



creativity or passion. If you feel good, they will feel good. I'd recommend *The Creative Act* by Rick Rubin to help you find creative solutions to your work and life challenges.

We eventually want to expand the practice's community hub by opening up another few surgeries and therapy rooms. We'd also like to turn the reception area into a fully-fledged creative space where we can have music events and performances from local artists and musicians. Then, it's no longer just a dentist; it's a community hub and a holistic wellbeing space.

This venture could also not have got off the ground without the support of some long-standing colleagues and friends. I met Emily Williams, our head dental nurse, and Leah Robson, our therapist and hygienist, during my time at the Royal London Hospital, and their support and dedication have been invaluable.

A team with the same vision and values has made all the difference. Knowing I could count on them helped me push through and get this place up and running.

### Who was involved?

Builder Cabinets
Able & Co Able & Co

Interior designersSuppliersKTM DesignWrights Dental

Software Chairs
Dentally Belmont Voyager 5s

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Alex Marsh and Ryan Kerr walk us through key considerations for finding and designing a new premises

he dentistry sector has seen a shift over the past few years from traditional family practices based in Victorian house style buildings towards corporate brands in city centre locations or operating from slick units on retail parks.

Several factors have influenced this

- The investment in private dentistry by venture capital and private eauity
- 2. The rise in cosmetic dentistry (which has also fuelled this investment)
- A greater focus on dental hygiene as part of a more general focus on self-care and health post-COVID-19
- An evolving retail services sector at home alongside high street/core retail in accessible locations.

So, what does this shift mean for the property components of the sector, and what needs to be considered by new entrants who may not be familiar with the nuances of delivering a functional dentistry design?

### FIRST STEPS

Before even selecting a property, there are several crucial steps to ensure its viability and suitability as a dentist.

Its specific functional and technical requirements are so niche that it's essential to have an experienced adviser who can carry out due



### Alex Marsh & Ryan Kerr

Alex Marsh is a partner and Ryan Kerr an associate partner at strategic property consultancy Rapleys, based in the Manchester office. Both are part of the building consultancy division and advise on all mainstream areas of commercial building surveying across a range of sectors, with a niche expertise in dentistry.

diligence advice prior to acquisition. This will determine if the property can be made fit for purpose while also protecting against nuances in a commercial lease that could cost a fortune further down the line.

A building survey is an obvious pre-acquisition requirement, but having an expert in dental assets appraise the potential property before acquisition will help you ascertain several important but lesser-known considerations too:

- Is the size and layout appropriate to support the equipment, supporting infrastructure, dentist/technician and patient areas, decontamination and operating rooms? Is there space to move and operate as needed among them once everything is in place?
- Is the building suitable for the use of X-ray? What protection measures need to be put in place?
- Could other tenants in the building or adjacent have a potential negative impact on activities and the customer experience?
- Where are the utility points? Will the infrastructure and connections support the dentistry operations being delivered?
- Is the location suitable, not just in terms of catchment and brand, but to ensure accessibility via a range of transportation methods?
- What are the planning requirements? If the building has been used for other purposes, the planning use class order should be considered, with a potential change of use application needed. This is also key to define before acquisition.

Assuming all of this is possible and practical, and the property lease has been acquired, then we can move on to architectural design considerations.

### FUNCTION AND APPEARANCE

First, it's important to know what the ambition and business plan is and what services will be delivered in order to ensure the design is functional as well as aesthetic.

As such, it's critical to use a team that has strong experience in dental fit out while also engaging with specialist dental suppliers to understand equipment needs and how equipment selection may affect space design and service requirements.

All of this will determine layout, so that it's both compliant and functional. The latter means early engagement with a radiation protection adviser too, to ensure that there is enough understanding of legislation and regulatory compliance.

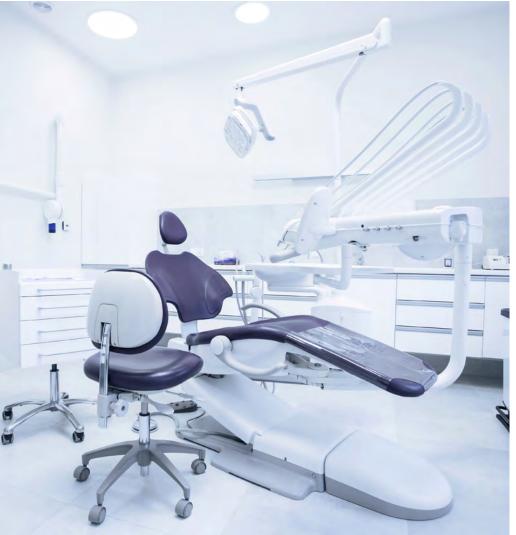
At this point, consideration needs to be given to your brand. How will this be woven into design and what brand elements will the design need to reflect?

The practice will also need to be designed with the patient experience in mind. It should include light and inviting patient spaces and achieve a good flow between patient-facing, clinical and back of house areas.

Strong consideration should also be given to staff experience and wellbeing. After all, staff spend a lot of time in the building, often including weekends, so they must feel comfortable and happy.

The dental sector has a high turnover





of people, so the space needs to reflect a good working life too.

Experienced designers will go into a huge amount of detail. For example, is the clinician right- or left-handed? This may impact the optimal layout.

Understanding cost is a huge challenge for new entrants to the market and money can run away on things that aren't immediately obvious, both in the short and more medium term.

A good design will incorporate new technologies to future-proof the practice.

It's much more cost efficient to build these into the initial fit out than it is later on. That goes for the direct design too, where products, materials and colours should be selected that stand the test of time while also being practical for usability by both patient and staff.

### A GOOD DESIGN WILL INCORPORATE NEW TECHNOLOGIES TO FUTURE-PROOF THE PRACTICE

### PLAN FOR SUCCESS

As each practice, building, brand and service requirement will differ, there cannot be a templated design and fit out within the world of dentistry. However, by following a tried and tested approach, which means having these answers early on, dentists can avoid risk and deliver a dental practice that is functional, delivers a great experience for staff and patients and represents their brand and values effectively.

That means having the right team of advisers in place from day one, before the property is acquired, so teething troubles are avoided and the roots of success are strong.

Rapleys is a people-first, actionoriented property consultancy with a national reach, offering building consultancy and commercial, planning and residential services. For further information, email Alex at alex.marsh@rapleys.com or Ryan at ryan.kerr@rapleys.com.

### Lighting the way

John Timson discusses the importance of dental lighting in the surgery

rom branding and colour themes to technology and equipment, there are a multitude of considerations when it comes to designing your dream practice. However, one often overlooked area is lighting.

Crucial for both functionality and comfort, lighting in a dental practice goes beyond ceiling lights and lamps. Dental lights are vital in any surgery. By providing the bright, consistent illumination necessary for detailed dental work, eye strain can be reduced for dental practitioners.

In this article, I'd like to explore the advances taking place in dental lighting.

### HALOGEN TO LED

As of September 2021, the UK government banned the sale of halogen lightbulbs with the initial phasing out of sales in Europe beginning in 2018. This action was implemented to support the government in its climate change plans and will help cut 1.26m tonnes of carbon emissions annually and deliver consumer savings.

Aside from the environmental issues, there are several direct user-based problems that arise from using halogen lightbulbs, such as higher costs, excess heat output, and shorter bulb lifespan.

### **ENERGY MATTERS**

The advancement of technology has allowed us to become more mindful of how our energy consumption costs us on a personal level and an environmental level. Specifically, the transition to LED lights as a more costeffective replacement.

LED lights are the best option for replacing halogen bulbs as they resolve a number of the problems halogen



**John Timson** 

John is A-dec's territory manager for central and northern England and north Wales.



bulbs cause; for every disadvantage that comes with halogen lights, LED light bulbs counter with several pros.

LED lights have a lifespan of five times that of halogen lights while producing the same amount of light but consuming 80%-90% less power.

When using LED lights, the user doesn't need to be as cautious about touching the bulb as the heat production is considerably less and they don't run the risk of developing heat spots.

With reduced heat and UV emissions, LED lights are considerably less harmful than halogen bulbs, ensuring the safety of not just the user but also anyone close to one.

The benefits of LED bulbs have led to some companies, such as A-dec, replacing their range of halogen bulb products with LED lights.

### BEYOND THE LED LIGHT

With the phasing out of halogen light bulbs and the growing popularity of LED bulbs, the innovation within dental lighting must continue to progress.

For example, the A-dec 500 LED light includes features such as innovative

light distribution, which creates a uniform pattern to minimise shadowing and feathered edge light pattern that reduces eye fatigue. The curesafe mode feature on the A-dec 500 LED enables the dental team to work effectively with composites.

When it comes to innovation in dentistry, the work is never done. And with the advancement in dental light technology, dental practitioners can now turn on/off their dental lights without having to physically interact with the light. This helps reduce the number of touchpoints, which has proven to aid with cleanliness.

Dental practitioners will have the option to use this light in a way that suits them and maximises the way they prefer to work, whether that's on a chair mount, track mount, ceiling mount or cabinet mount.

There's no longer a need to change the way dental professionals work, but rather allow the equipment to enhance the way they work.

Visit unitedkingdom.a-dec.com/ dental-lights for more information.

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# Hassle-free, predictable placement with Adin

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

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

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

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

#### WHY CHOOSE ADINGUIDETM?

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

### KEYLESS PROCEDURE

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

### ACTIVEFLOW<sup>TM</sup> IRRIGATION TECHNOLOGY

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

### SELF-CENTRING DRILLS AND TOOLS

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

### BUILT-IN STOPPERS ENHANCE SAFETY

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



Keyless guided surgery aids faster, easier, more intuitive placement



ActiveFlow™ Irrigation helps maintain healthy hone

### SIMPLICITY

The adinguide™ kits are intuitive, simple and effortless to use.

There is no need for keys or any other assisting tools. They help ensure a hassle-free, logical and straightforward procedure that saves the clinician time and worry.

### MINIMAL NUMBER OF TOOLS

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

For further information, visit www.trycare.co.uk/adin. To request one of their Surgical Essentials and Adin Catalogues, contact your local representative or call 01274 885544.

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# Improvements and renovations to premises

### – part one

In the first of two articles, **Adam Bernstein** explains the tax implications of changes vou make to your practice premises

he premises from which a practice runs can be critical to its success. Like the businesses they house, premises come in all shapes and sizes but, whatever yours looks like, it will need ongoing repairs and maintenance. You might also have to invest in improving it – for instance, by installing new facilities or building an extension if the practice is growing.

While tax shouldn't be the driver behind these decisions, it's important to understand the tax implications of spending on improvements compared with renovations to allow you to maximise claims for relief while staying on the right side of HMRC.

For David Wright, a technical officer at the Association of Taxation Technicians (ATT), the pivotal question in terms of tax is whether money spent on the premises is revenue or capital expenditure.

As he outlines: 'The costs of ongoing repairs and maintenance will normally be revenue, meaning they're fully deductible in the period incurred, and the business benefits from tax relief relatively quickly. In contrast, if you build, extend or make improvements to your premises, the money spent is classed as capital expenditure.'

This means, as he explains, that unless you can claim capital allowances or

Adam Bernstein

Adam is director of Abfeatures and a business-to-business literary agent.

structures and buildings allowance, no tax relief is available upfront for capital expenditure. You'll also have to wait until you sell the premises to get tax relief for the costs of any additions or improvements.

### REVENUE OR CAPITAL?

In principle, David says that the distinction between revenue and capital expenditure should be simple – work done to return the premises to the condition it was in at acquisition is revenue; expenditure on enhancing it beyond that is capital.

For instance, if the roof blows off your premises and you pay for a like-for-like replacement, that cost should be a

repair and therefore deductible for tax purposes in the period incurred.

In contrast, if you decide to have the roof replaced in order to add a loft conversion, then the cost will be capital, as you're enhancing the building beyond the state it was in when acquired.

However, he notes that 'there is no definition of capital expenditure in tax law, and countless legal cases between taxpayers and HMRC has revealed a murky grey area' between the two extremes given above.

Usefully, though, some of these cases provide guidance on how premises expenditure should be treated for tax.

He says that a good rule of thumb

# Renovation or improvement?

### **Renovation:**

- Revenue expenditure
- Tax deductible
- For example, your roof blows off and you pay for a like-for-like replacement.

### Improvement:

- Capital expenditure
- Not tax deductible
- For example, you replace your roof to add a loft conversion.



is to consider whether the character of the asset you're spending money on changes as a result of that expenditure: 'If the premises serve the same purpose after the work as they did before, then the cost will generally be revenue. If they are in any way bigger or better as a result of the money spent, that would point towards the work being capital.'

There are, of course, nuances and inevitable exceptions to this rule as various legal cases have illustrated.

### CONDITION AT TIME OF PURCHASE

Referring to the case of Law Shipping, David details that a company acquired a ship in poor condition for a price that reflected the fact that it needed repairs before it could be used. He says that 'because the ship was not fit for use at acquisition, and the price reflected this, the costs incurred in bringing it into service were found to be part of the purchase costs, and therefore capital'. As a result, no tax relief could be claimed until the ship was sold.

In comparison, David points to the Odeon Cinemas case, where the company bought run-down cinemas but was able to use them in that state before renovating them. Here, the costs were found to be revenue and therefore deductible for tax in the year they were incurred.

#### **USE OF MODERN MATERIALS**

Building materials and standards generally improve over time, meaning when you come to make a repair, the modern equivalent might be functionally better than what you're replacing. Common examples might include replacing single-glazed windows with modern sealed double glazing, which are more energy efficient, or replacing old wooden beams with today's steel equivalent, which should last longer.

At first glance, David says that there appears to have been an improvement in both instances. However, he notes that 'HMRC's internal manuals confirm that as long as the function and character of the replacement is broadly the same as the original, the cost should be deductible revenue expenditure'.

He continues: 'Only if the replacement does a significantly better job would the cost be treated as capital – for instance, if the steel beams are installed to support heavier loads. This principle was established in the case of Conn v Robins Bros Ltd, where a "crumbling" and "rotten" 400-year-old property was "gutted and modernised" using modern materials.' In this instance, David comments that the costs were found to be revenue in nature as the property served the same purpose as it had before the work, and its character was unchanged.

So, works to your premises involving like-for-like replacements should qualify as revenue expenditure. For example, £10,000 spent replacing a leaking roof with its modern equivalent that performs the same function (and no more) should be tax deductible against income.

### IS IT A SIMPLE EITHER/OR?

Lastly, David highlights another issue – mixed works. Here he talks of the case of William P Lawrie. Using the case law finding, he explains that 'if you took that opportunity to extend the premises by moving out an end wall, extending the side walls and then adding a new roof at a cost of £30,000, the entire work would be classed as capital. As a result, you could not claim £10,000 as an expense of the repair cost to the roof.'

It needs to be said that if an expense should be treated as capital, any incidental costs are also likely to be capital in nature. For instance, the cost of building an extension to your premises would be capital and therefore so would any associated legal or planning fees, as well as any costs of any work needed to make good accidental damage afterwards.

