

November 2024

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#### References:

1. Cantore M et al., J Clin Dent 2013; 24(Spec Iss A): A32-44. 2. Wolff M et al., J Clin Dent 2013; 24(Spec Iss A): A45-54.
3. Santarpia P et al. Am. J. Dent 2014; 27(2):100-5. 4. Cummins D. J Clin Dent 2010;21[Spec Iss]:25-37.

PROFESSIONAL  
— ORAL HEALTH —



# Target the acidic cause of childhood caries with **Sugar Acid Neutraliser™**

Improving the oral health of children is an Office for Health Improvement and Disparities priority. Their ambition is that every child will be free of dental caries to enable them the best start in life.<sup>1</sup> Caries prevalence and severity data show that to achieve this goal further caries prevention strategies and interventions are required.

The caries process is a dynamic balance between causative and protective factors<sup>2,3</sup>

Evidence-based caries prevention include **balancing the levels of oral bacteria, controlling the consumption of sugary foods, and strengthening the enamel with fluoride.**<sup>4</sup> Fluoride reduces dental caries and delays the onset of the cavitation process, but it does not prevent the production or effects of bacterial plaque acid which initiates the caries process.<sup>2,3</sup>

By introducing technology to neutralise bacterial plaque acid there is an opportunity to control the harmful effects of cariogenic bacteria, which when combined with fluoride delivers advanced caries prevention.<sup>3</sup>

**Sugar Acid Neutraliser™ is Colgate's unique technology powered by arginine - clinically proven to provide superior caries prevention<sup>3</sup>**

Arginine is metabolised by oral arginolytic bacteria to produce ammonia which neutralises plaque acid.<sup>5,6</sup> This process promotes a more alkaline pH that is unfavourable to cariogenic bacteria therefore reducing their ability to function<sup>5</sup> in turn reducing enamel demineralisation.<sup>2,3</sup>

**Sugar Acid Neutraliser™ Technology significantly increases plaque pH to a healthy level<sup>5,6</sup>**

Saliva in neutral pH helps **maintain mineral supersaturation** which increases the efficacy of fluoride and calcium to **prevent enamel demineralisation** and **promote enamel remineralisation.**<sup>2,6</sup>

**Children consume twice the amount of recommended sugar<sup>7</sup>**

Despite the introduction of the 'Sugar Tax' in April 2018, children still consume twice the amount of recommended sugar. Half of the sugar consumed comes from snacks and sugary drinks.<sup>7</sup> While education plays an important role to help parents reduce their child's sugar consumption, snacking is an important energy-balance related dietary behaviour in children.<sup>8</sup>

Parents may not be conscious of hidden sugars found in some 'healthy' snacks and many receive conflicting advice regarding healthy and unhealthy snacks for example dried fruit. Dental professionals provide dental health education to children and their families by providing tailored advice, teaching new skills, and regularly reinforcing key messages. However, whilst health information alone may increase knowledge, it may not achieve sustained changes in behaviour for most families.<sup>9</sup>

**The combination of Sugar Acid Neutraliser™ Technology + fluoride results in 4x greater remineralisation<sup>2,\*</sup>**

With Colgate's unique Sugar Acid Neutraliser™ powered by arginine, children have up to **20% fewer new cavities in 2 years**, showing it to be statistically significantly more effective than fluoride alone in reducing the progression of carious lesion to cavitation<sup>10,11,^</sup>

**Recommend the Colgate® Kids Toothpaste Range**

\*vs fluoride alone. ^Compared to regular 1450 ppm fluoride toothpaste over 2 years.

