October 2024

Dentistry

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October 2024

Dentistry

URGENT ACTION NEEDED, DARZI TELLS NHS

'No quick fixes'
What do healthcare leaders think about the findings? Read more on p13

'There are enough dentists in England, just not enough dentists willing to do enough NHS work,' writes Lord Ara Darzi in his report into the state of the NHS.

Lord Darzi's independent investigation into the state of the NHS, published last month (12 September), concludes the service is in a 'critical condition'.

Looking at investment, quality of care and the nation's health, the report identifies serious and widespread problems for people accessing services.

However, prime minister Keir Starmer has insisted the NHS 'may be broken, but it's not beaten'.

Dentistry 'still recovering'

The report draws clear conclusions on the impact of COVID-19 and performance.

It states: 'Good dental health is essential for adults and children alike. Yet only about 30% and 40% of NHS dental practices are accepting new child and adult registrations respectively.

'There are wide variations in the number of NHS dentists per population in different areas of the country. Rural and coastal communities particularly lack access to NHS dentistry.

'Dental access was particularly badly hit by the COVID-19 pandemic and is still recovering. If dentistry is to continue as a core NHS service, urgent action is needed to develop a contract that balances activity and prevention, is attractive to dentists and rewards those dentists who practice in less served areas.

'There are enough dentists in England, just not enough dentists willing to do enough NHS work, which impacts provision for the poorest in society.'

Quality 'gone backwards'

Lord Darzi said: 'Although I have worked in the NHS for more than 30 years, I have been shocked by what I have found during this investigation – not just in the health service but in the state of the nation's health.

'We want to deliver high quality care for all but far too many people are waiting for too long and in too many clinical areas, quality of care has gone backwards.

'My colleagues in the NHS are working harder than ever but our productivity has fallen.

'We get caught up frantically trying to find beds that have been axed or using IT that is outdated or trying to work out how to get things done because operational processes are overwhelmed. It sucks the joy from our work – we became clinicians to help patients get better, not to go into battle with a broken system.'

Shawn Charlwood is chair of the British Dental Association's General Dental Practice Committee. He said: 'Lord Darzi has reached the same conclusion as select committees, think tanks and this profession.

'Past governments have attempted tweaks at the margins. Saving NHS dentistry means fixing a broken contract.'

Lord Ara Darzi is director of the Institute of Global Health Innovation at Imperial College, London and an honorary consultant surgeon at Imperial College Hospital NHS Trust.

Profession backs improvement for overseas registrations

The General Dental Council (GDC) has published the outcome of its call for evidence on the structure and operation of the overseas registration examination (ORE).

Having reviewed the feedback, the GDC reports that the responses did not identify a 'significant demand for immediate structural changes' to the ORE.

However, it did reveal 'a clear desire for improvements in the examination's availability'.

The regulator has confirmed that this feedback will guide its planning for the future development of international routes to registration.

In particular, it will consider how to make ORE rules more flexible, such as the number of attempts and reapplication options when candidates have reached the time limit or exhausted all attempts.

The GDC will also consider introducing a practical test for internationally qualified dental hygienists and therapists, though there are 'no immediate plans' to do so.

No compromise

Stefan Czerniawski, GDC executive director of strategy, said: 'With public protection as our overriding priority, hearing about and learning from the experiences of ORE candidates and those who want to register in the UK is incredibly important to us.

'We will not compromise on the standards for entry to the UK register, but the application process should be no more burdensome than is necessary to achieve that.

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LISTEN TO THE EXPERTS: TACKLING GUM DISEASE TOGETHER

Haleon recently hosted a panel of dental experts to discuss the barriers dentists face in encouraging behaviour change for improved gum health. Led by Professor Tim Newton, President of the Oral Health Foundation, the panel explored practical strategies for motivating patients.

The experts included Rhiannon Jones, President Elect of the British Society of Dental Hygiene and Therapy; Dr. Neha Mehta, a newly qualified dentist; and Dr. Amit Rai, a general dental practitioner.*

Watch the panel videos to learn more

*The views and opinions expressed by the panel members are their own, and do not represent those of Corsodyl or Haleon plc.

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Mission statement

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

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Harsh words or home truths?

Guy Hiscott
Editor's view

The truth hurts. Sometimes, even when you're prepared for it. Case in point: Lord Ara Darzi's unflinching conclusions over the state of the NHS, which makes for reading that's as bitter as it is expected.

I've spent the weeks since its publication trying to decide whether, for me, there's any comfort in how his findings validate the anecdotes that echo ceaselessly around dental circles.

And… I think there might be. (I don't know whether it's cold comfort, confirmation basis or simply vindication, but I'm not sure it matters!)

I think the report is powerful, and necessary. I also think there's arguably little new in here that hasn't been discussed already (not least of which in this column and the pages of *Dentistry* in general).

But it's important to remember that we're not really the target audience here.

This report is for policymakers. It's the shield that Kier Starmer and Wes Streeting need to hide behind as they steer through what are likely to be difficult changes – and the sword which their reputations will stand or fall to when being judged on whether they have made a difference.

(And if I'm being cynical, it surely also presents a marvellous political football for discussion.)

But it's the official warning knell the country needs, too. Organisations like Healthwatch and the Nuffield Trust have all already had their say on these issues, with greater or lesser degrees of positivity. Their research and perspectives are enormously important in all this – but they do not have the inherent authority that comes from a report commissioned directly by the PM.

And this is the point. While we know what the issues are, it's the public that needs to understand, because the solutions – when and if they arrive – are not going to be easy.

I've seen for myself, in a previous life, how conclusively hamstrung the wider NHS is by all the great buzzwords beloved of think tanks and consultancy firms. The NHS is one of the world's biggest employers – just behind Walmart and a couple of armies, I think – but it's a fragmented, siloed organisation, held back by legacy (ie, non-digital) systems, inefficiencies and bureaucracy baked into its very structure.

It's only natural that dentistry, existing as it does on the organisational periphery of the health service, is hit by the overspill of these issues. When hospitals can't share information of related morbidities between departments effectively, what hope is there for joining up oral health to wider healthcare? It turns out there was sound reasoning behind past CDO Sara Hurley's mantra of 'putting the mouth back in the body' after all.

I am all for Lord Darzi's conclusion that 'we cannot afford not to have the NHS', and I would like to believe that his recommendations will work – or perhaps more pertinently, will even be put into play at all.

But is that a realistic hope? Or will the answer be a truth that hurts even more than the questions posed by this report in the first place?

Half of children not seeing NHS dentists

Nearly half (44.6%) of UK children have not seen an NHS dentist for over 12 months, according to new data from the House of Commons Library.

This equates to more than 5.35 million children – an increase of almost half a million since pre-pandemic data.

The House of Commons Library analysed NHS data on dentists and dental practices in each constituency, highlighting how this data has changed over time and the percentage of people that have recently seen a dentist.

Hackney was found to be one of the worst performing areas, with 62.2% not seeing an NHS dentist in the last year – nearly two in three children.

Other constituencies with the worst rates of NHS dental access for children included Herefordshire, Portsmouth, Thurrock and the Isle of Wight.

The best performing areas included the City of London with just 9% of children not seeing an NHS dentist, followed by 21.9% in Redcar and Cleveland, and 23.4% in Blackburn with Darwen.

In addition, more than half of adults (59.7%) in the UK have not seen an NHS dentist in the past year. This percentage is also higher than pre-pandemic data, with 50.6% of adults not seeing a dentist in 2019.

The worst performing areas for adults included Herefordshire, Plymouth and Tower Hamlets.

Some of best were Wigan, Sunderland and Redcar, and Cleveland.

News comment

Enough is enough

Kevin Lewis ponders the relative merits of too much, too little, and things we are told too often

Kevin Lewis | Consultant editor

Fifty years ago, the Japanese engineering and manufacturing boom was at its height in many industries and the revolutionary 'just in time' (JIT) production and supply chain concept made famous by Toyota was gaining traction. Prior to that, many companies and shops held what would now be considered ludicrously high stock levels close to the point of sale. Designed to build in a capacity sufficient to absorb sudden wide surges in demand, some dubbed this the 'just in case' (JIC) approach, but it consumed a lot of resource one way and another.

Fast forward to the modern-day economy and the landscape has changed profoundly. But the questions still arise of when enough is enough, what qualifies as being too much or too little, how you avoid it and what you can or should do about it.

The immigration debate became a key factor in the recent UK election both directly (fuelling the emergence of the Reform Party as a serious player and disruptor) and indirectly – especially in workforce discussions relating to the health, social care, agriculture and hospitality sectors, but in many others too. If you need people to do an important job and the domestic workforce is unavailable or unwilling (at the price on offer, or at all), you have an acute problem that can only be fixed in a small number of ways and probably never quickly enough. Similarly, the COVID inquiry is regularly raising questions about the wisdom of overcapacity or undercapacity at various stages, demonstrating that perhaps only Goldilocks is able to declare it 'just right'.

The report's quasi-political provenance is laid bare by what it is and is not prepared to criticise, blame or suggest as possible solutions or ways forward

Hey presto

Lord Darzi's 'Independent investigation of the NHS in England' was interesting enough, but its significance has been somewhat overstated and overplayed. It rather insults the intelligence of the UK population, and all those working in and around the NHS, that anyone – not even a highly respected national clinical treasure like Lord Darzi – could carry out or credibly 'lead' a comprehensive review of arguably the largest and most complex organisation (and by some distance the biggest employer) in England, carefully review all the evidence, reach properly informed and considered conclusions and produce a report and recommendations – all within the space of a few weeks and supposedly from scratch, on top of a day job as a busy working clinician. The 'Blue Peter' conclusion is that this report is one he made earlier, or more precisely that most of it was prepared by others many months earlier and his Lordship kindly sprinkled his fairy dust over it and lent his name and credibility to it. But genuinely independent it most certainly ain't: Lord Darzi was appointed a Labour life peer in 2007 and served as a Labour parliamentary under-secretary of state for health in Gordon Brown's government until Labour lost the 2010 election. Some time later (in 2019 during Labour's anti-semitism turmoils under Corbyn), he chose to formally de-affiliate himself and became an independent peer but 'optics' aside, his strong political DNA is a matter of record. He was a natural choice to be commissioned by the incoming secretary of state Wes Streeting to carry out this 'quick and dirty' review which, almost by magic, came to the same conclusion as in every other government department: things are much, much worse than anyone ever realised or could have guessed at, everyone is very shocked and surprised and almost all of the problems can be traced back to the day after the previous

Darzi calls for the NHS and its systems and processes to be modernised, forcibly shifting them 'from analogue to digital' requiring a 'major tilt towards technology'

Labour government (of which he was a part) left office in 2010. This kind of timescale recurs throughout the report and many of the conclusions are familiar from Lord Darzi's previous commentaries on the NHS over many years.

Having said this, many similar reports have been written at similar times of crisis over the 75 or so years since the inception of the NHS, with equally dire warnings and damning conclusions. This one, at least, does not cast the NHS in England as an irredeemable basket case, but the report's quasi-political provenance is laid bare by what it is and is not prepared to criticise, blame or suggest as possible solutions or ways forward. It is relentlessly 'on message' in support of the incoming government and its stated aims, priorities, 'red lines' and timeline. But any clinician who works in an NHS hospital, or who understands the internal workings of the NHS behemoth, or who has experienced the dysfunction of NHS management, will raise at least one eyebrow at the statement that: 'Some have suggested that this is primarily a failure of NHS management. They are wrong.' The NHS is in crisis but there is no suggestion here that the quality of NHS management needs any improvement, nor that the performance of NHS managers should be regulated in the same way and just as proactively and robustly as the performance of clinicians. We know from his previous reports that regulation is not the Darzi way. No doubt the relevant

> Since the new government has been prepared to throw staggering sums of money at millions of public sector workers in healthcare and beyond, to resolve longstanding disputes the issue of genuine pay (and operating costs) restoration for GDPs cannot now be swept aside

unions (UNISON and its partners MiP and FDA, representing healthcare managers and civil servants, including those within NHS England who commissioned and probably did much of the work for the report) will be grateful for that.

Predictably, Lord Darzi didn't have much to say on NHS dentistry in England, but he did manage to sidestep the awkward reality that the 'broken' GDS contract is the one imposed upon the profession by the Blair Labour government in 2006. What he did conclude is that: 'There are enough dentists in England - just not enough dentists willing to do enough NHS work, which impacts provision for the poorest in society.' And few would take great issue with that.

But the urgency of the current trawl of the universe for more dentists to come to work in the UK, and the frantic dismantling of any potential obstacles to that – with no strings as to their willingness to work in the NHS – suggests otherwise. Perhaps enough is not enough after all? Or perhaps this is a switch from 'JIT' to 'JIC' thinking, or even a strategic masterstroke whereby flooding the market with extra dentists, coupled with two or three years of the strong and bitter-tasting medicine foreshadowed by the PM and chancellor for the budget in a few weeks' time, might rinse household budgets and confidence, thin out a few appointment books and force some dentists to re-think their exodus from the NHS?

As discussed in my column here last month, the proposed 'tie-in' to require graduates to meet a minimum (as yet unclear) commitment level to work in the NHS in England, in default of which they would need to repay £200k or thereabouts of alleged training costs, applies only to graduates from English dental schools/universities, not to graduates from Cardiff, Belfast, Glasgow, Dundee or Aberdeen. Nor to graduates from anywhere else in the world (or other galaxies), it seems. So, it is hard to predict what the more granular impact (and unintended consequences) might be. Even the GDC has recognised that glaring uncertainty.

It is hard to predict what the more granular impact (and unintended consequences) might be. Even the GDC has recognised that glaring uncertainty

Broken and broke

The Darzi report points to the NHS's 'crumbling infrastructure', and the lack of investment since – yes, you've guessed it – 2010. No mention of the legacy left by the 2008 global financial crisis, no mention of the infamous Liam Byrne 'I'm afraid there is no money' letter he left in 2010 for his Tory/Lib Dem coalition successor, and most bizarrely the summary dismissal of the COVID pandemic as a minor inconvenience only made worse by the policy decisions made before, during and after it. In fairness, his Darziship resisted the even-more-infamous and much funnier (but largely lost in the mists of time) riposte of the departing Tory chancellor Reginald Maudling, who in 1964 welcomed his Labour successor Jim Callaghan with: 'Sorry to leave it in such a mess, old cock.'

Not for the first time, Darzi calls for the NHS and its systems and processes to be modernised, forcibly shifting them 'from analogue to digital' requiring a 'major tilt towards technology, to unlock productivity'. One part of the NHS that doesn't suffer from a crumbling infrastructure or outdated facilities but instead demonstrates a very healthy appetite for technology (and productivity), and embracing the digital age, is of course primary care dentistry. But that investment has been paid for by dental patients and practice owners, not by the state, and the 2006 dental contract which was in situ throughout Lord Darzi's time in government has actively penalised investment in facilities. Moreover, private dentistry has directly subsidised the opportunity for many NHS patients to benefit from all those modern facilities at no cost to the state. That uncomfortable reality is rarely acknowledged.

While the tinkering must stop and fundamental reform of the dental contract is essential, Wes Streeting and Stephen Kinnock's funding 'taps' must be turned on

Enough funding alone is not enough. But it's a good start and Shawn Charlwood (General Dental Practice Committee chair) is right when he says that while the tinkering must stop and fundamental reform of the dental contract is essential, Wes Streeting and Stephen Kinnock's funding 'taps' must be turned on alongside that reform, not left as a vague aspiration for the future if all goes well on the long road ahead.

Furthermore, since the new government has been prepared to throw staggering sums of money at millions of public sector workers in healthcare and beyond to resolve longstanding disputes, the issue of genuine pay (and operating costs) restoration for GDPs cannot now be swept aside. What's good for the geese must also be good for the gander, and given that dentists across the UK have had their pockets picked year on year ever since 2006 (and before) by successive governments, they have every right to take the view that this time, enough really is enough. D

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[†] The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to DDU and DDU membership mean MDU and membership of the MDU.

Self-reporting 'underestimates' impact of health inequalities

Patients in deprived areas who report their health as 'poor' are in worse health than those in affluent regions who rate their condition similarly, analysis has found.

The study compared self-reported data from 14,000 participants to a more detailed health-related quality of life measure. Self-reported 'good' health decreased from 82.9% in affluent areas to 63.9% in the most deprived quintile. The quality of life scores were also much lower than the self-reporting would suggest in the two most deprived quintiles.

The study's authors said that this suggests the extent of health inequalities rooted in level of deprivation have previously been underestimated. They warned that interventions aiming to reduce inequalities might therefore be less effective.

Appropriate targeting

Co-author Oyinlola Oyebode, professor of public health at Queen Mary University London, said: 'Self-reported health is a widely used measure of health. Most importantly in England we use it to calculate healthy life expectancy.

'Our analysis suggests that using self-reported health might underestimate socio-economic health inequalities, which may mean that resources and interventions are not appropriately targeted to the most vulnerable neighbourhoods or people.'

Rosanna Fforde, honorary research fellow at the University of Warwick, also contributed to the paper.

She said: 'Understanding any systematic variation in how people self-report their health is important because this single question measure of health is so widely used, including in large surveys and the census.

'The resultant large number of responses provides us with valuable granular insights into patterns of health, but this also means that it is important to explore whether "good" health means the same thing to everyone.'

The researchers used data from the Health Survey for England (HSE) to reach their findings.

Hospital dental trainees to receive 22% pay uplift

Hospital dental trainees in England will be awarded an average pay uplift of 22.3% over two years from next month (November 2024).

The final pay offer was presented by the government following a two-year industrial action campaign across dentistry and medicine. A referendum showed that 87% of hospital dental trainees asked supported acceptance of the offer, bringing the current industrial action to a formal close.

Government negotiations with the British Dental Association (BDA) and British Medical Association (BMA) began in July.

Health secretary Wes Streeting described this as a 'crucial step forward'. He said: 'This government has been honest with the public about the terrible economic circumstances we inherited, and I have repeated that message in meetings with the junior doctors. But I am encouraged by our early meetings that there is a deal to be done.

'Strikes have had a significant cost to patients, staff, and the NHS. Serious work is now underway to finally bring them to an end.'

Pay erosion

The BDA said the pay uplift was the first step towards combatting extensive pay erosion. The association has previously estimated that the average dentist has experienced a real-term pay cut of more than 40% since 200/9.

It said: 'Our members should be proud that they played their part in giving a clear and unequivocal commitment to the wider pay campaign over a 22-month period, including standing on picket lines with their medical colleagues.

'Their engagement in the campaign and response to the industrial action was pivotal in securing the offer that has now been accepted. It marks the start of further pay campaigning to address 15 years of pay erosion.'

NEWS IN BRIEF

Dentists called to shape BEWE v2.0

UK dentists are being asked to share their views on the Basic Erosive Wear Examination in practice – in order to create a revised model.

Mental health better understood than dental health

Two thirds of millennials and gen Z (65%) know more about their mental health than the state of their teeth, a new report warns

New dental school's future still 'uncertain'

Plans to open a new dental school at the University of East Anglia (UEA) are 'not a done deal'.

Daytime ban for TV junk food ads

TV adverts promoting junk food will no longer be able to appear on UK TV before the 9pm watershed from 1 October 2025.

Ireland clamps down on disposable vapes

A complete ban on the sale, manufacture or import of single-use or disposable vape products is being drafted in Ireland.

SCAN
THE QR CODES TO READ ON!

Calls for action on 'national embarrassment' of kids' oral health

A new report has called for 'urgent action' from the government over the high levels of dental disease in children.

The report, titled *An evidence-based plan for improving children's oral health with and through educational settings*, lays bare the state of child oral health in the UK and proposes a strategy for dealing with it.

It claims that the cost of hospital admissions for childhood dental extractions reached £40.7m in 2023.

The report says that while waiting for extractions, 67% of children are in pain, 38% have sleepless nights and 26% miss school days.

Overall, just 39% of children were considered to have good oral health.

Statistics and policy

The report warns that three in 10 children aged five in England have tooth decay. Furthermore, decay is present in 11% of three-year-olds, with an average of three teeth affected.

More than one third (35%) of 12-year-olds report being embarrassed to smile or laugh due to the condition of their teeth.

It also reveals the depth of the UK's access problems, with more than half (53%) of children in England not having seen an NHS dentist in the past 12 months. In 2023, around 27,000 children in England were on NHS waiting lists for specialist dental care

The report calls for a series of policy implementations:

- Develop and implement a national child oral health improvement strategy
- Maximise the impact of early years and education-based interventions
- Re-orient dental services towards prevention of dental diseases in children and young people.

Solutions

Zoe Marshman, professor of dental public health at the University of Sheffield and one of the main authors of the report, emphasised that its release had come at a crucial time for paediatric dentistry following the general election.

She said: 'There have been lots of reports published in the past, but we wanted this one to be in a format that's appropriate for policy makers to read. We've demonstrated the state of children's oral health, and then we wanted to put forward some solutions. It's not just a traditional survey which shows how bad things are, it also puts all the solutions in one place.'

Paula Waterhouse, outgoing president of the British Society of Paediatric Dentistry, also called for greater involvement of professional associations in government decision making.

She said: 'The evidence is clear so we are ready to consult – we want policy to be implemented and effective strategies to be put in place.'

The report was published by the N8 Research Partnership, Health Equity North and the Centre for Young Lives. D

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Dental group leaders urged to 'shape the future' at ADG conference

Association of Dental Groups CONFERENCE 2024

IN PARTNERSHIP WITH FMC CONNECTING DENTISTRY

Dental leaders are being urged to attend a new event designed to help budding dental groups grow and meet the challenges of UK dental care.

On Friday 15 November, the Association of Dental Groups (ADG) will host its first annual conference at Old Trafford Stadium in Manchester. The event, designed for leaders in the dental industry, aims to provide insights into sustainable growth and enhancing patient-centred care

The conference is expected to draw leadership teams from dental groups managing multiple practices across the UK, offering a platform for business development, networking, and industry-specific learning.

'An incredible chance'

The ADG conference is set to be a pivotal event for executives managing growing dental groups. Attendees will have the chance to learn innovative strategies to boost patient satisfaction, scale operations, and strengthen their business models.

Over the course of the day, industry leaders will share their strategies for financing, acquisitions, and business scaling. Speakers will include successful dental group owners and executives offering actionable advice for attendees.

Among the standout sessions is the 'Boardroom confidential' session, where influential dental group executives will reveal behind-the-scenes strategies for success.

Neil Carmichael, non-executive chair of the ADG, said: 'Growth, quality improvement, recruitment – the conference will cover all of these and more.

We're going to give groups the tools they need to go back to their headquarters and deliver even better dentistry for the future. Really, this event is an incredible chance to help shape the future of dentistry.'

For more information and to apply, visit dentistry.co.uk/adg-conference.

Vaping 'as harmful as smoking', warns study

Vaping is just as harmful as smoking tobacco when it comes to the health of young people, according to latest research.

Carried out by researchers at Manchester Metropolitan University, the study compared vapers and smokers in an exercise test.

The team found similar results in both groups, both participants being less fit and more out of breath than people who do not vape or smoke.

Presented at the European Respiratory Society (ERS) Congress in Vienna, Austria, the study asked 60 people in their 20s to have their lung capacity recorded while using a static exercise bike.

Of the 60 participants, 20 had used vapes for at least two years, 20 had smoked for at least two years and the remaining 20 were non-smokers.

Researchers analysed the heart, lungs and muscle responses of participants at more challenging levels until they reached their maximum. They were also given blood tests and an ultrasound scan to analyse how well their arteries were functioning.

Both vapers and smokers showed signs that their blood vessels were not working as well as the non-smoking and non-vaping group, according to the blood tests and ultrasound scans. Both the smoking and vaping group were more out of breath, experienced intense leg fatigue and had higher levels of lactate in their blood.

Long-term impact of vaping

Co-author Dr Azmy Faisal is a senior lecturer in cardiorespiratory physiology in the department of sport and exercise sciences at Manchester Metropolitan University, UK. He said: 'Previous research has shown that vaping is linked to lung inflammation and damage, and harmful changes to the blood vessels.

'Although some research suggests that vaping could be used to cut back or quit smoking, we don't yet know what longer-term vaping use does to our bodies.' D

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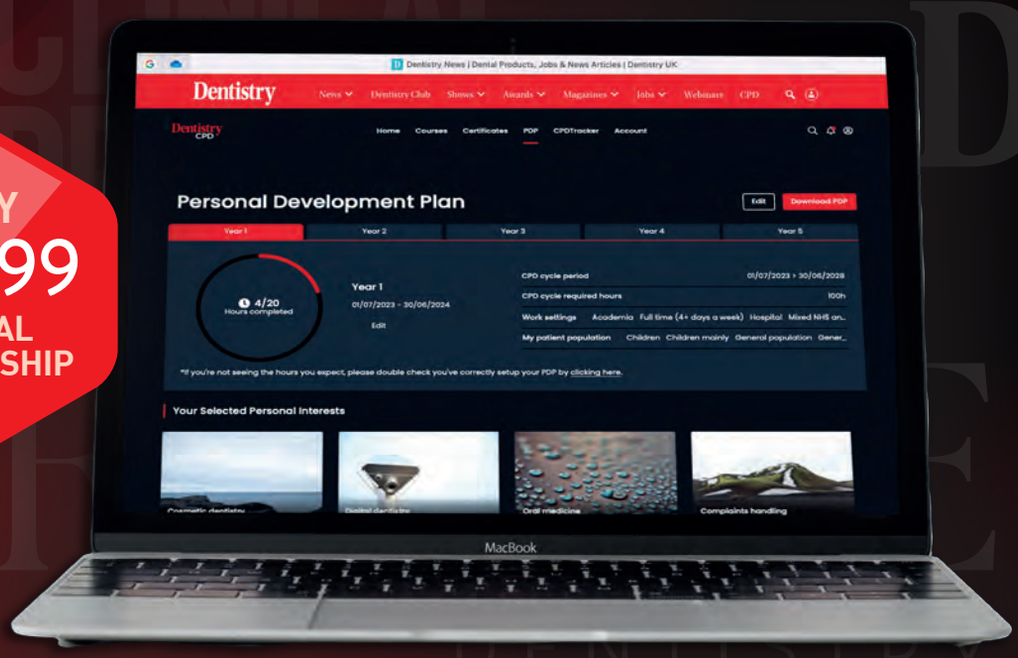

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‘No quick fixes’: experts respond to NHS report

What do dental and medical professionals think of the calls for ‘urgent action’ in Lord Darzi’s damning findings on the health service?

On 12 September, a report on Lord Ara Darzi’s investigation into the state of the NHS concluded it was in ‘critical condition’. But while the prime minister has pledged to a ‘reform or die’ approach, what do the UK’s healthcare professions make of the findings?

‘Unprecedented challenges’

Amanda Pritchard
Chief executive, NHS England

As this report sets out, staff are the beating heart of the NHS with a shared passion and determination for making the NHS better for patients – but it is also clear they are facing unprecedented challenges.

Our staff are treating record numbers of patients every day despite ageing equipment and crumbling buildings, a surge in multiple long-term illnesses, and managing the long-lasting effects of the pandemic.

As Lord Darzi rightly points out, many of the solutions can be found in parts of the NHS today. That is why we are fully committed to working with government to create a 10-year plan for healthcare to ensure the NHS recovers from COVID, strengthens its foundations and continues to reform so it is fit for future generations.

‘An asset, not a liability’

Michael Lavelle-Jones
President, Royal College of Surgeons of Edinburgh

RCSEd agrees with Lord Darzi’s assertion that the NHS requires a long-term funding settlement for health and social care. It is evident that multi-year funding is essential to ensure the NHS can make longer-term plans to address the current pressures it is experiencing rather than relying on short-term initiatives and funding top ups.

We also agree that the NHS should not be seen as a liability to be managed but as an asset which can have positive economic, as well as health, benefits. Whilst additional money is required, money alone will not be enough and the NHS will require new ways of working in order to provide safe and effective healthcare for the next 70 years.

‘A bleak picture’

Matthew Taylor
Chief executive, NHS Confederation

This report paints a bleak picture of the state of an NHS which, despite working harder than ever before, has been struggling in the face of rising demand, a decade of underinvestment and the impact of the pandemic.

The government has taken the first necessary step in diagnosing the problem, and the task now is to move to identifying the prescription. Ministers will need to work on two fronts.

First, to help the NHS avoid a winter crisis given the financial crisis that is engulfing the service.

In parallel, the government needs to prepare for the long term through its planned 10-year strategy. We know this is far from easy given the perilous state of the public finances.

But the fact remains that unless we restore the NHS to the long-term average funding increases it needs, accompanied with changes to the way that local services are delivered, then we will never bring down waiting lists to the levels required as well as preventing more illness from occurring in the first place.

‘A broken system’

John Makin
Head of the Dental Defence Union

We welcome the government’s recognition that healthcare professionals are working in a broken system. Every day dental professionals go to work to do the best they can for their patients, but the strain staff are under is now clear for all to see.

A survey of our members found that only 17% always felt able to deliver optimal patient care. Notably, 41% said they are planning to reduce their hours because of these pressures. If government does not take this message seriously, the coming years look set to be even more difficult for the NHS.

Lord Darzi’s report challenges the government to take a serious look at where the NHS budget is allocated. Every pound matters. We agree with Lord Darzi that the government must look at the eye watering cost of clinical negligence. In the year 2023/24, clinical negligence payments increased to £2.9 billion, which is approaching 2% of the entire NHS budget. If we are having a serious conversation about NHS finances, figures such as these cannot be ignored any longer.

A survey of our members found that only 17% always felt able to deliver optimal patient care. Notably, 41% said they are planning to reduce their hours because of these pressures

‘A welcome prognosis’

William Pett
Head of policy, Healthwatch

People will welcome Lord Darzi’s prognosis on the NHS. Although the NHS does much good, patients repeatedly share their frustrations and confusion about accessing care.