#### SUMMARY

Tax law in this area is particularly mucky and each instance will turn on the facts. Good advice is essential.

My next article, to be published in October, will explore how to make renovations and improvements tax efficient.

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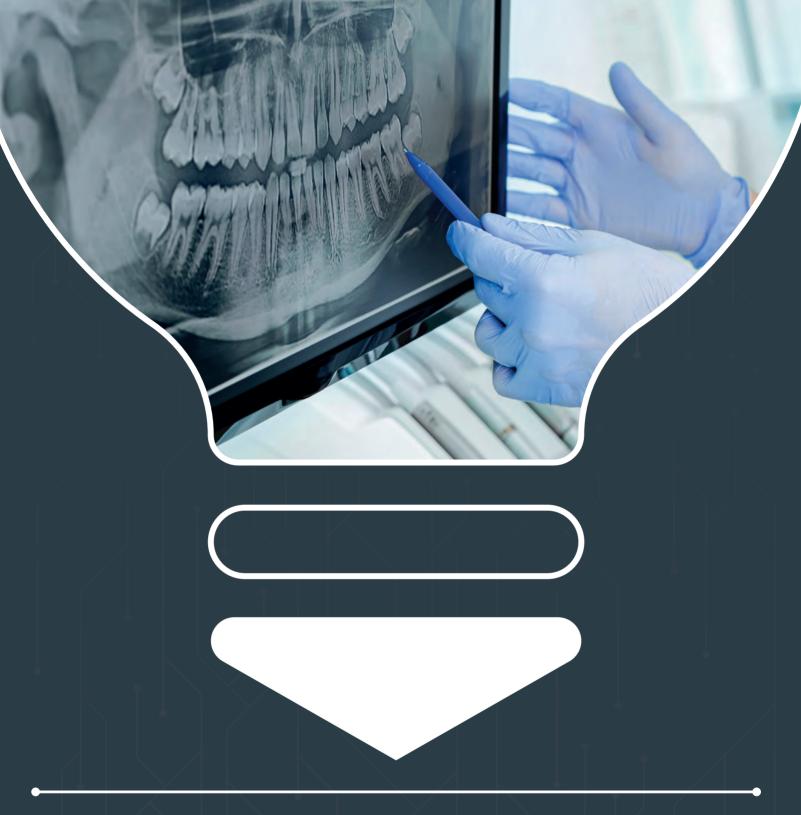
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# Building a portfolio of practices

**Steve Darbon** outlines the benefits of developing a portfolio of dental practices and what you need to think about if you're considering this growth path

ome buyers have plans from an early stage of ownership to establish themselves as multi-site owners of the future, with varying ambitions around local, regional or even nationwide presence and scale.

This ambition commonly evolves through the acquisition and ownership of an initial single- or dual-site first-time purchase, where the initial successes fuel the appetite for further growth.

There is also a very wide pool of regional independent smaller group operators, some of which have specific or select plans and targets for growth. The scale has often evolved in a short-to mid-term timeframe, with a cohesive plan for volume, geography, patient profile and clinical services, as well as common synergies across existing operations and ownership.

Small-scale centralised head office or management functions are also sometimes evolving to support wider operations.

Other independent regional operators include those whose growth (often over a much longer period) might have been

OUTSIDE OF OPERATIONAL BENEFITS, ACCESS TO RESOURCES TO ASSIST IN FUTURE GROWTH MAY ALSO BE REALISED



more coincidental to circumstance and opportunity, rather than specific planning. Future acquisitions will often be made to 'round off' regional geography, perhaps to enhance clinical offerings, or indeed to supplement future revenues through a wider variety of services and patient reach, and commonly in easy 'owner accessible' geographic locations.

There are also more significant larger group operators, as well as corporate entities, often with wider regional or national ownership profiles, and there is commonly a structured, focused and targeted acquisition strategy for expansion.

Centralised head office functions are likely to exist that offer a variety of support and administration functions to the wider group at a practice level. These are often developed with a clear clinical focus and ethos, as well as in the type of dentistry and services provided with future target practice profiles for acquisition, which are often key to what will suit the wider operational group. Typically, there is a strategic growth plan, delivered through a dedicated mergers and acquisitions team.

### **COMMON BENEFITS**

At whatever scale of operation – and outside of the clear benefits in what is likely to be greater value realisation from enhanced revenue and profitability volume being delivered across multi-site ownership – there are often common benefits that can be found across those differing scales of ownership pools:

 Clinical focus and culture are common traits where the synergies in multiple ownership, as well as a focused direction of travel in that

- regard, can assist in maintaining the clinical ethos and consistency across the operation
- Depending on scale and volume, benefits might also be realised through efficiencies of scale.

  Reductions in cost margins can often be found in areas such as labs, materials and 'specialist materials' providers. Service suppliers, which might include equipment maintenance and a variety of property services, may also see proportionate marginal efficiencies
- Benefits of streamlining supporting functions such as IT/digitisation, financial accounting and marketing/websites are also often seen.

  Centralised and remote systems may reduce the requirement for multiple single-site deployments and overheads that can be managed from a single source. Areas such as HR, payroll and compliance often fall within this category, too
- Outside of operational benefits, access to resources to assist in future growth may also be realised. This can include financial resourcing/funding and investment for future growth and where the platform to date has a proven track record and thereby becomes attractive for secure future investment to support further growth.

Many other benefits can be realised through developing a portfolio and accompanying plans to do so. The team at Christie & Co welcomes the opportunity to discuss those, at whatever stage of growth you might be at.

For more details, call 07702 809 564 or email steve.darbon@christie.com.

# Build a brand that *shines*

**Emily** and **Eleanor Pittard** share their practical tips to help you create a memorable, consistent and strong dental brand

n the competitive landscape of dental care, simply offering excellent service isn't enough. To truly thrive, we need to harness the power of effective marketing. This involves creating a strong brand, educating your team on your brand's voice and maintaining consistency in all communications.

We thought we'd put together a short guide to help navigate these key areas, with actionable steps to connect with patients and peers alike.

### CRAFTING A MEMORABLE BRAND

Creating a brand that resonates with both patients and other dental professionals is the foundation of effective marketing. Your brand isn't just a logo or a catchy slogan; it's the essence of who you are and what you offer

It doesn't matter if your business has been going for decades or you've only just started out, developing your brand is a lifelong process.

#### Define your unique value proposition

Note that we've moved from unique selling point (USP) to unique value proposition (UVP). This shows the shift in the market with members of the public. Identify what sets your practice or laboratory apart. Is it your cutting-



#### **Emily Pittard**

Emily is a clinical dental technician, director of Hive Dental Laboratory and an outspoken advocate for change in the laboratory community.



### **Eleanor Pittard**

Eleanor is director of Hive Dental Laboratory. She has helped to grow an award-winning private dental implant practice and dental laboratory. edge technology, your communication or perhaps your expertise in a particular dental specialty? Your UVP should be at the core of your brand message.

#### **Develop your visual identity**

Your visual identity includes your logo, colour scheme and typography. These elements should reflect the personality of your business. For instance, a digital lab might be clean with minimal colours and bold graphics, whereas a cosmetic clinic might opt for a more elegant and sophisticated palette.

#### Craft your brand voice

Your brand voice is how you communicate with your audience, both in writing and verbally. It should be consistent across all platforms. Are you formal and professional, warm and friendly or somewhere in between? This voice will shape how patients and peers perceive your practice or lab.

### **EDUCATING YOUR TEAM**

Once your brand is defined, it's crucial to ensure your team embodies it. This uniformity not only builds trust but also enhances your credibility.

The first thing to do is sit down with your fellow owners (or key people who have a strong understanding of your brand already) and create a comprehensive document that outlines your brand's visual elements, voice and key messaging.

This should be highly visual and easily accessible to all team members. You could even have it printed in your staff room with a QR code that takes you to any ongoing updates.

And before you say it, who has time for this stuff? Well yes, we are all ridiculously busy, so you could try asking that marketing company that you already pay every month to help you develop this document, or write down some key points and delegate the putting together to a member of your team. Then just check through it afterwards.

Training sessions and role-playing exercises can also be effective in helping your team to understand the brand more and speak to clients or patients in the right way.

This could be done at your usual monthly meetings or a quick spot check at the start of the day (it doesn't need to be an hour-long affair on a weekend – we all know everyone is busy!).

### THE POWER OF CONSISTENCY

Consistency is key. How many times have we heard that statement? Case in point, a very consistent message. Well, in branding, the same remains true. It builds familiarity and trust, which are crucial in healthcare where you are already battling misconceptions and preconceptions before you even meet a patient (or dentist, if you are a lab).

Remember the brand guidelines document? This will come in handy when you need uniform communication, which is where you use the same tone, style and terminology across all communication channels, including social media, newsletters and patient correspondence. It will also help with visual consistency by ensuring your logo, colour scheme and typography



are uniformly applied across all marketing materials, from your website to business cards and practice decor. Told you it's handy!

If you are in a management or leadership position, you could also help to cultivate consistency by performing regular audits where you periodically review the marketing materials and communications to ensure they align with brand guidelines. This way you can adjust as needed to maintain consistency and before any damage is done.

### MAKING A CONNECTION

Now you have the guide and the consistency, so let's start engaging with your audience and building lasting relationships.

### Social media engagement

Use platforms like Facebook, Instagram and Linkedin to share informative and engaging content. Post tips on dental health, behind-the-scenes glimpses of your practice or laboratory and patient testimonials. Engage with your followers by responding to comments and messages promptly.

### **Educational workshops and webinars**

Host workshops or webinars on dental health topics for both patients and other dental professionals. This not only positions you as an expert in your field but also fosters community engagement.

### **Personalised communication**

Send personalised emails or texts to your patients for appointment reminders, birthday wishes or aftercare instructions and to your dentists congratulating them on personal achievements or sending appreciation for great photos etc. This shows that you value people as individuals.

In the dental industry, relationships are everything. Patients are more likely to trust and remain loyal to a practice where they feel a personal connection and it's far easier to collaborate on dental work with clinicians if you understand each other and get on well!

First things first, introduce your team. Feature team members on your website and social media. Share their professional qualifications as well as personal interests and hobbies. This helps patients see the human side of your practice or laboratory.

Then you can start sharing your stories. Share patient success stories (with their permission) or examples of collaborations with dental professionals and personal stories of

other activities you are involved with. This will help build trust and develop relationships.

You could also participate in local events and initiatives. Sponsor a local sports team, host a free dental clinic day or get involved in health fairs. This not only boosts your brand visibility but also demonstrates your commitment to the community.

### BUILD STRONG RELATIONSHIPS

Effective marketing for dental professionals involves more than just advertising your services. It requires building a cohesive brand, educating your team and maintaining consistency in all communications.

By connecting with patients and other dental professionals through social media, educational initiatives and personalised communication, you can foster strong relationships and humanise your team.

Remember, in the world of dental care, your brand is the promise you make to your patients and clinicians – and how well you keep that promise is what sets you apart.

Eleanor and Emily are contributors to dentistry.co.uk, writing a regular 'Technically speaking' column. To read their latest articles, visit dentistry. co.uk/columnists.

## and facial aestnetics

Zainab Al-Mukhtar discusses an important ethical dimension of facial aesthetic treatments

ody dysmorphic disorder
(BDD) is defined by the
World Health Organization
(WHO) as a 'persistent
preoccupation with

one or more perceived defects or flaws in appearance that are either unnoticeable or only slightly noticeable to others'.

It is a disabling psychological disorder characterised by excessive preoccupation with one's perceived defect or flaw in physical appearance, when the appearance is actually normal.

Many patients with BDD actively seek out aesthetic treatments to correct imagined defective bodily or facial features. This makes it exceptionally important for all aesthetic practitioners to have a strong awareness and understanding of the condition.

With the distortion in self-image often leading to extreme feelings of self-consciousness, people with BDD are likely to repetitively and compulsively check the appearance of their perceived flaw and/or avoid social situations that may increase their concern about it. The distress associated with this negative self-perception can be severe enough to be all-consuming



### Zainab Al-Mukhtar

Zainab AT-MIRITAT

Zainab co-owns the award-winning clinic Harrow On The Hill Dental and Facial Aesthetics in north London. She qualified as a dentist in 2010. Zainab was awarded Membership of the Faculty of Dental Surgery from the Royal College of Surgeons of Edinburgh and Membership of the Joint Dental Faculties of the Royal College of Surgeons of England in 2013.

for patients, potentially affecting daily function, education, work, quality of life and interpersonal relationships. While the primary BBD can co-occur with depression and anxiety, the loneliness and isolation itself can contribute to a further decline in mental health.

BDD is most common in adolescents and young adults but can affect people at any age. Patients with a history of eating disorders or obsessivecompulsive disorders are often at higher risk of BDD.

My observations throughout 11 years in facial aesthetics suggest that peer pressure, childhood or teenage bullying and social media can have profound psychological impacts that may lead to or contribute to BDD.

Social media posts, videos and comments can also influence many assumptions around beauty and thereby breed unrealistic expectations of individuals to confirm to certain perceived ideals.

### **EVALUATING BDD**

Without appropriate assessment or early evaluation of suspected BDD in patients seeking aesthetic procedures, they can face continuous dissatisfaction around their cosmetic results.

Failure to detect potential BDD before proceeding with aesthetic treatment is likely to result in dissatisfaction, heightened distress and/or compulsive obsessive requests for either reversal or additional unnecessary treatments. This can be detrimental to the patient's

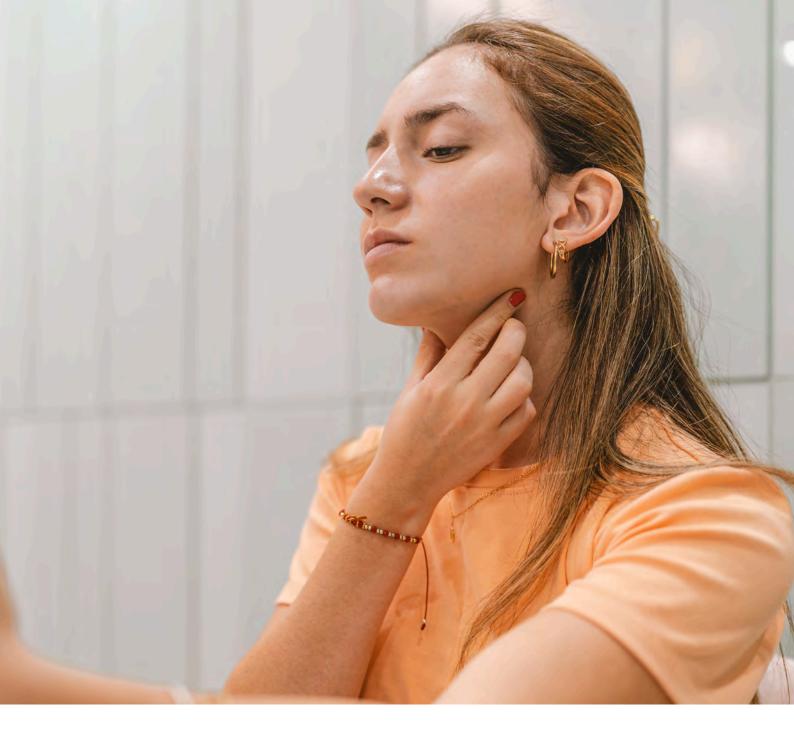
mental wellbeing and potentially a very challenging situation for the clinician.