**References:** 1. Child oral health: applying All Our Health Office for Health Improvement and Disparities. March 22. 2. Cantore M et al., J Clin Dent 2013; 24 (Spec Issue A): A32-44. 3. Cummins D. J Clin Dent 2010;21 [Spec Issue]:25-37. 4. The Alliance for a Cavity-Free Future <https://www.acffglobal.org/> (Last accessed 4th April 2023). 5. Wolff M et al. J Clin Dent 2013; 24 (Spec Issue A): A45-54. 6. Santaripa P et al. Am. J. Dent 2014; 27(2):100-5. 7. Better Health healthier families campaign, NHS 2021. <https://www.nhs.uk/healthier-families/food-facts/sugar> (Last accessed 13th April 2023). 8. Gibson et al., 2020. Influences of parental snacking-related attitudes, behaviours, and nutritional knowledge on young children's healthy and unhealthy snacking: The ToyBox study. Nutrients, 12(2), p.432. 9. Delivering Better Oral Health - An evidence-based toolkit for prevention. Office for Health Improvement & Disparities, Department of Health, and Social Care. 4th edition published September 2021. 10. Kraivaphan P et al. Caries Res 2013;47:582-590. 11. Li X et al. J Clin Dent. 2015;26(1):7-12.

PROFESSIONAL  
— ORAL HEALTH —



# Dentistry

## 'STABILITY, INVESTMENT, REFORM': AUTUMN BUDGET 2024 UNVEILED

On 30 October 2024, chancellor Rachel Reeves delivered Labour's first budget for 14 years. In her opening remarks, she stated that: 'It falls to this Labour party, this Labour government, to rebuild Britain once again.'

She pledged: 'More pounds in people's pockets, an NHS that is there when you need it, an economy that is growing, creating wealth and opportunity for all because that is the only way to improve living standards and the only way to drive economic growth is to invest, invest, invest.'

Over the last few weeks, Reeves warned that 'difficult decisions' have had to be made, with many predicting tax rises and spending cuts. A

number of measures were confirmed ahead of the budget, including:

- Minimum wage to rise in April, with hourly rates for those over the age of 21 set to increase to £12.21 an hour
  - £2 bus fare cap in England to rise to £3
  - Around £1.4 billion will be invested in schooling
  - A commitment of £500m boost to the Affordable Homes Programme.
- Here is what was announced by Reeves in the budget on 30 October 2024:
- No increase to national insurance, income tax or VAT
  - Reeves tells the Commons that the budget will raise taxes by £40 billion and will maintain the Bank of England's inflation target of 2%
  - Freeze on fuel duty continued in 2025
  - Spending on the state pension is projected to rise 4.1% in 2025-26 – Reeves said that this is a £470 increase for over 12 million pensioners in the UK
  - Capital gains tax to increase, with the lower rate rising from 10% to 18%, and the higher rate increasing from 20% to 24%. It will remain at 18% and 24% for residential property
  - National Insurance contributions by employers will rise from 13.8% to 15%
  - Employment allowance will increase from £5,000 to £10,500
  - Inheritance tax threshold to be extended by two years to 2030. From April 2026, the first £1 million of combined business and

agricultural assets will continue to attract no inheritance tax at all. But for assets over £1m, inheritance tax will apply with 50% relief at an effective rate of 20%

- Soft drinks industry levy to increase
- Duty on draft alcohol
- From 1 Oct 2026, a vaping duty will be introduced at £2.20 per 10ml of liquid
- A 50% increase in air passenger duty for private jets
- Non-dom tax status to be abolished
- Increase in stamp duty for second homes, rising from 3% to 5%, coming into force from 31 October 2024
- VAT to be introduced on private school fees from January 2025.

### A different path

Setting out the purpose of the government's pledge to protect working people, prime minister Keir Starmer said: 'It is working people who pay the price when their government fails to deliver economic stability.'

'They've had enough of slow growth, stagnant living standards and crumbling public services. They know that austerity is no solution. And they've seen the chaos when politicians let borrowing get out of control. We choose a different path: honest, responsible, long-term decisions in the interests of working people. It's stability that means we can invest, and reform that will maximise that investment. Stability, investment, reform. That's how we fix the NHS, rebuild Britain and protect working people's paylips. Delivering on the mandate of change.'

### Financial challenges

What does the autumn budget mean for dentistry?  
Read more on p16

## Almost all new patients unable to access NHS dental care

New data shows that up to 97% of new patients who try to access NHS dental care are unsuccessful, prompting calls for the new government to act fast.