GP access is difficult, NHS dentistry is in disarray, and people face excessive waiting times for hospital treatment. These challenges are not experienced equally, with poorer communities hit hardest. Restoring public confidence in the NHS and delivering timely, safe and quality care must focus on the issues that matter most to people now and in the future.

GP access is difficult, NHS dentistry is in disarray

We’re calling for improvements to patient communications and administration, giving people a choice of how to access care, a better listening culture within the NHS, and for services to be measured against the quality of patient experiences, not just the length of time they wait for care.

The public will welcome the chance to help shape the future of healthcare and reset the contract between them and the NHS.

‘Stark realities’

Thea Stein
Chief executive, Nuffield Trust

Lord Darzi’s damning report underlines the stark realities experienced across almost every corner of the health service. Wide-ranging problems have been growing in plain sight for years and Darzi’s impressively comprehensive assessment will be familiar to anyone who has studied or experienced the slow deterioration of health care provision in England.

The big question now is what happens next.

The government has an early opportunity to make good on long-argued points on dysfunctional NHS funding in its first budget

Rightly, the report repeatedly references the interrelated, compounding pressures of the desperate state of social care and cuts to public health provision. But by design it does not dig into those issues. In future, we hope to see serious work by the government to address those broader societal issues that determine population health and impact healthcare access.

Ultimately, the Lord Darzi’s diagnostic report sets out important aspirations to be delivered in the forthcoming 10-year plan to treat – and fix – the NHS. But the improvements we all hope for – and that patients desperately need – will take time, commitment and major financial, practical and system-wide support. There will be no quick fixes.

‘We must not kid ourselves’

Tim Mitchell
President, Royal College of Surgeons of England

In a short space of time, Lord Darzi has articulated what those of us on the front line see on a daily basis – an NHS unable to provide timely access to care on a routine basis, and a working environment which does not support staff to work at their best.

There is now a chorus of voices calling for greater investment in our buildings as a key part of increasing capacity in the NHS. Investment in staff is necessary and welcome, but chronic underinvestment in our buildings is hindering the ability to deliver more care for patients.

We must not kid ourselves that business as usual or sticking plaster solutions will deliver a substantive change in treatment without proper investment. D

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Inspiration breeds inspiration

Catherine Rutland considers inspiration and why it is so necessary in dentistry

CoreStrengths

Catherine Rutland
Clinical director at Denplan

While searching for inspiration for this column, I began to ponder on the word 'inspiration' itself. Since we were young, through our education, both formal and informal, we have heard of the different things, or people, that have inspired others to do amazing artwork, or write plays and books that have lasted through time, or made a scientific discovery that has altered the word we live in.

Yet closer to home, we will know of times when we have been inspired to do something that has altered our own world.

In both our personal and professional lives being inspired and then carrying it through to reality can be a powerful motivator to ourselves, and those around us.

Overall, dentistry is a forward facing and innovative profession, and one that is going to require inspiration to achieve the leaps necessary. All of us can help to move things along, yet it's when someone is inspired that we tend to see a more rapid movement with the motivation to carry it through.

I'd like to hope that inspiration breeds inspiration. What may initially be a creative idea that inspires someone, can lead to the person themselves becoming inspirational and driving greater change. In dentistry this can be wide ranging.

There is the scientific side of the profession including materials, treatment methods, sustainability and ways of delivering care, and also the softer skills side; great leadership, striving for team wellness, mentoring and coaching. All of these can be inspiring and bring about a movement of change.

Mixed in with this must sit our professional ethics, as we see things that inspire us, we must always take it back to thinking through how it benefits patient care, our teams and the wider profession. Does the meaning of the word itself denote this positivity? I would say not necessarily, hence the need to sense check our inspiration.

I am inspired by people in the profession so often. Through my career I feel privileged to have worked with so many people that I may initially have been inspired by from afar, and then found myself working with them, discovering they are even more inspiring up close.

So, take a moment to pause and then think about what, or who, inspires you.

A taxing debate

Iain Stevenson shares his predictions for the next budget

MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

As with many previous budgets, the subject of potential changes to inheritance tax once again raises its head. This time, however, it feels different. There appears to be some momentum building regarding the speculation surrounding this and therefore it feels like something to be taken seriously. The main reason for this was the recent announcement that there is an urgent need to generate more income for the government. As an increase to income tax has already been ruled out, other sources of revenue are needed. This brings areas such as inheritance tax, pensions and maybe even capital gains tax (CGT) into focus.

As a reminder, inheritance tax (IHT) is a tax due on the estate after a person dies where that estate is worth more than £325,000 (the nil rate band). There is an additional allowance available if your main residence is passed to children or grandchildren up to the value of £175,000. You should bear in mind that the value of the additional property allowance will be reduced if the total value of your estate is more than £2 million. This means the £175,000 allowance will be reduced by £1 for every £2 your estate exceeds £2 million. The rate at which IHT is due, is currently 40% of the value above the nil rate band, plus any additional property allowance.

This is just the beginning of the story as there is so much more to understand about IHT – it is this precise point which is worth spending some time on to really understand how it works.

There are rules and allowances that can help with planning in this area, and these are definitely worth knowing. It is possible to gift certain assets to certain people at certain times, but to ensure you take advantage of these and indeed all allowances, without exceeding them, you need to spend time speaking with someone who really understands the rules. Former chancellor of the exchequer Nigel Lawson once described inheritance tax as a 'voluntary tax' explaining that careful planning is required to reduce or mitigate completely this tax on your death.

Estate planning doesn't need to be complicated, but it does need to be understood. Everyone should take time to understand how the rules impact their own assets and estate value and seek specialist advice in this area to help you make good, informed decisions. Remember, you have paid tax on your income all your life and managed to save money and build assets. Do you really want your beneficiaries to potentially have to pay an additional 40% on your death?

Brave new world

Nigel Jones analyses the conclusions of Lord Darzi's report on the state of the NHS

PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

Although I have spent most of my career, 90% in fact, working to support the dental profession, I did have a spell in the mid-2000s working on one of the initiatives introduced by Tony Blair's government as part of an attempt to modernise the NHS.

Although I was delighted to return to dentistry in 2008, it was fascinating being on the inside of the reform programme and to get an insight into the scale, as well as the complexity, of the challenge.

With that experience in mind, many of the issues explored in the report of Lord Darzi's independent investigation into the 'State of the National Health Service in England' sound very familiar. The restating of the need to move care out of hospitals and into the community, for example. Or the need to strengthen patient and staff engagement, shifting the NHS from analogue to digital and focusing on prevention.

However, what is different is the urgency attached to the need to turn all the good intentions of successive governments into concrete action and lasting change. Lord Darzi could not be clearer that, in its current form, the NHS has pretty much run out of road.

Sarah Woolnough, chief executive of healthcare think tank the King's Fund, in her response to Lord Darzi's investigation says that the report is: 'A mandate for government to take bold decisive action.' This speaks to the difficult decisions that have been so well trailed in the run up to the election and in these early months of the new administration.

And so, where does dentistry fit into those 'difficult decisions'? Perhaps there is a clue in Lord Darzi's report when it picks up a theme on which Wes Streeting was focused in those first few days in government – the contribution the NHS can make to national prosperity.

Removing barriers to the long-term sick component of the 'economically inactive' and helping them return to the workplace must be part of the maths of rescuing the NHS and in that regard, dentistry is unlikely to be seen as a priority compared to the waits for musculoskeletal and mental health services.

The prime minister talks about the need for the NHS to be reimagined or as Sarah Woolnough put it: 'The task is not simply to prop the NHS back up; it is to create a new approach to health and care in this country.'

It will be very interesting to see where dentistry fits into this brave new world. D

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Welcome note

Catherine Rutland
Clinical Director, Simplyhealth and Denplan

9:00 – 10:00

Leadership in organisations: what I wish I had known

Jim Macleod CB CVO
Executive coach and leadership development consultant and chair of the Forces in Mind Trust

Networking and refreshments 10:00 – 10:45

BREAKOUT SESSIONS

These high-impact, quick-fire sessions will run twice, allowing delegates to maximise their time

SESSION 1: **10:45-11:20** | SESSION 2: **11:25-12:00**

Panel discussion: fine tuning your acquisition strategy

Reena Virdee
Director of Strategy and M&A, MyDentist

Paul Graham
Managing Director – Medical, Christie & Co

Gary Chapman
Director of Mergers & Acquisitions UK & Europe, Portmandentex

How to scale your business effectively

Shalin Mehra
Founder, Roderick Dental Partners

Anushika Brogan
CEO and founder, Damira Dental Studios

Creating team-driven success

Bhavna Doshi
CEO, Dental Wealth Builder

Lunch and networking 12:00 – 13:00

AFTERNOON LECTURES

The inside line on tomorrow, from the future of the NHS and private practice to financing your business growth

13:00 – 13:40

Where next for private dentistry?

Rachel Derby
President, British Association of Private Dentistry

What does the future of NHS dentistry look like?

Jason Wong MBE
Chief Dental Officer for England

13:45 – 14:30

Panel discussion: financing your growth strategy

Alfred Chambers
Principal, Coniston Capital

Anthony Ball
Partner and UK Head of Health & Life Sciences M&A, KPMG

Steve Wilson
Senior Relationship Director Santander Corporate & Commercial Banking

Break and networking 14:30 – 15:00

CLOSING INSIGHTS

Examining the challenges and opportunities faced by growing DSOs – and a look at what the future holds

15:00 – 15:45

ADG update: our ambition for the future

Neil Carmichael
Chair,Association of Dental Groups

15:45 – 16:30

Panel discussion: boardroom confidential

Anushika Brogan
CEO and founder, Damira Dental Studios

Mark Allan
General Manager at Bupa Dental Care and NED TDS Group

Kish Patel
Co-founder of Smile Clinic Group

Pip Dhariwal
CEO & Chairman at Smile Dental Care

Farzeela Rupani
Chief Medical Officer, UK & Europe, Colosseum Dental Group

Jin Vaghela
Co-founder of Smile Clinic Group

Drinks reception 17:00 – 20:00

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The state of minds

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

Mental 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 2024 results suggest that there are clear additional work-related issues contributing to high levels of stress and other mental health issues.

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

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 physical 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 self-referral 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.

Useful resources

Dentistry Census 2024:
Key findings
dentistry.co.uk/2024/02/08/2024-dentistry-census-key-findings

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

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 2024 was that 68% of respondents felt that they had access to mental health support, compared to just 49% in the Dentistry Census 2021. 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 done something wrong. It's like your best friend, in a way.'

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

Other support services

Confidental
Helpline (24/7): 0333 987 5158
www.confidental-helpline.org

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

Mind
Helpline: 0300 102 1234
mind.org.uk

British Doctors and Dentists Group (addiction)
www.bddg.org

Mental health wellness lead

As part of its Mental Health Wellness in Dentistry Framework (2021), the Dental Professional Alliance urges 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 worse.

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. D

For references, email newsdesk@fmc.co.uk

Dentistry Census

The Dentistry Census 2024 survey was conducted from April 2023 to August 2023 using the web platform Surveymonkey to collect data. It received 2,992 responses from across the UK dental profession.

For the full results, visit www.dentistry.co.uk/census.

Leading the charge against mouth cancer

The Oral Health Foundation issues a call to action for the dental profession

Mouth cancer is a silent but deadly disease that often goes unnoticed until it's too late. Unlike other forms of cancer, it doesn't always receive the attention it deserves, yet its impact is profound. As dental professionals, we are on the front lines, perfectly positioned to make a difference in the fight against this devastating illness.

Mouth Cancer Action Month: an overview

Throughout November, the Oral Health Foundation runs Mouth Cancer Action Month, a campaign dedicated to raising awareness about mouth cancer. This year, the campaign is more crucial than ever, given the alarming statistics.

In the UK, more than 9,000 new cases are being diagnosed annually. It means that we now have a new diagnosis every hour. Over the past 20 years, the incidence of mouth cancer has doubled, highlighting the need for immediate and sustained action. Sadly, poor awareness, coupled with the difficulties of spotting the disease in its early stages means more than half of all mouth cancers are not diagnosed until stages III and IV. This can have a debilitating impact on quality of life and is the main reason behind why survival rates are barely improving.

Engaging with patients: a vital responsibility

Our collective efforts can make a significant difference in educating patients about the signs, symptoms, and risks associated with mouth cancer.

One of the most effective ways to combat mouth cancer is through patient education. During routine check-ups, dental professionals should seize the opportunity to discuss the risks and signs of mouth cancer. Emphasising the importance of monthly self-examinations can empower patients to detect early signs of the disease, potentially saving lives.

The role of HPV in mouth cancer

While many people can identify smoking and excessive alcohol consumption as causes of mouth cancer, fewer are aware that HPV is also a significant risk factor. Our research shows that four in five people don't know that HPV is linked to mouth cancer. With the incidence of HPV-related mouth cancers on the rise, improving the uptake of the HPV vaccine is crucial.

During this year's campaign, the Oral Health Foundation will be raising awareness about the links between HPV and mouth cancer to improve vaccine uptake and coverage rates. Dental professionals can play a pivotal role in this effort. Here's how:

- Educate patients: Inform patients about the link between HPV and mouth cancer during their visits. Highlight the importance of the HPV vaccine in preventing these cancers
- Remind parents: Ensure parents are aware that their children can still receive the HPV vaccine if they missed it at the recommended age. The vaccine is now a single injection available to both boys and girls.

Encourage young people to contact their school nurse or GP practice, and advise men who have sex with men, to seek information from sexual health or HIV clinics.

Ambassadors and real stories

This year, we have enlisted a group of mouth cancer ambassadors to share their personal stories of battling and overcoming the disease. Their experiences provide invaluable insights into the journey from diagnosis to recovery and the long-term effects of treatment. During the campaign, we encourage you to watch these videos and share them with your patients to highlight the real impact of mouth cancer.

How to get involved

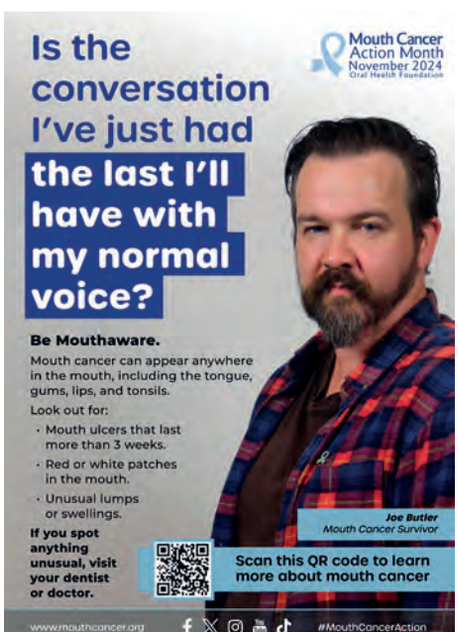
Getting involved in Mouth Cancer Action Month has never been easier. Visit the Mouth Cancer Action Month website (www.mouthcancer.org) for resources and ideas on how to participate. Here are some activities to consider:

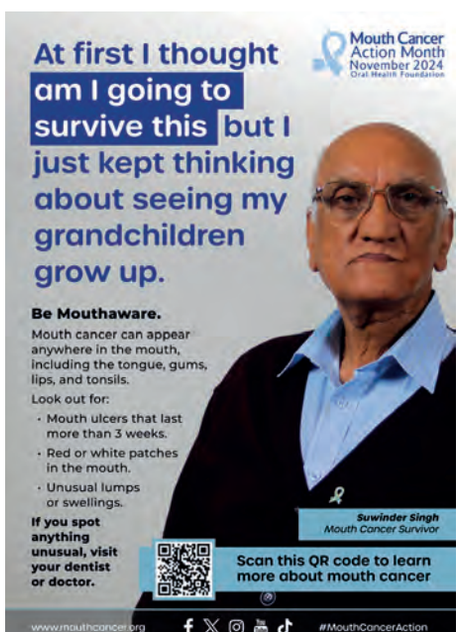
- Blue Ribbon Badges: Wear and sell Blue Ribbon badges at your practice to spark conversations about mouth cancer and raise funds for the campaign
- Blue Wednesday: On 13 November 2024, wear blue to work, a take selfie with your Blue Ribbon, and share it online along with some information about spotting mouth cancer. Don't forget to use #MouthCancerAction so we can share your efforts too
- Fundraising and displays: Organise fundraising events or create informative displays in your waiting room. The campaign website offers numerous resources to help you get started.

The importance of your involvement

Your participation in Mouth Cancer Action Month is vital. By engaging with patients, promoting the HPV vaccine, and participating in campaign activities, you can help reduce the incidence of mouth cancer and save lives. Together, we can make a difference. Let's ensure a healthy and successful campaign this November. D

Visit **www.mouthcancer.org** to find out more about the campaign and access resources and information about mouth cancer.





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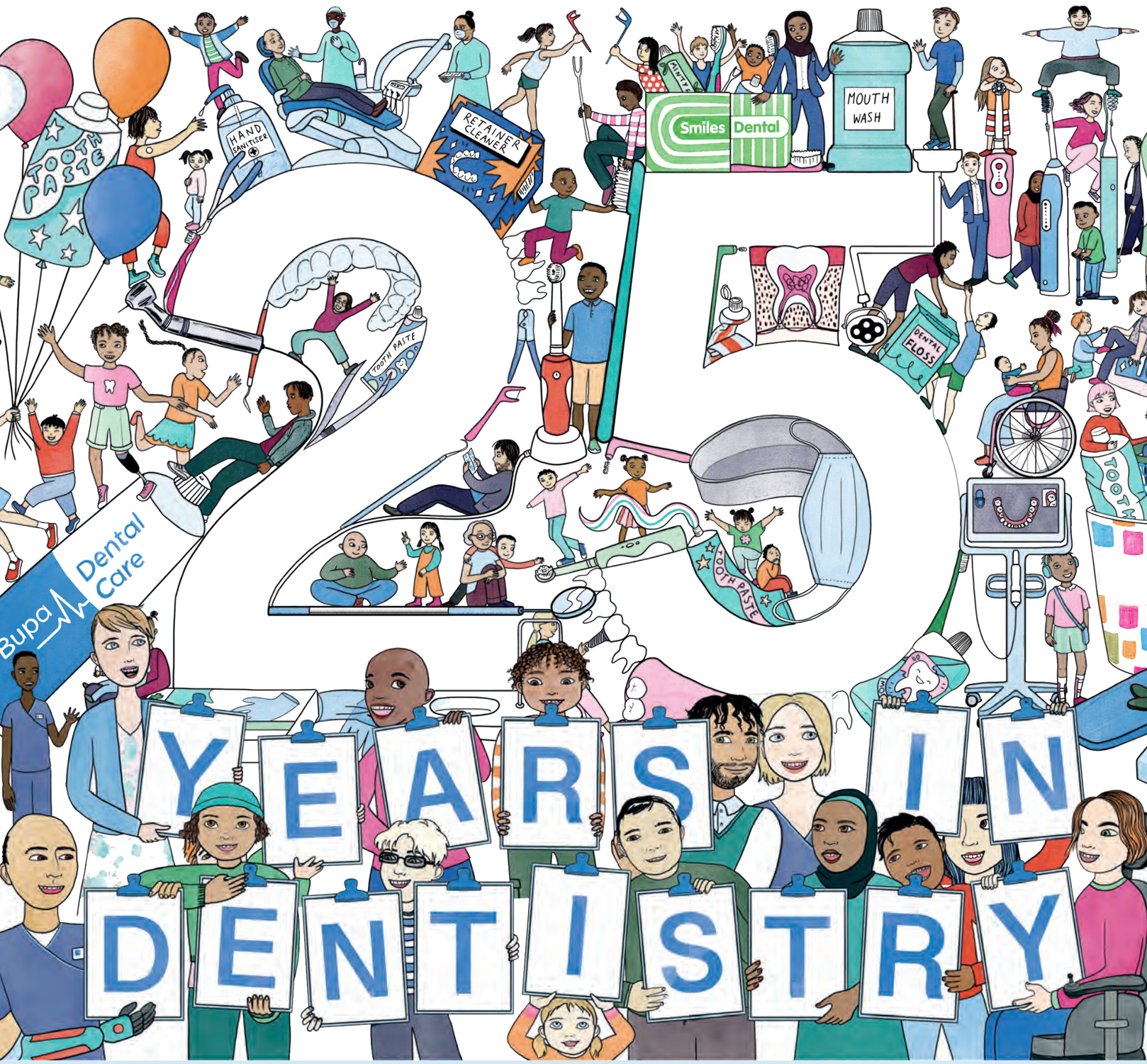

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Dentistry's Big Questions

HAS DIRECT ACCESS PROVED EFFECTIVE?

We asked the dental profession if direct access has proved effective – find out what people said here

Dentistry's Big Questions explores the hot topics in the dental profession. Based on our poll, 79% of people believe direct access has proved effective and 21% think it hasn't.

Read some of the responses below.

Rachael England, public health and education manager at FDI World Dental Federation

It depends what you are defining as 'effective'? In my opinion, direct access (DA) created an additional route for patients to enter the healthcare system, and this was utilised to some extent. However, without prescribing rights DA was not effective at creating the autonomous clinician.

Additionally, confusion still persists around what DHTs can provide within DA and an anxiousness is seen in requests for support in social media groups. Despite these concerns, DHTs provide safe, effective healthcare within the team and continue to work closely with their colleagues.

I will be interested to see how the landscape changes over the next 10 years now prescribing rights have been brought into legislation.

Sakina Syed, dental hygienist

Yes, if you have systems and processes in place, I believe your model can work very well.

It's worked in two scenarios: in a direct access-led practice and as an individual offering direct access from a practice. There are many successful direct access-based practices run by dental hygienists. With exemptions due to come in place possibly later in this year, that little hurdle will be easier.

Bravo to those of you have set up your clinics.

79% of people believe direct access has proved effective and 21% think it hasn't

Gemma Cowen, dental therapist

Direct access will only prove effective when dentists embrace the changes and the public is more aware of the wider dental team.

Nishma Sharma, dentist

Absolutely, yes… but not when muddled with the murky water of the NHS – this confuses things hugely.

Paul Gallop, dentist and owner of Motcomb Street Dentist

We use direct access within our practice. Many patients who work in London just come in to see the hygienist. We of course always get them to sign the direct access consent form.

Jenna Buttle, dental therapist

I don't think the industry on the whole has benefited from the full potential of direct access. D


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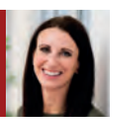
Menopause in the workplace

Samantha Wild discusses how workplaces can support those going through menopause

Samantha Wild
Clinical lead for women's health, Bupa



Research has shown that one in 10 women are unaware that they are going through menopause, highlighting a lack of awareness about this stage in a woman's life. Additionally, nearly 45% of women have never spoken to a GP about their symptoms, and about a third of women feel too embarrassed to discuss their symptoms, particularly with their partners (40%) and their employers (34%). The embarrassment surrounding these discussions can prevent women from accessing the support they need, including talking to their employer about what they are experiencing and making necessary adjustments in the workplace.

In the UK, we know 77% of the dental team are made up of women, including nearly 52% of dentists, 93% of dental hygienists and dental therapists, and 98% of dental nurses. So, we spoke to Dr Samantha Wild, clinical lead for women's health at Bupa, about how dental settings can support their perimenopausal and menopausal staff.

No one-size-fits-all approach

Everyone has a different experience of menopause, so symptoms and their severity will differ from person to person – with some sailing through with a few hot flushes whereas others experience significant debilitating symptoms.

What is the menopause?

For many, menopause is a natural part of ageing when a women's oestrogen levels decline, and their period stops. You are said to have reached the menopause when you haven't had a period for at least 12 months. It typically occurs between 45 and 55, however some women experience it earlier. When women go through menopause between 40 and 45 years old, it's known as early menopause which affects 5% of people. If menopause begins before 40, it's called 'premature menopause' or POI (primary ovarian insufficiency) affecting one in 100.

Dealing with early or premature menopause can be even more challenging and stressful, as many women may not understand what is happening to their bodies or where to seek support.

Signs of menopause

Perimenopause and menopause can cause more than 34 physical and psychological symptoms that affect both physical and mental health. Common symptoms include hot flushes, night sweats, difficulty sleeping, fatigue, brain fog, changes in mood, poor concentration and memory, low energy, lack of libido, joint pains and changes in hair and skin.

These symptoms can also impact mental health, leading to low self-confidence, low mood, panic attacks and anxiety. It is important to remember that support is available from your GP.

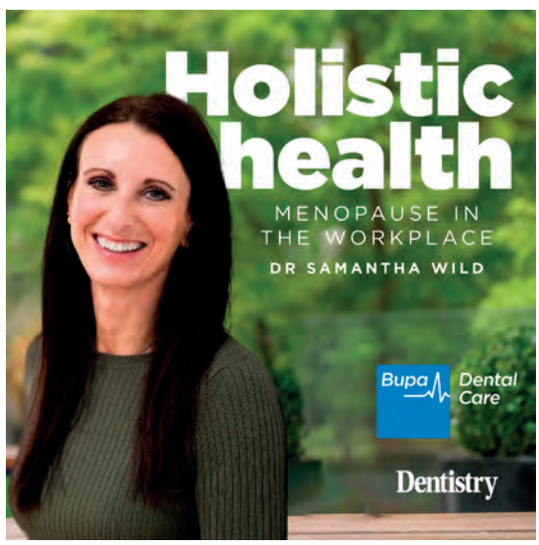
Tips on coping with menopause:

- Seek medical support: if you suspect menopause under the age of 40 or are struggling with any symptoms, you should always speak to your GP for diagnosis and the right treatment. Remember – GPs are there to help, and no problem is too 'embarrassing'
- Track your symptoms: note your symptoms to discuss with your doctor and monitor treatment effectiveness, to see if they're working for you
- Open up to loved ones: share your feelings with friends and family for support. Speaking to them about how you're feeling can help to ease any worries you have
- Self-care: maintain physical and mental wellbeing by limiting alcohol, quitting smoking, eating healthily, exercising, and finding time to relax. This is even more important at this time of life as it can help to manage symptoms and reduce the risk of some of the longer-term consequences of the menopause, such as increased risk of heart disease and osteoporosis.

Talking positively

Here are ways that dental practices can support teams and talk positively about menopause:

- Normalise the menopause: to dispel any taboos, it's important to make sure your whole team knows about key menopause symptoms and how these can affect women at work. Providing information and guidance about this natural stage of life can increase knowledge and help normalise the conversation
- Appoint a menopause champion: with so many individuals impacted by menopause, it may be valuable to designate a menopause champion within the practice or set up a support group. This way, your team will have someone to speak to confidentially, or a group of people who are going through menopause at the same time, so people don't feel alone
- Promote your resources: having resources available is great if people know where to find them. Ensure your colleagues are aware of the support available for menopause and how they can access it
- Be flexible: consider adjusting your working environment to make it more comfortable. For example, you could modify the temperature or provide uniforms that support menopause symptoms.



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The facts

- Fifty-one: the average age for women to reach the menopause
- Four years: typically how long the menopause lasts, but it can last up to 12 years
- Thirty-four: at least the number of possible symptoms (due to hormone deficiency) that can occur during the menopause and beyond.

In the workplace:

- One in five women said they had been forced to take time off work
- Some 50% of women said they struggled at work when going through the menopause
- Around 25% have considered leaving their job due to their symptoms
- And 63% of menopausal women said that their working life had been negatively affected in some way by their symptoms.

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Celebrating 10 years of success

Dentistry **shares some of the highlights from the 10-year anniversary party of The Orthodontic Clinic**

This year marks the 10th anniversary of The Orthodontic Clinic, with directors Lisa Currie and Ivin Tan at the helm.

To commemorate this special anniversary and to celebrate these past 10 years, the clinic held a glittering party on 28 September 2024 at The Chester Hotel in Aberdeen. Those attending the event included Lisa and Ivin's team, friends, family and close colleagues who have helped and supported the company throughout its journey to success.

Guests included those who have been instrumental from the beginning in helping Lisa and Ivin buy the business and grow it into the multi-award-winning clinic it is today.

Pretty in pink

It was a pink-themed party, with all guests donning pink in some way. The stunning décor was in all hues of pink, with beautiful blooms of flowers, balloon displays, a custom-designed Instagram wall and welcome signs. There was a 360° photo booth to help capture memories from the night. A specially designed sign was also on display for guests to sign as a memento and fond keepsake from the party.

Throughout the evening, a film montage played on a big screen with many testimonials and messages of congratulations from staff, colleagues, family and friends.

The footage also showcased the fabulous highlights and experiences the clinic has had over the past 10 years.

Shout outs

Special mention was given by Lisa and Ivin to their amazing team, without whom the achievements of the clinic would not have been possible.

During the speeches, heartfelt thanks were given to the legal and accounting teams of Ledingham Chalmers and Johnston Carmichael, who were instrumental in the process of Lisa and Ivin purchasing the clinic in 2014; to family and friends for their unwavering support along the way; to Direct Surgeries for building the new clinic and making the plans on paper a reality; to those who make the clinic bright and unique, including James Clark Decorators and MCL Painting and Decorating, as well as signmakers, Rood Signs; to PCL group for its IT support; to Alba Cleaning, for keeping the clinic pristine and glistening from day to day.

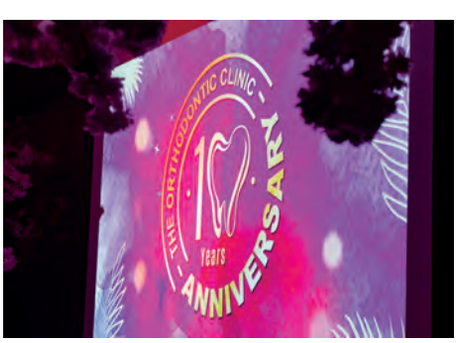
Thanks also went out to local dental colleagues for the strong relationships held with them and their kind referrals as well as to Aberdeen Dental Hospital for its support.

A live band entertained the crowd who danced into the early hours. Zain Al-Masri, the son of one of the clinic's dental colleagues, Dr Assem Al-Masri, knocked out a stellar performance of a song. Having undergone fixed appliance therapy with Dr Lisa Currie, Zain was also able to show off his lovely smile.