However, distinguishing BDD-related expectations from normal and realistic expectations is important for clinicians to do.

One must note that there are varying motivations, cultural influences and personal preferences that play a role in the perception of beauty among different individuals. As such, a personalised approach should be taken with every patient.

Though a patient's individual taste may not align with the aesthetic ideals or perception of beauty of the practitioner, this does not necessarily indicate a potential diagnosis of BDD, especially if there are no other specific signs or symptoms.





### ASSESSMENT

Assessment tools exist to support practitioners in identifying potential BDD. These should only be used by suitably qualified practitioners, but they should not be depended upon alone. They should be used alongside a thorough patient consultation with the view of building rapport and understanding between patient and practitioner.

During the consultation, it is important to take a detailed aesthetic history and ask certain questions that bring to light a patient's motivation to seek treatment. However, one must be mindful that patients may not always feel comfortable revealing the depth of their concerns, and therefore may withhold honest answers. This is more likely to be the case for patients who

have previously been denied treatment by other practitioners.

Additionally, the mood of the patient can influence their answers, and therefore their answers may be inconsistent between appointments and present a confusing picture to the practitioner.

With severe BDD, in which there is usually more impaired functioning and depression, cosmetic treatment should be avoided before psychological therapy.

In cases of milder BDD, in which patients seem to have more localised concerns around a certain feature and more realistic expectations around treatment results, some clinicians believe that these patients may actually benefit from cosmetic treatment.

After a systematic review on this subject by Mandavia and colleagues (2024), which stated that 'aesthetic procedures should be avoided in patients with BDD since they can negatively impact mental health and lead to further aesthetic dissatisfaction', an outline of suggestions was made for screening and a practical pathway for BDD in the field of facial aesthetics was published.

This was to be used to help identify and provide clear guidance on the appropriate management of patients with suspected BDD, thereby 'helping to reduce the number of facial aesthetic procedures performed on patients with BDD, safeguard patient mental wellbeing and prevent further aesthetic dissatisfaction'.

The review suggested that completion of a validated screening tool as a mandatory step in an aesthetic consultation could be completed with the patient before any aesthetic procedure. It was suggested that the cosmetic procedure screening questionnaire was one of the suitable assessments of choice.

It is important to understand that screening tools will provide only a 'potential BDD' indication rather than a definitive diagnosis and do not help with assessing the severity of the potential BDD

As Mandavia and colleagues (2024) state: 'In the event of suspected BDD, the patient should be referred to mental health services for mental health and social assessment, patient education as well as potential mental health treatment.'

Following this, the aesthetic clinician and mental health professional should work together to weigh up the risk versus benefit of the aesthetic procedure.

### ETHICAL CONSIDERATIONS

As dentists or medical professionals, we must always be guided by our Hippocratic oath to do no harm and to maintain our duty to safeguard our patients' mental wellbeing to the best of our ability when under our care.

Firstly, when managing a patient with suspected BDD, consider the long-term impact of the aesthetic consultation itself. It is crucial to the wellbeing of patients that practitioners utilise emotional intelligence during all stages of a consultation with any patient, not only when listening but also, and most importantly, when relaying findings of a facial assessment, discussing diagnosis and treatment options.

It may be easy for an aesthetic practitioner to objectively approach communication with a patient, guided by a set criteria on beauty ideals relating to facial symmetry or proportions, but this can actually amplify patient insecurities if they do not fit this ideal.

To minimise the risk of triggering further distress or a deterioration in the mental wellbeing of a patient, it is important to communicate very responsibly and compassionately when outlining areas for potential treatment, with the care to ensure patients feel accepted and image-positive during any appointments. This is important with

### DISTINGUISHING BDD-RELATED EXPECTATIONS FROM NORMAL AND REALISTIC EXPECTATIONS IS IMPORTANT FOR CLINICIANS TO DO

all groups of patients but critically so for vulnerable patients who display signs of anxiety and/or BDD. I am therefore of the opinion that training in communication should be sought by all practitioners.

Declining treatment without outlining to the patient what the concerns are and what the recommended management for the patient is may lead a vulnerable patient to consider clinic hopping in the hope that a practitioner will simply agree to treat them. They may even seek treatment by non-healthcare professionals who are likely to overlook the psychological state of the patient.

Therefore, it is upon the aesthetic practitioner to make clear to patients if a referral is advisable for psychological assessment, with an explanation that the primary goal of this is in the interest of the patient's wellbeing, as they may then benefit from receiving the correct psychological support/therapeutic treatment before receiving aesthetic treatments. Once BDD is suspected from a preliminary screening, clinicians should use a clear process to refer patients to either a psychologist or psychiatric professional prior to commencing cosmetic treatment.

### INFORMED CONSENT

As an important part of a medical consultation, patients must be fully informed of risks, benefits, potential outcomes and treatment alternatives before consent can be obtained for treatment.

For informed consent to be deemed valid, a patient must show capacity to understand risks. While there is some debate about whether BDD decreases one's ability to make informed decisions, clinicians should assess this on an individual patient basis.

Patients with BDD are more vulnerable to the influences of social media content, which can negatively affect the mental wellbeing and self-esteem of any person, let alone someone with BDD. Practitioners should recognise their social responsibility and be especially mindful and responsible around language when discussing case studies online so as not to imply that a feature is defective when promoting treatments as this can exploit the insecurities of vulnerable patients.

Also, cooling off periods after consultation are good practice, allowing for vulnerable patients to avoid spontaneous decisions as well as allowing an opportunity for practitioners to reflect and reassess again at a future visit.

It is my observation that patients with undetected BDD who have been incorrectly managed have been subjected to more harm and distress because of over treatment, and these patients also suffer the psychosocial consequences of poor aesthetic outcomes. This can contribute to heightened feelings of distress, even panic attacks and isolation. It is therefore both the professional duty and the moral obligation of practitioners to work on identification of such disorders.

I believe that all aesthetic practitioners should undergo training around mental health conditions that may be relevant in aesthetics, certainly including BDD, to mitigate the risk that patients with mental illnesses will be inappropriately managed.

More research is required into body dysmorphic disorders and how best to manage aesthetic patients with BDD. Over a decade of experience in facial aesthetics, I have honed my recognition of many potential indicators for BDD during consultations. However, I believe that the inclusion of routine pretreatment screening tools has made the process more reliable, creating greater effectiveness in liaison with mental health professionals, better safeguarding of patients' mental wellbeing and more patient satisfaction. For the article references, email patrick.ward@fmc.co.uk.

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### Guidance for sustainable success

Going eco-friendly can be good for your business as well as the planet, says Mark Topley



Dental practices in the UK discard a staggering 110 tonnes of singleuse plastic every day, contributing significantly to environmental pollution.

Everyone wants to do the right thing for the planet. However, for many practice owners, principals and managers, sustainability isn't seen as a business objective.

You might feel hampered by a lack of time, resources or knowledge and wonder how you can fit sustainability into your practice's already busy schedule. But getting to grips with these challenges and making your practice eco-friendly can actually benefit your business in many unexpected ways.

### BUSINESS REASONS TO GO GREEN Compliance

Regulated bodies, such as the Care Quality Commission (CQC), are putting more emphasis on sustainability.

Being ahead of the curve can ensure you meet these regulatory demands, potentially saving you from headaches down the line.

### **Philosophical**

Running an eco-friendly practice provides a deep sense of internal satisfaction. It's fulfilling to know that your actions are positively impacting



### **Mark Topley**

Mark is the founder of responsibledentistry.com and the Great Boss Academy – businesses that provide coaching, consultancy and training for leaders, owners and managers who want a more successful, positive and sustainable business.

the environment. This sense of doing the right thing can boost morale and create a stronger, more positive culture within your team.

### Commercial

From a commercial angle, going green can set your practice apart. Patients are increasingly choosing providers who share their concern for the environment, and eco-friendly practices can attract a loyal clientele.

Furthermore, a commitment to sustainability can make your practice more appealing to prospective employees who value working for a socially responsible organisation. It's a win-win for patient retention and team satisfaction

Consider these stats from a 2024 Pricewaterhousecoopers (PWC) report:

- 77% of consumers say social and environmental credentials influence their buying decisions
- 76% won't buy from companies they perceive as neglecting the environment or mistreating employees
- 51% of employees wouldn't work for a company that doesn't have strong social or environmental sustainability policies.

These figures show that people care deeply about sustainability - and it influences their choices, whether as consumers or employees.

### **PRINCIPLES**

In my sustainability work with clients over the past eight years, there are four principles that have made all the difference to the results of their plans to go green:

1. Know why it's important: understand

- why sustainability is crucial for your practice. Whether it's driven by ethical values, patient expectations or regulatory requirements, having a clear motivation will help maintain focus and commitment
- Engage the team early: involve your team from the start. This will not only generate valuable ideas but also ensure everyone is on board and committed to sustainability goals
- 3. Audit: conduct an audit to assess your current sustainability practices. This will help you identify key areas for improvement and provide a benchmark to measure your progress. The free sustainability audit at dentistry.co.uk is a great place to
- 4. Make a start: don't wait for the perfect moment to overhaul everything. Begin with small, actionable steps based on your audit findings. Incremental changes can lead to significant improvements over time.

### CHOOSING THE RIGHT TOOLS

When selecting tools and resources to help your practice become more eco-friendly, it's vital to make informed decisions.

There are essentially four options, with varying levels of investment. But if you want to both achieve results and delegate the task effectively, which one you choose really matters.

### The pitfalls of free toolkits

Free sustainability toolkits might seem appealing but often lead to:

- Lack of commitment: without a financial investment, it's easy for these initiatives to fall by the wayside
- Generic solutions: one-size-fits-all

- advice rarely addresses the needs of your practice
- Management burden: implementing changes requires time and effort, which can be overwhelming without proper guidance
- No support: when challenges arise, the absence of professional support can halt progress.

### **Paid toolkits**

Although they overcome many of the challenges of free toolkits, even some paid toolkits fall short. They might offer more structured advice but often lack accountability and ongoing support. Without these elements, your investment may not yield the desired results, leading to frustration and wasted resources.

### The consultancy option

Consultancies provide tailored solutions and hands-on support but come with high costs that might not be justifiable for every practice.

### The smart middle ground

Platforms such as Go Practice Green (a collaboration with Henry Schein and adopted by the Association of Dental Groups) offer a balanced approach by providing a paid, self-paced and supported platform. The structured modules and clear steps are there, of course, but they're backed by expert support with access to professional advice that ensures you have guidance when needed. It also has a useful accountability function built in.

### PRINCIPLES FOR EFFECTIVE IMPLEMENTATION

Now that we've covered the benefits of sustainability and how to choose the right tools, it's crucial to understand how to effectively implement these initiatives within your practice.

The following principles can help integrate sustainability into your daily operations, ensuring that the changes are meaningful and lasting.

### **Delegate responsibility**

Select someone enthusiastic about sustainability to lead the efforts. Empower them with the resources and authority to make meaningful changes.

### Keep sustainability visible

Regularly update and communicate your sustainability plans to keep them on everyone's radar. This ongoing visibility ensures continuous progress.

### Celebrate achievements

Recognise and celebrate milestones in your sustainability journey. This not only boosts team morale but also highlights the tangible impacts of your efforts.

### Lead by example

As a leader, your actions set the tone. Make sure you embody the sustainability principles you want your team to follow.

Adopting eco-friendly practices can significantly benefit your dental practice. It brings internal satisfaction, attracts patients and staff and ensures compliance with regulatory standards.

First, understand why sustainability is important to you, and involve your team in the process. Start by taking the free Dentistry Sustainability Audit to assess your current practices and identify areas for improvement. Next, select a reliable platform to support your sustainability efforts. Together, we can make a significant impact on our planet and work towards reducing the 110 tonnes of plastic waste generated by dental practices every day.

Want to know how sustainable your dental practice is? Find out with the free Dentistry Sustainability Audit, powered by Go Practice Green! Scan the QR code to take the audit.



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### Sprint towards TCO success

Laura Horton shares how clinic owners can get a head start on implementing and growing the role of the treatment coordinator

o you currently have a treatment coordinator (TCO) in your team? What are your biggest challenges with

treatment coordination? If you haven't appointed someone to that role, how soon do you envision implementing it in your clinic?

The TCO role can enhance patient care, boost efficiency and increase production. However, while many clinics understand and want the role, they may not know where to start or feel overwhelmed.

Some clinic owners cite time as the main obstacle to incorporating it into their patient journey. Others may have started the process only to realise they haven't allowed for the necessary commitment to managing it.

Management is, in fact, the number one consideration when introducing the role to a clinic. It is crucial for the successful implementation and development of the role. This encompasses strategy, planning and effectively communicating the 'why'. It requires the practice manager's thorough understanding of the 'why' and the execution of all these elements.

Launching a project involves numerous elements, and the team must recognise that treatment



### Laura Horton

Laura is a trailblazer in treatment coordination. She has had a robust 25-year tenure in dentistry, starting as a dental nurse. Laura spearheads her team as a clinic owner, integrating the digital patient journey from the first point of contact to in-depth consultations. For more about Laura's TCO training courses, visit www.horton-consulting.com/tco-training.

coordination is, in fact, a 'project'. This understanding is vital for its success. In a busy clinic environment, initiating and sustaining projects can be challenging. Often, we juggle multiple tasks and risk failing to see any of them through to completion. To tackle this issue, I've created an 'implementation sprint'. This structured approach effectively integrates the TCO role and unlocks the clinic's full potential.

Earlier this year, I launched the TCO Implementation Sprint, which helps practice managers and owners with the 'project' of treatment coordination.

I will share a glimpse of the areas covered over a period of four hours to help time-poor owners and managers bring the project to life.

### RECRUITMENT

Human resources and recruitment are vital when introducing a TCO role to a clinic. To start, create a detailed job description tailored to your clinic's needs and outline the specific responsibilities of the role. This job description should align with the clinic's operational requirements and be designed to attract the ideal

If you want to appoint from within your existing team, remember that fairness and transparency should always guide internal recruitment. Equal opportunities for advancement should be ensured for all.

Therefore, it is essential to remember that internal recruitment must follow the same processes as external recruitment (I have a recruitment pack for prospective clients when they're at this stage).