The Office for National Statistics *Experiences of NHS Healthcare Services in England* shows 96.9% of those who do not have a dentist and who tried to access NHS dental care were unsuccessful.

This comes as more than 100 people are reported as queueing as early as 2.30am just to

get a place at an NHS dentist in Warrington.

Of those who failed to secure care, 11% were recorded as going private, 1.6% reported going to A&E and 1.1% reported going to their GP. More than three quarters (78.5%) did nothing, with the British Dental Association (BDA) warning will only lead to greater burdens and the health service if early signs of disease are left unchecked.

Of those who tried to access NHS dentistry, but did not have a dentist, 33.5% reported

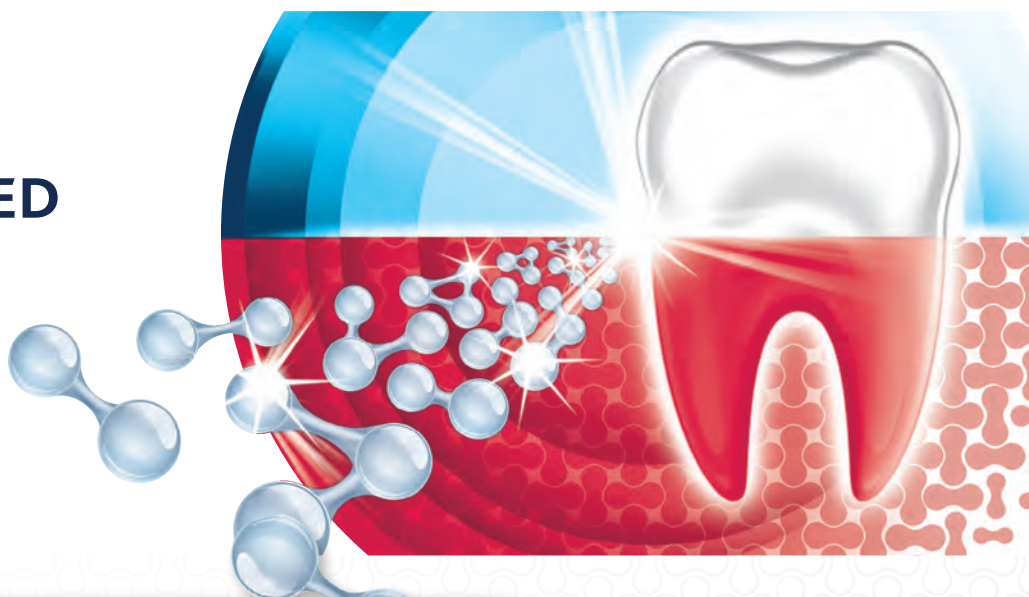
having an urgent need for NHS care, with 21.3% stating they were in pain.

BDA chair Eddie Crouch said: 'This is a reminder that for new patients NHS dentistry has effectively ceased to exist.'

'This crisis is piling pressure across our health service, forcing some to go private, while others in agony simply forgo needed care.'

'We will keep seeing desperate scenes outside dental practices the length and breadth of this country until we see real reform.'




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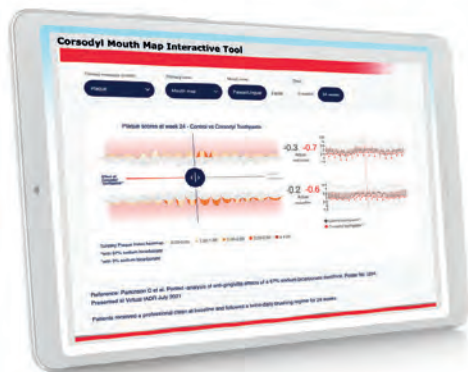
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<sup>†</sup>Compared to a regular toothpaste with twice daily brushing.  
<sup>\*</sup>Compared to regular toothpaste, with twice daily brushing over 6 month period.  
<sup>\*\*</sup>Dentist surveys, 2023. For verification contact: [mystory.gb@haleon.com](mailto:mystory.gb@haleon.com)  
 1. Jose *et al.* J Clin Dent 2018;29:33-39. 2. Pratten J *et al.* Int J Dent Hygiene. 2016;14:209-214.  
 3. Akwagyriam I *et al.* Oral Health Prev Dent. 2018;16(5):401-407.  
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### Mission statement