One of the most memorable parts of the evening was the presentation of a commemorative silver plaque from Adrian Watson, CEO of Aberdeen Inspired BID (Business Improvement District), to mark the clinic's 10 years in business with Lisa and Ivin as its owners. Lisa and Ivin were honoured to receive this acknowledgment from the city.

The event was a fantastic night that celebrated all the dedication, passion and hard work Lisa and Ivin and all their team put into the business. They can be very proud of all their accomplishments.

Congratulations and happy 10th anniversary, The Orthodontic Clinic! D



Dental Practice Accelerator: the clinician

With the Dental Practice Accelerator programme in full swing, mentor Sameer Patel shares the recommendations he has made to help London Dental Centre reach new levels of growth

Sameer Patel
CEO, partner and co-Founder of E11even Dental

When I first met Hannan and the team at London Dental Centre, the main challenge I could see was that the associates were getting stuck within their own surgeries, which was leaving them practising as individuals. This is actually a very common problem in most typical dental practices, where we see each dentist carrying out single tooth dentistry and treatment planning for themselves and their own skills, rather than thinking and planning in a broader way to include specialists where they are required.

What I've always found is that if you work as a group, through the addition of hygienists and collaboration with specialists, the result is an increased quality of work, which is beneficial for the patients, rewarding for the team, and great for the reputation of the business.

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The recommended changes

With this in mind, the first thing I suggested to Hannan was recruiting a hygienist as this would free the dentists up to do a higher level of work. He found it relatively easy to recruit a good hygienist but, as always, finding the right person who is a good fit for the team as a whole is crucial. This is something I left to Hannan as it's very individual to him and who he wants to fit in his business.

My second recommendation was to start collaborating with specialists and slowly grow the specialist network within his practice to allow everybody to do what they're good at, and to do it really well. Ultimately, these changes are designed to create more of a team approach rather everyone working autonomously, resulting in the increased level of patient care that we're searching for.

Once all of this is in place, my third suggestion was to make sure that the clinical team are all offering comprehensive care dentistry rather than single tooth dentistry by using photography and scanners to educate and communicate with patients.

The team reaction

Change is always difficult, we know that, but with it coming from us as mentors, rather than Hannan, it did help to make it a little bit easier. This also gave Hannan the support that this was the right way to do it and I think they're now very much moving in the right direction.

The implementation of the changes were firstly brought about through discussion with both Hannan and his team, and then I allowed them to shadow me at E11even Dental.

Hannan has also come to the clinic to spend time with me and my senior management to discover how he can move his own practice forward by understanding the systems we have in place. I believe that having everyone involved in the changes from discussion to implementation has helped to create

A period where things take a dip isn't always too concerning because you're doing this to encourage growth. Otherwise, you will just plateau at the same place

Sameer's top tips for planning your surgery's continuous growth

1. Make sure you have somebody to answer your phone, otherwise your potential new patients can't get through to you
2. Be organised with tracking your new patient leads and existing patient treatment plans
3. Ensure the quality of the processes in the surgery – the dentist and nurse need to work hard to ensure everything is set up to deliver a great outcome
4. Obtain feedback from your patients on how you can improve things within your practice
5. Have regular team meetings to request staff feedback on how to improve the business – often they have amazing ideas!

a unified and positive team approach that they can use and build on to move forward together.

The challenges of change

The response from Hannan and the team to my suggested changes has been positive with the feedback that it has worked really well.

They may notice that profits take a slight dip early in the change process, this is normal for a business that is taking on growth – they come down a little bit before going back up again. If you are putting the right systems and process in place, a period where things take a dip isn't always too concerning because you're doing this to encourage growth. Otherwise, you will just plateau at the same place.

We also know that these systems and process take six to 12 months to really bed in and show their benefits; they aren't quick fixes. You have to stick with the faith that these changes are the right process, you can't weave and deviate too much otherwise you confuse the message to your team and they won't know what to do. You must retain a clear message and stick with it – I know sometimes that's hard but it's important.

If you work as a group, through the addition of hygienists and collaboration with specialists, the result is an increased quality of work

How are things looking?

I think things are now set up, as the economy changes, to move so positively in the right direction. In addition, Hannan has so many good systems, processes and branding in place, which means he's fully set up for success when the market picks up. It's been a challenging year for our whole profession, but the key is to stick with the changes that have been implemented.

I think these changes are right for Hannan and his team, and with Daniel now joining him at the helm to help out even more I think it's a really great place.

One of the main challenges for any leader or entrepreneur is that we've always got to keep twisting and adapting and making changes and growing our business in a way that the market and our patients demand. I believe that, with time and thanks to the Dental Accelerator Programme, Hannan will have the tools to be able to see what will be needed for his business.

He will need to be continuous with his marketing, carry on evolving his website, as well as educating his staff and sharing his vision. With time, this will lead to a higher occupancy which will lead to higher profits and potential for reinvestment within the business. D

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THE WINNERS

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THE Dentistry AWARDS 2024

ATHENA LEICESTER

Overall winners

Team of the Year
- Denbigh House Dental Practice

Patient Care
- Church Street Dental

Young Dentist
- Simran Bains

Website of the Year
- Hilton Dental Clinic

Practice of the Year
- Dental Art

Dental Nurse of the Year
North
- Stephanie Gillies – Winner
- Teigan Dixon – Highly Commended

South
- Dorana Philpott – Winner
- Noorul Ain Chaudhry – Highly Commended

London
- Eszter Janusek – Winner
- Rebecca Silver – Highly Commended

Practice Manager of the Year
North
- Ibrahim Al-Kaddo – Clarendon Dental Spa – Winner

South
- Alex McWhirter – North Cardiff Dental & Implants – Winner

Receptionist of the Year
- Nicola Soden – Yor Dentist Didcot – Winner
- Shauna Church – Inspire Dental Care – Highly Commended

Hygienist of the Year
London
- Sejal Patel – Winner
- Shakhnoza Tosheva – Highly Commended
- Danuta Kucharczyk – Highly Commended

North
- Jaqueline Armstrong – Winner
- Poppy Irvine – Highly Commended

South
- Eli Pesario – Winner

Therapist of the Year
London
- Lorena Pivoda – Winner
- Leah Robson – Highly Commended

North
- Michaela Robinson – Winner
- Mariam Khalil Al-Ani – Highly Commended

South
- Amy Mesilio Peralta – Winner
- Agata Casey – Highly Commended

Apprentice of the Year
- Kathryn Taylor – Winner

It felt amazing and surreal to win. It's worth entering because it's an accolade and it's good to put an award to something you've done together as a team. Next year we'll 100% be back, two out of two baby!

Remo Dental Laboratory
Winner, Dental Laboratory of the Year

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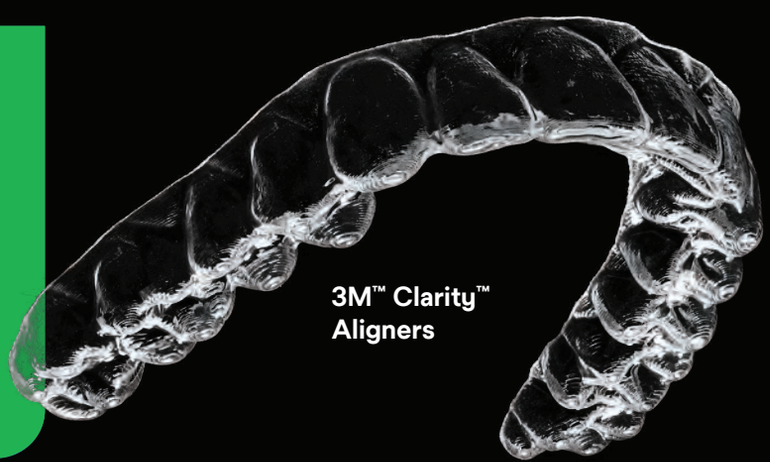

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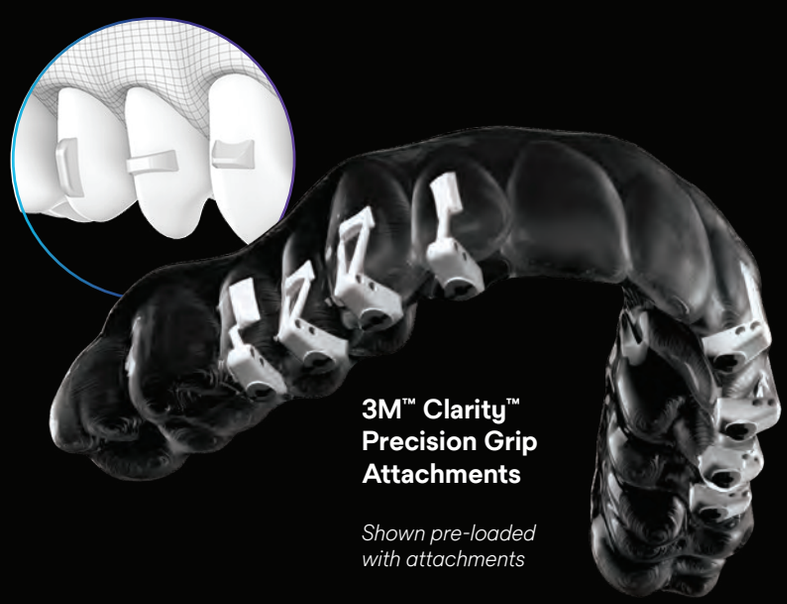

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Learn more:

Young Dentist

London
- Wiktor Pietraszewski – Winner
- Simmi Daryani – Highly Commended

Midlands
- Simran Bains – Winner
- Anna Najran – Highly Commended
- Bobby Bhandal – Highly Commended

North East
- Shaf Patel – Winner
- Tanaka Kadiyo – Highly Commended

North West
- Roshanay Javed – Winner
- Dimitrios Papalexiou – Highly Commended

Scotland & Northern Ireland
- Jamie Kerr – Winner
- Christopher Jordan – Highly Commended

South East
- Vikas Prinja – Winner
- Deepa Shah – Highly Commended

South West & Wales
- May Bassett – Winner
- Ali Al Hassan – Highly Commended

Website of the Year

North
- Hilton Dental Clinic – Winner
- VICI Dental Leeds – Highly Commended

South
- Smile HQ – Winner
- Hydean – Highly Commended

London
- Abbey Road Dental – Winner
- Park Avenue Dental Care – Highly Commended

Dental Laboratory of the Year
- Remo Dental Laboratory – Winner
- Ceramics Designs – Highly Commended

Dental Technician of the Year
- Nina Frketin – Winner
- Nick Jones and Stuart Jones – Highly Commended

Clinical Dental Technician of the Year
- Gosia Ciepiela – Winner
- Matthew Varley – Highly Commended

If you're a young dentist thinking of entering an award, I'd recommend applying. You never know what will happen and it can literally make your whole year and totally change your career

Simran Baines
Winner, Young Dentist of the Year

Sustainable Business Award

North
- Renovo dental – Winner

South
- Iconic Smiles – Winner
- Peninsula Dental Social Enterprise – Highly Commended

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Team of the Year

South East
- Denbigh House Dental Practice – Winner
- ODL Dental Practice – Highly Commended

Midlands
- Lady Bay Dental Care – Winner
- Hereford Dental Implant Clinic – Highly Commended

North East
- Honour Health – Winner
- Church Street Dental Practice – Highly Commended

North West
- Lismore House Dental Practice – Winner
- Smile Stylist Manchester – Highly Commended

Scotland & Northern Ireland
- Tiwari Watson Dental Care – Winner
- Dentistry on the Clyde – Highly Commended

South West & Wales
- Evolve Dentistry – Winner
- Inspired Dental Care – Highly Commended

Patient Care

South West & Wales
- Ruabon Road Dental Practice – Winner
- Narbeth Dental Health Practice – Highly Commended
- Evolve Dentistry – Highly Commended

South East
- Total Orthodontics Tunbridge Wells – Winner
- Myodental – Highly Commended
- Love Teeth Dental – Highly Commended

Midlands
- Church Street Dental – Winner
- Lady Bay Dental Care – Highly Commended

North East
- VICI Dental Leeds – Winner.

North West
- Cheadle Hulme Dental & Cosmetics – Winner
- Dr Rez Dental – Highly Commended

Scotland
- Sunrise Dental Clinic – Winner
- Tiwari Watson Dental Centre – Highly Commended

THE Dentistry AWARDS 2024
ATHENA LEICESTER

I'm over the moon to win this award!

Ibrahim Al-Kaddo – Clarendon Dental Spa
Winner, Practice Manager of the Year

We came with no expectations so that fact that we won is the cherry on the cake. You can't beat this feeling

Lady Bay Dental Care
Winner, Team of the Year, Midlands

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Practice of the Year

London
- Balham Smile Clinic – Winner
- ODL Dental Practice – Highly Commended
- Pure Periodontics – Highly Commended

Midlands
- Hereford Dental & Implant Clinic – Winner
- The City Dental Practice – Highly Commended

South East
- Dental Art – Winner
- Chapel Dental – Highly Commended

South West & Wales
- Evolve Dentistry – Winner
- Larkham House Dental Practice – Highly Commended

North East
- Honour Health Jesmond – Winner
- Havelock Dental Practice – Highly Commended

North West
- Cheadle Hulme Dental & Cosmetics – Winner

Northern Ireland
- Epic Dental – Winner
- Zen Orthodontics – Highly Commended

Scotland
- Dundee Nethergate Dental – Winner
- Tiwari Watson Dental Care – Highly Commended

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More than 1 in 4 present with active caries[1-4]

Are you aware of your patients' caries risk factors?

Anna, 61

Exposed roots

Mason, 6

Frequent snacking

Josh, 15

Orthodontic appliances

Carole, 28

Prescription medications

Assess their caries risk, and consider prescribing high fluoride to increase caries control[4]

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0.619% Sodium Fluoride

1.1% Sodium Fluoride

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*Colgate® Duraphat® 5000 fluoride toothpaste for patients 16 years of age and over at increased caries risk. †Colgate® Duraphat® 2800 ppm high fluoride toothpaste for patients 10 years of age and over at increased caries risk ^YouGov Omnibus for Colgate® UK, data on file June 2015. Claim applies only to the Colgate® brand.

References: 1. Oral Health Survey of Adults attending dental practices, 2018. Public Health England, published 2020. **2.**National Dental Epidemiology Programme for England, Oral health survey of 3-year-old children 2020: a report on the prevalence and severity of dental decay, Public Health England. **3.** National Dental Epidemiology Programme for England, Oral health survey of 5-year-olds 2022, Office for Health Improvement & Disparities. **4.** Child Dental Health Survey 2013, England, Wales and Northern Ireland National statistics, published 2015. **5.** Tavss et al. Am J Dent 2003;16(6):369-374. **6.** https://cariescareinternational.com/wp-content/uploads/2020/03/CCI-Practice-Guide.pdf. Last accessed July 2024.

Name of the medicinal product: Duraphat® 50mg/ml Dental Suspension. **Active ingredients:** 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600 ppm F^-) **Indications:** Prevention of caries, desensitisation of hypersensitive teeth. **Dosage and administration:** Recommended dosage for single application: for milk teeth: up to 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04 Fluoride), for permanent dentition: up to 0.75ml (=16.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days. **Contraindications:** Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Stomatitis. Bronchial asthma. **Special warnings and special precautions for use:** If the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat®. **Interactions with other medicines:** The presence of alcohol in the Duraphat® formula should be considered. **Undesirable effects:** Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma. **Legal classification:** POM. **Product licence number:** PL 00049/0042. **Product licence holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Price:** £22.70 excl VAT (10ml tube) **Date of revision of text:** June 2024.

Assessing caries risk

CariesCare International[6] promotes a patient centred risk-based approach to caries management

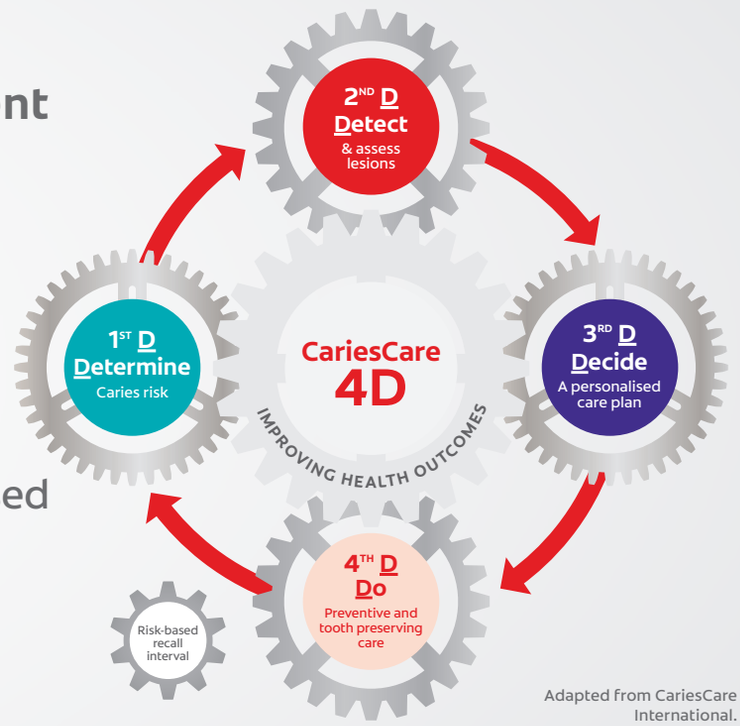
CariesCare Practice Guide:
A **4D process** to help **prevent** and **control caries**[6]

1ST D **Determine** caries risk

2ND D **Detect** and assess

3RD D **Decide** on a personalised care plan

4TH D **Do** preventive and tooth-preserving care



Adapted from CariesCare International.

Download our CariesCare Guide* adapted to help you deliver UK evidence-based caries care for your patients

*Adapted from CariesCare International.

Name of the medicinal product: Duraphat® 2800 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 0.619 %w/w (2800 ppm F-). **Indications:** For the prevention and treatment of dental caries (coronal and root) in adults and children 10 years of age and over. **Dosage and administration:** Adults and children 10 years of age and over: Use daily instead of normal toothpaste. Apply a 1cm line of paste across the head of a toothbrush and brush the teeth thoroughly for one minute morning and evening. Spit out after use; for best results do not drink or rinse for 30 minutes. **Contraindications:** Individuals with known sensitivities should consult their dentist before using. Not to be used in children under 10 years old. **Special warnings and precautions for use:** Not to be swallowed. **Undesirable effects:** When used as recommended there are no side effects. **Legal classification:** POM. **Marketing authorisation number:** PL00049/0039. **Marketing authorisation holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Recommended retail price:** £5.10 (75ml tube). **Date of revision of text:** July 2024.

Name of the medicinal product: Duraphat® 5000 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 1.1%w/w (5000 ppm F^-). 1g of toothpaste contains 5mg fluoride (as sodium fluoride), corresponding to 5000ppm fluoride. **Indications:** For the prevention of dental caries in adolescents and adults 16 years of age and over, particularly amongst patients at risk from multiple caries (coronal and/or root caries). **Dosage and administration:** Brush carefully on a daily basis applying a 2cm ribbon onto the toothbrush for each brushing. 3 times daily, after each meal. **Contraindications:** This medicinal product must not be used in cases of hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** An increased number of potential fluoride sources may lead to fluorosis. Before using fluoride medicines such as Duraphat, an assessment of overall fluoride intake (i.e. drinking water, fluoridated salt, other fluoride medicines - tablets, drops, gum or toothpaste) should be done. Fluoride tablets, drops, chewing gum, gels or varnishes and fluoridated water or salt should be avoided during use of Duraphat Toothpaste. When carrying out overall calculations of the recommended fluoride ion intake, which is 0.05mg/kg per day from all sources, not exceeding 1mg per day, allowance must be made for possible ingestion of toothpaste (each tube of Duraphat 500mg/100g Toothpaste contains 255mg of fluoride ions). This product contains Sodium Benzoate. Sodium Benzoate is a mild irritant to the skin, eyes and mucous membrane. **Undesirable effects:** Gastrointestinal disorders: Frequency not known (cannot be estimated from the available data): Burning oral sensation. Immune system disorders: Rare (≥1/10,000 to <1/1,000): Hypersensitivity reactions. **Legal classification:** POM. **Marketing authorisation number:** PL00049/0050. **Marketing authorisation holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Recommended retail price:** £7.99 (51g tube). **Date of revision of text:** July 2024.

Klinik DeMedici

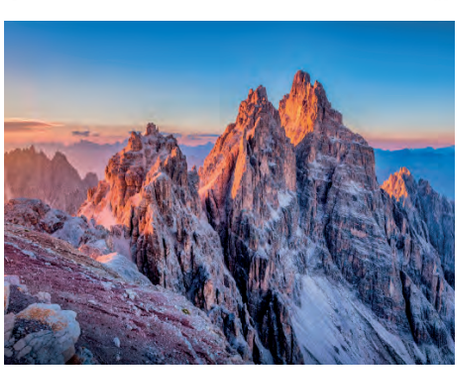
Educational training on real patient cases, focusing on the interdisciplinary collaboration between dentists and dental technicians

Founded in 2019, the Klinik DeMedici is one of Zirkonzahn's nine training centres located in the Aurina Valley (South Tyrol, Italy). This education facility has been designed to host events focusing on interdisciplinary collaboration between clinics and laboratories, offering educational training for dentists and dental technicians to optimise patient's care.

A dental restoration can be well done and be highly aesthetic from a dental technical perspective. However, whether it does justice to its true function and develops the desired aesthetics is solely defined in the one place it's used – the patient's mouth.

For this reason, most training is performed on real patient cases, allowing participants to learn in a real-life situation and verify the results in situ.

All courses are provided by experienced and qualified dentists as well as dental technology experts. Surrounded by the beautiful landscapes of the Italian Alps, participants can learn innovative dental treatments and technologies depending on their aims:



Surrounded by the beautiful South Tyrolean landscape, get immersed into Zirkonzahn's world and discover where it all began!

Computer-based dental diagnostics course

The course, organised in collaboration with the inventor of the PlaneSystem®, MDT Udo Plaster, is focused on Plaster's innovative working method for digital patient acquisition. The course aims to teach how to record and transfer patient data 1:1 into the digital world without losing information, including insights into physiotherapeutic approaches.

Digital workflow course

With theoretical and practical sessions, participants explore all the possibilities that Zirkonzahn's software, equipment and materials offer. Trainers explain how each workflow component perfectly combines with the others forming a seamless and well-coordinated workflow, and how communication between the clinic and dental laboratory is considerably optimised.

Prettau® Skin® course

This new course is meant to provide dentists and dental technicians with the necessary skills for producing ultra-thin Prettau® zirconia veneers (0.2mm). Through targeted contents, participants can learn how to produce, prepare and cement the ultra-thin veneers based on a proven protocol developed by Zirkonzahn, including technical and clinical working steps. Next available dates: 6-7 February 2025!

Preparation course

Another new course focusing on the importance of a conservative approach to dental treatments, combining digital and analogue workflow steps.

It is conceived for all dentists willing to practice and improve skills on minimally invasive tooth preparation for different clinical situations. Next available dates: 13-14 February 2025!

All events are organised over two or three days, including moments of conviviality and joint meals immersed in the traditional South Tyrolean atmosphere.

The Klinik DeMedici is located a few kilometres away from Zirkonzahn's headquarters, allowing participants to arrange a visit to the company's headquarters and production sites. Guided by an employee, participants can walk in the company's 'behind the scenes', watching Zirkonzahn at work and getting a better understanding of the work philosophy that drives the South Tyrolean company day by day.

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FOR MORE INFORMATION on upcoming events at the Klinik DeMedici, call **+39 0474 06 6650**, email **education@zirkonzahn.com** or visit **www.zirkonzahn.com**.

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Optimising performance

The role of ergonomics in periodontal and oral surgery

Zerina Hadžić
Specialist in periodontology and oral medicine

In the intricate world of periodontal and oral surgery, precision and attention to detail are crucial. However, an often overlooked yet integral factor in achieving successful outcomes is the ergonomics of the dental workspace. Achieving optimal outcomes in the periodontal and oral surgery relies not only on clinical expertise but also on the seamless integration of ergonomics into the dental workspace. Ergonomics, the science of designing work environments to enhance efficiency, wellbeing, and overall performance, plays an important role in elevating the standard of care provided by dental professionals. The primary definition of ergonomics is to maintain the body posture in a neutral position as much as possible, minimising the leaning or bending towards the patient that can result in injuries and musculoskeletal defects. Dentistry often involves prolonged periods of repetitive tasks and precise movements, which can lead to musculoskeletal issues if proper ergonomic principles are not applied.

The *Journal of American Dental Association* published a study stating that over 60% of dentists experience some form of musculoskeletal pain during their career. Ergonomically designed dental chairs, stools, and instruments support proper posture and reduce the risk of upper and lower back, neck, and shoulder pain, or even sciatica. Additionally, ergonomic magnification systems and lighting solutions promote optimal visibility, reducing eye strain and enhancing diagnostic accuracy. Additionally, a comfortable and ergonomic workspace contributes to dentists' mental wellbeing by reducing physical discomfort and fatigue. Dentists who work in ergonomically designed environments are less likely to experience burnout and are better equipped to maintain focus and concentration during long procedures. Ergonomics in dental surgery aims at creating a workspace that not only supports the practitioner's physical wellbeing but also enhances precision, workflow efficiency, and patient comfort.

Maintaining the right posture during surgery is very important for precision and accuracy, but also for the longevity of the dentist's career.

Ergonomically designed seating, exemplified by the Bambach chair, enables practitioners to achieve and maintain optimal postures, minimising the risk of musculoskeletal strain and creating an environment conducive to delivering precise and effective treatments. The physical demands of dental surgery often leads to occupational hazards, influencing the sustainability of their careers and the overall health of dental practitioners. Recognising the movements and extended periods dentists spend in the treatment room, the Bambach chair goes beyond traditional seating solutions. Its unique saddle-shaped design promotes a neutral spine, reducing strain on the lower back and providing unparalleled support for precise and intricate procedures. Most of us find ourselves with collapsing C shape curve spine, compressing our organs and encouraging posture-related health problems with the spine. Ergonomics in dental surgery is not just about comfortable chairs and convenient equipment placement; it's a strategic approach to enhancing the overall performance and wellbeing of the dental practitioner. One notable example of ergonomic excellence is the Bambach Saddle Seat, a chair designed specifically for dental professionals.

Precision and accuracy

Maintaining the right posture and positioning during surgery is crucial for precision. The Bambach Saddle Seat promotes a neutral spine, reducing strain on the lower back and providing optimal support for precise movements. This directly translates into improved patient outcomes and procedural success.

For precision and accuracy, the arm position and health of the upper body musculoskeletal system is of high importance, and the use of armrests for macro surgery and armrests for microscope surgery can be a helping factor.

Operator health and wellness

Dental professionals spend long hours performing intricate procedures. The Bambach chair not only enhances patient care but also safeguards the health and wellbeing of the dental team. Its unique design encourages proper posture, reducing the risk of musculoskeletal issues and promoting long-term career sustainability.

Workflow efficiency

Ergonomically designed dental chairs, such as the Bambach, contribute to streamlined workflows. The chair's flexibility and adjustability enable practitioners to work comfortably, with easy access to instruments and equipment, thereby minimising downtime and maximising efficiency.

Patient comfort

A comfortable practitioner is better equipped to ensure patient comfort. The Bambach Saddle Seat's ergonomic design not only supports the dentist but also contributes to a more relaxed environment for the patient during surgical procedures.

Long-term career sustainability

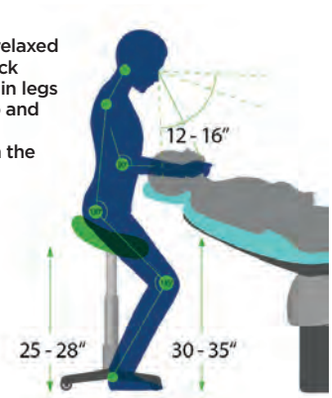
Dentistry is a lifelong commitment, and the Bambach Saddle Seat plays a crucial role in ensuring the longevity of a practitioner's career.

By prioritising ergonomics, dental professionals can mitigate the risk of occupational hazards and continue to provide exceptional care throughout their careers.

In conclusion, the importance of ergonomics in periodontal and oral surgery, with special mention of the Bambach Saddle Seat, cannot be overstated.

It is a holistic approach that not only benefits practitioners but also enhances the overall quality of patient care. As we navigate the complexities of dental surgery, let us remember that a well-designed, ergonomic workspace is the foundation for excellence in every procedure.

- Shoulders relaxed
- Straight back
- Circulation in legs
- Healthy hip and knee joints
- Feet flat on the floor



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Transforming the industry

Saint Visage Dental Group on track to acquire 100 dental clinics by 2030

Saint Visage Dental Group is on its way to meeting its ambitious target of acquiring 100 clinics by 2030, with 10 to 15 clinics being added to its portfolio annually. What sets it apart is its ability to swiftly transform underperforming clinics while creating a lasting, positive impact on the communities they serve.

Recruitment: fuelling strategic expansion

A major driver of Saint Visage's growth is Visage Dental Recruitment, its dedicated division that grants access to the clinicians needed for rapid yet sustainable expansion.

This recruitment strength has enabled key acquisitions, such as the recent purchase of several former Bupa Dental Care locations. Not only does Saint Visage leverage this advantage to support its own practices, but it also extends recruitment services to the wider dental community, helping other practice owners struggling to meet their practice targets.

Paul Graham, managing director – medical at Christie & Co, commented: 'It's been wonderful to witness the significant positive impact that Samin and his team have made in recruiting associates for dental practices, especially in areas often referred to as "dental deserts". These challenging locations still require core NHS dental services, and Saint Visage has been instrumental in delivering them. The successful recruitment of dentists not only ensures essential services but also secures the financial viability of these businesses, transforming practices and benefiting the communities that rely on them.'