### **ONCE A TCO HAS BEEN** RECRUITED AND SELECTED, THE ENTIRE **TEAM MUST** UNDERSTAND THE ROLE

The TCO Implementation Sprint helps clinics incorporate this essential element, building on the job description and ensuring they understand the role's needs against that of the clinic's diaries and clinicians. This helps to assess the number of sessions and hours a clinic might require from the role.

### INDUCTION

Clinics should also consider an induction plan, the salary for this person and their training needs. They must be well supported, and those training needs must meet the clinic's requirements. I have a vision plan for the TCO role, and while not every clinic implements every aspect, they may use multiple TCOs to do so over a working week, or they may focus on one area initially and grow the role as the clinic grows.

The implementation sprint helps clinics make clear decisions to avoid becoming overwhelmed.

### Summary

### Planning and strategy

- Have a clear strategy
- · Ensure the job description is well-defined
- · Implement effective planning
- Establish clear communication about the role's purpose.

### **Management involvement**

- Management must fully understand and support the role
- The project requires careful coordination and addressing many elements to succeed.

### **Recruitment process**

- Internal recruitment processes must be as rigorous as external ones
- Develop a recruitment pack and ensure proper steps are followed when selecting a candidate.

### Implementation plan

- · Create a roadmap covering all aspects of the role
- Consider HR elements such as job descriptions, session hours, induction plans, salary and training needs.

### **Team communication**

- The entire team must understand and support the new role
- Clinic managers should explain the project strategy and address team questions.

### **Operational integration**

- Review and adjust internal operations and marketing strategies as needed
- Evaluate and measure the role's success through specific key performance indicators (KPIs), reported regularly.

### **Support and growth**

- · Ensure continuous support and training for the treatment coordinator
- Allow the role to evolve and grow with the clinic's needs.

### Implementation sprint approach

- Utilise an implementation sprint to break down the process into manageable sections
- Live sessions with clinic managers and owners help achieve critical milestones, such as the job description, strategy, roadmap, HR aspects, team presentation and KPIs.

### COMMUNICATION

Another essential aspect is explaining the situation to the broader team. Once a TCO has been recruited and selected, the entire team must understand the role and how it will work for the clinic. Again, this needs to be led by the clinic manager, who will explain the project's design and strategy and answer any team members' questions.

Once everyone is on board, clinics can start using the role in clinic; the potential review of its marketing and internal operations is intertwined. For example, suppose you currently have dentists holding free consultations with patients. In that case, this costs the clinic money as part of the strategy and design, and the manager will have ascertained the exact cost to the clinic for these consultations.

Incorporating a TCO also requires a strategic enhancement of internal operations and marketing efforts. The TCO will streamline patient flow and experience by managing consultations, patient communication and feedback while ensuring operational efficiency through staff coordination and resource management.

Additionally, the TCO will drive targeted marketing campaigns, brand positioning and referral programmes to boost patient outreach.

Therefore, regular evaluation through specific key performance indicators, such as patient retention and satisfaction rates, treatment acceptance, new patient acquisition and operational efficiency metrics, will help continuously improve and align the clinic's growth and patient satisfaction objectives.

Clinics can transform patient care and operational efficiency by implementing the TCO role through a structured and well-supported approach. The implementation sprint ensures seamless integration of this vital position, empowering clinics to navigate potential challenges with clarity and confidence. As clinics embrace this role, they unlock new growth opportunities, enhance patient experiences and improve team dynamics. By strategically focusing on recruitment, induction and communication, they can build a solid foundation for success.

### The state of MOONS

Recent figures have shown that poor mental health continues to blight dental professionals. Patrick Ward looks at the data and potential remedies

ental health problems are a growing concern within dentistry. With the sector struggling with issues ranging from patient litigation to the collapse of NHS services, it is perhaps unsurprising many dental professionals are struggling too.

According to a study by Larbie and colleagues (2017) for the British Dental Association, the key factors affecting dentists' mental health and wellbeing are working conditions, working environment, regulatory bodies and the NHS.

According to Toon (2019) and Collins (2019), the most stressful aspects of practising dentistry are regulation and fear of litigation.

FMC's Dentistry Census 2024, which surveyed almost 3,000 people across the profession, gives us a snapshot of the state of mental health in dentistry. Among its findings are that more than half (52%) of the dental professionals surveyed admit to seeking help for mental health issues – an increase of 21% from 2021.

Getting an accurate picture of the prevalence and causality of mental health problems within dentistry is a complicated task. In recent years, concerted attempts to raise awareness of mental health have meant that more people are willing to talk openly about their problems and seek help. So, is it just the case that more people are taking their mental health seriously, or are more people experiencing problems?

'Work-related issues continue to be the main reason why people access our service, but I don't think we can simply say that its due to people being more willing to seek help,' says Richard Jones, clinical lead at the Dentists' Health Support Trust.

Richard was unsurprised by the census figures and says that they reflect the presentations to his service.

'I believe people are responding to changing demands and expectations in the profession as a whole and, for some, that tips them into mental ill health. The fact this is happening to more and more people is a cause for real concern for the profession.'

### **BROADER IMPACT**

The *Dentistry Census 2024* also found that seven in 10 (70%) practice principals report that they struggle to unwind after work, and just over one in four (27%) say they regularly feel insecure due to their work.

It also reveals that one in five respondents say they have experienced suicidal thoughts.

Another symptom of these problems is substance abuse. The Dentists' Health Support Trust estimates that one in five dentists drink alcohol every day, double the UK average of one in 10.

However, the census also suggests that the number of people who feel that their relationships have suffered because of work-related stress has fallen by 11% since 2021 (although this may be a result of the waning impact of the COVID-19 pandemic).

Two-thirds (66%) of respondents say they have a good work-life balance, which is key to good mental health, although that figure drops to 58% for dentists, among whom we can also see a stark difference based on gender: 67% of men feel they have a good work-life balance compared to 45% of women.

While work-related issues may be a key factor in someone's mental health, a person's mind also exists outside of work.

Every week, one in six of the general population report that they experience a common mental health condition, such as depression or anxiety (Mind, 2020).

But the *Dentistry Census* results suggest that there are clear additional work-related issues contributing to high levels of stress and other mental health issues.

### Advice

If you're struggling, here are some suggestions from the Dentists' Health Support Trust (DHST):

- Dentistry is demanding, so try and get some work-life balance
- If possible, increase your physica activity
- Reduce alcohol consumption
- When did you last have fun? If you can't remember, you may need to look at your life and try to find some joy
- Speak to someone you can trust.
   This could be a friend, a relative or a professional
- Most areas now have selfreferral NHS therapy services, or you could see your GP
- If you're unsure of where to turn, you could call DHST confidentially on 0207 2244671 or visit www. dentistshealthsupporttrust.org.

NUMEROUS
STUDIES HAVE
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THE WELFARE OF
THEIR PATIENTS

And aside from the importance of tackling mental health issues for the sake of the dental professional experiencing them, they can also have a serious impact on patient welfare.

Numerous studies have shown the link between medical professionals' wellbeing and the welfare of their patients.

Poor mental health and increased levels of stress can have a negative impact on an individual's ability to empathise and communicate with patients as well as effectively diagnose and treat them. Not only can this harm patients, but it can also lead to litigation, which is itself a highly stressful experience.

### WHAT CAN BE DONE?

The first, and most important, thing to remember is that everyone has mental health, and most of us will experience mental health problems at some time in our lives. Mental health charity Mind estimates that one in four people will experience a mental health problem of some sort every year.

As a result of people with mental health problems being stigmatised for so long, a social problem we are starting to overcome, it is still common to respond to mental health problems with feelings of shame, guilt, weakness or despair, which can further compound the problems.

But there is nothing to be ashamed of. Mental health problems can affect anyone, and they are often treatable.



There is no magic wand, of course. Many will find taking part in a form of talking therapy useful, while others may use antidepressants or other forms of prescribed medication to feel better.

Everything from taking walks outside to eating healthily can improve our mental health. But everyone is different, and there should be no shame in trying different treatments until you find one that works for you.

One way we can all help is to open up about our own problems. This is especially true of people in positions of leadership, who can model to their employees that there is no weakness in admitting you are struggling. Similarly, taking time to talk to someone about mental health problems they are facing can make a world of difference.

One positive finding of the most recent Dentistry Census was that 68% of respondents felt that they had access to mental health support, compared to just 49% in the 2021 census. One means of support is helpline services designed specifically for people in the dental sector.

'When you're experiencing mental health difficulties and addiction problems, support can change your life,' says Richard Jones of the support available from the Dentists' Health Support Trust. 'While we can't change the fast-moving, performance-driven requirements of dentistry, we can be there for dentists when they need someone to talk to during tough times."

Confidental is another support service, offering a round-the-clock phone service operated on a voluntary basis by practising and retired dental professionals. 'We're here to listen and to help callers reach some kind of solution, which might be helping you find other services that can help as well,' said John Lewis from Confidental. 'It is completely non-judgemental, no one will tell you you're rubbish or have

### MENTAL HEALTH **PROBLEMS CAN AFFECT** ANYONE, AND THEY ARE OFTEN TREATABLE

done something wrong. It's like your best friend, in a wav.'

There are also more structural approaches that can be taken in a dental practice to ensure staff wellbeing is taken seriously.

### MENTAL HEALTH WELLNESS LEAD

As part of its Mental Health Wellness in Dentistry Framework (2021), the Dental Professional Alliance uraes workplaces to identify a mental health wellness lead (MHWL). These individuals, who should be effective communicators who are able to maintain a good relationship with both staff and managers, should be given the time and resources to promote good mental health in the workplace. Among their responsibilities, MHWLs should

- · Act as role models and encourage staff to feel comfortable discussing mental health issues
- · Promote positive mental health and help to end stigma
- · Signpost to relevant support for those who need it
- · Take mental health first aid training. Whatever action you take to aid the mental health of yourself or others, it's important to recognise that action is needed. Trying to sweep these problems under the carpet risks just making them

But the apparent root causes of many of the mental health issues reported in the dental profession will need to be addressed at a higher level. Before the recent general election, research by the Dental Defence Union (DDU) found that 96% of its members wanted politicians to make plans to support the health and wellbeing of dentists.

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

The message is clear: if we want our society to enjoy better dental health, it needs to do more to strengthen dental professionals' mental health.

### Useful resources

**Dentistry Census 2024:** key findings

dentistry.co.uk/2024/02/08/ 2024-dentistry-census-key-

Mental Health Wellness in

Dentistry framework mhwd.org/download/mental-health-wellness-in-dentistry-

### Other support services

### Confidental

Helpline (24/7): 0333 9<u>87 5158</u> www.confidental-helpline.org

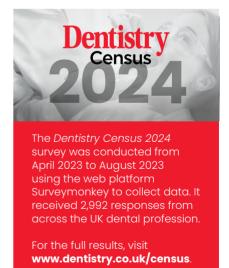
### Samaritans

Helpline (24/7): 116 123 jo@samaritans.org samaritans.org

### Mind

Helpline: 0300 102 1234

**British Doctors and Dentists** Group (addiction)



References available on request from patrick.ward@fmc.co.uk.



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### Top products for the perfect impression

Kemdent shares solutions to help you achieve an excellent impression every time

t goes without saying
that a high-quality dental
impression is fundamental
to achieving an excellent
restorative outcome.
However, finding the right

However, finding the right impression materials for the case in hand is often easier said than done, especially if you want to achieve a fantastic depth of detail in more challenging scenarios.

So, how can you achieve an excellent impression? Kemdent has a number of outstanding solutions available that help guarantee the perfect impression every time.

### KEMKAT IMPRESSION CAKES

One hurdle that clinicians often encounter when using impression materials is a lack of adjustability. Often, when an impression material is set that is the final result, meaning if there are warped details or other issues, the whole procedure needs to be repeated again using a new material.

As you are probably aware, this is time-consuming and inconvenient, often leaving patients frustrated that the procedure needs to be repeated. Kemkat Impression Cakes from Kemdent help avoid this issue by offering true adaptability.

The material is easy to adapt, and professionals can just add, remove or replace material as needed during the process until satisfactory results are obtained. As the material can be re-softened for adjustments, this inevitably also means less wasted material, helping you to achieve a perfect impression in a more sustainable manner, too.

Instagram: @kemdentUK @mike\_gregory\_dentures @bryn\_the\_teeth @samuelabib



### KEMDENT IMPRESSION GREEN COMPOUND STICKS

When a patient is partially or fully edentulous, creating a perfect impression can be more challenging.

These gaps in the dentition can mean that impression materials fail to capture adequate detail, which in turn can result in restorations not being satisfactorily accurate and needing to be remade.

Kemdent Impression Green Compound Sticks are an excellent solution.

These highly viscous sticks help to capture every part of the sulcal detail, boosting impression accuracy with ease.

Perfect for border extensions on impression trays, these versatile products can also be utilised to modify dental trays, building up where teeth have been extracted to ensure that these spaces don't detract from the necessary detail capture.

### DENTAL WATER BATH

Clinicians may complain that the impression compound is difficult to heat to temperature and this can take up too much time, the solution, the new Dental water bath.

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and manufactured in the UK to assist clinicians in taking perfect impressions using impression compound.

The digital water bath is the first of a range of digital products that are designed to be used in dentistry.

### ENSURE YOUR PRODUCT SELECTION IS WORKING FOR EVERYONE

Ultimately, creating the perfect impression can be simple, sustainable and cost-effective when choosing the right products.

By selecting materials that work together to help guarantee excellent detail capture, allow for adjustability and complement the way you work, you can elevate your impressions.

This helps patients receive outstanding treatment and gives lab technicians the information they need to create restorations that truly go the distance.

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### Rapid rapport

Barry Oulton explains how to transform patient care through dynamic and effective communication, even with tight schedules

ince launching The Confident Dentist Academy, I've uncovered a critical misconception: that it's hard to build instant rapport with patients, it's awkward and it takes time to do so. This couldn't be further from the

Dentists are missing out on one of the most rewarding aspects of dentistry - building genuine



Barry Oullon

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

relationships with their patients. While many dentists strive to engage with their patients, the constraints of time often hinder this crucial element.

However, investing time in communication can yield profound benefits, creating a win-win scenario for both the dentist and the patient. How can we turn this challenge into an opportunity?

### YOUR SECRET WEAPON

Imagine transforming your conversations with one simple shift: making communication a priority. Challenge yourself to embrace new ideas, fuelling your success, enjoyment and happiness.

Remember, there's no such thing as failure, only feedback - each interaction is a chance to refine

your approach. Start by mastering communication skills that enable you to build rapport with anyone in mere minutes.

Dentists are uniquely positioned to forge strong connections with their patients, helping them to make their best choices. Effective communication is the key to ensuring that patients receive the optimal care tailored to their needs and desires.

Don't just stop with yourself - bring your entire team on board. Effective communication should be a collective goal. Ensure that everyone is aligned and working together to enhance patient interactions.

When your team supports one another, the impact is immediate and profound.