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# Feeling the squeeze



**Guy Hiscott**  
Editor's view

What do you get if you mix a flat market with an NHS crisis and an autumn budget labelled 'austerity by another name' by prominent politicians?

Let me answer in a few months' time but I'm already pretty certain the answer isn't going to be 'growth'.

Writing an article in the light of a budget can be a tricky ask - after recent years it's never a dead certainty that the chancellor (or PM) you're writing about will still be in post by the time anyone reads it.

Admittedly, I think I'm on safer ground with Rachel Reeves' first budget than Kwasi Kwarteng's. But while I'm grateful for us all that this version comes with fewer fireworks, how are we all feeling about the content of the budget itself?

Because the view from here looks as though it's going to sting for dental practices.

I say this as someone with an understanding - and agreement - that something fundamental needed to shift if the nation's public services and finances are to be clawed back to anything resembling stability.

But I don't think there's any level on which it's not going to make things tighter for dentistry.

We're going to see an immediate, real-terms impact on salary growth - something admitted by the chancellor herself. Dentistry is far from alone in being affected by this, but it does feel like piling insult on injury at a time when the

number one challenge facing most practices is recruitment. I can't see this budget helping that situation much, can you?

The reality is that any money being diverted towards the NHS from this budget isn't going to help dental salaries.

To be honest, with the continuing pivot to private care there's a big question mark over what benefits are going to reach dental practices at all.

Between this and the enormous impact that the increase in employer NI contributions is going to have on every single practice in the country, dentistry is being squeezed from both sides in this budget.

Of course, what the chancellor (and the rest of us) hopes is that these measures are going to secure longer term, wider growth. Even the IMF (that's the International Monetary Fund, not the Impossible Mission Force) has backed this thinking, calling the £40bn plan a 'sustainable' way to boost growth. Considering the words it had for that infamous 'other' budget, this is no small praise.

And if that growth can be achieved then yes, there's room for hope that patients will be able and willing to afford regular attendance and the prioritisation of their oral health. (Those that do so at the moment, at least.)

But how realistic is that? Is the UK public's tentative, newly minted appreciation of dentistry enough to offset the coming pinch?

I don't believe for a second that most practices won't be able to weather this storm, and after the turbulence of the last few years, I appreciate the need to bring back some stability. I would just like it if we could get there without adding even more pressure on to the profession.

## DGP's working patterns data published

The General Dental Council (GDC) has published data about the working patterns of dental care professionals (DCPs).

Almost 44,000 DCPs responded to the working patterns questions. Key highlights show that of the responding DCPs:

- 86% were doing some clinical work (fully clinical 47%, predominantly clinical 18%, mix of clinical and non-clinical 22%)
- 80% were employed and 14% were self-employed. However, this varied significantly by DCP title
- The vast majority (94%) reported working less than 40 hours per week, with 48% working between 30 and 40 hours and 46% working 30 hours or less
- Just over a third (35%) said they delivered

a 'mix of NHS and private care', a quarter (25%) said they were 'fully private', and 15% said they were 'fully NHS'

- More than three-quarters (77%) reported having one place of work. However, this varied significantly by role.

Stefan Czerniawski, GDC executive director, Strategy, said: 'This additional data provides a firm foundation for better understanding how dental professionals are working across the UK. We are confident that these insights will support strategic planning and decision-making by health services, governments and dental providers, ultimately helping patients receive the care they need.'

The full data is available to view on the GDC's website.

# Turf wars

Do we really reap what we sow? Kevin Lewis examines whether or not the old proverb is right

Kevin Lewis | Consultant editor



“ Sod it. And I mean that in a constructive, horticultural kind of a way, rather than in any defeatist or exasperated sense. Although on reflection that might change before we reach the end of this column.