Training and marketing: driving success

Another essential factor in Saint Visage's success is the Visage Dental Academy, which offers a wide range of courses, training, and development programmes, including CQC Registered Manager Courses and Associate Development Programmes for new dentists.

These initiatives ensure that high standards of care and operational efficiency are maintained across all clinics. In addition, Ad-tivity, its Dubai-based in-house marketing agency, plays a big role in generating patient leads and supporting business growth.

Leading the way with skill mix

Saint Visage has played a vital role in addressing workforce shortages in the UK by helping register more than 1,000 overseas dentists as dental therapists with the General Dental Council.

Through the skill mix model, Saint Visage empowers dental therapists and support staff to handle routine care, allowing dentists to focus on more complex treatments.

This approach has greatly enhanced clinic efficiency and patient care, positioning Saint Visage as a leader in sustainable growth within the dental industry.

Supporting the NHS

In a move to further support the broader dental sector, Saint Visage is offering free dental therapists to clinics facing recruitment challenges, helping to stabilise NHS services by addressing workforce shortages. This initiative underscores its commitment to strengthening the wider dental community.

Dr Samin Usman, founder and CEO of Saint Visage Dental Group, explains: 'Our vision goes beyond simply acquiring clinics for profitability. While many dental groups focus on bolt-on acquisitions through established sites, we take a different approach – creating new jobs and improving patient access. This allows us to provide long-term value to the communities we serve, enhancing both patient care and business value.'

With these strategies in place, Saint Visage Dental Group is well positioned to achieve its goal of acquiring 100 clinics by 2030. Its integrated approach to recruitment, training, and marketing sets a new benchmark for operational efficiency and patient care in the UK dental sector. As one of the fastest-growing dental groups, Saint Visage is transforming the industry by redefining growth strategies and enhancing community value.

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Letitia McElmurray, Treatment Coordinator, at a Practice Plan event.

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Tooth whitening: a bright idea?

Nicolas Coomber discusses the growing popularity of tooth brightening and the best methods for delivering it

Nicolas Coomber
National account and marketing manager, Coltene

A common desire for many patients is to achieve a whiter, brighter smile. In fact, a 2020 survey revealed that 22% of Brits would like to have their teeth professionally whitened (Statista, 2020).

An attractive smile can have a big impact on a person's social life, making it a popular cosmetic treatment sought out by a wide range of people. As such, it's important that clinicians are able to offer patients the right solutions for them.

Clinicians should be knowledgeable about any potential limitations or complications that patients should be aware of before proceeding with treatment, to help them make an informed decision about their care.

Causes of tooth staining

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

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

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

Hydrogen peroxide

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

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

HP is associated with a number of side effects, particularly when used in high doses, or over a long period of time.

Tooth sensitivity, for example, is experienced by 15-78% of patients who have had their teeth whitened using hydrogen peroxide (Tredwin et al, 2006). This common concern can cause patients unnecessary pain and, while it's often temporary, might be an indicator of long-term issues.

Other side effects of whitening using HP include gingival irritation, enamel softening, surface roughness, demineralisation, and cervical root resorption (when used for internal bleaching).

Efficacy in low doses

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

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

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

Alternatives

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

Phthalimido-peroxy-caproic acid (PAP) has emerged as a fantastic alternative for tooth brightening, and is likely to be the future of the cosmetic treatment modality. One study reported that PAP was nearly harmless to enamel, whereas HP would cause hypersensitivity and a burning sensation (Junyuan, 2014). Additionally, PAP had an equivalent effect to HP, but was fundamentally safer and more reliable.

The in-office brightening system, BRILLIANT Lumina from Coltene is formulated with PAP. It offers patients tooth brightening without sensitivity, which is extremely gentle on the tooth structure, and it is very easy to use.

When prescribed by a dentist, the treatment can be provided by a dental therapist. Over 5,000 treatments have already been performed with BRILLIANT Lumina, with no tooth sensitivity observed during or after the procedure. This makes BRILLIANT Lumina the ideal choice for patients who are hoping to achieve a naturally brighter smile.

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

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

For references, email newsdesk@fmc.co.uk.

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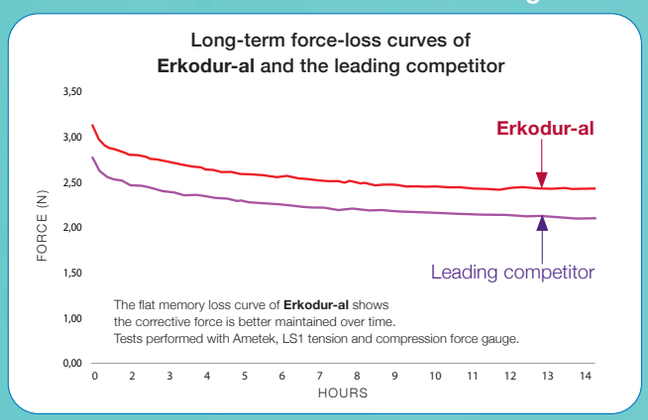

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Orthodontic treatment, white spots removal, and gum reshaping

By applying an integrated approach, the patient's concerns were addressed comprehensively, leading to a beautifully balanced and functionally stable smile, writes Alessandro Martini

Dr Alessandro Martini
Dentist

Bleaching has become an essential component of contemporary dentistry, offering a non-invasive solution for tooth discoloration with agents such as hydrogen peroxide (HP), carbamide peroxide (CP), and sodium perborate.

Accurate colour assessment is achieved through various devices and techniques, including colour scales, colorimeters, spectrophotometers, and digital photography.

Resin composites offer significant advantages in the anterior region, such as enhanced aesthetics through custom colour matching, improved tooth contour, and seamless blending with natural dentition.

This article explores an integrated approach that combines a comprehensive home bleaching regimen with precise resin composite applications, addressing patients' aesthetic concerns and delivering notable improvements in smile appearance and function.

The initial situation before performing professional oral hygiene showed evident malocclusion and enamel discoloration.

A polariser was applied to both the flash and the camera lens, clearly identifying the enamel discolorations.

The patient used 10% CP White Dental Beauty Professional Tooth Whitening (Optident) nightly for three months, applying it with aligners as whitening trays.

To reshape the gingival margins, a dual-wavelength soft tissue diode laser (Gemini 810 and 980) was used.

After healing, treatment of the remaining white discolorations was initiated by sequentially applying hydrochloric acid and ethanol, followed by infiltrating the etched surface with a very fluid resin (Icon, DMG).

Polymerisation with glycerin (Air Block) prevents oxygen from contacting the resin, ensuring complete polymerisation.

After proper polishing with Lucida by Diashine, the final result remains stable even at a six-year follow-up check.

Conclusions

This case highlights the importance of a multidisciplinary approach in achieving and maintaining an aesthetically pleasing and functionally stable smile.

By combining orthodontic treatment with whitening, gingival reshaping, and resin infiltration techniques, the patient's concerns were addressed comprehensively.

The long-term follow-up reinforces the effectiveness of the treatment plan and underscores the importance of regular maintenance to ensure lasting results.

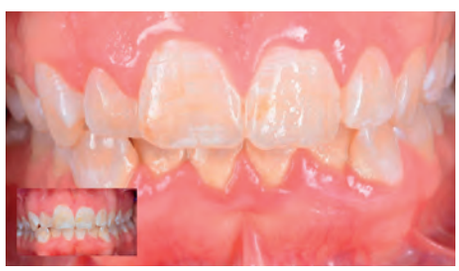

Figure 1: Initial situation

Figure 2: Home bleaching

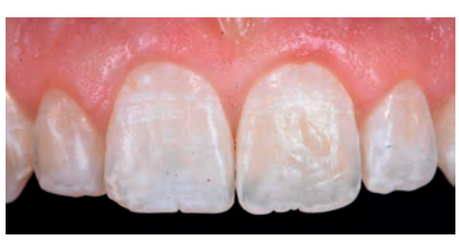

Figure 3: Laser for gingival margins

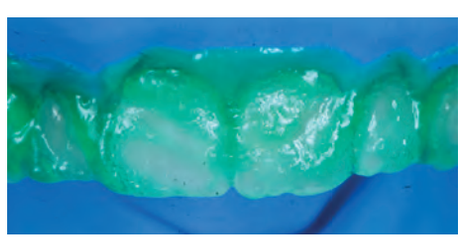

Figure 4: Sequence for icon infiltration of the lesions

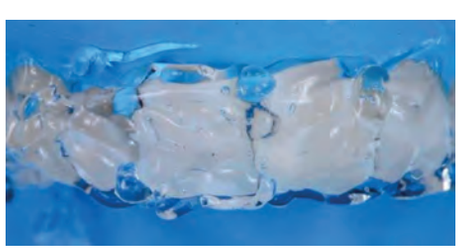

Figure 5: Polymerisation

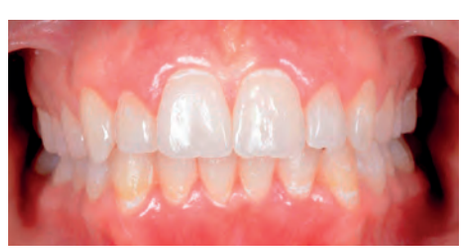

Figure 6: Final situation

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This case highlights the importance of a multidisciplinary approach

Artificial intelligence and periodontal diagnoses

Makyle Khan explores the role artificial intelligence can play in periodontology

Makyle Khan
Dental student, University of Liverpool

Periodontitis is the sixth most prevalent disease globally and has a huge impact on an individual's quality of life (Scott et al, 2023). It causes pain and discomfort and can result in the loss of mouth function.

Alongside the physical effects of periodontitis, there is the vast impact it can have on an individual's mental health.

Oasis Dental Care carried out research in 2012 that found that 5.4 million people with bad teeth try to hide their smiles or avoid smiling. In the same research, a further 4.4 million people said having bad teeth made them less confident in public. This can result in fewer social interactions, consequently affecting a person's mental health.

Challenges that arise in periodontal diagnoses for clinicians include accuracy and recognising changes in tissue. Current best practice includes probing using a basic periodontal examination (BPE) and assessing hard tissue radiographically, but these have their drawbacks.

Probing has poor inter/intra-operator reliability, as there are variations in probe pressure between clinicians. Also, radiographic angulations vary depending on the individual taking the radiograph. In a study, it was found that, in detecting caries and periodontal bone loss, the inter-rater/ratee agreement was poor lending analysis to convolutional neural network (CNN) assistance (Scott et al, 2023). Artificial intelligence (AI) can help us diagnose periodontal diseases in time to avoid such consequences.

What is artificial intelligence?

Artificial intelligence is a simulation of human intelligence within machines designed to learn and think like humans. AI is fast growing and in dentistry specifically, it is expanding quicky and revolutionising the industry. It is helping to streamline procedures and save time, which we do not have a lot of as clinicians.

The focal advantages of AI are:

- Precision
- Reduced errors
- Reduced staffing.

Author/year	Study	Findings
LEE ET AL, 2018	'Deep CNN-based computer-assisted detection system in the diagnosis and prediction of PCT'	PCT were diagnosed with an accuracy of 76.7% for molars and 81% for premolars. Extraction was predicted with an accuracy of 73.4% for molars and 82.8% for premolars in severely compromised teeth. The diagnosis and prediction of PCT was successfully performed using the deep CNN algorithm.
ABERIN ET AL, 2018	'Differentiation between periodontitis-affected and healthy dental plaque using microscopic images of dental plaque and the Alexnet architectural model based on CNNs'	The model showed an accuracy of 75.5% and a mean square error of 0.05348436995.
BALAEI ET AL, 2017	'Detection of periodontitis for people with limited access to dental personnel and facilities in any healthcare setting considering pretreatment intraoral photos as diseased individuals, and the posttreatment photos as healthy individuals'	Pre- and post-treatment have been classified as healthy or diseased individuals with an accuracy of 91.6%. The algorithm is useful as a smartphone application for people with limited access to dental clinics to be screened for periodontitis by health professionals in any healthcare setting, and to monitor the progress of periodontal treatment.

Table 1: Use of AI in the detection of periodontal disease (AI, artificial intelligence; CNN, convolutional neural network; PCT, periodontally compromised teeth) (Moosa et al, 2023)

Author/year	Study	Findings
FERES ET AL, 2018	'Classification of patients into generalized ChP, generalized AgP, and PH by ML using 40 bacterial species'	A support vector classifier using a panel of 40 bacterial species was useful to differentiate between PH, ChP, and AgP. The relative bacterial load could distinguish between AgP and ChP.
RANA ET AL, 2017	'A ML classifier trained with annotations from dentists that gives pixel-wise inflammation segmentations of colour-augmented intraoral photos'	The classifier differentiates successfully between healthy and inflamed gingiva with precision and recall of 0.347 and 0.621, respectively. The early diagnosis of periodontal diseases given by this classifier using photos acquired by intraoral imaging devices can be advantageous for dentists and patients.
OZDEN ET AL, 2015	'Classification of periodontal diseases using ANNs, SVM, and DT'	OT and SVM showed the best accuracy of 98% in the classification of periodontal diseases with a computational time of 19.91 and 7.00 s, respectively. SVM and DT are simple enough to comprehend; they reflect all the factors associated with periodontal status and are useful as a tool for decision-making and prediction of periodontal disease.

Table 2: Use of AI in the classification of periodontal disease (AI, artificial intelligence; ChP, chronic periodontitis; AgP, aggressive periodontitis; PH, periodontal health; ML, machine learning; ANN, artificial neural network; SVM, support vector machine; DT, decision tree) (Moosa et al, 2023)

AI in periodontology

AI is in its infancy and has not been wholly applied to periodontology, however, it can help to indicate various factors that are crucial for an accurate diagnosis. These factors consist of being able to analyse radiographs and assess periodontium and the basic periodontal examination (BPE). AI can assist by establishing a timely diagnosis of periodontitis due to its ability to evaluate radiographs/detect changes in periodontium. AI can detect changes in periodontium via the use of intraoral photos and microscopic images of dental plaque (Moosa et al, 2023).

The classification of periodontal diseases can also be achieved via AI by distinguishing whether they are chronic or aggressive by evaluating if the gingiva is inflamed or healthy (Moosa et al, 2023). Furthermore, when using AI to conduct a periodontal risk assessment, it looks at various factors, making a more holistic judgement and prediction.

Overall, AI helps to improve the effectiveness of decision-making and will help improve accuracy when coming to a diagnosis with reduced errors

Considerations

Incorporating AI into your dental practice may seem expensive as you must account for staff training as well as maintenance.

Before deciding, you must review all the options and ask yourself will it help you as a clinician to provide better care and service to your patients.

An additional benefit of AI is the element of time efficiency when conducting consultations (Sowingo, 2023). AI is becoming more accessible and cost-effective and perhaps in the very near future will be seen in many UK practices.

Overall, AI helps to improve the effectiveness of decision-making and will help improve accuracy when coming to a diagnosis with reduced errors (Khan et al, 2024). However, we must remember that it cannot be used independently and must be overseen by a clinician, as errors can still occur.

Furthermore, as patient information is stored within a system, this can pose a security risk. AI needs to be regularly reviewed. Despite it being in its infancy when it comes to periodontology, it will help revolutionise this aspect of dentistry (Sowingo, 2023, Khan et al, 2024). D

For references, email newsdesk@fmc.co.uk

Author/year	Study	Findings
MOOSA ET AL, 2023	'ML model to study the association between patient demographics, smoking, treatment received, and severity of periodontal disease before and after treatment'	The ML model, random forest regressor, showed less potential for prediction of post-treatment severity. However, it can reflect the associations between patient demographics and disease-specific factors in periodontal disease.
PATEL ET AL, 2022	'Comparison of patient's risk factors in five PRA tools (PRA, Previser, Sonicare, Cigna, and PRSS developed using ML)'	The most precise prediction was given by PRSS (70%), followed by Previser (55%), PRA (35°/o), Phillips (35%), and Cigna (25%).
YAUNEY ET AL, 2019	'Correlation of periodontal disease with systemic health conditions using a combination of ML, clinical examination, and intraoral fluorescent porphyrin biomarker imaging'	The results indicate a positive correlation between systemic health conditions and poor periodontal health. The screening analysis method using ML and images can be used for diagnoses and screening of other systemic diseases.
SHANKARAPILLAI ET AL, 2010	'Prediction of periodontal risk using two ANN algorithms namely: Levenberg Marquardt and Scaled Conjugate Gradient algorithms'	The Levenberg Marquardt algorithm outperformed the Scaled Conjugate Gradient algorithm with fewer repetitions, faster convergence, and producing the smallest mean square error in both the training and testing phases. Levenberg Marquardt algorithm can effectively be used as a well-trained neural network for the prediction of the risk for periodontitis.

Table 3: Use of AI in PRA (Moosa et al, 2023)

Author/year	Study	Findings
ALOTAIBI ET AL, 2022	'Detection of alveolar bone loss and classification of the severity of bone loss due to periodontal disease in periapical radiographs in the anterior region of the dental arches using a computer-assisted detection system based on a deep CNN algorithm'	Alveolar bone loss was detected with an accuracy of 73%, and the accuracy of classification of the level of severity of the bone loss was 59%. Alveolar bone loss was effectively detected in periapical radiographs using the deep CNN algorithm (VGG-16). Also, the severity of bone loss was detected satisfactorily. Periodontal disease can be detected and staged efficiently using a computer-aided CNN algorithm-based detection system.
CHANG ET AL, 2020	'DL hybrid method for the diagnosis of periodontal bone loss and staging of periodontitis on dental panoramic radiographs'	Diagnosis and staging of periodontitis were performed with good reliability and excellent accuracy using the combination of DL and the conventional CAD method.
KROIS ET AL, 2019	'Detection of PBL on panoramic radiographs using deep CNNs'	The mean accuracy for classification by CNN was 0.81, and that of the dentists was 0.76. There was no statistically significant difference between CNN and the examiners. The CNN showed comparable ability as dentists in the detection of PBL on panoramic radiographs. Technologies based on ML may help reduce the dentist's efforts.

Table 4: Use of AI in the assessment of periodontal bone level (AI, artificial intelligence; CNN, convolutional neural network; DL, deep learning; CAD, computer-aided design; PBL, periodontal bone loss; ML, machine learning) (Moosa et al, 2023)

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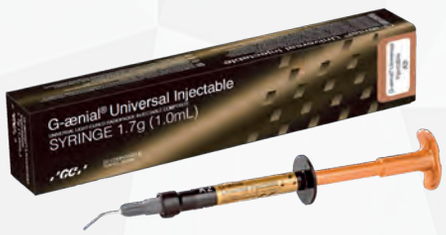

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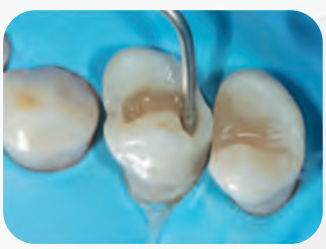

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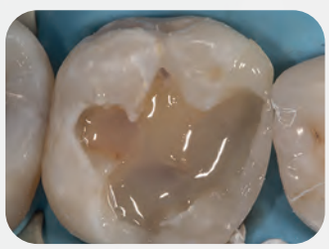

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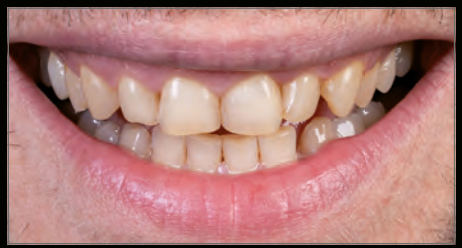
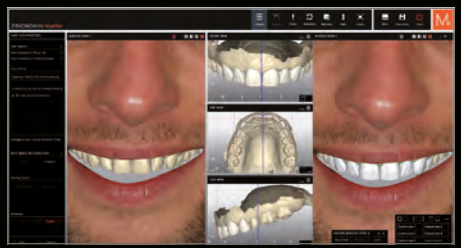
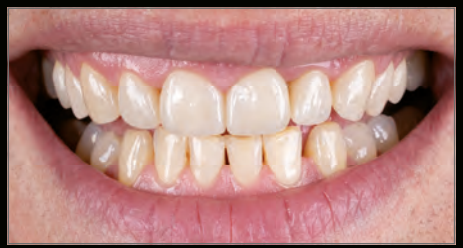






An introduction to maxillary sinus pathology

Cemal Ucer examines the causes of a series of dental disorders associated with the maillary sinus

Professor Cemal Ucer
Specialist oral surgeon and director of ICE

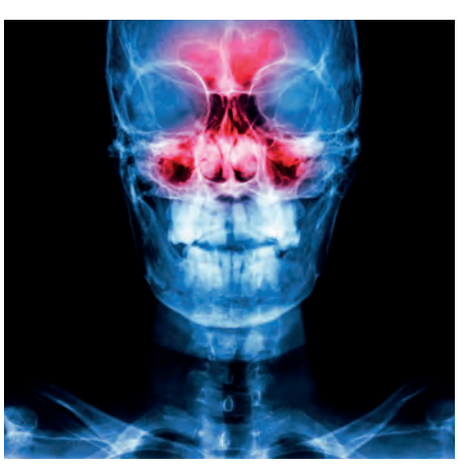
The maxillary sinus, one of four pairs of paranasal sinuses (Whyte and Boeddinghaus, 2019), is a pyramid-shaped structure, with its base pointing towards the nasal sidewall and its apex pointing towards the zygomatic region of the maxilla.

It contains the maxillary sinus ostium, located towards the cranial side which connects it to the nasal cavity, enabling the drainage of its content (Pérez-Sayáns et al, 2020).

Diseases affecting the maxillary sinus can cause a great deal of discomfort in a patient's orofacial region. As this can present as tooth pain, dentists may often be the primary diagnostician, encountering conditions, such as sinusitis, polyps, cysts, mucocele and other lesions (Pérez-Sayáns et al, 2020) via radiographs (Bell et al, 2011).

Ear, nose and throat specialists (ENT), or otolaryngologists, are also concerned with this area, and due to their related areas of interest, oral and maxillofacial surgeons may often find themselves collaborating with ENT surgeons when planning treatment for some diseases of the maxillary sinus (Saibene et al, 2021).

An understanding of the maxillary sinus region, the neurovascular systems and alveolar bone is essential for effective surgery, as well as management of complications related to oral surgical procedures (Whyte and Boeddinghaus, 2019).



Dental disorders and the maxillary sinus

Dental disorders can be associated with alterations of the sinus mucosa due to the close anatomical relationship between some premolars and upper molars and the maxillary sinus floor (Peñarrocha-Oltra et al, 2020).

Maxillary sinusitis (MS) is the most common pathology of the maxillary sinus, and can be rhinogenic, traumatic, allergic or neoplastic – but it can also be odontogenic.

A significant proportion of maxillary sinusitis is associated with odontogenic infection from posterior maxillary teeth as a result of their close proximity to the sinuses (Alghofaily et al, 2023).

Odontogenic infection and sinusitis can result from dental caries, dentigerous cysts, retained tooth roots, periapical diseases, and periodontal disease.

These may also result from surgery in the posterior maxilla, including the removal of teeth, sinus lift grafting and implant placement. Maxillary sinus infections of odontogenic origin are likely to be caused by the same kinds of bacteria as typically seen with dental infections (Han, 2023).

Apical periodontitis (AP) is a major risk factor for odontogenic maxillary sinusitis (OMS). The progression of periapical lesions (PALs) from the posterior maxillary teeth can lead to inflammatory changes in the mucosal lining of the maxillary sinus, leading to OMS, as well as structural changes in the Schneiderian mucosal sinus membrane and possibly the entire sinus (Alghofaily, 2023).

The upper second and the first molar are also more prone to furcation involvement (FI) compared to other teeth which can lead to tooth loss (Peeran et al, 2024).

The loss of the maxillary second molar, particularly, is thought to be a cause of maxillary sinus pneumatisation (MSP), which in severe cases can lead to an engagement between the sinus floor and the alveolar crest (Elsayed et al, 2023).

Tooth loss can cause alveolar process resorption. When bone volume or height decreases, implant treatment becomes more complex. In addition, maxillary sinus diseases decrease the elasticity of the Schneiderian membrane. This increases the technical difficulty of surgery, as well as the risk of complications (Lyu et al, 2023).

A multidisciplinary approach to diagnosis and management

OMS and non-odontogenic MS are sometimes difficult to diagnose correctly, and one can be confused with the other.

Due to the complexity of the paranasal regions, collaboration between otolaryngologists and dentists optimises outcomes once OMS, or other conditions affecting the maxillary sinus, have been diagnosed (Psillas et al, 2020). Radiographic images, including panoramic and cone-beam computed tomography (CBCT) scans which are often used in oral and maxillofacial surgery can help with the diagnosis of maxillary sinus diseases, including OMS (Psillas et al, 2020).

Surgical approaches to OMS are based essentially on dental surgery, often combined with endoscopic sinus surgery.

These techniques remove any infection, and restore the drainage ability of the sinus, preventing any recurrence of sinusitis. This approach draws upon dental as well as ENT expertise, which is essential to successfully manage the dental pathology and any possible complications resulting from interventions (Psillas et al, 2020).

Identifying the relationship between dental and sinus pathologies is essential to establish the correct diagnosis, and the subsequent management of the patient experiencing maxillary sinus diseases requires close cooperation between professionals (Han, 2023).

For more than eighty years, OMS has represented a positive common ground for otolaryngologists and dental surgeons (Saibene et al, 2021).

Interdisciplinary collaboration not only provides an additional medico-legal safeguard for practitioners, but offers patients the benefits of uniting two fields of knowledge and expertise Saibene et al, 2021). D

For references, email newsdesk@fmc.co.uk.

ICE Postgraduate Dental Institute & Hospital and the University of Salford offer courses that offer deeper clinical understanding of sinus pathology and management, as well as comprehensive training for the experienced implant surgeon in reconstructive pre-prosthetic oral surgery.

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A step in the right direction?

General Dental Council CEO Tom Whiting recently visited Byrnes Dental Lab to learn more about dental technology – Ashley Byrne shares how it went

Ashley Byrne
Associate director,
Byrnes Dental Laboratory

Earlier this year, at a General Dental Council (GDC) stakeholders' meeting, I presented on the pressing issues facing dental technology, such as a shrinking workforce, outdated educational offerings and a general lack of awareness about the vital role dental labs play in restorative dentistry. This presentation highlighted the challenges our industry faces and sparked a wider conversation.

In response, Tom Whiting, the newly appointed CEO of the GDC, expressed a keen interest in seeing firsthand how modern dental laboratories operate and understanding their place within the broader dental landscape.

Genuine interest

In mid-August, Tom and Joanne from the GDC arrived at Byrnes Dental Lab with open minds and a genuine interest in our field. We began the day with a presentation that not only outlined the crisis in dental technology, but also emphasised the critical role labs play in the delivery of restorative care.

Tom was highly engaged, asking numerous questions about the industry, listening attentively, and fostering discussions on how the GDC and dental technology could better collaborate in the future.

Following the presentation, we conducted an intensive, hands-on tour of the lab. I made it clear that Byrnes represents one of the more advanced labs, with many others in the industry being smaller and less digitally equipped. We demonstrated both analogue and digital workflows, showcasing the breadth of what dental labs can achieve.

Tom interacted openly and candidly with our team, who did not shy away from asking tough questions about the challenges they face, from the complexities of overseas registration to the outdated nature of much of the education available to new technicians.

Honest dialogue

We highlighted the benefits of modern workflows and how labs can significantly improve chair time efficiency, enhance patient satisfaction and offer innovative solutions to the broader challenges facing dentistry. Tom continued to show a desire to deepen his understanding of dental technology, asking insightful questions throughout the tour, which covered all aspects of our operation.

After a thorough tour, we paused for a brief lunch, during which Tom expressed a keen interest in learning more about the personal challenges we had faced with the GDC. He asked me directly, if I were in his position, what I would prioritise for change.

In the afternoon, we held a Q&A session involving several members of my team, representatives from the Dental Laboratories Association (DLA), and questions sourced from various social media channels. Tom addressed as many queries as possible and committed to following up on those he couldn't answer immediately. For someone so new to the role, Tom's approach to engagement and openness to feedback left a strong impression on all of us.

He took extensive notes and emphasised his commitment to maintaining an honest and transparent dialogue.

Forward-thinking leadership

As we wrapped up the day, Tom took time to summarise his key takeaways, ensuring he had grasped all the concerns and suggestions raised by our team.

I was incredibly impressed with his approach; he was personable, genuinely interested and attentive to the voices of those on the front lines of dental technology.

In summary, our collective agreement was that the GDC needs greater transparency and a clearer understanding of the vital role dental technicians play within the industry.

Tom's visit demonstrated his forward-thinking leadership and his commitment to a more engaged and collaborative future for the GDC. It was clear that he recognises the challenges ahead but is ready to tackle them with a hands-on approach that values real-world insights.

I am optimistic about the direction Tom will take the GDC, and I am grateful to him for dedicating his time to truly understand dental technology.