### Barry's top tips

Here are my top tips for building meaningful relationships with your patients, even when time is limited:

- 1. Be more like them: people like people who are like them
- 2. Use their words: don't translate into your own words. Using theirs builds rapport and demonstrates active listening
- 3. Smile more: a simple smile is a powerful bonding gesture
- 4. Shake hands: match the pressure of your handshake to your patient's to establish connection
- 5. Make eye contact: show your patients that you are actively listening
- 6. Identify each patient's 'direction filter': tailor your communication to suit different personalities
- 7. Match and mirror: subtly copy your patient's gestures and language to build rapport
- 8. Be interested: engage with your patient's interests and ask questions about what they enjoy
- 9. Choose your words carefully: use positive language to present ideas
- 10. Be honest, warm and genuine: authenticity makes building rapport effortless.

### **CULTIVATE POSITIVITY DAILY**

Kickstart each day with a team huddle focused on positivity and support. This simple practice sets an uplifting tone for the day: share a joke, an inspirational quote, a funny story or highlight the best moments from yesterday. Discuss your goals, celebrate successes and strategise how to ask for referrals. Although schedules are demanding, cultivating a positive mindset is within your control.

Adopt the mindset: 'I have the determination, skills, desire and capabilities to transform my situation.' By thoughtfully phrasing your interactions, you project a positive image and build stronger connections.

Seek commonality and subtly match and mirror others' behaviours. Remember, words constitute only 7% of our communication – tone and body language make up the rest. Mastering these skills makes communication effortless, both professionally and personally.

All dentists, whether we are working in the NHS or privately, can and should build robust rapport and trust with their patients. Regularly refreshing these skills can significantly boost your success and patient satisfaction.

By embedding these strategies into your daily routine, you can overcome the constraints of time and develop meaningful, impactful relationships with your patients. This will not only enhance the care provided but also significantly boost patient satisfaction and loyalty. Embrace the power of effective communication and watch your practice thrive!





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### Training for facial aesthetics

In their third article on facial aesthetics, **Shabnam Zai** and **Gizem Seymenoglu** cover the essential skills dentists need to master

ntering the realm of facial aesthetics requires more than just interest – it demands comprehensive training and education.

As a dentist, you already possess a solid foundation in facial anatomy and patient care. This article will guide you through the essential training programmes, certifications and continuous learning opportunities that will enable you to excel in offering facial aesthetic treatments.

### THE IMPORTANCE OF TRAINING

Facial aesthetics involves intricate procedures that require precision and a deep understanding of facial anatomy.

Proper training ensures you can perform these treatments safely and effectively, minimising risks and enhancing patient outcomes. It also boosts your confidence and credibility in providing these advanced services.

Without adequate training, the likelihood of complications increases, which can negatively impact patient satisfaction and your professional reputation. Let's explore some recommended training pathways.

### **Basic training courses**

Begin with foundational courses that cover the principles of facial aesthetics, including Botox and dermal fillers.



### Shabnam Zai

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



### Gizem Seymenoglu

Gizem is a facial aesthetics practitioner. She runs a successful clinic in south west London and also sees patients at West House Dental. These courses provide essential knowledge about facial anatomy, the pharmacology of aesthetic substances and injection techniques.

They also introduce you to patient consultation and consent processes, ensuring you can communicate effectively and ethically with your patients.

### **Advanced training**

Once you have completed basic training and gained some experience, consider advanced courses that delve into complex techniques and treatments. These may include training in more complex Botox and filler placement, chemical peels, microneedling and laser therapy. Advanced training often covers facial volumisation, tear trough treatments and nonsurgical rhinoplasty.

Institutions like the Dr Bob Khanna
Training Institute and Dema Medical
provide specialised training for
advanced procedures. These institutions
offer comprehensive modules that build
on your existing knowledge and skills.

Many courses are supplied in a modular form, allowing you to build your skills and portfolio of experience at a pace that suits you. This approach ensures continuous improvement and confidence in performing various treatments.

### HANDS-ON EXPERIENCE

While more and more courses and training are provided online, practical, hands-on experience is crucial for mastering facial aesthetic treatments. Look for courses that offer live demonstrations and supervised practice sessions.

This real-world training allows you to hone your skills and gain confidence under the guidance of experienced practitioners. It is also beneficial to participate in workshops or classes where you can practise on live models in a controlled environment.

This type of experience is invaluable for understanding how to manage different skin types and facial structures.

### CONTINUOUS LEARNING AND CERTIFICATION

### Certifications

Obtaining accreditation validates your expertise and reassures patients of your competence.

Certifications from recognised bodies such as the British Association of Cosmetic Dental Professionals (BACDP) or the Joint Council for Cosmetic Practitioners (JCCP) can set you apart from competitors and attract more patients to your practice.

These certifications often require passing rigorous exams and demonstrating proficiency in various aesthetic procedures.

### Continuous professional development (CPD)

Stay updated with the latest advancements and best practices through continuous professional development (CPD). Attend workshops, seminars and conferences to expand your knowledge and network with industry peers. Keeping your skills sharp and staying informed about the latest trends can keep your practice at the forefront of the facial aesthetics field.

CPD activities also include online courses, webinars and reading scientific journals. These resources provide flexible

### BEST PRACTICE

learning opportunities that fit into your busy schedule. Engaging in CPD helps you stay compliant with regulatory requirements and enhances your ability to deliver high-quality care. However, it can also be a rabbit hole, so stay focused on a particular goal or skill you wish to learn about.

### NETWORKING AND MENTORSHIP Professional organisations

Join professional organisations such as the British College of Aesthetic Medicine (BCAM) and the JCCP, which offer valuable resources, networking opportunities and support for practitioners in the field of facial aesthetics. Membership provides access to exclusive events, peer-reviewed journals and forums where you can share experiences and learn from colleagues.

Being part of these organisations also enhances your credibility. Patients often seek practitioners who are affiliated with reputable professional bodies, as this indicates a commitment to maintaining high standards of practice.

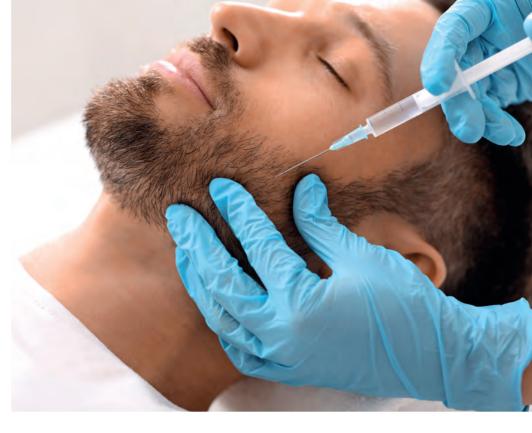
### Mentorship

Seek mentorship from experienced practitioners who can guide you through the nuances of facial aesthetic treatments. A mentor can provide invaluable advice, share their experiences and help you navigate complex cases. Imagine the benefit of having a seasoned expert to turn to for guidance and support as you expand your skills. It also means you will have more confidence and advance your skills more quickly.

Mentorship programmes often include one-on-one coaching, shadowing opportunities and case reviews. These interactions allow you to learn practical tips and tricks that are not always covered in formal training. Having a mentor also provides a safety net when you encounter challenging cases or complications.

### PROTOCOLS, CONSENTS AND FOLLOW-UP

Paperwork can be all-consuming, so a time-saving step can be incorporating protocols, consent and follow-ups from all the training and networks you have already established. Many products have their own consent forms, though you may wish to add to them based



on your training and experience.
Establishing clear protocols for patient consultations, consent and follow-up care streamlines the treatment process and makes it all less stressful. Knowing the important things have all been considered and recorded.

Properly documented protocols help ensure consistency and safety across all procedures.

### Patient consultations and consents

- Develop a comprehensive consultation process that includes a detailed assessment of the patient's medical history, aesthetic goals and suitability for treatment. Ensure that patients are fully informed about the procedure, potential risks, benefits and alternative options
- Obtain written consent from patients before proceeding with any treatment. The consent form should outline the specifics of the procedure, including the substances used, expected outcomes and possible side effects. This documentation protects both the patient and the practitioner.

### Follow-up and aftercare

- Establish a follow-up and aftercare protocol to monitor patient progress and address any post-treatment concerns. Schedule follow-up appointments to assess the results, manage any complications and provide additional care if needed
- Provide patients with detailed aftercare instructions, including guidelines for managing common

- side effects, such as swelling or bruising. Advise them on when to seek medical attention for more serious concerns
- Maintaining regular contact with patients after their treatments enhances patient satisfaction and encourages repeat visits. It also allows you to build strong relationships and gain valuable feedback for continuous improvement.

### SKILLS FOR SUCCESS

Investing in proper training and continuous education is essential for excelling in facial aesthetics.

By obtaining accreditation, gaining hands-on experience and engaging with professional networks, you can confidently offer these treatments and enhance your practice.

Additionally, considering clinical aspects such as proper storage, disposal, safety protocols and establishing clear patient consultation and follow-up procedures ensures that you maintain high standards of care.

As you move forward, remember that continuous learning and adherence to best practices are key to success in this evolving field. By staying informed and seeking mentorship, you can provide high-quality facial aesthetic treatments that meet patient expectations and regulatory standards.

The next article will focus on setting up your practice for facial aesthetics, covering essential equipment, supplies and staff training.

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### Trends in the practice sales market

**Les Jones** speaks to **Tom Coates** and **Jonathan Watson** about practice sales, taxes and the importance of legal expertise



t a recent event, Les Jones spoke to Tom Coates and Jonathan Watson to get a feel for current trends in the practice sales market.

Les Jones: Are you seeing any changes from a legal perspective? Are you noticing any patterns regarding whether buyers are setting up expense-sharing agreements, partnerships or limited companies? What are you seeing there?

Tom Coates: I think there's always been the desire to use a limited company, and that's never changed. The extent to which there are tax benefits in doing that have been eroded over the years due to various changes in the tax regulations. There is still some benefit to acquiring through a limited company, and if a buyer can do it, we tend to find that they still want to do it. However,



### Les Jones

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



### **Thomas Coates**

Tom is the managing director and corporate solicitor at Buxton Coates Solicitors. Tom specialises in the sales, acquisition and restructure of dental businesses, commercial advice and drafting commercial agreements. Alongside his role as managing director, Tom still has a busy caseload of acquisitions and disposals acting for clients ranging from sole traders to larger corporations.



### Jonathan Watson

Jonathan has been at Christie & Co for 13 years and heads up the north and Midlands dental team; he has handled some of the largest transactions in the UK as well as helping independent dentists achieve their goals.

complications come in if there's an NHS contract. How the seller is constituted can sometimes dictate whether you can use a company or not, but there's still a preference for doing that.

**Les:** I suppose, from a legal and financial perspective, this makes a significant difference regarding the sort of advice anybody buying a practice would need to be able to have the full picture.

So, you would be drawing more things to their attention than if the purchase were being made by an individual rather than a company. Tom: Absolutely, especially if you are using limited companies. Whether you're buying one or whether you're buying as one, if you're registered as a company yourself and you're looking to buy a practice, there are different tax considerations. This is particularly the case if you're buying or selling a practice. A limited company has assets as well as liabilities, so you certainly need more specialist advice on the tax, legal and accountancy side of things.

Les: Can we touch on corporate acquisitions and what that journey looks like? Has it changed much?

Tom: Jonathan will probably see many more than we do. Historically, when we have dealt with a sale to a corporate, there has been a significant period of tie-in over a number of years. There has usually been a sum of money held back and set against future turnover targets.

And if you don't meet those targets,

then a retained sum gets chipped away at, usually on a pound for pound basis. This is often accompanied by a requirement for the seller to stay on, if the seller is a key part of the practice. If the seller doesn't work in the practice, and it's associate-led, there can be more flexibility in a seller's requirement to stay on. However, usually you're tied in for a period of years with an earnout as well

Jonathan Watson: That's right. One of the biggest changes we've seen is with deal structure, partly because of the hike in interest rates over the past year or two. The private equity firms that are backing corporates have their hands tied to an extent and are perhaps feeling the squeeze in terms of what they can realise going forward. Some of the offer terms we've seen are not as attractive as they once were. We're seeing money sometimes deferred by six or seven years, and some of the proceeds deferred by 40% or even 50% in some extreme cases, depending on the reliance on the principal and the perceived risk of the patient transfer. We're also seeing people taking a slightly lower offer attached to more favourable deal terms.

We've also noticed people approaching the independent market for their large practices. Independents will generally be more flexible on post-sale deal terms. They might pay all or most of the money upfront, and there have been some pretty sizable deals. These have been bank-funded deals with practices being sold to independents and groups rather than opting for a less favourable overall deal to a corporate.



### ASSOCIATES ARE BECOMING increasingly IMPORTANT IN THE CONTEXT OF DEALS

**Les:** That's an interesting change and bodes well for independents. However, a major concern now in dentistry as a whole is retaining staff, retaining associates and dealing with their self-employed status. How has that impacted the market?

Tom: It's huge.

We've seen a massive impact from that, particularly with the corporates. We completed a deal just before Christmas, and we were taken aback by the fact that this particular corporate would not complete on the deal unless they had a signature from every single self-employed member of staff. We knew that they'd always had an eye on it, and if certain key staff members left, it could jeopardise a deal. But we'd never had a deal where it was a case of 'until we have every single signature, we're not doing the deal'.

So, buyers are clearly very spooked about the associate side of things.

We dealt with another sale where the buyer didn't want the associate, but the associate hadn't signed an associate agreement. So, there weren't any valid and binding restrictive covenants to prevent that associate from going and setting up next door.

In the end, the seller incentivised the associate to sign on with the buyer and then that associate served three months' notice and left anyway.

So, associates are becoming increasingly important in the context of deals.

And yes, it can be a problem if you have an associate who is massively important to the practice, particularly if they realise that themself.

We've had an example of an associate realising how important they are to the practice sale and asking what's in it for them.

Buyers are now more cautious and look to ensure key staff members stay

with the practice. We've seen things such as golden handshakes to entice them to do so.

Also, a lot of the buyers have more business acumen than previously and are willing to invest in the correct process and making sure that's in place at the very beginning.

That means having properly drafted associate agreements, staff contracts, ensuring that the legal process at the point of sale is there and properly dealt with for the employees who will transfer on their existing terms and conditions.

Buyers are meeting that challenge head on and they're doing so by availing themselves of the correct advice. All this gives them a fighting chance of retaining good staff.

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# The duty of care to LGBTQ+ patients

Andrew Gilliver discusses supporting LGBTQ+ patients and staff, including how to ask the right questions and potential challenges



f course, dentists have a duty of care to all their patients, but sometimes there are things that we don't know about our patients that they might feel could be a barrier to them receiving the care they need. This is something that is particularly prevalent in the LGBTQ+ community, where there are already so many barriers to accessing healthcare services.

Many LGBTQ+ patients often delay engaging with healthcare providers due to either current or past concerns or negative experiences they may have had. This means that there is likely to be a reduced access to healthcare for many in this community and an unwillingness (or circumstances that may prevent patients) from being open with their healthcare provider.