We have seen it happen in just about every other profession, industry or market sector so we should hardly be surprised that it's been happening in dentistry too. Once upon a time petrol stations sold petrol, newsagents sold newspapers and ticket offices sold tickets. And in those far-off days not only did dentists do dentistry, they also enjoyed an enviable level of legal protection when doing so (for example, the titles 'dentist' and 'dental surgeon' were legally reserved for registered dentists, and that remains so today).

These days, petrol stations have become roadside emporia, selling coffee and just about anything and everything that fits into the boot of a car – and petrol too. Newsagents still sell newspapers (and cigarettes) but fewer of both. And ticket offices (when they exist and are open) provide information, excuses and apologies to people who bought their tickets online because it's cheaper, and now wish they hadn't bothered. And most of the above outlets are keen to sell vapes and vaping accessories to anyone who isn't buying cigarettes or newspapers. Or petrol.

Businesses diversify when their core market drifts away from them, when they feel threatened competitively, or when they sense encroachment upon their traditional 'turf'.

**Businesses diversify when their core market drifts away from them, when they feel threatened competitively, or when they sense encroachment upon their traditional 'turf'**

Or in the case of dentistry, sometimes simply because they sense that the main chance lies elsewhere and don't want to be left out in the cold clutching a mirror and probe when the real party starts.

## Call me Doctor

It was 29 years ago this very month that UK dentists were freed from the longstanding prohibition relating to using the courtesy title 'Doctor' as adopted by most medical practitioners. While many dentists were quick to grasp this new freedom with both hands and felt it gave them an enhanced status in the eyes of patients and third parties, many others chose not to use the title.

The slight anomaly was that dentists are technically dental surgeons, and their direct medical counterparts choose to demonstrate their own distinctive status by shunning the courtesy title 'Doctor' and instead referring to themselves by their alternate title (Mr/Mrs/Ms/Miss) (other pronoun options are also available – but that's another story).

Dentists' use of the courtesy title sparked an epidemic of complaints made to the Advertising Standards Authority (ASA) on the grounds that consumers were being misled into believing that the dentists were medically qualified, when they were not. Several ASA rulings ensued, preventing the dentists in question from placing advertisements which referred to themselves as 'Dr', even though it was permitted by the GDC. It later came to light that almost all of these complaints had originated from local medical practitioners directly or indirectly, essentially because they resented mere dentists encroaching upon their 'turf'. A bit rich, given that these medics graduate – just like dentists – with bachelor's degrees rather than doctorates.

## Specialist squabbles

Barely a couple of years later the GDC was establishing its first specialist lists, and that took the topic of dental 'turf' to a whole new level. Those who had completed recognised, formal specialist training and achieved higher qualifications – with a significant investment of

## The debate about opening up new and easier routes to specialist status has not gone away

time, money and effort – did not take too kindly to the battalions of general dental practitioners who were claiming equivalence without having made a comparable investment and wanting to be included on the same specialist lists (and in many cases, several of them) with all the attendant benefits.

A couple of decades have passed since that unsavoury arm-wrestle, but the debate about opening up new and easier routes to specialist status has not gone away. In July of this year, the GDC launched a 10-week consultation on some proposed amendments to the Specialist List Assessed Application (SLAA) routes based on equivalence – so brace yourselves.

On the subject of bracing yourselves, orthodontics was regarded by many as a kind of specialty long before formal specialties were created in the shape of specialist lists. But some time later a hungry new kid appeared on the block.

The aligner companies were keen to reach the softer underbelly of the much bigger GDP non-specialist market and they had become adept at doing that, persuading the clinicians that it was easy peasy, predictable and profitable, and helping them to persuade patients that it was quicker, cheaper, simpler, invisible and less intrusive than conventional ortho, especially for adults (which is where the big money resided).