This visit was an invaluable step toward strengthening the relationship between the GDC and dental technicians, and I look forward to seeing the positive changes that will follow. D

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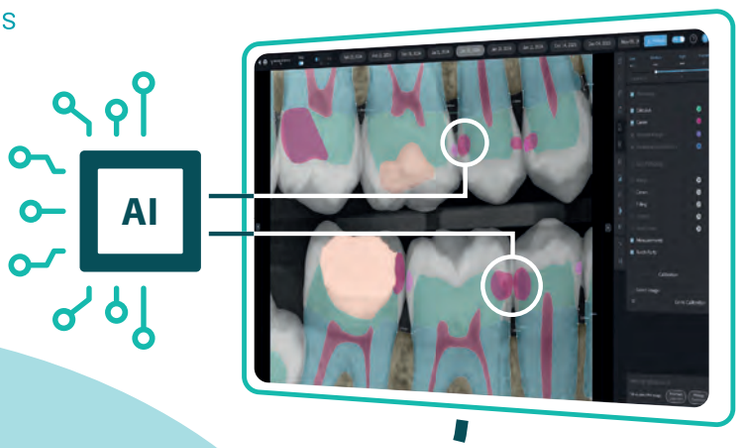

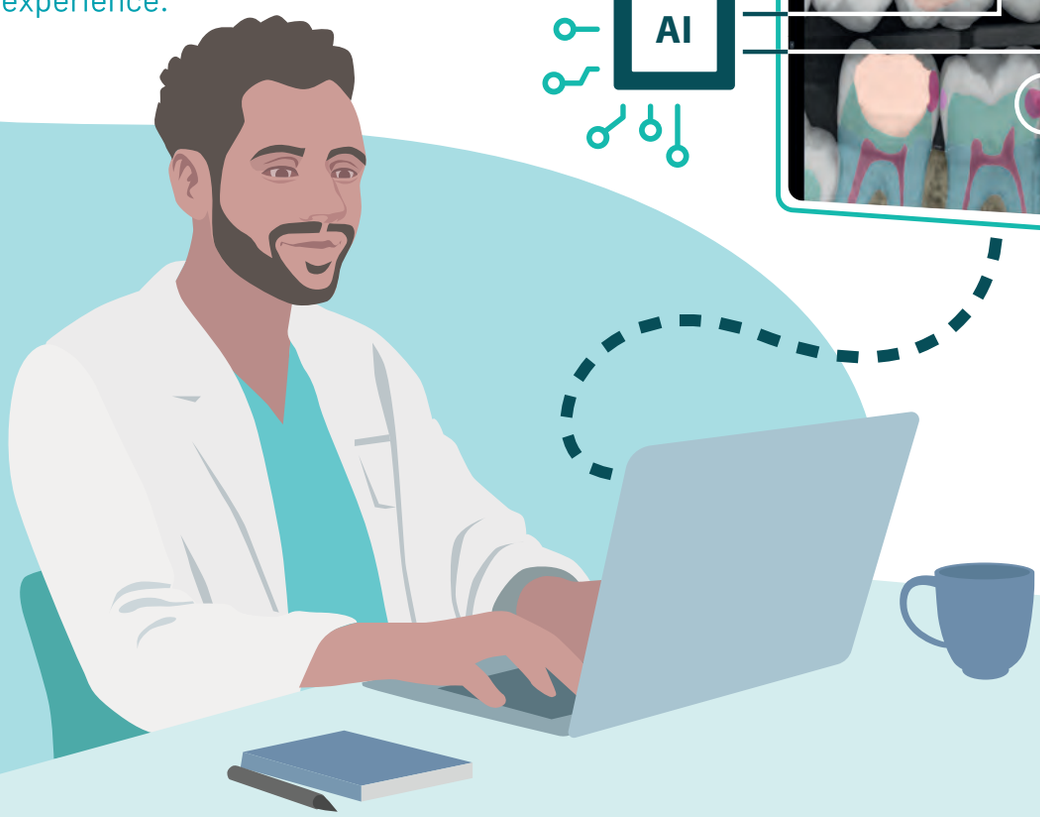

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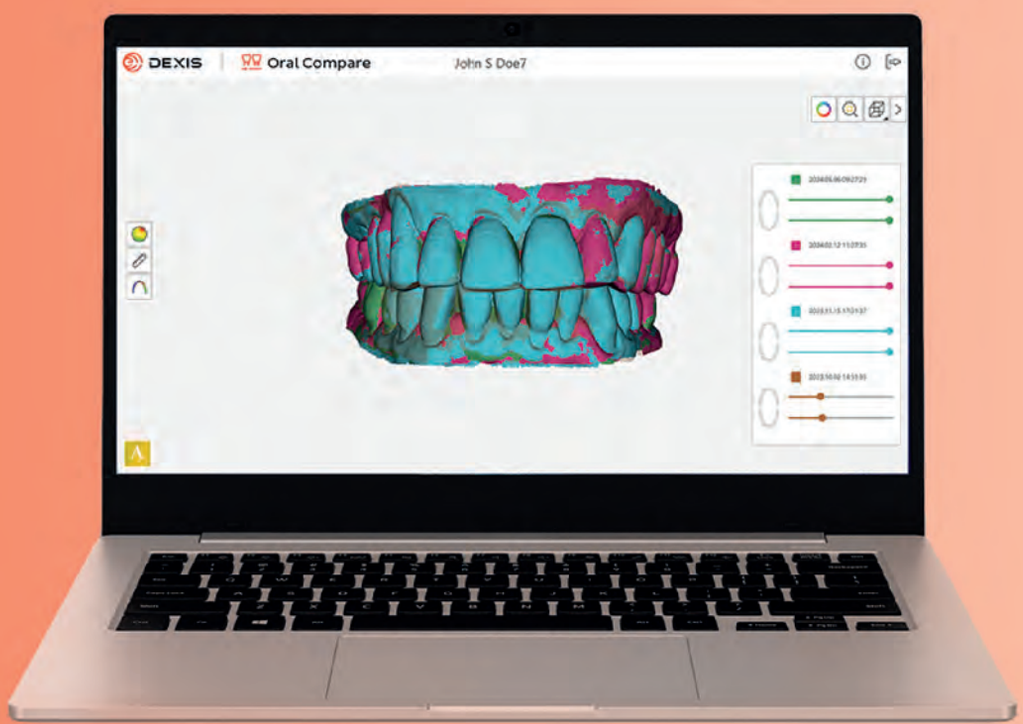

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Laboratory's Leading 20

Laboratory's Leading 20 revealed!

The list celebrating influence, skill and impact in dental technology returns – welcome to Laboratory's Leading 20

Laboratory's Leading 20 is back for 2024! Now in its second year, the Leading 20 is a list that celebrates skill, influence and dedication in the UK dental laboratory sector.

This initiative shines a spotlight on the exceptional work that is being done in dental technology, as well as its impact on the wider profession. Laboratory's Leading 20 is our way of recognising the extraordinary individuals who are driving the future of dental labs and setting new standards. These are the people who are raising the bar, inspiring others and leaving the lab community in a better place for future generations.

Curating this list from the pool of talented nominations was no easy task. Each name reflects hours of discussion and careful consideration by our team.

And just like last year, there is no single metric for making the cut. This list represents an assortment of accomplishments, skill and influence – there is more than one way to measure success.

While not everyone will agree with the entire list, let us assure you that no name on here was chosen lightly.

Shaping the future

Lucy Veal, editor of *Laboratory*, said: 'Welcome to this year's Laboratory's Leading 20!

'We are so excited to be releasing this list following its successful launch last year. This list celebrates the inspiring individuals who are making a positive impact on the profession,

Deepa Bharakhda
Dental technician and mentor uplifting the community through the sharing of knowledge

Beth Brown
Dental technician and educator improving standards in technical work through accessible training

Ashley Byrne
Pioneering lab owner and thought leader pursuing the agenda for sector modernisation

Steve Campbell
Past president of the Dental Laboratories Association and influential figure in the community

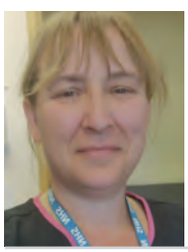
Richard Egan
Leader, mentor and trainer on BPS dentures, passionate about sharing knowledge

Nina Frketin
Dental technician championing female technicians through the Nightshift initiative

Julia Glancey
Dental technician devoted to improving the standards of dental team communication

Chris Golze
Trendsetting mouthguard specialist and outspoken voice in the lab community

Rob Handley
CDTA UK policies adviser, championing scope of practice expansion for CDTs



Andrea Johnson
CEO and chair of Den-Tech, a charity helping to provide treatment to vulnerable people

Tom Lavery
Chief executive officer of fast-growing laboratory chain ALS

Caroline Persaud
Pioneering CGDent faculty member championing dental care and denture provision for elderly patients

Emily Pittard
Outspoken advocate for change as education associate for the GDC and CGDent board member

Kash Qureshi
Champion of CDTs, helping to enhance the reputation of dental technology in the wider profession

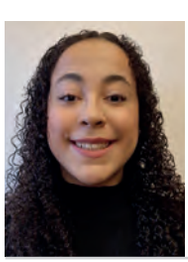
Phil Reddington
Well-regarded international lecturer and keen advocate of digitisation in laboratories

Bill Sharpling
Associate dean (CPD) at King's College London and director of Londec

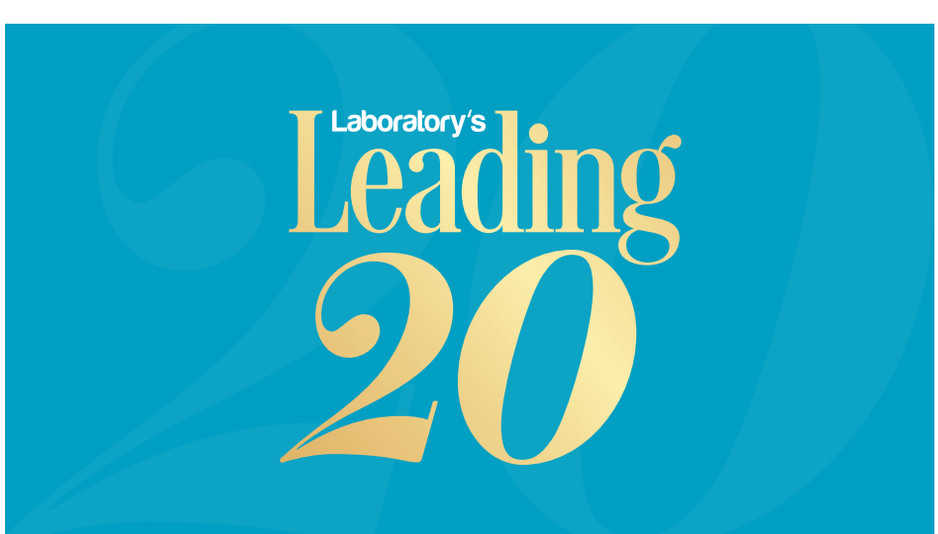
David Smith
Past GDC council member and DLA chair working to build new educational pathways into the profession

Philip Wears
Lab owner committed to promoting sustainability in dental technology

Lola Welch
Key opinion leader for multiple brands championing aesthetic and technical excellence



Eboni-Rose Williams
Young dental technician dedicated to enhancing student learning



pushing the boundaries with their technical skills, and shaping the future of UK dental technology.

'For me, one of the main takeaways from this initiative has been seeing how eager the community has been to uplift and celebrate each other.

This initiative shines a spotlight on the exceptional work that is being done in dental technology, as well as its impact on the wider profession

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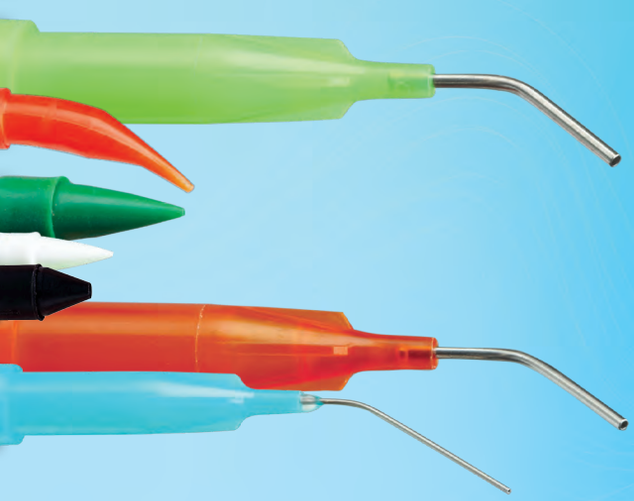

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Bending to flexible working requests

Sarah Buxton explains changes to regulations around employees' right to request flexible working

Sarah Buxton
Director, Buxton Coates Solicitors

On 6 April 2024, the new rules on the right to request to flexible working came into effect. The statutory request allows employees to request changes to their terms and conditions of employment in relation to their hours, times or place of work. The changes that are now in force will mean that employees will have better access to flexible working.

One of the biggest changes to the right to request flexible working, is that it will apply from day one of employment for all employees. The new legislation removes the requirement for an employee to have 26 weeks' continuous service before they can make a formal flexible working request, making it a 'day-one' right.

Employees are now able to make two applications within any 12-month period, whereas previously only a single request was permitted. Although employees are now able to make two applications, they are only able to have one live request at one time. A request is still considered to be live during an appeal.

Responding to requests

Once an employer has received a request from an employee, the employer should meet with the employee to discuss the request. An employer is unable to reject a request without consulting with the employee first and this should be done without unreasonable delay.

An employer must handle every request in a reasonable manner, and it is best practice to deal with the request as soon as possible. The new updates mean that an employer is required to respond to a request within two months unless an extension is agreed with the employee, which has reduced from the three months previously allowed.

Rejecting a request

A request for flexible working must only be rejected if there is a genuine business reason to reject the request. The eight genuine business reasons are set out under the Employment Rights Act 1996:

1. It will cost your business too much
2. You cannot reorganise the work among other staff
3. You cannot recruit more staff
4. There will be a negative effect on quality
5. There will be a negative effect on the business' ability to meet customer demand
6. There will be a negative effect on performance
7. There's not enough work for your employee to do when they've requested to work
8. There are planned changes to the business, for example, you intend to reorganise or change the business and think the request will not fit with these plans.

In the recent employment tribunal decision in Miss Wilson versus Financial Conduct Authority (FCA), the claimant made a formal request to work entirely remotely. The FCA claimed that if the claimant worked entirely from home, it would have a detrimental impact of quality and performance. They rejected her request due to the negative impact the requested working arrangement would have on her team.

However, the FCA did not reach a decision until the statutory period had expired. The tribunal awarded the claimant one week's pay as compensation due to the breach of the statutory time limit. However, the tribunal held that the decision was not based on incorrect facts, as the claimant had argued, and FCA was entitled to refuse the request.

Updated guidance

In light of these changes, ACAS (the Advisory, Conciliation and Arbitration Service) published an updated version of its Code of Practice on requests for flexible working on 6 April 2024. This sets out what is required under statute but also what is best practice when dealing with a request for flexible working.

As an employer, it is likely that you may see more flexible working requests than you have done previously as the change means that employees will be able to make a request from their first day of employment and they are entitled to make two requests within any 12-month period.

The time limit for dealing with a request has also decreased, therefore, you need to ensure that you deal with employees' requests efficiently and within the two-month period.

You should ensure that you update your policies and procedures to reflect the change to the law on flexible working. D

FOR MORE INFORMATION on dealing with a flexible working request, contact Sarah on **sarah.buxton@buxtoncoates.com** or **0330 0882275**.

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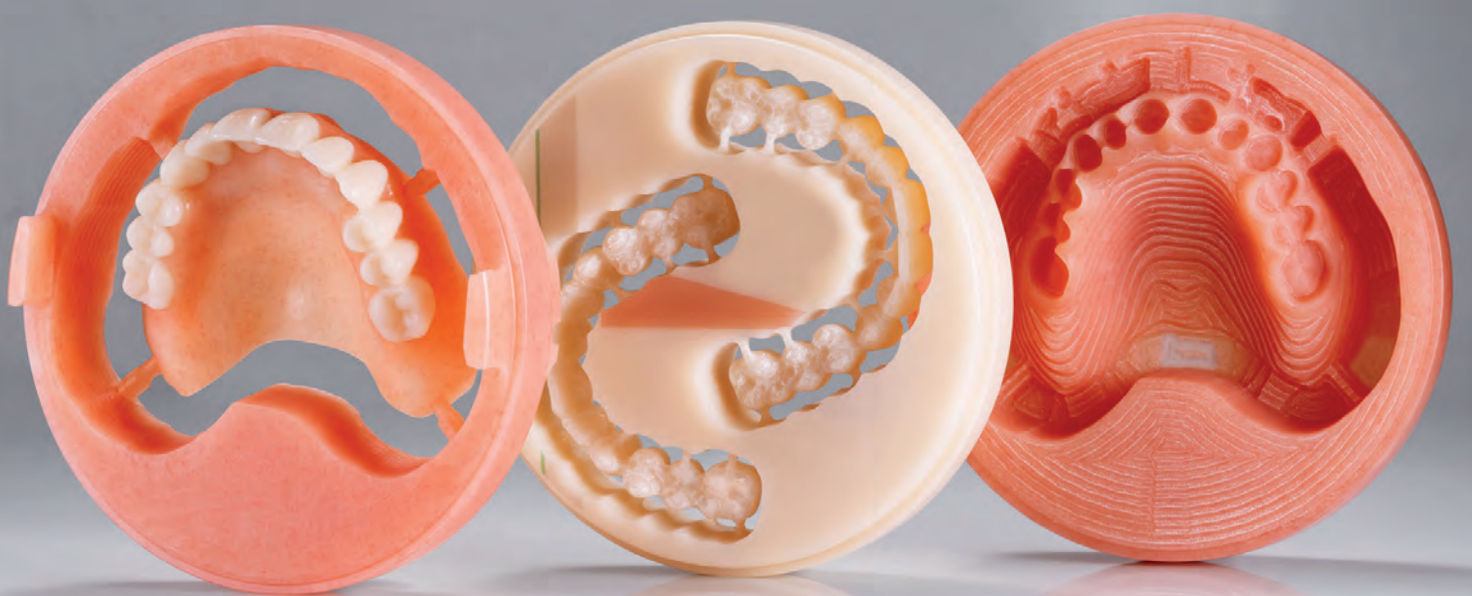

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NHS dentistry – a problem that's been brewing for 30 years

How realistic are the Labour government's chances of solving the current problems of NHS dentistry? Nigel Jones spoke to John Renshaw to benefit from his experience of nearly 60 years in dentistry

Nigel Jones
Sales and marketing director at Practice Plan

John Renshaw
General dental practitioner for 47 years and a major player in dental politics

Nigel: You qualified as a dentist in 1969, so you have been involved with dentistry and the NHS for more than half a century. From the late nineties, early 2000s, you were getting some insights into the way government was thinking. What was your role at that point?
John: I was a director of the North Yorkshire Health Authority. At that time, we had five major hospitals under our control. I was a board member, not because I was a dentist, but because I was a well-known figure in North Yorkshire at the time.

I began to listen to conversations where other people had clearly forgotten that I was a dentist and were saying things that they may not have said to me if they'd remembered that was the case. And I began to think we were being led up the garden path.

Even back then, the cost of the NHS was a huge problem. There wasn't enough money in the kitty, and they were casting around looking for places to save money.

I knew they were looking at dentistry as a good way of hiving off a large portion of NHS responsibility in order to distribute that money in a more efficient way as they saw it.

That was when I began having great reservations about their willingness. So, as I had some status in the BDA, I persuaded them to address the issue of our profession's place in the healthcare environment looking to the future.

We arranged a big round table discussion with lots of senior figures there. It was very interesting to hear everybody's views, but that was the beginning for me of a change of heart that was really radical. That was in 1996.

By the way, I had been offering private dentistry since the mid-1970s. I did NHS work from the start like everybody else did. But it became very clear to me that my senior partner, who owned the business, was doing private work, which I hadn't even thought of at that time. Then I realised, it wasn't a bad idea.

At the time people said, 'oh no, you don't want to be doing that. Stick to the NHS, that's the right place to be'. I wasn't really convinced of that argument, so I went ahead and did my little bit of private work.

So I had been sitting in two seats at the table at the same time for a long time before the 1990s. I went fully private when the 2006 contract came in.

The transition took me a long time, but nevertheless, it meant I was still an expert on the NHS, but I also had a considerable grounding in the provision of dental care in the private sector.

Nigel: What's interesting there, John, is that in '96 there was a round table discussion, and in '97, we ended up with a Labour government. So, a lot of those discussions you were having in the late nineties, early 2000s were under a Labour government which is traditionally seen as a supporter of the NHS. And here we are now with another Labour government in situ. What's your sense of what they might be thinking about NHS dentistry? Is it different from the Blair government or is it pretty much the same?
John: I think the Blair government had the shock of a lifetime when they decided to put the extra money into the NHS in 2000 and they increased the funding available for the NHS as a whole.

The whole system went from £100bn a year to £120bn. I was told face to face by Alan Milburn (secretary of state for healthcare 1999-2003), dentistry was going to receive not one penny of that.

Interestingly, the £20bn evaporated: it achieved nothing at all, and the actual result was next to zero. I think the Labour government then lost faith in the NHS altogether. They realised they were stuck with it politically, but they didn't like the idea.

From then on, it's been a matter of containment of cost. This new Labour government is doing nothing more than the previous Tory government has done, which is to continue to try to keep a lid on the cost.

To listen to a longer version of this conversation in podcast form, please scan the QR code

The cost of the NHS has every capability of bankrupting this country if it was let rip and they can't afford to let that happen. So, no matter what their private thoughts might be, they're stuck in a position where they probably can't do what they might like to be able to do because the money won't allow them.

Nigel: At this point I'm reminded of the Nuffield Trust report that came out at the end of last year which had in its title, 'slow decay'. So, is it your sense that this Labour government, despite some of the fine words spoken at the conference earlier this year about the cavalry is coming, and some of the positive utterances about their desire to change the situation, that politically, at least they're handcuffed to the current policies they've inherited?

John: They have no choice. Because if you look at the priority list, virtually half the hospitals in the country are in danger of falling down. The maintenance costs of keeping those hospitals going have been neglected for at least 30 years.

That's a problem that is going to cause trouble. Sooner or later, we'll have a major hospital collapse.

There are senior staffing problems where management are paid huge salaries without producing results. When it comes to clinical staffing, they don't have enough people at the senior level, no matter how much they pay them, to be able to do the job properly.

Junior staff stay for a while, but once they realise what the NHS is really like to work for, they have to leave because they can't cope with it. So, it's a good place to get a foothold and learn the trade, but when it comes to making money, that place is outside of the NHS.

The NHS has a massive list of problems that need to be solved a long time before we reach any talk of dental services.

Nigel: That's certainly been my sense from a short time earlier in my career when I was part of Tony Blair's attempts to reform the NHS when I was working for the independent sector, but in the wider medical world, not dentistry. I've found that very helpful to allow me to place dentistry in context. I totally agree with everything you've been saying.

There's also the obvious point of the workforce issue. We seem to have fewer dentists wanting to work in the NHS, and even those working in the private sector seem to want to work fewer clinical hours.

In this day and age, compared to the 1990s when I started working with the profession, levels of productivity have nosedived, partly because of advancement of techniques, but also record keeping, defensive dentistry, and keeping the GDC at bay, all mean dentists just can't see the same number of patients in a day now that they could then. This is before getting into a debate about the level of clinical skills of new graduates nowadays.

So, we have fewer dentists, working fewer hours and being less productive in those hours. I have no idea how a government can solve that issue quickly. And if it doesn't, it's hard to say how many NHS practices will be left, even if they want to be in the NHS, because they can't recruit associates to deliver the activity.

Perhaps we should expect the worst but hope for the best. Thank you, John. D

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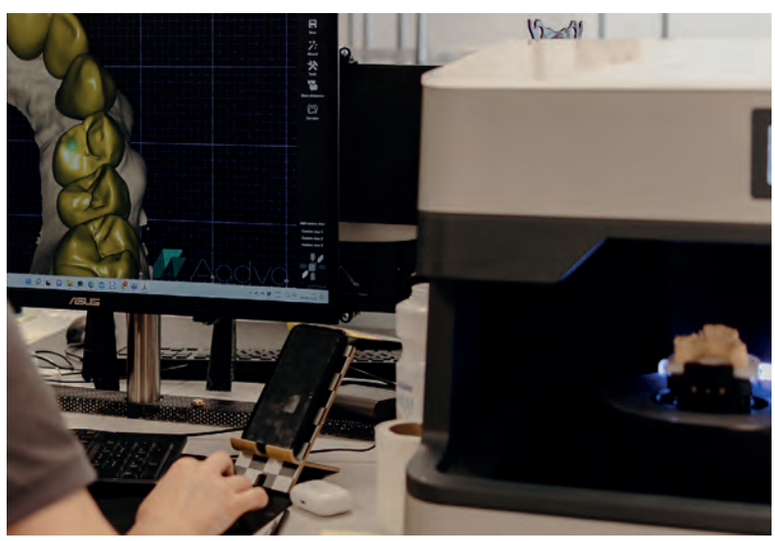

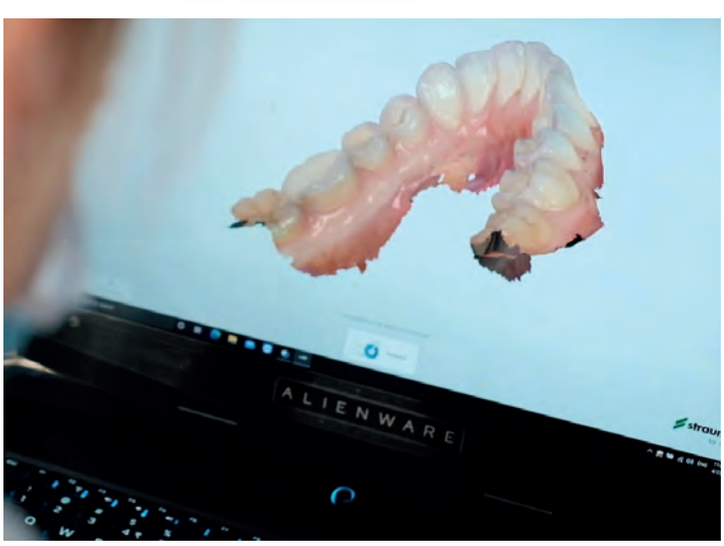

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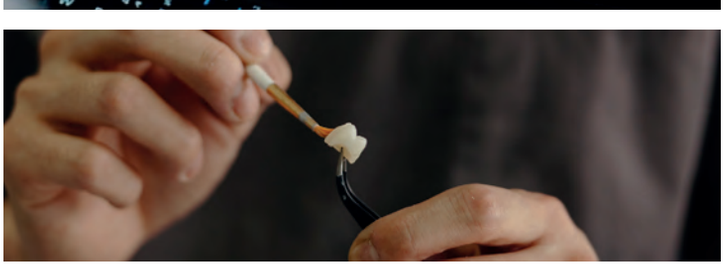

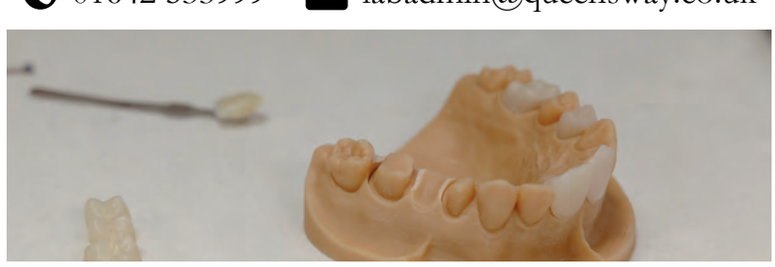

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Unlocking leadership in dentistry

Justin Leigh shares how you can begin evolving from manager to coach – and why it's important for your business

Justin Leigh
Founder, Focus4growth

You're the principal dentist at a busy practice. You've worked for years to get to where you are, building relationships with patients, refining your clinical skills, and now, you're in charge, running the practice. Maybe you even have a practice manager who helps with the admin side of things. But day in, day out, it feels like every question, every decision, and every problem somehow lands squarely on your shoulders.

You're constantly dealing with issues, making decisions on everything from rotas to how the printer works.

It's overwhelming. You're meant to be leading your practice, but instead, you're knee-deep in day-to-day firefighting. Your well-meaning team comes to you for every little thing, and before long, you're wondering: 'Is this really what having a practice is all about?'

If this feels familiar, you're certainly not alone. Many dental practice leaders – whether principal dentists, senior dentists, or practice managers – find themselves in this exact position. They step into a leadership role, often from a clinical background, and find that managing a team requires a whole new set of skills. But no one taught you how to lead a team when you were trained to look after patients, and this is where the problem lies.

The trap of being a great operator!

Let's be honest – many of us think that good leadership means having all the answers. After all, as a dentist, you're used to being the expert, the one your patients turn to for solutions. So, when your team starts coming to you with their questions and problems, you step in. You give the answers. You fix the problems. It feels efficient, and it certainly feels productive.

But here's the reality: every time you give a quick answer, every time you solve a problem for someone else, you're creating a culture of dependency.

Your team will keep coming back to you because that's what you've trained them to do. And so the cycle continues.

Soon enough, you become the bottleneck. Every little decision comes through you. What starts as a manageable workload gradually escalates, and before you know it, you're running on empty. What was once a satisfying role now feels like a burden.

I've seen this happen time and time again. The principal or practice manager finds themselves buried under the weight of every decision, frustrated by the constant interruptions, and struggling to balance leadership with their clinical or managerial duties.

How did we get here?

In most dental practices, the leaders – whether it's the practice principal or a manager – often come from a clinical or support background. They've spent years honing their expertise, working alongside their patients or in surgery with a nurse. For many principal dentists, leadership was never part of the job description. They've worked independently, often with little need for teamwork beyond their immediate space. So, when they step into the role of practice leader, they naturally stick to what they know – providing clear, direct instructions and solving problems swiftly.

The same can often be said for practice managers. Many started as nurses or receptionists and gradually worked their way into a managerial role. While they may know the ins and outs of the practice, managing and leading people is an entirely different matter. It's no wonder that they lean on giving directions, simply because it feels like the most efficient way to get things done.

Without realising it, these well-meaning leaders create a cycle of dependency. The team relies on them for everything, from big decisions to trivial tasks. And the result? The leader feels overwhelmed, and the team becomes underdeveloped.

I'm not pointing fingers. In my first management role I was terrible! I lasted eight months and had to step away from the position because I was burning out! I was fortunate enough to gain significant leadership development and mentoring, which set me up to succeed the next time round.

The problems with directive management

There's a saying: 'What you allow, you encourage.' By constantly solving problems for your team, you're encouraging them to rely on you for every answer. You're allowing a culture of dependency to take root. And in doing so, you set yourself up for an ever-increasing workload.

More than that, you're stifling your team's growth. The same team members who keep coming to you for every decision are perfectly capable of finding their own solutions, but they've never been given the opportunity to do so. They lack the confidence to take ownership, simply because they've never had to.