The less we know about a patient, the less we are likely to consider their needs and services won't improve. However, we can make sure that we try to end this negative cycle in our own clinics by simply being

Andrew Gilliver

Andrew is a Pride in Practice coordinator at LGBT Foundation.

more aware of the needs of our patients who are part of the LGBTQ+ community.

It is important that dental patients feel comfortable with the person that is treating them. LGBTQ+ patients need to feel that they are in a safe place where, if they choose, they can disclose information about their trans status, gender history and sexual orientation.

### ASKING THE QUESTION

It is up to the practice to ask these questions as part of basic demographic monitoring information – not to rely on patients to volunteer their sexual orientation or gender identity first. A patient needs to know why you are asking and recording this information and that it is confidential.

Dental staff should be aware that these questions are as important as any other information collected, and they should be confident to explain why they are asking. If a patient does not want to disclose this information it is entirely their prerogative, but it would be a mistake not to ask and simply assume someone's identity – or, even worse, think it is not relevant.

To know that no one in the practice will make assumptions about you

simply because you are LGBTQ+ can sometimes be a deciding factor for some people on whether they even go to the dentist or not. Often, previous negative experiences of a service can dissuade many people from having any confidence at all that a service



ABC of LGBTQ+ communication for health and social care professionals

www.kcl.ac.uk/nmpc/assets/ research/projects/abc-lgbtinclusive-communication.pdf

Hidden figures: LGBT health inequalities in the UK lgbt.foundation/help/

lgbt.foundation/help/ hidden-figures-lgbt-healthinequalities-in-the-uk

Monitoring sexual orientation and trans status

Igbt.foundation/help/ monitoring-sexual-orientationand-trans-status

Pride in Practice Igbt.foundation/pride-inpractice-for-healthcareprofessionals is inclusive, non-judgemental and confidential.

As a dentist, your role is to bring up anything you can see that affects a patient's oral health. You have to give people the option to be honest with you. Your patient has to choose whether or not to be honest with you, but at least you asked.

Challenges to be aware of:

- Many LGBTQ+ people worry about whether a service is accepting of LGBTQ+ people and are concerned that their health needs won't be
- Being unable to share their sexual orientation, gender, and trans status on registration forms
- Fear that personal information won't be kept confidential
- Assumptions about their identity based on how they look/sound
- Being referred to services that don't accept or meet the needs of LGBTQ+ people.

### SUPPORTING LGBTQ+ STAFF

It is just as important to support LGBTQ+ colleagues. Being part of a supportive culture and thinking about how your workplace demonstrates its LGBTQ+ awareness and inclusion internally and externally really can work wonders in making sure that people are able to perform better when they feel able to be themselves.

However, just because a member of the team may be part of the LGBTQ+ community, it is not appropriate to ask them to be an LGBTQ+ champion for the practice, unless they have expressed an interest in this. It's therefore important to empower all of the team to be allies to the LGBTQ+ community.

An LGBTQ+ ally is someone who is not LGBTQ+ but supports LGBTQ+ people by:

### **Pride in Practice**

get in touch with LGBT Foundation. As part of the Pride in Practice primary care training programme, LGBT Foundation is available to support dental services and has become increasingly aware of the importance of sharing support for LGBTQ+ people around their oral health. In addition, it has become increasingly important for LGBT Foundation to be able to develop its support for healthcare professionals who provide comprehensive

LGBT Foundation has been delighted to work with variou dental practices throughout Greater Manchester and a number of services throughout north west England already to develop its own learning and tailor its training and support to include areas of healthcare that may often be overlooked, and until very recently may not have paid due



- Avoiding assumptions and using open and inclusive language
- Listening to trans and nonbinary people
- Creating welcoming spaces with visible inclusivity
- Giving people opportunities to tell you about their identities through effective sexual orientation and trans status monitoring
- Signposting to LGBTQ+ specific services and mainstream services.

### A CHECKLIST FOR INCLUSION

- Are your online and physical practice environments visibly inclusive?
- · Can patients share their sexual

orientation, gender identity and trans status during registration?

- Can you confidently use open and inclusive language?
- Is this data being used to improve patient experiences and outcomes?
- Are you confident to signpost to LGBTQ+ support services?

For anyone working in the area of dental health who is interested in developing support for LGBTQ+ patients, get in touch with LGBT Foundation at pip@lgbt.foundation.

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### Master performance reviews

In the first of a three-part series, **Pat Langley** shares advice on applying a consistent approach to appraisals

erformance reviews (also known as appraisals) have long been considered an essential part of good HR management.

By applying a consistent approach to the performance review in practice, you will create a culture of trust and transparency within your team fostered by good communication and a genuine desire to give your team members a

Some of the benefits of carrying out regular performance reviews include:

- Employees will feel recognised and appreciated: by investing the time and energy to create and implement a robust performance review system, you will demonstrate to the team your commitment to their development and wellbeing
- Nurture good behaviours: a performance review enables managers to highlight and focus on good behaviours. It will ensure that people who perform will continue to grow. It allows managers to spot talent and develop the full potential of each team member
- Staff retention: good performance management systems inevitably lead to greater levels of staff retention. Individuals are given the opportunity for progression within the business and clear goal setting means that team members are challenged and given room for growth and to improve their own skill set and, in turn, that of the entire team
- Correct underperformance: while performance reviews should mostly focus on the positive and people's



### **Pat Langley**

Pat is a dentist and founder and chief executive of Apolline, Apolline provides a complete end-to-end dental compliance management solution.

strengths, there is the obvious opportunity to deal with any 'niggles' when it comes to underperformance. However, when handled well, even the most difficult conversation can lead to a positive outcome for all involved.

### THE SYSTEM

Instead of thinking of a performance review as a 'one-off' act, you should consider implementing a range of activities that contribute to a 'performance management system' that will enable you to take a more rounded and thorough approach to performance management.

There is no point in carrying out an annual appraisal with team members if goals, actions and behaviours are not consistently monitored, reviewed or followed up. After all, an annual appraisal is only a snapshot in time, actions (both positive and negative) during the prior year may be overlooked.

A good performance management system will engage a variety of activities with the aim of developing each team member, and therefore the whole team, to their fullest potential.

A performance management system requires:

- An annual performance meeting or 360-degree appraisal: this is usually in the form of a one- to two-hour focused meeting, with a detailed and specific agenda designed to take an umbrella view of the performance of the employee in that given year. An opportunity to give feedback and set goals for the year ahead
- A six-monthly review: this is a short meeting, usually around 45 minutes, designed to review progression of the personal development plan (PDP) and to ensure team members are on track to meet their goals. It also provides the

- opportunity to make any changes to the PDP if required
- Monthly one-to-ones: this is a short (10-20 minutes), informal monthly meeting that takes place to highlight current achievements, opportunities and any barriers. An opportunity to deal with any 'issues of the moment' and to 'check-in' with team members in order to monitor workplace stress and wellbeing
- A PDP: all GDC registrants are required to have a PDP plan in line with enhanced CPD requirements. A good PDP will:
  - Identify training needs and gaps in current skill set
  - Create clear goals and timeframes for the year ahead
  - Ensure that planned training and development is focused and based on strengths, weaknesses, opportunities and threats (SWOT)
  - Offer the opportunity for selfreflection and review
- A robust resource strategy: this will encourage you to consider how changes to your team (such as staff loss, maternity/paternity leave and staff sickness) will be addressed, helping you prepare a plan for them
- A team skill set matrix: this simple spreadsheet gives you a snapshot view of the current skill and competencies of your team. It enables you to plan for development, progression and growth.

These steps can help ensure that you can make the most out of performance reviews, helping your staff and practice to thrive

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PRIVATE DENTISTRY

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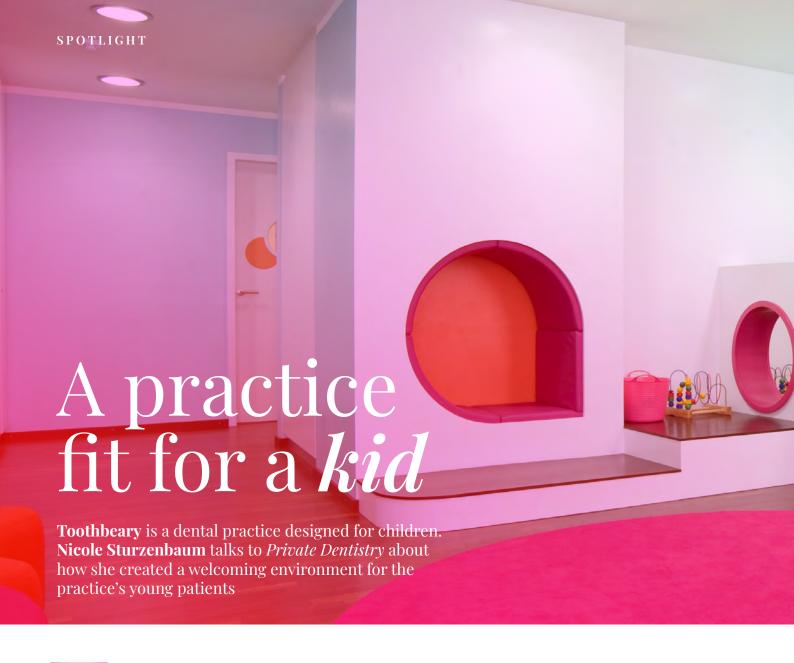


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ell us about Toothbeary
and the ideas behind it
A traditional dental
practice is designed for
adults and not children.
This notion is in stark contrast to
Toothbeary's vision of creating a

This notion is in stark contrast to Toothbeary's vision of creating a practice that caters exclusively for children and their parents/caretakers.

Our concept goes beyond standard dentistry and incorporates advanced techniques combining German, English and American approaches. Many facets needed to be considered to recreate the look and feel, resembling a reassuring, safe place rather than a brash dental practice.



### Nicole Sturzenbaum

Nicole is the principal dentist and director of Toothbeary, a paediatric dental practice in Twickenham, London, which she opened in 2008.

Most importantly, the design took the child's perception and perspective into account. For example, we selected a calming colour scheme, comprising only soft shades of pink, blue, and yellow. A child's space requirement differs to the standard space optimisation formulas of an adult practice.

Children embrace and explore space in ways that differ to adults, and space confinement of a new environment can induce anxiety, which should not be underestimated.

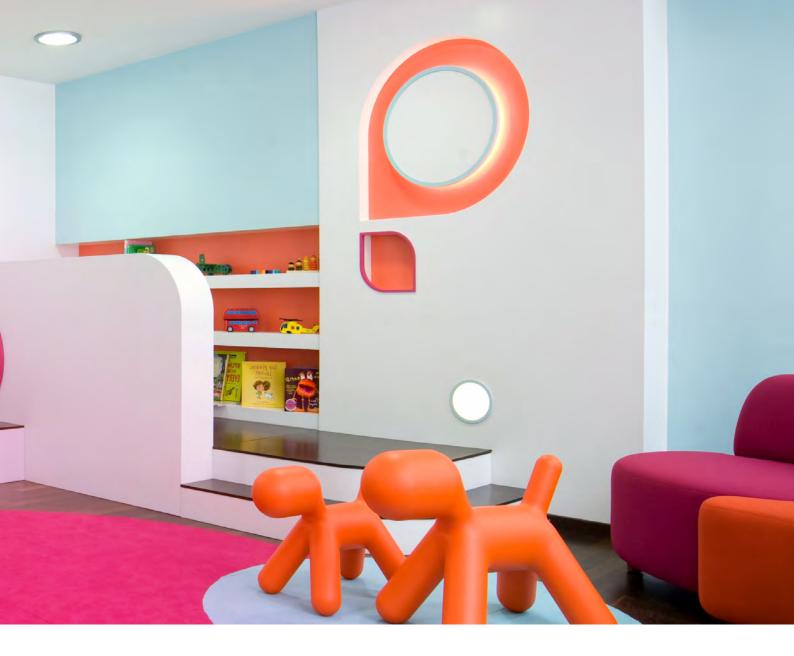
Toothbeary's footprint was therefore designed to include a large open plan play area with age-appropriate toys. We also reduced the height of the reception desk to allow the child to look over it, and to be welcomed by the friendly smiles of our reception team – after all, first impressions count!

Likewise, our toilets are smaller and mounted lower.

However, some major differences to a standard practice are, in fact, hidden. For example, the treatment rooms have flat benches that don't resemble dental chairs, and all dental instruments (including the drills) are invisible to our patients. When children lie on our specialist benches, they are instantaneously distracted by the cartoons playing on the ceiling-mounted television and enter a state of relaxation.

The process of acclimatisation is critical and can't be rushed. Often, parents first hope that treatment can commence immediately (to get it over with) but soon realise that our step-by-step approach is designed to reduce fear and often even cures past trauma.

In fact, this works so well that many youngsters in their early 20s have remained patients and travel from afar to return to Toothbeary for their regular check-ups!



### CHILDREN EMBRACE AND explore space

IN WAYS THAT
DIFFER TO ADULTS,
AND SPACE
CONFINEMENT
OF A NEW
ENVIRONMENT CAN
INDUCE ANXIETY

### HOW DID YOU SET UP THE PRACTICE?

Back in 2006/7, during the planning phase of the practice, I first searched for a suitable location that is preferred by families, and I didn't have to look far – Richmond ticked all the boxes.

Then I had to find a fitting property in terms of size, adaptability and feel. In the end, we picked an exoffice building. It required planning permission for change of use, which eventually was granted. This took over a year. Thanks to Gary Bettis from design studio DDPC, we were able to convert our concept ideas into reality.

But I should mention that everything was bought and brought over from Germany: the flooring, the windows, the dental chairs, the cupboards – absolutely everything. This part of the project was a real *Grand Design* experience! My approach might have been more costly, but I knew that only the highest quality material and craftsmanship would ensure that the practice can endure the thousands of children that step through Toothbeary's doors.

### WHAT ADVICE WOULD YOU HAVE FOR OTHER PRACTICES HOPING TO IMPROVE THEIR OFFERING FOR CHILDREN?

The UK is home to many well-trained specialist paediatric dentists.

However, most work in hospitals or community centres under an NHS contract, only a few work in private practices. Those colleagues that do typically attend traditional dental practices designed for adults and often only a few days a week.

This concept works well but differs to the bespoke and personalised child-centred treatment options we are able to offer.



### Step inside...

### THE PRACTICE

358a Richmond Road East Twickenham Greater London TW1 2DU

### TELEPHONE

020 8831 6870

### **EMAIL**

info@toothbeary.co.uk

Considering a mixed practice scenario, I would always create a dedicated area for children, not just a niche in the waiting room. If space is at a premium, you can still use this area for adults, but it should retain a vibe that appeals to children.