Then the direct-to-public approach gathered pace with not-always-gifted amateurs doing digital scans in shopping malls and having the aligners mailed to the patient without troubling a dentist. Very quickly, the dental profession wanted to know what the GDC was doing to stop that. The specialist orthodontists were often left to pick up the pieces, muttering 'I told you so' under their breath no doubt.



“ The moral of the story is that if you leave your turf unattended, or are seen to be acting fast and loose with it, you run the risk that others will invite themselves (or be officially welcomed) onto it

### On manoeuvres

Some general dental practitioners have gone walkabout into non-surgical cosmetic injectables and other areas of facial aesthetics – including laser therapies, IPL, microneedling, dermabrasion and facial peels – but have been properly miffed when the health and beauty industry fought back and invaded areas like tooth whitening.

We have all just emerged from Halloween and a huge amount of money will have been spent on green, red, black and orange tooth glaze and clip-on and/or stick-on Dracula fangs and witches' teeth. Incidentally, some of them look heaps better than many of the full dentures I fitted in my youth, and their online vendors got paid a lot more than I ever did. But nobody is suggesting that this is the (illegal) practice of dentistry because it doesn't carry a big enough ticket to worry about.

Snoring/sleep apnoea is another, bigger-ticket area where dentists are not the only people who feel that they have the best skillset to treat this, and the most skin in the game.

Implant dentistry is not recognised as a formal specialty but is probably the most contentious and fought-over turf for the dental profession, and not surprisingly several specialties lay claim to being its natural home. They would say that, wouldn't they? The implant manufacturers and suppliers are not blind to the fact that non-specialist GDPs are by far the biggest and potentially most lucrative market sector and the 'come on in, the water's lovely' seminars and training courses are purpose designed to stake out and capture their share of that market before somebody else does.

**Some general dental practitioners have gone walkabout into non-surgical cosmetic injectables and other areas of facial aesthetics**

History repeats itself in one country after another so there should be few surprises for us in these developments, and we are also seeing that unfold in terms of the current promotion of zygomatic and pterygoid implants, extending the market by literally reaching the parts that other implants cannot reach.

As for how much time your average undergraduate dental student spends in and around the zygoma and pterygoid aspects of the sphenoid bones, I have my doubts. Likewise ribs and iliac crests, although some enjoy visiting those distant planets quite regularly.

So the jury is still out as to whether all this falls within the scope of dentistry at all (and if so, is that only within the scope of the dental specialty of oral surgery?) or whether it is more properly part of the scope of the medical specialty of oral and maxillofacial surgery. Ask these three groups and you will get four different answers.

### Monopoly

A long 20 years ago, dentists lost both their almost-complete monopoly on the business of dentistry (ie owning and operating a dental practice) and their exclusive right to contract with NHS bodies to provide dental services, but they still enjoy a near-monopoly status regarding the practice of dentistry.

Bang in the centre of that surviving near-monopoly are the very things that many dentists appear not to want to do any more (at least, not on the NHS).

But solicitors lost their monopolies on conveyancing and grants of probate some time ago, just as opticians lost many of their historical monopolies in stages from the 1980s. Barristers have seen the erosion of their monopoly on rights of audience and advocacy in certain courts, and medics would be hard pressed to remember which (if any) monopolies they still have.

The moral of the story is that if you leave your turf unattended, or are seen to be acting fast and loose with it, you run the risk that others will invite themselves (or be officially welcomed) onto it. Nothing lasts forever.

### History repeats itself in one country after another so there should be few surprises for us in these developments

On which subject, there is no greater mystery and intrigue in dentistry right now than the current state of play regarding the GDC's long-promised and much-consulted-upon revised Scope of Practice guidance.

While curiously keeping the final version (promised September 2024) under strict secrecy and armed guard, the GDC is going to unprecedented lengths to assure everyone that nothing within that guidance will change the scope of practice of any registrant group (note the weasel words here).

So much so that one is left fearing that they are indeed going ahead with their draft proposal to leave each and every individual registrant free to decide what they can and can't do, how far off-piste they can stray and whether they are sufficiently trained, competent and indemnified to carry out a particular procedure on a particular patient on a particular occasion – all with no checks and balances falling on the GDC's shoulders.