By constantly solving problems for your team, you're encouraging them to rely on you for every answer. You're allowing a culture of dependency to take root. And in doing so, you set yourself up for an ever-increasing workload

A team that relies on its leader for every answer will never reach its full potential. What happens instead? The leader becomes overwhelmed, the team feels underused, and the practice suffers. It's a no-win situation, leading to frustration on all sides.

The shift to coaching leadership: what it looks like

So, how do you break this cycle? The key is shifting from a directive style of leadership to a coaching-led approach.

While this may sound like a big change, it's really about making small adjustments in the way you interact with your team.

Let's look at the difference between these two approaches:

1. Directive leadership: This is where the leader gives instructions, provides solutions, and directs the team. It's quick and efficient in the short term, but over time it creates dependency and stifles initiative
2. Coaching leadership: This approach focuses on empowering your team to solve problems themselves. Instead of giving answers, you ask questions. Instead of providing solutions, you encourage your team to think critically and take ownership. It's slower at first, but it leads to greater independence, confidence, and growth within the team.

One of the most powerful techniques in coaching leadership is to create space between a team member's question and your response.

When someone comes to you with a problem, resist the urge to jump in with an answer. Instead, ask them: 'What do you think we should do?' or 'How would you handle this?'

By doing this, you encourage them to think for themselves and start taking responsibility for their decisions.

Why this shift matters

Making this shift is essential, not just for your own sanity, but for the long-term success of your practice.

When you stop being the person with all the answers, you free yourself to focus on what really matters – leading the practice, developing patient relationships, and driving growth.

More importantly, you give your team the opportunity to grow. When they stop relying on you for every decision, they start to think for themselves. They develop the confidence to take ownership of their roles and become more proactive in finding solutions.

Over time, this shift transforms the culture of the practice, making it a more collaborative and empowered environment.

The first step: contracting

Last month, we talked about the principle of contracting – setting clear expectations and agreements with your team. If you want to make this shift to coaching leadership, contracting is the first step. Have an open conversation with your team about the changes ahead. Explain that you'll be stepping back from constantly giving answers, and instead, you'll be guiding them to think more critically.

This is about setting clear standards for how your team operates and agreeing on how you'll all work together moving forward.

It's a crucial foundation that allows you to create a culture where your team feels empowered to take responsibility.

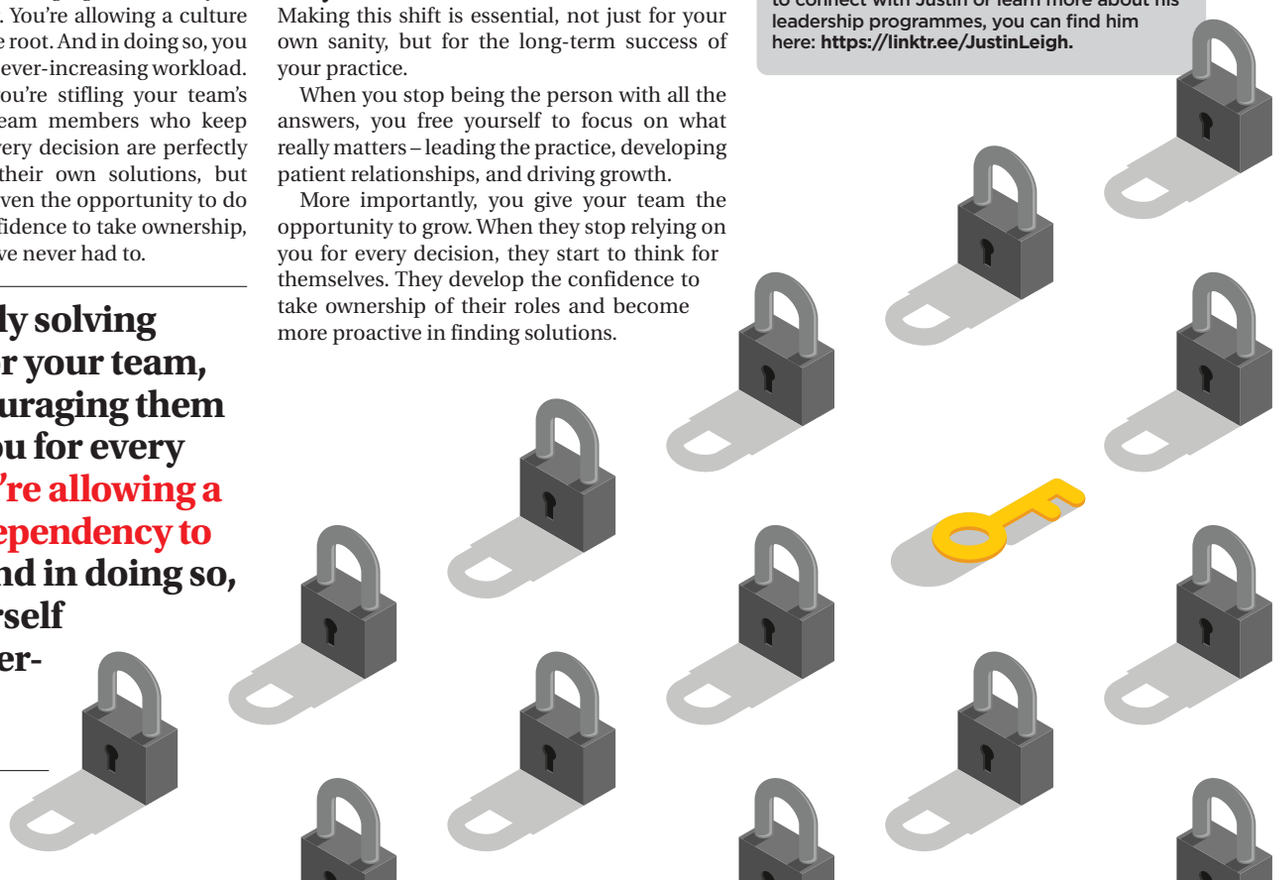
Time to make the change

Leadership doesn't have to feel overwhelming. You don't have to be the person carrying the weight of every decision, nor do you have to be the one everyone turns to for every answer.

By making the shift from directive management to coaching leadership, you can create a culture of empowerment, growth, and autonomy within your practice.

In the next article, we'll dive into the practical steps of implementing coaching leadership in your dental practice. But for now, take a moment to reflect on where you might be stuck in a directive cycle. Could you step back, ask more questions, and give your team the space to grow? Start by setting clear expectations and let contracting be your first step toward creating a more empowered and engaged team. D

If you can't wait to learn more and you'd like to connect with Justin or learn more about his leadership programmes, you can find him here: **https://linktr.ee/JustinLeigh.**



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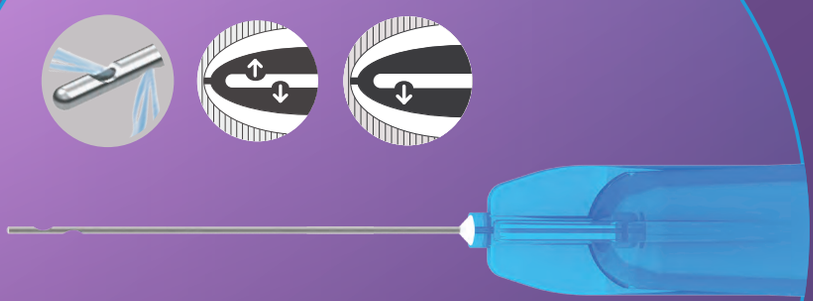

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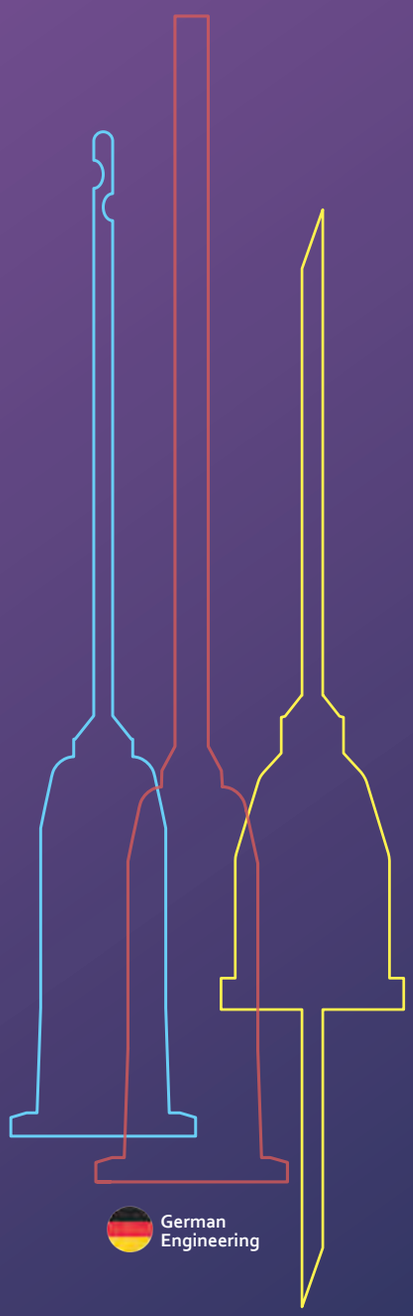

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Getting to grips with employment status

Lesley Taylor and Alexandra Addington discuss the three types of employment status and the importance in understanding the difference

Lesley Taylor
Dento-legal adviser, Dental Defence Union (DDU)

Alexandra Addington
Solicitor, Peninsula Business Services

Self-employed, worker, or employee? These are the three ways an individual can perform work. It's important to know the distinction between these terms as it can make a big difference to their rights, so, with that in mind, let's take a closer look.

Employment types

Employees are those that are hired directly by the practice to provide a personal service. They are under the control of the practice as well as being part and parcel of it. There is also a mutuality of obligation for the practice to offer work and for the individual to undertake it.

A worker is someone who has a contract to personally perform services for the practice, but they have a substantial amount of freedom over where, when, and how much work they do. The work carried out by a worker is often less structured with no guaranteed hours.

If they are in business on their own account, they provide their own equipment, have control over the work that they do and how they do it, and they can provide a substitute, then they are likely self-employed.

Litigation

Employment status is a question of fact which is ultimately for a tribunal to decide if a claim is brought. The tribunal will carry out a detailed analysis and will look at the reality of the situation as well as the contractual terms.

For example, in the case of Sejpal versus Rodericks Dental Ltd, the claimant was a dentist who started working for the respondent as an associate. The contract included a substitution clause which required the dentist to use their best endeavours to arrange a locum who was acceptable to the primary care trust and the practice if they did not use the practice facilities for a continuous period of more than 14 days. If the dentist failed to arrange the locum, then the practice could engage one themselves. Around the same time that the dentist started a period of maternity leave, the practice announced that it would be closing the branch that the dentist worked at when the lease expired.

While others were redeployed, the dentist alleged that their contract was terminated on the grounds of their pregnancy/maternity leave. They argued that they were a worker and that they had been discriminated against.

The practice, however, believed that the dentist was self-employed, and their argument centred around the contractual term that because a locum could be sent the dentist was not therefore providing a personal service which is a requirement of being a worker.

This status question was the first thing that the employment tribunal (ET) had to consider. The ET held that the dentist was not a worker because they were not employed under a contract personally to do the work. The claims were therefore dismissed.

Statutory testing

However, on appeal the employment appeal tribunal (EAT) found that the ET had applied the incorrect test when deciding that the dentist was not a worker.

The EAT found that in determining whether the dentist was a worker for the practice, there must be a structured application of the statutory test:

1. The claimant must have entered into or work under a contract with the practice
2. The claimant must have agreed to personally perform some work or services for the practice.

The EAT found that there was a contract in place between the dentist and the practice and while they could send a locum, there were restrictions in place set by the practice about it.

The main point of the contract, the EAT found, was for the dentist to provide a personal service. So, from consideration of these points the dentist appeared to be a worker.

The next part of the test, though, is to consider whether the dentist carried on a profession or business undertaking, and if the practice is a client or customer of the dentist because of the contract. If these two points are satisfied, then they are not a worker.

The case was therefore sent back to a different ET to consider these final two points to establish whether the dentist was really a worker or not.

This case is useful because it reiterates the correct approach when determining status, particularly regarding substitution. It also shows is that it is not straightforward, so it is always best to get specific legal advice in this area.

What can go wrong?

There are some potential consequences if an individual's employment status is incorrectly determined.

Employees have more rights than workers. For example, only employees qualify for employment protection rights like guaranteed pay, protection from unfair dismissal, redundancy payments, and the right to notice.

Workers have some basic rights including the right to be paid no less than the National Minimum Wage, protection under equality law, and the right to breaks at work on a daily and weekly basis as well as to paid holidays.

The self-employed have certain rights in respect of trade unions, discrimination and under the Human Rights Act only. Any other rights will be as agreed between the parties subject to the agreement to perform the work, which is subject to civil law.

If an individual is labelled incorrectly, they could be denied their rights. Ultimately, it could result in claims being brought to the employment tribunal which could be costly for the practice so it's important to take specific legal advice to make sure you get it right from the start. D

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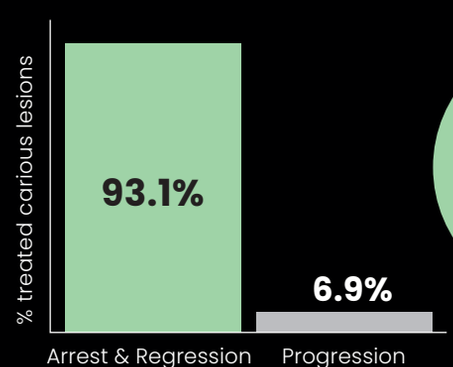

90%
Did not cavitate on follow-ups 2-6 years

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1. Godenzi D et al. J Am Dent Assoc. 2023:S0002-8177 (23)00416-6 | 2. Keeper et al. J Am Dent Assoc. 2023 Jul;154(7):580-591.e11 | 3. Kind L et al. J Dent Res 2017; 96:790-797 | 4. Bröseler F et al. Clin Oral Investig 2020;24:123-132 | 5. Welk A et al. Sci Rep 2020;10:6819 | 6. Alkilzy M et al. J Dent Res 2018;97:148-154 | 7. Doberdoli D et al. Sci Rep 2020;10:4195
*Long-term clinical study in public pediatric dental clinic in Chur, Switzerland

AI IN DENTISTRY

WITH ALAN CLARKE

Powering up your practice: creating a tech-savvy dental team

Alan Clarke explores strategies to effectively train your dental team in embracing and harnessing innovative solutions

Alan Clarke
Cosmetic dentist and owner of Paste Dental

In today's digital age, integrating cutting-edge technologies into dental practice has become essential to remain competitive, provide the best possible care and disrupt the market in your area.

But how do you transform your team into tech-savvy superstars? How do we take tenured staff out of their traditional mindset? How do we enthuse gen Z new hires to stick with our business and culture for more than six months?

Start with the right mindset

As a leader of your clinic or team, you are vital in bringing the energy and passion to the team. They will listen and feed off this and believe in the 'why'.

Begin by fostering a culture of innovation and adaptability. Encourage your team to view new technologies as opportunities for growth, rather than threats to the status quo.

Reinforce the idea that AI and advanced tech tools are allies, designed to augment human expertise and enhance patient care.

How do we do this? Blow their mind by showing them how their own favourite brands are harnessing tech to directly market to them or address their needs.

I use the reference of Go Forward Healthcare, a US start-up that changed the game in terms of tech-driven GP practice. Its approach is about wellness first, rather than treatment of disease: a simple but profound shift in how we view our role.

Share these examples of game changers with your staff. Perhaps take them on a field trip… eat somewhere that encourages playful ordering through Ipads, or take them to the arcade and have fun with the video games there.

Anything that makes tech feel real and provoke an emotional response is key. We took our staff to a tech-driven escape room to give them a fun-filled experience and bonding time. They were able to see how tech enhanced that experience, made them jump and laugh at the same time.

Assess your team's strengths and needs

Identify the individual strengths and weaknesses of your team members.

This will enable you to tailor your training efforts to address specific knowledge gaps and ensure that everyone feels confident and competent in using new technology.

I personally feel this shouldn't be a blanket approach. We all have strengths, weaknesses and areas we enjoy working in more. Lean into this: let them excel in their strengths, and demonstrate your commitment to them and their enjoyment.

We have staff who hate computers and others who adapt so quickly! Buddy them up so they can learn from each other. Everyone has a smartphone, and spends a few hours daily interacting, so old excuses wear thin: if they can do Instagram competitions, they can learn to use our dental tech!

Choose the right technology

Invest in AI and technology solutions that align with your practice's needs and goals. Consider factors such as ease of use, integration with existing systems, and scalability.

Pearl AI and Chairsyde have been an amazing tools for us in Belfast at Paste Dental. With real-time radiographic analysis and 3D patient animations discussing exactly what our treatment looks like, we have been able to empower our patients and take our team's dental knowledge to a new level.

We were super early adopters of this tech and now when the team sees how visionary we all were they have a sense of pride.

The team's capacity for change and adaptiveness has increased at the same time: I am blown away by how keen they are to move forward, so I harness it, listen to their ideas and plan the vision together.

Organise comprehensive training sessions

Collaborate with tech providers to offer hands-on training sessions that cover both the theoretical and practical aspects of using new equipment. Rather than fear change, let's instead equip ourselves with the correct tools to use it effectively and really understand how to integrate this into our daily workflows successfully.

Foster peer-to-peer learning

Encourage team members who are early adopters or more tech-savvy to act as mentors for those who may be less confident.

Peer-to-peer learning can help to create a supportive and collaborative environment. Gen Z can teach baby boomers lots of things – and that goes both ways.

Set achievable goals and celebrate progress

Establish clear objectives for integrating AI and new technology into your practice and celebrate milestones as your team becomes more proficient.

Recognising these achievements will motivate your staff and create a sense of camaraderie.

Encourage continuous learning

The landscape of dental technology is constantly evolving.

Encourage your team to stay updated with industry developments by attending conferences, webinars, or workshops, and sharing their knowledge with their colleagues.

By implementing these strategies, you'll empower your dental team to become tech-savvy, adaptable professionals who embrace AI and cutting-edge technologies as integral components of modern dental practice.

Ultimately, this transformation will lead to more efficient workflows, better patient outcomes, career progression, job satisfaction and a forward-thinking culture that embraces innovation as the key to success. D

Is refinancing a sensible option?

Ray Cox feels that a review of practice loan arrangements could be a wise and financially beneficial decision

Ray Cox
Managing director, Medifinance

The challenge I face whenever I am tempted to mention the word refinancing is to prevent people's eyes glazing over.

Nevertheless, I'm going to risk it: refinancing.

Taking into account the current market environment I think that many practices really could benefit from looking at the loans they have taken out over recent times.

I say this because as interest rates begin to fall, the loan market becomes more competitive and terms and conditions (not to mention interest rates) reflect this.

In short, by refinancing you could save a considerable amount of money each month. And, as I'll explain, there are other factors that could play to your advantage.

Why you may benefit

Of course, each practice and its finances are different, so what works for one may not work for another. There are naturally a number of pros and cons. But ask yourself if any of the following strike a chord:

- Is it possible that loans taken out when rates were at their peak could be replaced by loans offering better rates, terms and conditions?
- Have our needs changed and/or would we benefit, right now, from an injection of capital?
- Is our loan portfolio complicated and difficult to track and administer?
- Are our longer-term loan prospects perhaps being jeopardised by being seen to be too exposed to a plethora of current loan agreements?

There may well be other points to take into account and review. Other potential benefits for your practice may well emerge. In my own experience however, such an audit rarely fails to produce a positive outcome.

Factors to consider

Let me set out for you the areas that should form the backdrop to any refinancing review.

You don't have to do this, of course, but it's surprising how it can sharpen the mind and help you focus not only on short term needs but on your longer-term objectives. It frequently highlights ways of achieving those objectives more quickly and with less outlay.

- Are you on course to meet your long-term goals and if not, what is holding up progress?
- What short term and/or immediate requirements are causing problems and could an injection of funding that does not impact negatively on cash flow, be helpful?
- Is cash flow a problem? If so, what steps are being taken to address and overcome it?
- Do we need to up our level of investment in the practice to keep ahead of the game and remain competitive?

The potential benefits for you and your practice are significant

A suggestion

Over the last few months, I have had meetings with a number of practice owners and their accountants specifically to look at their loan portfolios and review the benefits that could possibly accrue by refinancing.

In a good number of cases the objective conclusion is to 'leave well enough alone'. But by the same token, we have unearthed some loan agreements which are (and let's be kind) 'less than helpful'.

Even when the conclusion has been reached that there would be little or no value in following the route of refinancing, the time spent (as I explained above) is always worthwhile.

Where the case for refinancing has been only too clear, better arrangements, terms and conditions have been put in place.

Other than setting aside a little time, such an exercise will cost you nothing. The potential benefits for you and your practice are significant. D

If you feel Medifinance may be able to help you with your financial requirements, contact Ray at **rcox@medifinance.co.uk**, **07785 757782** or **www.medifinance.co.uk**.

Online - How To Survive A CQC Inspection
21st November 2024

Course Overview

This LonDEC course is aimed at practice owners and managers of NHS and Private dental practices to walk them through what to expect in CQC inspections as well as improving their awareness of the Health and Social Care Act 2008 (as amended), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.

Learning Objectives

- Understanding how the CQC inspects services through Key Lines of Enquiry
- Preparing for fit person interviews with confidence
- Gaining awareness of how dental practices can meet CQC standards for the three regulated activities provided by all dental practices in England

Course Tutors

Dr Amit Rai, BDS (Hons), LLM, FHEA
Dr Pat Langley, BDS

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The value of compliance

Ian Lloyd charts his journey from practising dentist to helping others meet their compliance obligations

Ian Lloyd
Practice adviser with Apolline and an dental peer reviewer for Health Inspectorate Wales

I trained in dentistry at Liverpool University, and I qualified in 1986 with a BDS. When I qualified from Liverpool, I moved over to north Wales, and I was an associate in a practice in a little town called Llanrwst.

I stayed there for 12 months, and then I became a partner with my sister and brother-in-law, who were practising in Rhyl, in 1988. And then together, we purchased another practice in Abergele in 1989.

In fact, that was built up from a squat that, ironically, was a sweet shop. We ended up selling both practices to a corporate in 2012.

I worked for the corporate for a couple of years, and then I developed a neck injury – probably a combination of playing too much rugby for too long, coupled with bad working posture. I ended up seeing a consultant in the local hospital, and by this time, I was suffering with numbness in my fingers. And he said: 'Well, Ian, if that's still there in 12 months' time, it's going to be permanent.'

I had to stop work because of the pain, and then the numbness set in. I'd lost dexterity, so I wasn't able to work clinically.

I took 12 months off work, which was extremely boring, so I decided I really needed to go back and do something else. At that time, the Welsh Government's Healthcare Inspectorate Wales (HIW) wanted a dental peer reviewer on site and inspections. I went through the interview process and was successful, and I did my first HIW inspection in October 2014.

Learning curve

When you're a dentist, I don't think you're fully aware of all the regulation, to be perfectly honest. I know I wasn't, and my learning curve was huge in the first few months.

Having been a clinician, there was certainly an element of sympathy with the dental practices. All dental practices are very busy and it's easy for compliance to take a back seat

I had to do some studying and a lot of reading before I went into inspecting, because I had to really quote the regulations to dental practices to justify the decision making.

Having been a clinician, there was certainly an element of sympathy with the dental practices. All dental practices are very busy and it's easy for compliance to take a back seat.

Thankfully with HIW there's very much a focus on continually improving and working with the dental practices, so on each occasion we visit, the compliance has improved. Obviously, we'll have concerns if the practice isn't safe, but it's more of an ongoing process of improvement within those practices.

With HIW, we are there to encourage practices to improve their levels of compliance. Obviously, if they're not safe, there are actions. However, we're just looking for continual improvements on subsequent inspection visits, working towards gold standards.

There was one dental practice that we had to close down due to poor compliance. There was feedback from the local health board, and we went in to inspect and their findings were similar to what we found, so we had no alternative but to close the practice down, albeit on a temporary basis.

I've probably carried out at least 100 inspections in Wales, and that's the only occasion where we've had to close the practice down.

The level of compliance in that practice was quite low, and that's because the set-up was a single-handed practitioner who really didn't have a management team to help out. The practice owner was very much alone, and to be honest, out of their depth, a fact that they admitted themselves.

The importance of compliance

Shortly after I got the role with HIW, a friend of a friend said they knew a compliance company that was looking for practice advisers.

I met Pat Langley, the CEO of Apolline, towards the end of 2014 and then I started with Apolline in January 2015.

I visit dental practices, I carry out compliance audits and give them an action plan to work from to get them compliant or improve their compliance. We also give in-house, verifiable CPD-type training, where we issue certificates on completion.

There are several reasons why compliance is important.

Obviously, patient safety is the biggest factor. But a practice that's compliant is inevitably going to be more efficient, and encourage more patients to attend the practice and, inevitably, the value of that practice is going to increase.

The systems that we support practices with are so beneficial to the running of the practice. You cannot go wrong if you're using the Dentistry Compliance system, because it tells you what to do

The systems that we support practices with are so beneficial to the running of the practice. You cannot go wrong if you're using the Dentistry Compliance system, because it tells you what to do. But most practices would need a good practice manager to be able to carry out the actions that our task manager tells them to do on a daily basis.

I really enjoy working in compliance. I found dentistry, especially NHS dentistry, somewhat stressful. I don't find compliance stressful in the slightest. Certainly, when I'm working for HIW and we're inspecting a dental practice, it's fairly obvious from the outset that the team are apprehensive and somewhat nervous.

But I think, in our nature, we try to put them at ease and get them to be more relaxed. We're there to support them and to point them in the right direction if there are issues with compliance.

I'm actually at retirement age now, but I I've got no plans to retire. I'm thoroughly enjoying my roles with Apolline and HIW, and as long as I continue to enjoy it, I will carry on working. D

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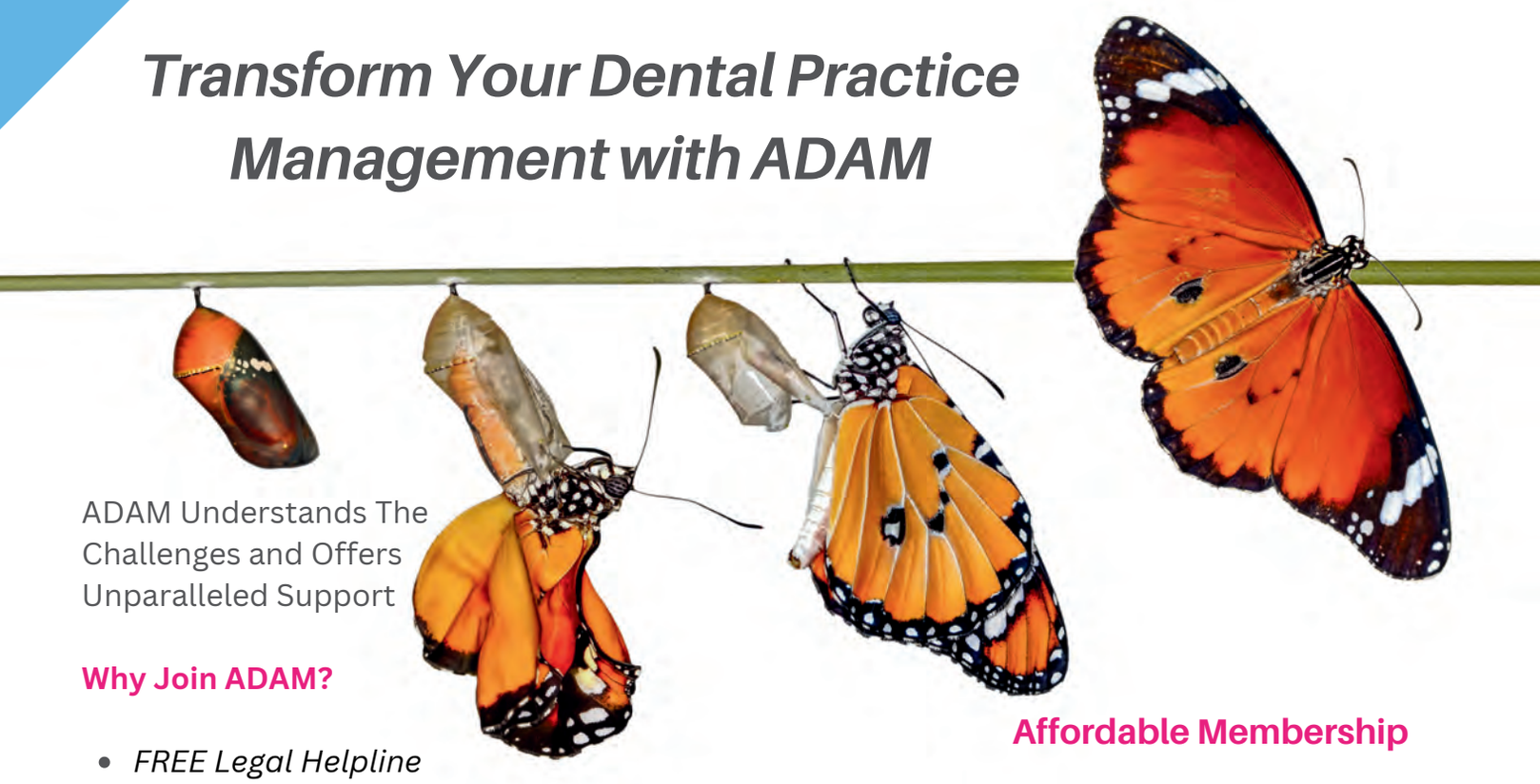

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PRACTICE PRINCIPLES

Building trust: ensuring patient comfort in modern dentistry

With many promoting investment in new technology, **Polly Bhambra** explains why this is so important for our patients

Polly Bhambra
Practice principal,
Treetops Dental Surgery

In an era where patient expectations are at an all-time high, the dental profession faces new challenges and opportunities in fostering trust and delivering exceptional care.