Children are very observant and sensory, therefore, position this space furthest away from any drilling noise. Also, always give yourself ample time for a detailed initial consultation. Don't underestimate the inner psyche of a seemingly confident and happy child, often they mask their anxiety. For this reason, if medically justified, avoid treatment on the first visit. Use this first appointment to establish a good relationship.

Of course, in an ideal world, children should never have to encounter tooth decay. But, if they do, then any treatment should remain a positive adventure towards retaining the best oral health - the ultimate path towards a happy and healthy smile!





SEPTEMBER 2024

68 PRIVATE DENTISTRY



### Introducing GC's revolutionary Composite Duo

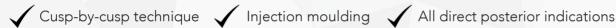
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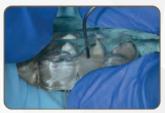


Transform the way you work! Your perfect partner for the injection moulding technique! G-ænial Universal Injectable is a universal restorative composite displaying exceptional strength & resistance for long-lasting aesthetic restorations.











about 3 years. Both materials set the gold standard for the injection moulding technique as well as other applications. Exaclear silicone is as clear as glass! GUI has struck a perfect balance between viscosity and physical properties. There is no way you will try GUI and not use it again.





Courtesy of Dr M. Peumans, Belgium

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Courtesy of Dr J. Tapia Guadix, Spain



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### Meet the judges

The Private Dentistry Awards 2024 comes to London on 8 November. Let's meet the expert team who will decide this year's winners

he Private Dentistry Awards is just around the corner, with hundreds set to come to London's grand Grosvenor House Hotel to celebrate some of the best in the profession. We hope you'll join us for what promises to be an amazing evening.

The deadline for entries is 11 September, and after that, it's over to our esteemed panel of judges to decide on who will be bringing home the awards from this year's ceremony. Let's meet them...

### David Houston, judging chairman

three decades.

David has been the chairman of the Private Dentistry Awards since its inception. In this role, he has helped steer and celebrate - the development of independent practice in the UK across

David was the principal of Houston Dental Care for almost 30 years, building the practice up to become one of the biggest providers of dentistry in the UK until his retirement from clinical practice in 2019.

### Zainab Al-Mukhtar

Zainab aualified as a dentist in 2010. She was awarded Membership of the Faculty of Dental Surgery from the Royal College of Surgeons of Edinburgh and Membership of the Joint Dental Faculties of the Royal College of Surgeons of England in 2013. Zainab co-owns the award-winning clinic Harrow On The Hill Dental and Facial Aesthetics in north London.

### **Martin Attariani**

Martin is a highly qualified and experienced dentist, known for his expertise in digital dentistry. He holds a master's degree in combined specialist practice of restorative aesthetic dentistry and implantology and is a visiting lecturer at ICE Postgraduate Dental Institute and Hospital.

### **Angela Auluck**

Angela is the director of Dental Rooms, a multispecialist practice in Wimbledon Village, and winner of 12 Private Dentistry Awards over the past three years. Her main clinical interest is the use of invisible braces. She

has a keen interest in postgraduate education and is senior clinical lecturer on the clear aligner diploma.

### **Simran Bains**

Simran is the chair of the British Academy of Cosmetic Dentistry Young Membership Committee and the secretary of the College of Dentistry West Midlands Division.

### **Linzy Baker**

Linzy is leading the way for hygienists and therapists in the facial aesthetics field. and is Level 7 qualified.

### **Avijit Banerjee**

Avijit is chair in cariology and operative dentistry, honorary consultant/ clinical lead, restorative dentistry, at the Faculty of Dentistry, Oral and Craniofacial Sciences, King's College London/Guy's and St Thomas' Hospitals Trust, London. He is honorary consultant adviser for the Office of the Chief Dental Officer.





### Key details

11 September: entry closes 8 November: awards night at the Grosvenor House Hotel, London

dentistry.co.uk/awards/ private-dentistry-awards #PDAwards24 | @dentistry.co.uk

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### **Chris Barrow**

Chris is a dental business coach. He has operated his own businesses for 33 years and has been a trainer, consultant, coach and mentor to the UK dental profession for 24 years. His own day to day work as Coach Barrow with The Extreme Business programmes is still focused on strategic coaching.

### **Claire Berry**

Claire is an award-winning hygienist, qualifying 10 years ago from the Royal College of Surgeons Edinburgh while serving in the army. She also carries out facial aesthetics. She is a key opinion leader for companies including EMS and Oral-B. Claire also writes articles for dental media.

### **Manish Bose**

Manish became the owner of Ikon Dental Specialists in 2011. He is a specialist in periodontology and an accredited member of the European Federation of Periodontology.

He now devotes his time between his own specialist private practice and teaching commitments.

### Bhavna Doshi

Bhavna is CEO of Dental Wealth Builder. She has worked as a practising dentist, principal to multiple awardwinning practices (in dentistry and healthcare), a business coach and mentor, director for the Perfect Smile Advanced Training Institute, an international keynote speaker and author of the leading bestseller Lead to Grow.

### Rahul Doshi

Rahul has lectured on interdisciplinary comprehensive cosmetic dentistry around the world. He was the founder of Perfect Smile Studios and founder and consultant for Dental Wealth Builder Coaching. He is the past president of the British Academy of Cosmetic Dentistry and the clinical director for Portmandentex.

### **Catherine Edney**

Cat is a dental therapist with a passion for multidisciplinary team working. She founded The Modern Therapist – a training brand dedicated to putting therapy into practice: providing training and support to dental therapists and dental practice teams

his wife Lydia, founded Myface dentistry and facial aesthetics in Cheltenham and is the principal dentist. He is a full member of the British Academy of Cosmetic Dentistry and chairman and facial aesthetics trainer and lecturer at CODE.

### **Mark Hughes**

Mark has cemented a formidable reputation as a global cosmetic and restorative dentistry luminary. Over his more than 30-year career, he has founded ten successful dental practices, including several on London's Harley Street, where he now practices with Harley Street Dental Studio. Outside the capital, Mark is the founder of Canon House Clinic.

### Ahmed Hussain

Ahmed's clinical and research interests include smile aesthetics, treatment of advanced tooth wear and shortterm orthodontics. He is an Elite Apex Invisalign provider and has been shortlisted as a finalist for the Best Young Dentist and the Aesthetic Dentistry Awards. He is a principal dentist at Harrow on the Hill Dental and Facial Aesthetics.

### **Luke Hutchings**

Luke has spent the past eight years in private practice in Hampshire. His particular interests lie in minimally invasive cosmetic dentistry. Luke sits on the board of directors and education committee for the British Academy of Cosmetic Dentistry, Luke has been a finalist in the Aesthetic Dentistry Awards six times and has won twice.

### Rachel Jackson

Rachel is practice principal at Superior Smiles. She began her career as a dental receptionist in 2004 before she became a qualified dental nurse in 2007 and then a lead dental nurse, practice manager, business manager and now practice owner.

### Neel Jaiswal

Neel is principal dentist at Neel Dentistry in Hertfordshire. He has a Certificate in Surgical Implantology at the Eastman Dental Institute and has also attained a Masterclass Certificate in Facial Aesthetics at the Royal College of Surgeons. He is the UK director of The Dentinal Tubules Study clubs and co-founded the British Academy of Microscope Dentistry.



### James Goolnik

James was previously president of the British Academy of Cosmetic Dentistry. He lectures worldwide on the mouth-body connection. In 2024, he was voted one of the 50 most influential people in dentistry. He has written several books and is a member of the International Academy of Oral Medicine and Toxicology.









### Zaki Kanaan

Zaki is a well-known and highly respected UK dentist and the only dentist to have been president of both the Association of Dental Implantology and the British Academy of Cosmetic Dentistry.

### Sheila Li

Sheila is a multi-awardwinning cosmetic dentist with a special interest in aesthetic medicine. She qualified as a dentist from King's College London and holds a first-class honours degree in biomedical sciences. She has also been awarded a master's in aesthetic medicine from Queen Mary University of London.

### **Joe Lovett**

Joe is the owner of Catalyst Sales and Marketing and the founder of the Fast Tracking Your Future event.



Alif is a principal, implant dentist, lecturer, author, award winner and proud judge of the Dentistry Awards and Private Dentistry Awards.

### **Shakir Mughal**

Shakir qualified from King's College London, and has since completed advanced cosmetic and orthodontic dental training all over the UK, including the renowned Harley Street, as well as Europe and the United States. His main passion and expertise lie in improving patients' smiles with invisible braces, such as Invisalign clear aligners.

### **Claire Nightingale**

Claire is a multiple award-winning specialist orthodontist. She has won Best Practice UK at the Dentistry Awards 2020 as well as Best Team London (2023) and Best Principal London (2022) at the Private Dentistry Awards. She is a consultant orthodontist at Watford General Hospital and principal orthodontist at Queen's Gate Orthodontics, London.

### **Maria Papavergos**

Maria is a general dentist and practising yoga instructor with over 10 years of clinical experience in private dentistry and a special interest in nutrition. She founded The Lifestyle

Dentist to help spread her preventive philosophy and lifestyle-centred approach to oral health.

### Kreena Patel

Kreena is a specialist in endodontics. She taught on the specialist endodontics programme at Guy's Dental Hospital (King's College London) as a senior clinical teacher between 2016 and 2021. Kreena works at Brigstock Dental Practice in south London and Oaktree Dental Practice in Berkshire.

### **Manrina Rhode**

Manrina owns DRMR Clinic in London and runs cosmetic dental courses from her training facility there.

### **Ashish Soneji**

Ash has won numerous Aesthetic Dentistry Awards, published many articles and lectured nationally and internationally. He is also a key opinion leader for many companies. In 2018, he won Best Young Dentist South West. Last year, he was awarded Best Young Aesthetic Dentist.







### **Vinnie Thandi**

Vinnie is a private practice owner with a special interest in digital and cosmetic dentistry.



### **Ads Thanki**

Ads is clinical dental director of the Ace Dental Group, Beyu clinic and Until. He was co-founder of Pärla, with the aim to educate and empower individuals to make conscious choices for their oral care through positive sustainable change.



Mark helps owners and managers to build meaningful, fulfilling places to work. Mark's mission is all about building working environments with strong values and a clear sense of purpose so that teams are aligned, energised and great to work with.

### Deepa Vakil

Deepa is clinical director of the multi-award-winning
Yor Dental clinic. She leads a passionate team to craft beautiful smiles while embracing both the drive and the journey.

### Mike Watts

Michael became principal dentist at Selbourne Dental
Care in 1998. He has a special interest in dental implants and cosmetic dentistry. He is especially good at treating nervous patients using several different techniques.

### **Marcos White**

Marcos is an international speaker on digital workflows. He is recognised as one of the UK's most prominent opinion leaders for digital dentistry and intraoral scanning. He has built his own onsite digital lab, Velvet Digital, and runs the Digital Growth Program, a digital mentoring programme for driven dentists all over the world.

### Nik Sethi

Nik is one of three directors at Square Mile Dental
Centre. He has a master's in aesthetic dentistry from King's College, London, and has also completed the prestigious Membership of Advanced General Dental Surgery from the Royal College Of Surgeons. He was a finalist in the 2019 Private Dentistry Awards for Best Young Dentist London.

### Zoe Wray

Zoe qualified in 1996 with honours and clinical distinction. She gained MFGDP and then an MSc in dental implantology in 2013. She had been a practice owner and postgraduate tutor. She lectures and mentors in implant dentistry.

### Sam Jethwa

Sam is president-elect of the British Academy of Cosmetic Dentistry and founder of Bespoke Smile Advanced Dentistry and Academy, known for his porcelain veneer smile makeovers and teaching academy.

### **Amjad Malik**

Amjad is lead clinician at Improve Your Smile. He has a particular interest in implants, bite disorders and reconstructive dentistry. He is a Kois mentor and has been an honorary lecturer at the Royal London Hospital. For many years he was a senior UK clinical instructor for the Rosenthal Institute's Aesthetic Advantage course in London and New York.

### Jas Gill

Jas bought Moonlight
Dental Surgery in Slough in
2006. In 2012, he became
accredited to provide Six Month Smiles
treatment and soon became a clinical
instructor. In 2015, he began providing
Invisalign aligner treatment and is an
award-winning provider.





# PRIVATE

DENTISTRY AWARDS 2024

### Key details

11 September: entry closes 8 November: awards night at the Grosvenor House Hotel, London dentistry.co.uk/awards/ private-dentistry-awards #PDAwards24 | @dentistry.co.uk

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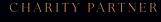


























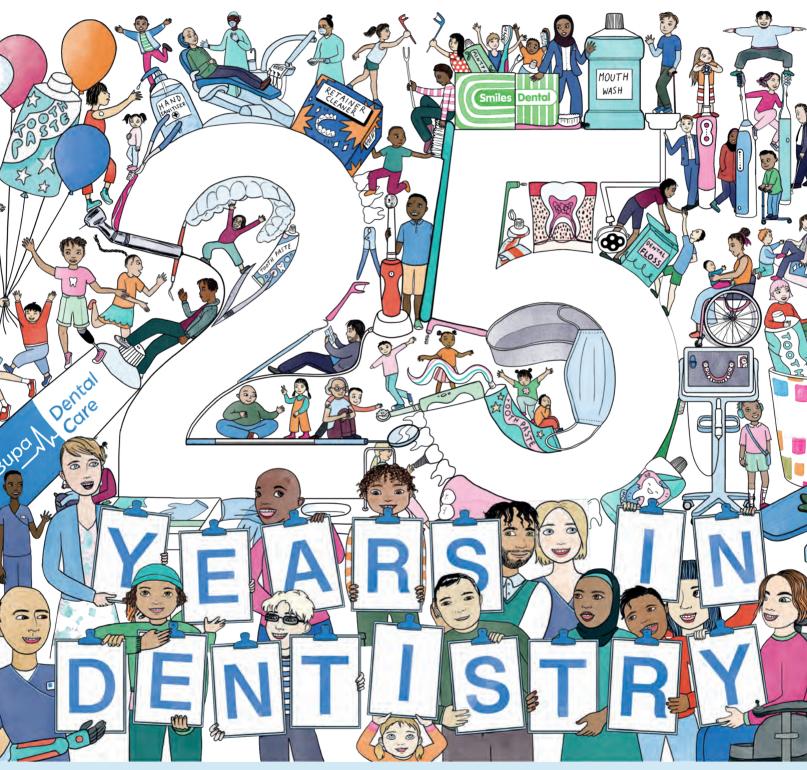






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# Dental Practice Accelerator: the advice

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

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

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

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

### THE BEGINNING

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

Recruitment and retention were the next things

we started working on, such as selecting the right people - not just based on experience and skills but really looking at whether these people were a good fit for the practice and the team. We have placed a lot more focus on the soft skills, such as patient communication, because the patient journey is a key part of our vision, so

every member of our team needs to be DENTAL PRACTICE
ACCELERATOR aligned with this. The third thing was about working on our sales skills. How

> could we integrate digital workflows and systems to increase sales and educate our patients? This also tied in with our vision because it came back to how we wanted to operate and how we wanted patients to view us. We believe that if we can provide the best patient experience then we are able to position ourselves differently.

align



PRIVATE DENTISTRY SEPTEMBER 2024 While we are a private practice, we realised we were in quite a scarcity mindset, so we intentionally shifted our focus in order to give our patients a better quality of service.