The relationship between dentist and patient is built on the cornerstone of trust, and at the heart of this trust is the ability to ensure patient comfort.

The comfort-technology nexus

The connection between patient comfort and technology cannot be overstated.

Today, more than ever, patients seek dental practices that not only deliver effective treatments but do so with minimal discomfort and anxiety.

Technology plays a crucial role in transforming how patients perceive dental care.

Patients don't just want their dental issues fixed; they want reassurance, pain-free treatment, and an experience that feels as comfortable as possible.

Investing in the latest technology

At Treetops, we commit to continuous investment in the latest dental technology.

This commitment goes beyond simply acquiring new gadgets; it's about carefully selecting innovations that bring the most value to both the patient and the practitioner.

For example, the introduction of digital scanning technology is replacing the traditional, often uncomfortable, impressions process.

Many patients are familiar with the unpleasant experience of biting into a cold, sticky impression material.

Intraoral scanners provide a far more comfortable and accurate alternative, allowing patients to relax without the stress of gagging or feeling uneasy.

By using digital scanners, we're seeing a significant shift in how patients respond during initial assessments. Their comfort level is much higher, which, in turn, means they're more trusting and open to discussing their treatment options.

Communication: the human side of technology

While technology is a powerful tool for ensuring patient comfort, it can also enhance communication.

You can have the best technology in the world in your practice, but if you don't take the time to explain it to your patients, it won't have the impact you want.

At Treetops Dental Surgery, patients are given a thorough walkthrough of the technology being used in their treatment.

By demystifying the tools and techniques, the team make patients feel more in control of their experience.

This transparent approach helps eliminate fear and builds a stronger relationship between the patient and the practice.

Enhancing diagnostics for better outcomes

Advanced diagnostic tools are also a critical component of our approach to patient care.

Cone beam computed tomography (CBCT) is one such investment that has enhanced the quality of diagnostics at Treetops Dental Surgery.

Unlike traditional X-rays, CBCT provides three-dimensional images that allow for more precise planning of complex procedures, such as implant placement.

When patients see the level of detail that CBCT provides, they gain a better understanding of their dental health.

It's empowering for them to visualise what's happening and why a particular treatment is needed. This transparency is key to building trust.

Our patients deserve the best, and it's our job to provide that

A comfortable environment beyond the chair

Patient comfort extends beyond the clinical chair. The overall atmosphere of the practice plays a significant role in reducing anxiety.

Treetops Dental Surgery has invested in creating a calming environment, incorporating features such as comfortable seating and soothing music.

Technology isn't just about the clinical tools we use; it's about the entire patient journey.

From the moment a patient walks in, we want them to feel at ease. Everything we do is aimed at reducing stress and making their experience as pleasant as possible.

Leading by example

Our commitment to investing in technology is not just about staying ahead of the competition; it's about setting a standard for dentistry in Wolverhampton.

We believe that every dental professional has a responsibility to embrace advancements that improve patient care and comfort.

As dental professionals, we need to constantly evolve and innovate. Investing in technology that enhances patient comfort isn't a luxury – it's a necessity.

Our patients deserve the best, and it's our job to provide that. D

Follow Polly on Instagram **@pollybhambra** for more hints and tips.

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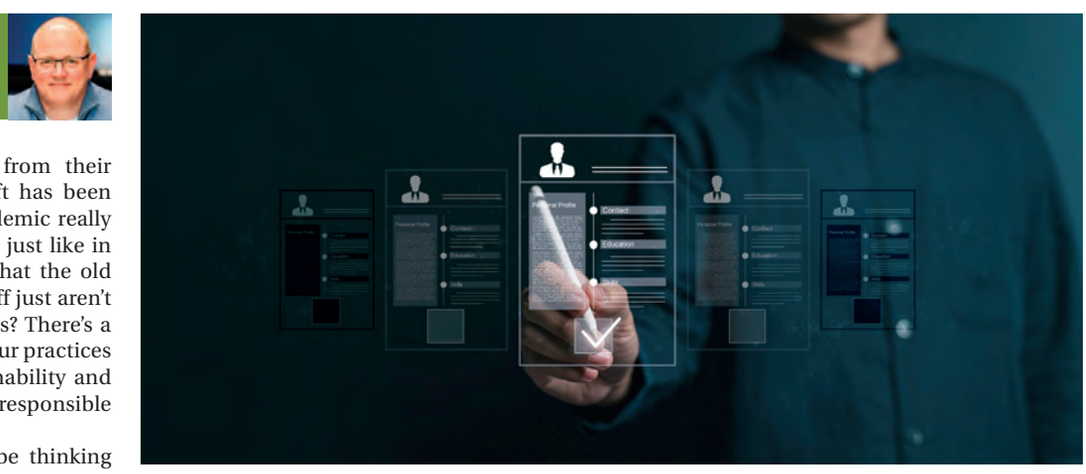
CSR and recruitment

Mark Topley discusses the surprising key to recruitment and retention

Responsible DENTISTRY MARK TOPLEY

Mark Topley
Dental CSR and ESG consultant



These days, what people want from their jobs has changed a lot. This shift has been happening for years, but the pandemic really brought it into focus. In dentistry, just like in many other fields, we're finding that the old ways of attracting and keeping staff just aren't cutting it anymore. The good news? There's a powerful tool we can use to make our practices more appealing: corporate sustainability and responsibility, or CSR. This is what responsible dentistry is all about.

Now, I know what you might be thinking – CSR sounds like one of those corporate buzzwords that means more work for you and your team. But that's not the case at all. CSR isn't about adding extra tasks to your already busy day; it's about how you choose to run your practice. It's about embedding values like ethics, sustainability, and responsibility into everything you do. And the best part? When you do this, you create a workplace that people are genuinely excited to be a part of.

Creating a culture

So, why is CSR so important for recruitment and retention? The simple answer is that people today are looking for more from their jobs than just a paycheck. Of course, money matters – especially with the cost of living being what it is – but it's not the only thing people care about. In fact, studies have shown that workplace culture, leadership, and opportunities for growth are far more important to employees.

Think about it: when someone feels good about where they work, when they respect their leaders, and when they see a path for personal development, they're much more likely to stick around. And that's where CSR comes in. By committing to ethical and sustainable practices, you're not just ticking a box – you're creating a culture where people feel valued and motivated.

One of the most interesting pieces of research I've come across is from a Harvard Business Review study that found the top reason people stay in their jobs isn't pay; it's the culture of the organisation. When people enjoy coming to work, when they feel like they're part of something positive, they're happier and more engaged. And who doesn't want a team like that?

Leading with integrity

But it's not just about culture. Leadership plays a massive role too. People want to work for someone they respect, someone who cares about them as individuals. If you're a practice owner or a manager, this is where you can really make a difference. By leading with integrity and making ethical decisions, you're setting the tone for the whole practice. And when your team sees that you're serious about doing the right thing – whether that's reducing your environmental impact or supporting local communities – they're more likely to be loyal and motivated.

Making it meaningful

Now, let's talk about meaningful work. Texas A&M University's Anthony Klotz has done some fascinating research on why people leave their jobs, and one of his key findings is that people have less tolerance for work that doesn't bring them meaning. The pandemic has made us all more aware of how precious our time is, and people are looking for jobs that matter. They want to feel like they're making a difference, even in small ways.

This is another area where CSR shines. When your practice is committed to ethical and sustainable business practices, it gives your team a sense of purpose. They're not just doing a job – they're contributing to something bigger. And that's incredibly motivating.

Everyone wins

To sum it all up, CSR isn't just some corporate jargon. It's a practical, powerful way to create a practice where people want to work. It helps you build a positive culture, lead with integrity, and offer meaningful work – all of which are key to attracting and keeping the best people.

In today's world, where the competition for talent is fierce, CSR could be the surprising key to setting your practice apart. It's not just about being profitable – it's about being responsible, ethical, and sustainable. And when you get that right, everyone wins: your team, your patients, and your practice. D

TO DISCOVER MORE CSR related resources and ideas, visit Mark's website at **responsibledentistry.com.**

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Implant dentistry: an excellent fit

Diana Spencer hears **Kevin Silver's** advice and anecdotes from a varied career in implant dentistry

Diana Spencer
Former chairperson, Alpha Omega

Kevin Silver
Chairperson, Alpha Omega

Kevin qualified from London's King's College School of Medicine and Dentistry in 1987 and went on to become the restorative house surgeon at University College Hospital. He joined the team at Cavendish House Dental Practice in 1988 and is the current principal.

He studied implants extensively at the Eastman Dental Institute and was awarded a distinction for the four-year diploma in implant dentistry, winning the overall prize for outstanding achievement in his year group.

He holds certificates in restorative dentistry and prosthetic implant dentistry from the Eastman Dental Institute as well as a diploma in general dental practice from the Royal College of Surgeons.

Kevin has been a course mentor for dentists studying for the DGDP. He is a member of the British Dental Association and the Faculty of General Dental Practice and has been a member of Alpha Omega for many years.

Why did you choose dentistry?
My family comes from a very medical background and I've always loved working with my hands – making and fixing things – and most especially I love technology… It was an excellent fit.

I looked at other options such as pharmacology, toxicology, optics and biochemistry but with hindsight, dentistry is perfect for me. Things have fallen into place as they should and it's been a great career for me!

Upcoming lectures

Alpha Omega has just released its lecture schedule for the coming 12 months.

Attendance to all lectures is free for Alpha Omega members and £60 for non-members.

Full membership costs only £295 yearly with large discounts for newly qualified and students.

For more information, visit **alphaomegadentaluk.com.**

What excites you most about the business/practice of dentistry?
I get very excited by the fact that these days in dentistry we seem to have a fix for almost everything. As long as our patients are prepared to go through the procedure there is nearly always a solution.

How do you unwind?
My greatest passion has always been sport. I used to play a lot of competitive squash. I competed in two Maccabi Games and the European tournament. I ran a very successful veterans' team at Finchley Manor and we won the veterans league. I also love cycling.

I must confess to enjoying detective novels. I am currently reading a DI Kim Stones story by Angela Marson.

What advice would you offer an upcoming dental student?
Dentistry can be a very lonely profession… It's great to engage with your colleagues and get support in learning patient and practice management and treatment planning.

None of our daily problems are unique so our colleagues can help and even if they don't have answers can signpost you to those that do. Alpha Omega is terrific for this!

My other big piece of advice is postgraduate education. I've gained a lot of enjoyment in doing courses and increasing my skills. It helps me to maintain interest in my field.

I have noticed that those who haven't done courses are the ones that burn out more quickly and become uninterested in dentistry.

I also recommend that newly qualified dentists engage in general practice at the start of their career in order to be able to try all different modalities and try areas that they might like to specialise in later.

How do you see dentistry changing in the next five or 10 years?
There will always be a great need for dentistry. I feel there will be an increase in digital workflow and planning, guided surgery, as well as terrific development in materials and technology.

What is your greatest challenge to date?
Controlling patient expectations.

People have been led to believe that restorations will last forever and we need to make clear that there are actually some limitations to what we can offer.

Running my own practice has given me great satisfaction in as much I have control in which technology, equipment and materials I can invest in – and of course, the staff.

What was your most embarrassing moment?
I had a patient who wanted an implant and I explained that the better treatment would be a bridge and that it would last a very long time and possibly see her out. She was terribly offended as she thought I was implying that she wouldn't live very long. Anyway, I fitted this bridge over 20 years ago and it is doing fine. The patient still comes to see me and she is 92 now!

Who was your mentor?
I've completed a number of long courses and I really relished going to the Eastman for instance with models and X-rays and discussing my cases. I was really happy to talk with experts with whom I could discuss any issues.

What is the funniest thing that has happened during your career?
A long time ago, I treated an elderly Germanic Jewish refugee. He always used to haggle over the fees and it was always an unpleasant experience telling him what things were going to cost.

He needed to have two teeth extracted and I prepared myself mentally before the conversation.

For two teeth at £20 each it was £40 (I told you it was an old story!). I dug my heels in as I knew for certain he would challenge the fee.

'What!' he exclaimed. '£40? Don't I get a discount for having two teeth extracted?'

I don't know where it came from as I am not normally so quick, but I announced to him it would be £40 but I could do a third one for him free of charge. He thought this was hilarious, accepted the quotation and laughed all the way to the front desk.

What would be your advice for someone setting up their own surgery?
1. Make sure you have skills in place
2. Always put the patient first and try to ensure you are not under financial pressure to do the wrong thing
3. Don't start with anything you are not confident about
4. Never be afraid to stop, pause and ask for advice.

I often take photos, study models and photographs to think about a case and talk to colleagues before booking the patient in a review appointment.

Do you have any regrets?
I love dentistry, it's been a rewarding career – I enjoy my patients and the skills that I have acquired. Perhaps in retrospect I could have attended more courses in business skills! D

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A curiosity-driven career

Caroline Smith highlights the benefits of varied training and education alongside a career in dentistry

Caroline Smith
Functional dental practitioner

To understand my career pathway, it's important to understand my story. I hope this inspires confidence to explore alternate training so you can support your patients in a deeper and more satisfactory way.

As the rest of my friends went off to uni after college, I decided to go travelling as I had no clue what I wanted to do with my life at that point. I spent the first seven months doing charity work in South Africa then went on to be a nanny in a French Ski resort for the next two and a half years.

Travelling while I was young was so much fun but I really craved a career pathway. I always knew I was meant to bring something to the world, but I just didn't quite know what that thing was.

Dental nursing

When I returned home, I was given the opportunity to train as a dental nurse in a local practice so I jumped at the chance to learn a new skill and engage my brain into something very different from what I was doing.

I remember always being curious, asking the dentist things like: 'Why do you do that? How does that material work?'

I was always poking my head into his field of view to see how he was cutting a cavity or how he was injecting the local anaesthetic. I just wanted to know what he was doing and why he was doing it. This is the type of curiosity, I suppose, that will make you a lifelong learner.

Dental therapy

I soon decided to apply for dental therapy and completed my training at Newcastle Dental Hospital in 2009. As we were only the second cohort of dental therapists to qualify, our experience in paediatric extractions and fillings was quite limited. Once I qualified I made sure I was in an NHS practice where I could carry out my full scope. I was also given the opportunity to fly to Uganda with Dentaid where I broadened my experience and learned so much more.

NHS restorative work was actually quite enjoyable in the early days. It was fast paced – no time to overthink.

It was the perio that really was a challenge to support with the limited time. I used to get frustrated with the system, not really feeling I was making much of an impact – it just wasn't fulfilling.

Teaching

At this point, I decided to try my hand at teaching and worked part-time as a clinical tutor at Teesside University for a couple of years. I absolutely love teaching! Education is my strongest value in action and I get so much out of sharing information.

While I was at the uni, I completed my top up degree at UCLAN as my diploma from Newcastle didn't match the level I was teaching at.

I was so inspired by Professor Crean, I got the bug for learning in more depth areas of clinical anatomy, autoimmune disease and immunology. Every time he taught us, that curious mind in me would always be thinking: 'I wonder why that happens, I wonder what makes some people more susceptible to disease, I wonder what is inhibiting cellular respiration, I wonder if there are natural ways to support detoxification.'

The wonder never stopped so I knew I needed to learn more.

Nutrition

Around that time, I saw an advertisement for Juliette Reeves' nutrition course, so we managed to get her to come to Newcastle to deliver part one. After attending the day, that was it – I'd made up my mind to study nutrition.

I'd already started listening to podcasts, audible books, connected with a functional dentist like Steven Lin and was building a tribe of like-minded clinicians that I could fall down many rabbit holes with – all with the shared goal of finding more ways to support our patients.

Halfway through my MSc in Nutritional Science and Practice, I got the opportunity to go to Steven Lin's book launch. If you haven't already read it, I would highly recommend his book, *The Dental Diet*. Having nutrition as my main focus, Steven opened my eyes to the impact that poor sleep and restrictive airways have on health and my whole world changed.

Craniofacial studies

Going back to nutrition school, asking my clients more in-depth questions around breathing and sleep, I just couldn't see past the impact that poor oxygenation was having on the system.

I took a break after finishing my first year in nutrition and flew to the States to learn all things myofunctional therapy, functional breathing and craniofacial development.

It didn't stop there though. If I was going to work with the muscle of the head and neck, I also wanted to be trained in body work (a form of massage therapy), allowing me to help release the tissues I was trying to rehabilitate.

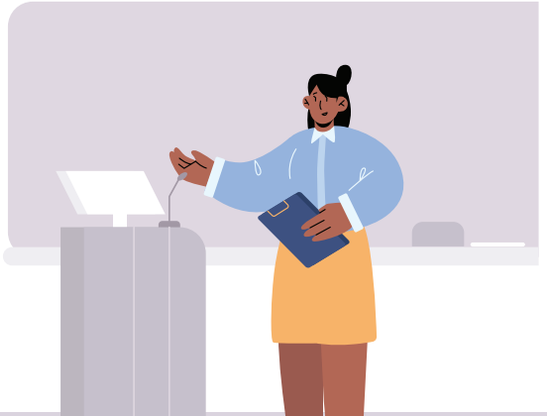
With a diploma in Swedish massage and extra training in myofascial release, lymphatic drainage, Indian head massage, TMJ therapy and dental acupuncture, I can create bespoke support for my patients in their rehabilitation phase. This is my favourite extension of my skill set. I have a complementary therapy clinic for this work but I truly believe it is the dentistry of the future.

Full circle

Coming full circle from the frustration with NHS perio, I have a new-found love for implementing lifestyle medicine as an adjunct to the S3 guidelines and the results are just simply beautiful.

That love for education is now imparted on my patients, teaching them how to use food and lifestyle as a tool in their personal healing journey. Having an understanding of nutrient depletion on a cellular level helps you work on this root cause of their disease and I feel truly grateful to have gained the knowledge on my journey.

I'm scared to think how much money I have spent along the way or how many hours I have spent researching. Has it been easy? Absolutely not. Has it been worth it? Absolutely yes. Stay curious: you never know where it will lead you. D



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Staying the course

Luke Hutchings reflects on his term as president of the British Academy of Cosmetic Dentistry as he hands over to his successor, Sam Jethwa

Luke Hutchings
President British Academy of Cosmetic Dentistry (BACD)

At the start of my term as president of the British Academy of Cosmetic Dentistry (BACD), when asked about my plans, I said that while it might sound unexciting, our priority was simply to keep steering the ship.

The direction of the Academy had already been well established, and our focus was on staying the course with hard work and a steady hand on the rudder.

Thankfully, we've managed to navigate this year without encountering too many storms along the way.

Elevating standards

In particular, my primary goal as president was to continue to elevate the standards of cosmetic dentistry across the UK by focusing on three main areas: education, inclusion and community.

For education, we aimed to enrich our members' skill sets through high-quality training and continuing education. Much of this was free to members this year.

I also worked hard to ensure that the BACD continued to be an inclusive and welcoming organisation, attracting a diverse group of professionals. We have always focused on being an equal opportunity Academy, and I very much believe in ensuring that the best person for a job is prioritised.

Finally, we've always tried to place community at the heart of everything we do at the BACD. We have connected with our members at social events and educational meetings. We will also continue to champion the growth and development of our members and share joy in their successes.

Unwavering support

I am immensely proud of the continued hard work and perseverance of my board and committee members.

I have never met a more supportive, professional and well considered group of individuals. They have all been tireless in the pursuit of excellence, whether that be increasing membership benefits, planning educational meetings or simply trying to communicate with the membership. I can't thank them enough!

I have never met a more supportive, professional, and well-considered bunch of people

I would also like to once again thank our colleagues within the dental trade for their unwavering support throughout this year, sponsoring our events and offering invaluable support to our members.

A place to thrive

To current and future members of the BACD, I would say that the Academy remains a place where innovation, collaboration and excellence come together.

Whether you are just starting your journey in cosmetic dentistry or have been practising for decades, the BACD is here to support you, challenge you and help you grow.

We are more than just a professional organisation; we are a community that thrives on shared knowledge, ethical practice and continuous improvement. D

'Our focus was on staying the course with hard work and a steady hand on the rudder. Thankfully, we've managed to navigate this year without encountering too many storms along the way'

Orthodontic nursing: a day in the life

Klaudjana Kolaj shares what it means to be an orthodontic nurse, including role responsibilities, the skills required and how to qualify

Klaudjana Kolaj
Orthodontic nurse

Orthodontic nurses play a vital role in the successful operation of an orthodontic practice. Through their unique skills and support they contribute to providing high quality care to orthodontic patients.

Each morning, the day starts with turning on the equipment for the day: compressors, dental chairs, sterilisation machine and flushing the water lines.

I also make sure that my surgery is stocked with necessary supplies and materials needed for the day: napkins, cotton rolls, instrument trays and so on.

I then prepare and set up treatment trays for each appointment. Depending on the type of visit, each tray set up will be different.

Main duties

As an orthodontic nurse I have a wide range of responsibilities in practice:

1. Patient preparation: I help to prepare patients for examination and treatment by helping patients wear the relevant protective gear, including eye cover and a protective bib
2. Assisting in infection control: cleaning and sterilising dental equipment, instruments and patient area before and after each patient
3. Assisting in patient records: this includes taking pre-treatment photos and scans as well as progress and final photos and scan. We are lucky to have two Itero scanners in the practice!
4. Assisting the orthodontist in procedures by preparing instruments and materials necessary. Basic understanding of orthodontic procedures is crucial
5. Performing administrative duties: occasionally I help at the front desk with scheduling appointments, taking payments and contacting patients. I am also responsible for ordering and stocking orthodontic supplies and materials
6. Providing at home care instructions for fixed and removable orthodontic appliances: once patients have their removable or fixed appliances fitted, I provide patients with oral hygiene and diet instructions
7. Assisting in remote monitoring: I am fortunate to work in an orthodontic practice that uses the latest AI technology for remote monitoring. I support the orthodontist by reviewing patient online photos and scans and assess tooth position changes.

Key skills

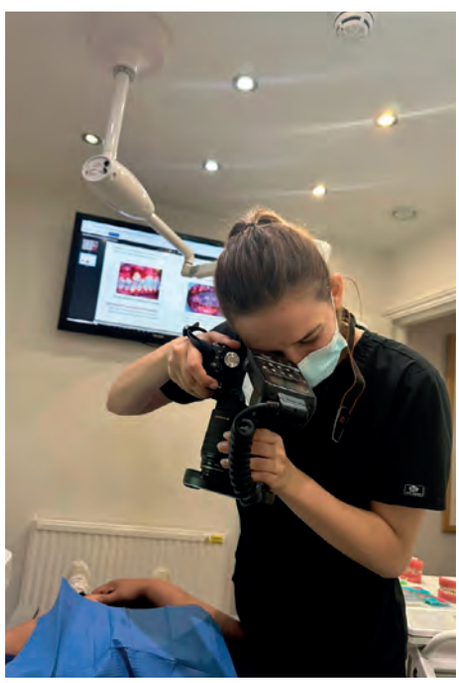
Being a successful orthodontic nurse requires a broad skill set:

1. Teamwork: orthodontic nurses work as a part of a team, regardless of whether it is a small or a large practice. You need to have good communication and listening skills – as well as the ability to multi-task
2. Critical thinking: orthodontic practices are often busy, fast-paced environments. You need to be able to work under pressure and in demanding circumstances
3. Multi-tasking: most orthodontists are busy with a day filled with patients. You will be on your feet most of the day – moving, cleaning and preparing instruments quickly to keep up
4. Interpersonal skills: you will be working with people all day; good communication and listening skills are essential! Young patients are often anxious about having orthodontic treatment so empathy goes a long way
5. Organisation: preparing ahead of time, ready for the start of the day, is essential in helping with time management and the smooth running of the clinic
6. Adaptation: an orthodontic nurse may work with different clinicians and so must learn to adapt to their way and style of working. It is important to be adaptable and once you have worked with a clinician few times you will learn their ways – it gets easier every time!
7. High motivation: the world of orthodontics is changing rapidly with new appliances and technology appearing all the time. It is essential that you keep up with new knowledge and skills to help provide the highest level of patient care.

Pros and perks

There are many reasons why I love working with orthodontic patients. Below are my four big ones:

1. Helping people build their confidence: assisting in improving patients' smiles, and seeing how their confidence is transformed is very satisfying
2. Improving oral health: we see mostly young orthodontic patients, who often need to be motivated to maintain their oral health throughout the orthodontic treatment and beyond. I very much enjoy educating patients on oral hygiene and diet
3. A great working environment: no two days are the same and every day is exciting. There is always the opportunity to learn something new from your dental colleagues at work
4. An opportunity for career development: working as an orthodontic nurse will open new doors especially if one is keen on being more hands on with patient care. There will always be the opportunity to study further and become an orthodontic therapist.



Entry pathways

In order to be able to work as an orthodontic nurse, you will first need to qualify as a general dental nurse. The process involves being enrolled in a national diploma programme which is accredited by the National Examining Board for Dental Nurses (NEBDN).

You will need to work in a general dental practice at least 16 hours a week, gaining experience in all aspects of general dental treatments.

As a trainee dental nurse you will need to be employed by the dental practice and be in a position to be able to complete the RoE (Record of Experience).

The RoE is a portfolio of competence and evidence that you have assisted in a wide range of different dental procedures.

You are also required to have at record of attendance of at least 70% during the 12 months period as a trainee nurse.

Once you qualify as a dental nurse, you can apply to work in an orthodontic practice and then apply for the NEBDN Certificate in Orthodontic Dental Nursing, which takes six months to complete. D

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The importance of succession planning

In the field of dental hygiene and dental therapy, succession planning is essential for ensuring that organisations like the BSDHT continue to thrive, writes Miranda Steeples

Miranda Steeples
President, BSDHT

For dental hygienists and dental therapists, stepping into leadership roles of professional societies provides opportunities for personal and professional growth, along with the chance to influence the future of the profession.

Indeed, many members are motivated to stand for roles within the BSDHT by a desire to be part of something bigger than their individual practices. This often starts with smaller roles and can progress to more significant responsibilities within the Society. The experience gained through these roles not only benefits the individual but also contributes to the collective strength and resilience of the BSDHT.

Opportunities abound

The BSDHT offers a variety of pathways for members to get involved, from regional group positions to council roles and executive leadership. This diverse structure allows for continuous movement and fresh perspectives within the society, which helps maintain relevance and drive progress.

Each role, regardless of its level, plays a critical part in the smooth functioning of the organisation, much like the gears in a finely tuned clock.

As members move through different roles, they bring their unique skills and viewpoints, ensuring that the BSDHT evolves to meet the changing needs of its membership. Regular consultations with members help shape the society's strategies and priorities, making sure that it stays aligned with the interests and needs of the dental profession.

With multiple positions up for election each year, the influx of new members and ideas creates a ripple effect that benefits not only the BSDHT but the wider dental community as well. New energy and fresh perspectives keep the Society vibrant and forward-looking. This year, the addition of representatives from the Education Group and the Diversity, Inclusion and Belonging Group on the council exemplifies the broadening of BSDHT's focus, encouraging more inclusive and innovative approaches to its mission.

Impact of involvement

For those considering stepping forward, the benefits of getting involved with the BSDHT are multifaceted. On a personal level, being part of the society can alleviate the sense of isolation that sometimes comes with working in practice. We offer a ready-made network of like-minded professionals, providing support, friendship and a sense of community.

Professionally, involvement in the BSDHT opens doors to opportunities for development. Members who take on roles can shape the Society, influence its direction, and gain new skills that enhance their career prospects.

Leadership roles within the BSDHT can also be a distinguishing feature on a CV, demonstrating commitment to the profession and a proactive approach to professional development.

Ensuring smooth transitions

Succession planning within the BSDHT is vital for ensuring a smooth transition and continuity as new leaders step into various roles. The Society has established pathways, guidance documents and handovers to support individuals as they take on new responsibilities. Outgoing members often mentor their successors, providing invaluable support and insight to ensure they are well-prepared for their new roles.

This supportive culture extends beyond formal handovers, with a knowledgeable team at head office and within the executive and council teams available to assist new members. This comprehensive approach helps to maintain the stability and effectiveness of the BSDHT as it navigates leadership changes.

Every role matters

Beyond the high-profile roles of president and president elect, positions such as honorary treasurer and student rep coordinator are equally important in driving the Society's mission forward.

Each role within the BSDHT, whether large or small, contributes to the overall success of the organisation.

The president may serve as the figurehead, but without the support of the entire team, the Society would not function as effectively.

This collaborative approach ensures that all members, regardless of their role, have the opportunity to make meaningful contributions to the BSDHT.

New candidates bring their own strengths and perspectives, which are essential for the ongoing growth and adaptation of the Society.

Encouraging future leaders

For members considering stepping forward, the message is clear: your involvement can make a significant impact not just within the BSDHT, but also on your own professional journey and the broader dental community.

By taking on a role, you will help to ensure the future of the Society, inspire the next generation of dental professionals, and gain valuable experience that will enhance your career.

If you are ready to step up, take a chance on feeling more fulfilled, and become an active part of shaping your Society and profession, now is the time.

The BSDHT is not just an organisation but rather a community of passionate professionals working together to advance dental hygiene and therapy. Your contribution could be the key to driving the Society forward into a bright and successful future. D

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Prettau® Skin® - The latest innovation in minimally invasive dentistry

The clinical experience of Dr García Torres and two patients

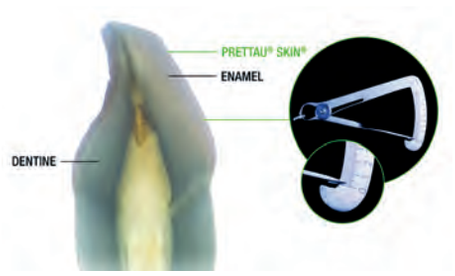
Dr García Torres
Professor in the prosthodontics and implantology programme at the University De La Salle Baijo León, Mexico

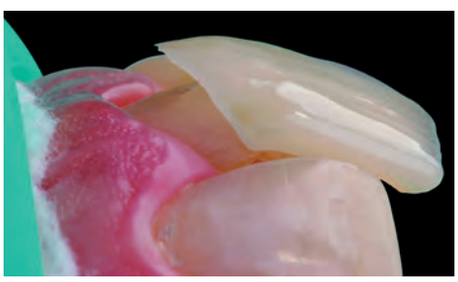
Prettau® Skin® (Zirkonzahn) is an innovative technique permitting the creation of ultra-thin Prettau® zirconia veneers with a thickness of 0.2 mm only. In this way, patients can be provided with an aesthetic and healthy smile with zero to minimal impairment of tooth substance. The veneers are suitable for the aesthetic correction of tooth discolourations, tooth gaps, crooked teeth, cone teeth and abraded teeth.