### THE CHALLENGES

One of the biggest challenges I faced coming into this was that we had quite an established team who had always done things in a particular way.

We had to shift them towards our new ways of working and make sure we had team members who were on board with our vision and wanted to grow the business with us.

The mentors have really helped me to make sure I had the team who really were going to be supportive of me for the future.

The weakness in our practice when we started the Dental Practice Accelerator journey was that I was wearing a lot of hats. So, we began by differentiating everyone's roles within the practice and creating complete clarity of what everyone is responsible for. The next step was to work closely with Justin on leadership and how to hold the team accountable and

responsible for their roles, supporting them to do what is required of them rather than just taking the work back on myself, which is what I used to default to.

### **KEY CHANGES**

The first change we made was to our systems and workflows. There was a lot of reliance of individuals, meaning that we had no proper system. So we started out by documenting everything and creating clear processes to introduce some consistency to the practice.

My brother, Daniel, has now also joined me at the practice. He has integrated a really great customer relationship management (CRM) system so that we can follow patients through the entire pipeline.

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

We have introduced treatment coordination for every patient who has an open treatment plan. There are multiple contact stages, which keeps them within our pipeline to make sure they complete their treatment.

We also introduced a task management system so that the team has better communication, and we can see what everyone is doing and provide support where required.

Justin has been working with me to refine my leadership skills, and while there is still a lot to learn, it's really helped me with engaging the team, selling the vision and getting them on board to help us grow the practice.

One of the things that I loved early on was the discussion with Justin about growth mindset, which means that although we might not be where

HAVING A GROWTH MINDSET HAS REALLY HELPED ME TO GET TO WHERE I AM TODAY AND, I HAVE TO SAY, I AM PROUD OF MYSELF



we want to be right now, we have to believe that we will be there

Clinical excellence is, of course, crucial to us. We are very fortunate to be surrounded by brilliant clinicians in our practice, so we needed to understand how we could support that. With this in mind, Daniel and I have been attending lots of industry events and encouraging our clinical team to go on courses to bring back and implement that education into the practice.

We have also started to utilise our Itero scanner as an educational tool to show patients about their oral health, rather than just telling them about it.

### THE MOST VALUABLE CHANGE

We are now in a strong position with the team. It took a lot of effort and there were many hurdles, but I am proud of the team we have now. Everyone is incredible.

For me, we can have all the right systems in place, but if we don't have the right team, it's never going to work.

I think that's been the biggest takeaway – you must surround yourself with the right people.

### **BIGGEST SURPRISES**

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

Daniel Saleem adds: 'By attending the Mismile conference and Invisalign Live events, I discovered that there is a whole industry of people with the same goals and ambitions who are willing to help you. They have different levels of expertise, and they are all people that you can learn from – this Dental Practice Accelerator programme has really opened that up to us.

The CRM system that I have created was inspired by a young dentist that I met at the Invisalign Live conference. He showed me his own system, and from that it gave me a baseline of what I need to put in place. I was really taken aback at how open and generous he was.

'It's about understanding that there are enough patients for everyone, so rather than competing we should be sharing our expertise and collaborating where we can to lift each other along the way.'

### ADVICE FOR OTHERS

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

For Hannan, it's all about getting yourself out there. His advice is: 'Network, network, network. Get to know people and immerse yourself in the dental community. Everyone is so welcoming and helpful. In addition, while it was daunting

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

### THE MENTORS AND THE FUTURE

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

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

Justin Leigh, founder of Focus4growth, says: 'I can see so much potential here, it's really exciting for us as mentors and I think you have a really exciting future ahead.'

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





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# Practice Plan expands its dental groups support team

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

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

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

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

'Although I've enjoyed learning new things and widening my experience, nowhere's ever really felt like home like Practice Plan Group does,' James admits. 'I went out to look at the wider world and I've done some great things, but I just felt like I belonged back here in Practice Plan.

This has proven to be the right choice for me, and I have really appreciated the

warm welcome I've received from the whole team.'

Eager to get back in the saddle as soon as possible and get to know existing clients, he's already been visiting some of them. I am keen to get up to speed and supporting practices as quickly as I can,' he says. I want to get back into the practice environment, so that I can understand it, pick up on what's changed and refresh myself.

'I thrived in the dental sector previously, undertaking a similar role at Medenta. This involved gaining a deep understanding of the unique challenges dental practices face. By doing this, I could offer effective solutions. So, I now want to make sure that I can surpass what I had to offer previously through the experience I've gained elsewhere and my more diverse knowledge.'

As well as helping Lynne by sharing some of the existing workload, James will also be assessing whether he can be of assistance to other groups of practices as well. 'We're obviously aware of a lot of dental groups that are currently with us,' he explains. 'However, it's very likely there are others we'd look forward to

working with. Part of



the work I did in my last role for a tax consultancy firm.'

Although he will be looking for new opportunities for Practice Plan, James's primary focus will also be on supporting existing clients. I will be asking our group customers how we can better support them. What do they need? And how do we help them grow? There may be some customers who are unaware of our proposition for groups. So, we want to make sure they're aware of how we can be of assistance to them and giving the support they require; doing what we can to help them with their business ambitions and to ensure their businesses grow. I can't wait to really get stuck into the role."

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

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

Practice Plan is the UK's leading provider of practice-branded patient membership plans, partnering with more than 2,000 dental practices and offering a wide range of business support services.

If you are interested in finding out more about how Practice Plan helps practices to become more profitable, whether you're a single practice or part of a group, call 01691 684165 or visit practiceplan.co.uk.

# Zirkonzahn's lecture tour: Southampton, Manchester and Cardiff

**Zirkonzahn** events will answer common questions about complex zirconia restorations

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

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

MDT Alessandro Cucchiaro (CAD/CAM expert, Zirkonzahn course instructor and lecturer at various events worldwide) will draw attention to technical aspects and factors that influence the final result of a zirconia restoration. By showing a real complex case restoration, he will illustrate the challenges faced during each workflow step, from patient diagnostics to characterisation, providing keys to overcome them successfully. Special attention will be given to impression-taking, occlusion registration, passivity check and correct material selection. The process of creating high-end, predictable zirconia solutions also involves a well-established communication between dental technicians, clinicians and surgeons.

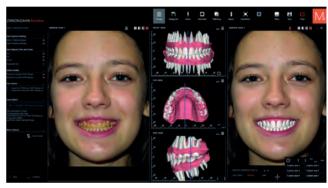
For this reason, the lecturer will also focus on the latest digital diagnostic devices – a key aspect for improving communication within the treatment team.



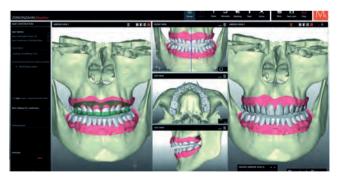
### Human Zirconium Technology

To register, scan the QR code, visit www.zirkonzahn.com (events section), call the Zirkonzahn UK team on +39 474 066 680 or email carmen.ausserhofer@zirkonzahn.com or jasmin.oberstaller@zirkonzahn.com.





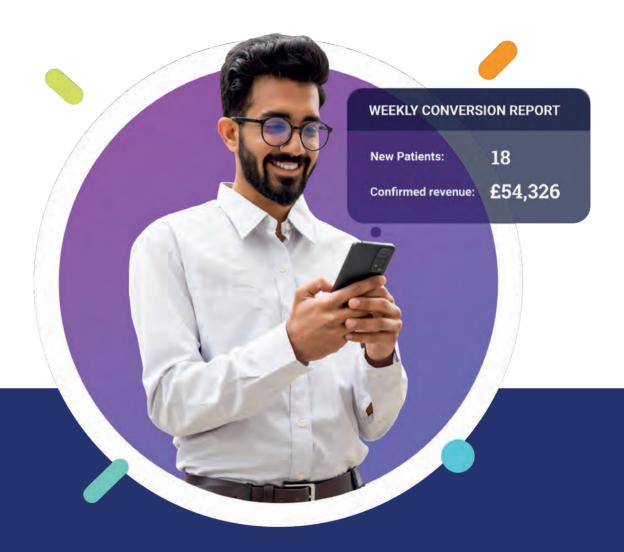
The lecture will focus on a complex restoration 100% digitally created, starting from diagnostic analysis and complete 3D virtual reproduction of the patient's oral and extraoral anatomy without loss of information: initial situation (left) and first digital tooth setup (right)





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

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# Miracle shade matching

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Trycare Ltd is UK distributor of Tokuyama Dental's range of spherical composites, including Estelite Sigma Quick.

Featuring Tokuyama's patented RAP monomer and aesthetic spherical filler technology, Estelite Sigma Quick delivers an extended working time in ambient light yet cures in only 10 seconds!



There is also less residual monomer and minimal after cure colour change for long-term aesthetic satisfaction.

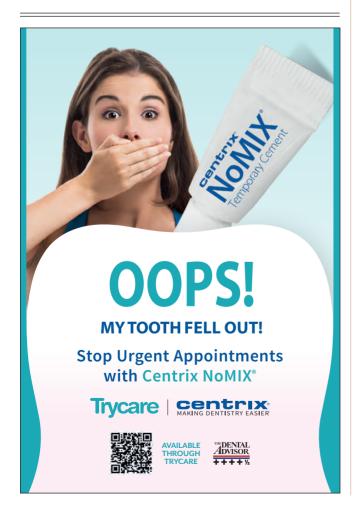
In addition, Estelite Sigma Quick offers miracle shade matching! Because of its spherical filler particles, it offers inherent shade mimicking so that, in most cases, just one shade will blend perfectly with the natural teeth, leaving invisible margins and undetectable restorations. These spherical fillers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

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

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

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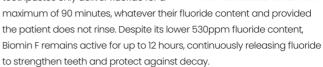
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Available from Trycare, Biomin F contains tiny bioglass particles made up of fluoro calcium phosphosilicate bioactive glass, which bonds to teeth and enters the dentinal tubules, where they gradually dissolve for up to 12 hours, slowly releasing calcium, 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.

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



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All Tecnoss Osteobiol products contain a dual-phase resorbable bone matrix incorporating both mineral component and collagen. Unlike ceramised first generation materials, which are never completely replaced by newly formed bone, dual-phase biomaterials do resorb progressively and are replaced by adequate new vital bone. Handling like a sticky putty, Osteobiol GTO is Tecnoss's state-of-the-art, ready-to-use pre-hydrated biomaterial that can be easily dispensed into defect sites direct from the syringe. It enables clinicians to skip the hydration phase with saline or blood, saving time and decreasing the risk of accidental exposure to pathogens.

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# **Tempit: still going strong!**Trycare

Just as permanent restorations demand specific materials for different applications, temporary restorations have different requirements for different indications.

Available exclusively from Trycare, Centrix offers three specific and proven temporary filling material formulas, providing optimal results in any clinical situation.

For endodontic access cavity sealing and short-term temporary restorations, use original Tempit, which is moisture activated and expands slightly to completely seal any cavity. Tempit-E offers all the benefits of Tempit plus it contains eugenol. It offers an anti-inflammatory and local anaesthetic effect, which helps facilitate pulpal healing. For indirect inlay and onlay restorations, Tempit L/C sets firm but remains flexible so that it can be easily removed with an instrument without the need for drilling. Setting in minutes and easy to remove when required, they are supplied in single unit dose capsules.

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### 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).

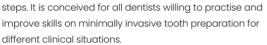
It focuses on the importance of a minimally

invasive approach to dental treatments,





combining digital and analogue workflow





Day one – 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 two - 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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process and time, and minimises risk of complications.

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

The Adinguide guided surgery system delivers effortless procedures plus accurate and predictable implant placement. It delivers everything you need in a guided surgery system.

It is a keyless system, which helps save surgery time while ensuring accurate and predictable implant placement. It features Activeflow Irrigation Technology, which delivers coolant directly to the surgical site. This helps prevent bone overheating, thereby maintaining healthy bone for optimum osteointegration and minimised risks of complications.

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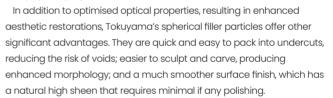
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### In a sphere of its own! **Trycare**

Tokuyama uses patented spherical filler particles of different diameters within its composite materials to maximise their optical and physical properties for the desired indication.



Tokuyama's development of spherical filler particles has culminated in Omnichroma, a colourless universal composite that matches every tooth colour no matter what the shade.

Omnichroma Flow Bulk is a low viscosity composite that can be placed in 3.5mm increments. Like the other Omnichroma materials, it delivers unprecedented colour matching, high polishability and stain resistance. It also has low polymerization shrinkage.

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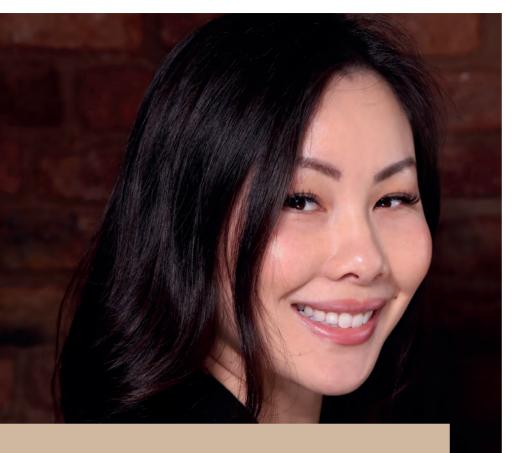


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# IN THE HOT SEAT

This month, **Angela Ly**, principal dentist at Your Smile Clinic in Manchester, answers our quickfire questions

# When and where was your last meal out?

Ca Phe Viet, a tiny family-run café inside a grocery store that serves delicious authentic Vietnamese food. My go-to place if I fancy pho.



Who would play you in the movie of your life?

Scarlett Johansson (if you know, you know!).



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

A Choose not to waste time worrying about things you can't control.

# What's your guilty pleasure?

I rarely drink fizzy drinks, but sometimes you can't beat a full fat Coca Cola with ice and a slice of lemon on a hot day.

# What was the last gift you gave/received?

I actually received a sketchbook and pencils randomly in the post from a signage company that had seen that I liked to draw.

# Describe your perfect holiday...

A No flight delays, anywhere scenic – mountains, lakes, waterfalls.

Good food and good company.

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

A La La Land is a film that I can watch over and over again.

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

Anything with a good beat, no cheese. Currently loving Chihiro by Billie Eilish.

# What keeps you up at night?

Not much. I sleep as soon as my head hits the pillow.

# How do you unwind?

I love going to yoga and to relax in the spa.

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

Finally finish my house renovation! And go on a few holidays with family and friends.

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

A photo of my bunnies, of course.

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