Zirkonzahn has developed a clinical and technical protocol for the production of Prettau® Skin®. The working protocol includes the fabrication of a resin mock-up to check functional, phonetic and aesthetic aspects. Based on the mock-up, the dental technician can produce a preparation guide marking the tooth areas that the dentist has to prepare for the minimally invasive application of the veneers – a useful tool to optimise planning and communication between dental technician and dentist, for the final benefit of the patient. Veneers preparation and cementation is then performed based on a proven protocol that includes both technical and clinical working steps:

- Cleaning and isolation of the working area
- Tooth preparation
- Veneers preparation
- Bonding preparation and application, curing

Prettau® Skin® is meant to be fabricated with Prettau® Dispersive® zirconia typologies, as they are already provided with a natural colour gradient from dentine to enamel during the manufacturing process. Zirkonzahn's zirconia types generally have a good opacity effect. This property makes it relatively easy for the dental technician to achieve the desired colour effect already on the model. However, for even more patient-individual results, veneers can be further characterised with ICE Stains 3D by Enrico Steger and minimally veneered with Fresco Ceramics. To select the most suitable colour for the veneers, it is recommended to use Zirkonzahn Shade Guides. If the material of the shade guide and the material used for producing the zirconia veneers are identical, it is ensured that the shade of the zirconia restoration matches 1:1 with the natural tooth colour of the patient. The materials needed to produce Prettau® Skin® are conceived, developed and tested by Zirkonzahn's in-house research and development team, ensuring a smooth workflow and total compatibility of materials and products with each other.





No prep veneers (0.2 mm) – the newest solution that will change the way we think about dentistry

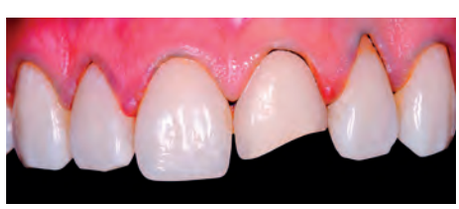
Dr García Torres:

'In my daily work, I usually implement minimally invasive alternatives. Prettau® Skin® fits perfectly in there, since it allows me to make conservative restorations according to the concept of adhesion. I consider Prettau® Skin® a very versatile restorative option and an excellent alternative for patients with different restorative needs, permitting them to achieve reliable functional and aesthetic results in all cases. This technique contributed to improving my patients' self-esteem and fulfilling their main demands in terms of material strength, aesthetics, high quality and good adaptation.

'The communication and cooperation with the dental technician is an important aspect of the Prettau® Skin® workflow. The dental technician perfectly knew how to adjust parameters properly in the software and, most importantly, how to handle the material correctly during the work process in the laboratory. From a mere clinical perspective, I appreciated working with Prettau® Skin® for its easy reproduction and the possibility of carrying out digital workflows. A remarkable benefit is a possibility to provide a conservative treatment in which the material, even at a minimum thickness of 0.2 mm, still shows fracture resistance, a high level of aesthetics and permits the implementation of a reliable bonding technique to the substrate. Following the appropriate bonding protocols developed by Zirkonzahn, Prettau® Skin® is totally reliable for cementation to dental substrates.'

Patient 1

'In my past, I have always avoided going to a dentist because I used to feel very uncomfortable. However, due to an accident when I was about 12 years old, I lost half of my incisor and I was compelled to treat this dental area. At that time, the dentist told me that the only treatment possible was resin filling. Unfortunately, this was not a very aesthetic solution. My resin tooth became thinner and thinner over time, requiring several replacements over the years. The last time, it was replaced with a no prep veneer, which was better, but still not the best solution for me. I was tired of the feeling that I could not dare to laugh heartily. So, I decided to visit the dentist again, who, together with the dental technician, proposed a new treatment with these ultra-thin veneers. They explained to me that little or nothing had to be removed from my natural teeth. In addition, I was also informed that the veneer would act as a kind of protection and stabilisation for my natural teeth due to the high strength that the material offers. I was a bit scared because my fractured tooth has always been a bit sensitive, I thought it might be painful. But I was very relieved during treatment. The procedure was quick and easy, and I was informed about what I was undergoing at all times. Concerning the final result, I am definitely satisfied. I expected that it would be difficult to get the right



Patient 1: Initial situation – Due to an accident at the age of 12, the patient lost half of the incisor. Colour determination for the veneer is performed using Zirkonzahn Shade Guide Prettau® Line.

Frank Taylor & Associates

SINCE 1988

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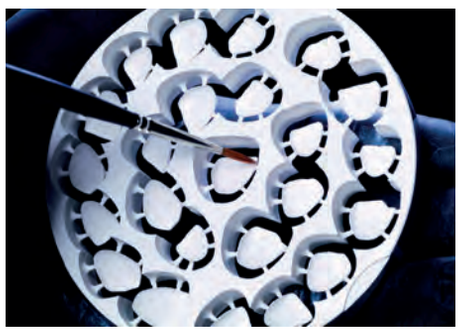
Patient 1: Mock-ups have a great didactic, diagnostic and clinical significance. They are useful and efficient communication tools between dentist and dental technician as well as dentist and patient, permitting a predictable assessment of aesthetics and function by simulating the expected final result. Mock-ups offer the dentist the possibility to propose alternative solutions: they allow photographic documentation and a restoration preview for the patient, both in the clinic and at home with family, for improved case acceptance. In addition, mock-ups can be used to create patient-specific preparation guides, which clinically permits the determination of the tooth areas to be prepared for the minimally invasive treatment.



Patient 1: Cleaning the zirconia veneer with brushes and compressed air after milling

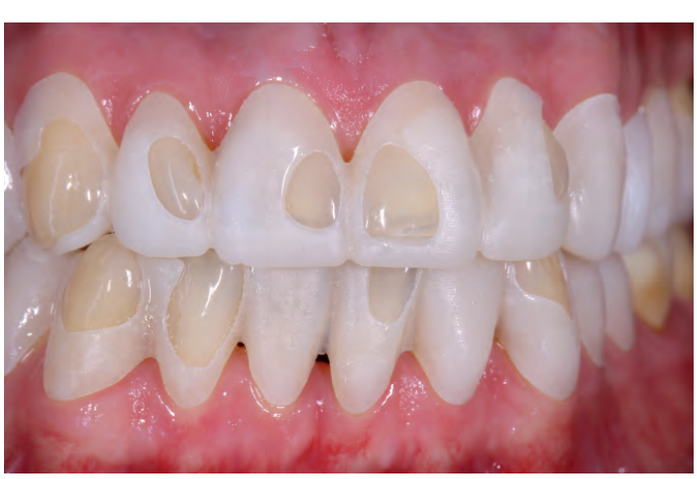
Patient 1: Final result with Prettau® Skin®. The veneers act as a kind of protection and stabilisation for the patient's natural teeth, due to the high strength that the material offers

tooth colour, because the old veneer was always a little darker and the transition line to the natural tooth could be perceived sometimes. Now, I don't see any difference between the new veneers and the natural teeth. The changes to my teeth were very small, but the effect was impressive. I am really proud of my new smile. Now, I laugh freely and heartily, and I feel that I have a more positive attitude towards life, which has positive effects in my overall health and relationships.'

Patient 2

'The veneer application has been the most important treatment that I've ever made at the dentist. I was quite scared, I feared that it would be painful, but what convinced me in undergoing the treatment was the idea of having straight and new teeth. I am totally satisfied with the quick treatment and the final result, since I notice that now I smile and laugh more when I am with people. A relative of mine is a dentist, and the first time I met him after the treatment, he was impressed with the beautiful job. I was really happy to hear this from another dentist.' D

Patient 2: Before and after the treatment



Patient 2: The preparation guide used for this patient case, to identity the areas that the dentists has to minimally prepare for veneers application

Patient 2: Final result in situ

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Fighting infection in the dental practice

John Dargue considers the infection risks present in modern dentistry and how to mitigate them

John Dargue
Territory manager, A-dec

In 1891, American dentist Willoughby Dayton Miller published an article entitled 'The disinfection of dental and surgical instruments' in response to concern in some quarters that syphilis was being spread via dental treatment.

He wrote that instruments should be sterilised using boiling water, as well as suggesting that 'whatever method of disinfecting we may use, the instruments should first be cleaned mechanically'.

Miller was therefore, perhaps, one of the first to recognise that driving down the number of microorganisms living on a non-sterilised surface or device significantly improved the efficacy of the sterilisation process (Nield, 2020).

Hazards in modern dentistry

We have come a long way since then in terms of knowledge and technology, with a number of new diseases coming to our shores, which led to the creation of standard precautions as recently as the late 1980s.

Let's place things in context first. According to Faculty of General Dental Practice (FGDP) data:

- In one working week, you will see 30 patients with pathogenic Streptococcus or Staphylococci
- Every 15 days you will treat a patient with Hepatitis C
- An HIV+ patient will walk through your doors every 36.5 working days
- Every 70 weeks you will encounter someone with tuberculosis (TB)
- 7.7% of new Hepatitis B cases have been exposed to risk from a healthcare procedure.

In 2020 when COVID-19 hit, we couldn't be completely sure that we had everything necessary already in place. Thanks to standard precautions, we now know that some products and protocols placed the dental team in relatively good stead and now have an established evidence base to that effect.

Although, of course, aerosol-generating procedures that result in the production of airborne particles added a new challenge in terms of health and safety (Shields et al, 2020).

Last year, the UK saw confirmed cases of monkeypox – who knows what else is around the corner?

However, we do know that we have a very effective protocol in place, that it is being constantly reviewed, and that staff and patient safety will always come first.

Microorganism	Method of transmission	Expected maximum lifespan on a surface
TB Bacteria Tuberculosis	Droplet infection, ie aerosols	Up to 4 months
Hepatitis B Virus Hepatitis B	Blood and saliva	Up to 7 days
Adenovirus Respiratory disease	Droplet infection, ie aerosols	Up to 3 months
MRSA bacteria Antibiotic resistance	Skin contact	Up to 7 months
Vaccinia Virus Pox virus	Cracks in skin	Up to 5 months
Influenza Virus Flu	Droplet infection, ie aerosols	Up to 48 hours
Herpes Simplex Virus Cold sores	Direct contact with lesion of bodily fluid	Up to 8 weeks

Table 1: Microorganism transmission and contraction

Standard precautions

So: what do standard precautions currently look like?

As stated by the World Health Organization (WHO): 'Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognised and unrecognised sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.'

Infection control concerns all the measures taken to prevent the transfer of infectious agents, and include the need to be:

- Practical
- Effective
- Current
- Systematic
- Scientifically-based
- Proven.

For infection control to be executed successfully, the following must be implemented:

- Written protocols
- Training of all new team members
- Retraining of staff on a regular basis
- Carrying out auditing to ensure procedural effectiveness
- Staying up to date regarding new methods and procedures
- Practising standard precautions at all times.

Hand hygiene

Hands are a common route of transmission of infectious agents, predominantly through touch.

Indeed, according to WHO: 'Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care.'

Therefore, hand hygiene best practice is key to safeguarding patients and staff and should follow a specific protocol:

- Use the systematic hand-wash technique at the start of every clinical session
- Disinfect hands before, between and after seeing each patient using an alcohol rub disinfectant
- Use a moisturising cream at the end of each clinical session to maintain pliability of the skin
- Always use good quality, powder-free gloves
- Use heavy duty gloves when processing instruments and surfaces.

Poor practices include:

- Wearing hand or wrist jewellery during clinical sessions
- Putting on hand cream before wearing gloves, as this compromises the integrity of the glove
- Treating a patient without wearing gloves
- Wearing nail varnish, false fingernails or having long nails.

Bacteria in waterlines

Another significant issue in dental practice is that of waterline safety. Patients trust that the water you are using in their oral cavity is of the highest quality. Unfortunately, that may not be true.

The small diameter and low flow rates of dental unit waterlines (DUWLs) can promote bacterial growth, resulting in water at the output that is densely populated with microorganisms.

When leading authority Caroline Pankhurst and colleagues carried out a survey of 270 practices in London and rural Northern Ireland, the majority exhibited bacteria in DUWLs greater than the total viable count (TVC) of 100-200 CFU/ml (colony forming units per ml), which is recommended as 'best practice' in section 6.79 of

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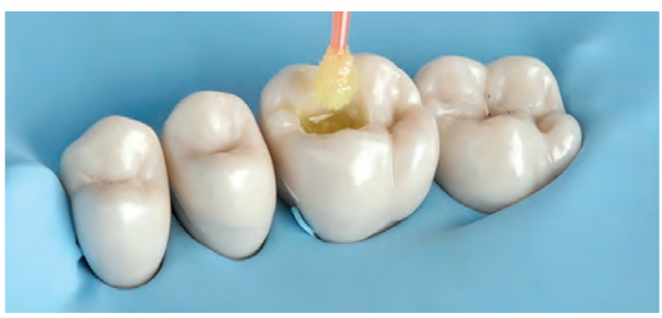

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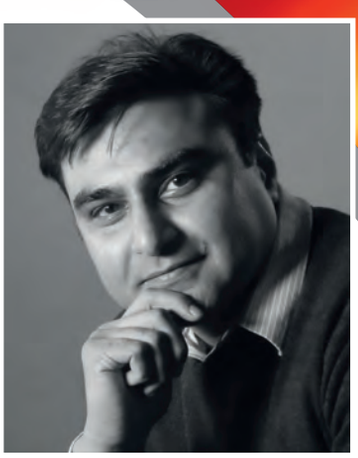
Dr Nadeem Younis BDS MSC DGDP(UK) DPDS,
Principal dentist at Bridge Dental Practice, Burnley



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*Nielsen, Total Coverage,·value Sales, 52 w/e Feb 2023 , Mouthwash and Toothpaste, benchmarked against specialist halitosis brands.

'HTM 01-05: Decontamination in primary care dental practices'.

Within that cohort, 14% of dentists had asthma – a statistic significantly higher than the 5% average adult occupational asthma rate. Occupational-related asthma can be triggered by endotoxin exposure (Mensudar et al, 2016).

More recently, Bowen and colleagues (2015) sampled the water effluent from 47 dental treatment units to determine bacterial load. They found that over a third (38%) exceeded 500 CFU/ml on initial sampling, which were deemed to be TMTC (too many to count).

No fewer than 40 different species of bacteria have been found in DUWLs, including oral streptococci, Pseudomonas spp, Enterobacteria, Candida albicans, Legionella pneumophila and non-tuberculous Mycobacterium spp (Orrù et al, 2010). Each of these has the capacity to cause potentially life-threatening infections (Hatzenbuehler et al, 2017).

The reality is, unless you take steps specifically designed to prevent and eliminate microorganisms, there is little reason to believe that any dental unit can avoid bacteria colonisation.

Maintaining waterlines

So, what can you do to deliver the highest quality water to your patients? Along with a daily waterline maintenance protocol, it is important to use a chemical germicide, and periodically shock your waterlines to clear deposits and contamination.

These three simple steps help maintain your dental unit waterlines:

1. Maintain waterlines daily – A-dec ICX water treatment tablets, for example, are specially formulated to maintain dental unit waterlines and prevent accumulation of odour and foul-tasting bacteria, maintaining dental unit waterline effluent of ≤10 CFU/ml. Simply drop a fresh ICX tablet into the empty self-contained water bottle every time you refill. ICX remains active in the system for at least two weeks
2. Monitor water quality regularly – the frequency of this important step depends on your test results. Initially, test water once per month. If the results pass your clinic's water quality goal for three successive months, reduce the testing frequency to once every three months. The test should provide a quantitative measurement of heterotrophic bacteria. A-dec recommends 200 CFU/ml as an action level. Your practice may establish a different shock treatment level based on water quality requirements in your area. Ask your dealer to recommend a water monitoring test kit or laboratory service to help with this step
3. Shock waterlines as needed – when waterline bacteria levels exceed your established water quality action level, it is time to shock. Shock treatment clears deposits and removes odour-causing bacteria from dental unit waterlines. A-dec recommends shocking the dental unit waterlines with ICX Renew before you first use the system. After first use, shock the waterlines whenever test results indicate a bacteria level greater than your water quality action level. Resume using ICX tablets for your ongoing waterline maintenance.

Designed for safety

A-dec dental equipment is designed with asepsis in mind. In fact, A-dec has built extra sterilisation measures into its products for decades.

For instance, some dental chairs have to be connected to the mains water supply, whereas A-dec dental chairs have an isolated water bottle, which means that you have far more control over the water quality, from both a chemical and bacterial perspective.

This approach is about more than common sense. It is far from ideal to have a chair connected to the mains water supply as there is a risk of back siphonage of biomaterial. It should therefore be isolated.

As previously mentioned, it is also important to keep in mind HTM 01-05's expected water quality control at a level of 100 to 200 CFU/ml when considering the DUWL water source.

Let's never forget that contaminated DUWLs are a real threat to patient and staff safety. Their design, the nature of dental procedures and the conditions within the dental operatory prime them for bacterial colonisation without appropriate installation and ongoing care. D

For references, email newsdesk@fmc.co.uk.

FOR MORE INFORMATION contact A-dec on **0800 233 285**, email **info@a-dec. co.uk** or visit **unitedkingdom.a-dec.com**.

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SprintRay introduces Ceramic Crown, a hybrid nanoceramic resin for 3D printing full crowns, partial crowns, and veneers chairside. With over 50% ceramic content, this material offers high strength and wear resistance. Easy to finish and polish, it provides excellent aesthetics to match natural teeth. As part of a full 3D printing ecosystem, it enables same-day definitive crowns in under 45 minutes.

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Brilliant Everglow composite from Coltene uses the latest material science to effortlessly deliver highly aesthetic and durable restorations.

Thanks to submicron glass fillers, Brilliant Everglow has exceptional polishability, and a long-lasting lustre. The pre-polymerised fillers are perfectly harmonised with the uncured composite to further enhance and support gloss retention.

Everglow has a sophisticated shade system and three translucency levels. It can be used for single shade as well as multi-shade layered restorations. Low water sorption supports excellent long-term colour stability.

Due to its high compressive strength and resistance to masticatory forces, Brilliant Everglow is a long-lasting solution, ideal for posterior teeth.

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Dexis expands digital ecosystem Dexis

At the start of 2024, Dexis introduced its digital ecosystem, a suite of tools and software designed to connect and streamline the implant workflow from diagnosis to delivery. Dexis has now announced upgrades across the ecosystem.

A brand-new X-ray platform is now available, designed specifically for general practitioners looking to expand their diagnostic capabilities with 3D imaging. The Orthopantomograph OP 3D EX captures consistently accurate images through a straightforward, easy-to-learn workflow.

The unit has a wide range of field of view sizes to support multiple clinical indications including implant placement, endodontics, periodontics, and analysis for airway and TMJ.

In addition to new hardware, a brand-new software release will provide advanced tools to plan and execute same-day, prosthetically driven implants. DTX Studio Clinic stores and manages all patient data as well as helps clinicians execute each step of the implant process from diagnostics to delivery.

The software's new functionality allows practitioners to plan an implant treatment and generate a surgical guide chairside – all in less than three minutes. Clinicians can virtually extract teeth, adjust photorealistic abutments and crowns, and create an automated surgical guide that can be sent to a lab or produced in-house for same-day delivery.

www.dexis.com

Improving patient experience Carestream Dental

When attracting new patients to join your dental practice, making the experience as convenient as possible is crucial.

Conventionally, making a dental appointment requires the patient to call the practice during working hours, taking up their and the practice team's time. And once they arrive for their appointment they must complete pre-appointment forms.

When practices implement the Sensei Cloud practice management platform, patients are able to book their appointments online at a time that's convenient for them. Plus, they can complete pre-appointment forms in a virtual waiting room, so they spend less time in the waiting room for a more comfortable experience.

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Continuous 12-hour fluoride protection!

Trycare

Conventional 1450ppm and above fluoride toothpastes only deliver fluoride for a maximum of 90 minutes, whatever their fluoride content and provided the patient does not rinse. Despite its lower 530ppm fluoride content, Biomin F remains active for up to 12 hours, continuously releasing fluoride to strengthen teeth and protect against decay, even if the patient's toothbrushing is erratic and inefficient.

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

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

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

www.trycare.co.uk/biomin
01274 885544

Complete add-on package for digital workflow Zirkonzahn

With Zirkonzahn's new Detection Eye intraoral scanner, the patient's jaw can be easily digitised in less than 60 seconds. The scanner is easy to use and the choice of two different tips (standard and small) makes the impression taking more comfortable. The scanner is lightweight, compact and ergonomic. Scanning areas don't need to be pre-treated with powder and its art can be rotated to reach the most ergonomic posture.

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Once the data has been captured, it can be quickly loaded into the Model Maker software module. The produced model is then transferred to the new Zirkonzahn.Slicer software, where it is placed on the virtual printing platform. If needed, special supports can be also generated. The software is conceived for the dental workflow and pre-configured with settings for a seamless and well-calibrated printing process.

At this point, the generated 3D printing data is transferred to Zirkonzahn's P4000 Printer either via USB, LAN or Wifi and the large printing volume (20x12.5x20cm) permits the simultaneous production of, for instance, up to 21 Geller models or 15 dental arches. The P4000 system for 3D printing works ideally in combination with the Printer Resins and the Printer Resins Waterbased by Zirkonzahn.

The model can be cleaned in an ultrasonic bath and then cured in the L300 Post-Curing Lamp. It can be mounted into the PS1 articulator or ZS1 Mini-Arti to check the patient's jaw movements without using plaster thanks to the new Jawaligners PS1 or ZS1 (magnetic spacer plates).

www.zirkonzahn.com

Take control of the sulcus Parkell

When your prep is flawless, you want your digital scanner to easily capture every detail. Parkell's Dryz Blu hemostatic gingival retraction paste helps you do that.

This easy-to-use material fits comfortably into the workflow of every digital dentist, providing that extra push for clearing the field of unwanted obstacles, so you can quickly obtain an accurate and complete digital impression every time.

Dryz Blu's aluminium chloride formula (23%) acts in only two minutes and won't slough tissues. The bright blue color makes it easy to see the material. Its creamy consistency adapts well and easily washes off clean, leaving no residue behind.

Available in both syringes and single dose capsules, Dryz Blu is compatible with the most popular retraction techniques including compression caps, retraction cord, electrosurgery and lasers.

Because maintaining a dry field is critical to restorative success, Dryz Blu can also be used to control hemorrhage and crevicular fluids prior to crown cementations (both temporary and permanent) or the placement of class II and class V restorations when the margins extend subgingivally.

europe.parkell.com/dryz-blu-uk-dentistry

Coming to a town near you Planmeca

Planmeca is excited to announce that their expansive mobile showroom will be in the UK this Autumn!

Bringing cutting-edge technology directly to your doorstep this October, the moving showroom is the perfect way to learn the benefits of the whole Planmeca product portfolio: digital dental units, 2D and 3D imaging devices, CAD/CAM solutions and Romexis software.

Free to attend, come and interact with members of the local Planmeca team and engage in hands-on demonstrations.

If you're interested in new equipment, come and explore Planmeca's complete range of dental solutions, designed to enhance patient outcomes and streamline practice operations.

- Dublin – Monday 7 October
- Leixlip – Tuesday 8 October
- Manchester – Thursday 10 October
- Birmingham – Saturday 12 October
- South west – Monday 14 October
- South west – Tuesday 15 October
- South east – Thursday 27 October.

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Free sample of draganberry varnish! Trycare

Centrix have extended their range of Award Winning Fluorodose varnishes by launching the new draganberry flavour!

Available from Trycare, Centrix's Fluorodose 5% sodium fluoride varnish is easy to apply in less than a minute.

To make life easier, Fluorodose's packaging has patented features to enhance handling, comfort and patient safety. Containing a single dose of varnish, each Lollitray includes a Benda Brush applicator and is designed so that it 'pops up' with one hand, making removal simple and safe.

Drying in seconds when contacting saliva, Fluorodose remains in situ for up to six hours for optimum fluoride uptake. It offers a smooth non-stringy or clumpy consistency, fast application and six patient-pleasing flavours – caramel, bubble gum, mint, cherry, melon and new draganberry! It is supplied in introductory packs containing the five original flavours and refills of all six individual flavours.

Freshly mixed prior to application it always has the optimum fluoride distribution, unlike syringes which frequently separate out leaving inconsistent mixes of ineffectively low and dangerously high fluoride concentrations.

Quick-drying and long-lasting, Fluorodose is suitable for adults with caries risk factors and children. Applied as often as needed it is FDA-approved for treating dentinal sensitivity.

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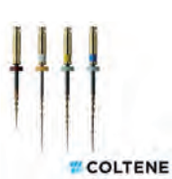
Flexibility and fracture resistance Coltene



The Hyflex EDM OGSF sequence files from Coltene are unmatched for efficiency, flexibility and strength, for reliable root canal shaping, all in a one-file system.

The OGSF sequence keeps the whole process simple and effective for clinician and patient, with an orifice opener, glidepath file, shaping file and finishing file.

Hyflex EDM files have up to 700% higher fracture resistance compared to traditional nickel titanium (NiTi) files, making it possible to reduce the number of files required for cleaning while preserving anatomy.

The innovative electrical discharge machining (EDM) manufacturing process uses spark erosion to harden the surface and improve the cutting efficiency of the NiTi file.

The amazing built-in shape memory of Hyflex EDM files restores their fatigue-resistance and shape after a normal autoclaving process, meaning they can be safely reprocessed and reused multiple times.

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www.coltene.com

Network to greatness ADI

Surrounding your professional life with other like-minded dentists means you can share ideas and support one another to better achieve your clinical goals. For members of the Association of Dental Implantologists (ADI), networking has never been so easy.

The ADI's mission is to advance professional education in dental implantology, as well as supporting patients. The forthcoming ADI Team Congress in May 2025 is the leading event for implant dentistry in the UK, with hands-on sessions and world-renowned speakers sharing knowledge and experience.

This offers an opportunity for members, new and old, to learn and socialise, building a network of contacts.

The ADI offers more exciting events throughout the year, including ADI Masterclasses and ADI Focus Meetings, and their biennial Members' National Forum, all with discounted rates for members.

The ADI Members-only Facebook Group is also accessible, promoting an easy, instant way to engage with other implant dentists and share queries and advice so all can benefit. To expand your dental network, consider the benefits of an ADI membership.

www.adi.org.uk

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Industry innovations

A-dec technical training

A-dec

The A-dec brand is synonymous with quality, reliability and service, so it should be no surprise that A-dec dental equipment is maintained to perform at its best year after year by a professional team of field based technical engineers (working on behalf of A-dec's network of dealers) who are trained on a regular basis by A-dec.

In early September, the A-dec team hosted over 150 technical engineers at their Nuneaton showroom for a hands-on, in-person technical training day. Michael Rathkey, sales and technical trainer, travelled from A-dec HQ in Newberg, Oregon to lead the session, sharing his technical expertise on A-dec equipment.

Before the in-person session, attendees completed the A-dec 2024 online Tech Foundations UK Course, providing an opportunity to refresh or learn key technical skills. The days in person training focused on core fundamentals, including hands-on troubleshooting and repair of delivery units, waterline maintenance, and general chair/unit preventive care.

The one-day training ended with engineers completing an assessment with certificates awarded to those who passed – recertifying them to continue to maintain A-dec equipment.

A-dec's commitment to exceptional customer service at all levels ensures that technicians are equipped to handle the efficient and safe installation and maintain A-dec equipment, elevating the overall process.

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Join the family

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What does the future of dentistry look like to you? Do you foresee better insights into patient needs, broader treatment options, and greater engagement? Get there now with the CS 8200 3D family of imaging technology from Carestream Dental.

The CS 8200 3D Neo Edition, a longstanding hallmark of high quality CBCT insights, is now joined by the CS 8200 3D Access.

This brand-new solution is ideal for practices looking to make their first foray into owning CBCT imaging without cutting corners. It provides intuitive user interfaces for simple operation, supporting exceptionally safe, high quality and reliable imaging processes.

The CS 8200 3D Access is a four-in-one solution that, with the help of CS MAR technology, can reduce the impact of metal artifacts, helping you confirm diagnoses with a minimised risk of misinterpretation.

www.carestreamdental.co.uk

Mix, place, dry and bond in seconds

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Exclusively available from Trycare, Tokuyama Universal Bond II is the only self-curing bonding agent that can bond any direct or indirect restorative material using the same three quick and easy steps and without the need to light-cure, agitate surfaces, use additional primers or activators or wait in between steps. Simply mix, apply, air-dry and that's it!

Tokuyama Universal Bond II eliminates the need for technique sensitive, error-prone steps and saves valuable surgery time.

It features borate self-cure technology (BoSE) which provides storage stability and the same bond strength as photopolymerisation systems.

BoSE technology is superior to conventional benzoyl peroxide/amine systems because it delivers high catalytic activity under acidic conditions.

Featuring colour change verification that it's completely mixed, Tokuyama Universal Bond II can be used for direct anterior and posterior restorations with light-curing, dual-curing and self-curing composite materials; intraoral repair of composite, porcelain fused to metal, metal and all-ceramic restorations without a primer; cementation of indirect restorations and veneers with light-curing, dual-curing and self-curing resin cements; bonding core build-ups; bonding denture resins to metal bases, clasps and attachments; repairing dentures; bonding opaque resin to the metal bases of resin-faced stainless steel crowns.

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