The individual registrant becomes accountable if they get it wrong – but the GDC does not. If that remains the case, then the GDC's preferred approach is abdication, not regulation, and it looks and feels increasingly like a politically-inspired cop-out which is designed to protect and serve the interests of the GDC (and the NHS), not members of the public. Perhaps it is safer and better for all concerned that this guidance remains buried deep in the long grass into which it has been kicked for so long. And if that grass isn't long enough, then we might need to sod it after all. **D**



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<sup>†</sup> 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.



# Scotland losing dentists to early retirement, figures show

The Scottish Liberal Democrats have said dentistry has been left to 'rot' as data shows 324 dentists have taken early retirement in Scotland since 2020.

Of 334 dentists who have retired since 2020, just 10 reached the state pension age. The number of dentists taking early retirement is increasing, with 84 retiring early in 2023 compared to 70 in 2022 and 57 in 2020.

At the time of reporting, 32 dentists had already taken early retirement in 2024. These figures were released to the Scottish Public Pensions Authority through a freedom of information request.

Scottish Liberal Democrat leader Alex Cole-Hamilton said working with the Scottish government on dentistry was 'worse than pulling teeth'. He said: 'The Scottish National Party (SNP) have left NHS dentistry to rot and people are in pain. In areas like Fife, there isn't a single NHS dentist currently open to new patients.'

'Access to tooth care should be no different from any other form of medical treatment. People should be able to rely on treatment being readily available, close to home.'

'Instead we are seeing dentists retiring early or ditching NHS work because engaging with the Scottish government is worse than pulling teeth.'

A spokesperson from the Scottish government

defended its stance towards dentistry in Scotland. They said: 'Almost one year on from dental payment reform, NHS dental services are responding well to the changes with the latest figures showing over one million courses of treatment were delivered to patients in the quarter ending June 2024.'

'We recognise that in some areas, particularly rural areas, access to dental services remains more challenging. We continue to make available a range of additional financial support locally. This has enabled a newly opened surgery in a Dumfries and Galloway practice to see an additional 500 new NHS patients since August and register another 1,500 new patients.'

'We are urgently engaging with our counterparts across the UK on the actions required to enhance access to services through increased dental workforce capacity, including improved international pipelines.'

However, the Scottish Liberal Democrats suggested that the government was not giving adequate attention to dentistry.

Alex Cole-Hamilton continued: 'Scottish Liberal Democrats are very proud of the part we played in introducing free dental checks in Scotland and in pressing for a new dental school to address the shortage of dentists. However, that good work is being undone by SNP ministers whose attention is always elsewhere.'

# Benefits of water fluoridation in decline, review finds

New research suggests that water fluoridation is a cost-effective measure but only leads to a slightly lower prevalence of caries in children.

The contemporary studies analysed within the review found that water fluoridation leads to a slight reduction in decayed, missing and filled teeth. It was also linked to a greater proportion of caries-free children, though the effect was smaller than in studies from before 1975.

The review suggests that this is due to wider use of fluoride-containing toothpaste after this date. Anne-Marie Glenny is a professor of health sciences research at the University of Manchester and co-author of the review. She said: 'When interpreting the evidence, it is important to think about the wider context and how society and health have changed over time.'

'Most of the studies on water fluoridation are over 50 years old, before the availability of fluoride toothpaste. Contemporary studies give us a more relevant picture of what the benefits are now.'

The post-1975 studies included in the review contained data from 2,908 children in the UK and Australia.

On average, water fluoridation led to 0.24 fewer decayed baby teeth per child. In contrast, studies from 1975 or earlier found a reduction of 2.1 decayed teeth per child, including 5,708 participants.

Co-author Lucy O'Malley, a senior lecturer in health services research at the University of Manchester, said: 'The evidence suggests that water fluoridation may slightly reduce tooth decay in children.'

'Given that the benefit has reduced over time, before introducing a new fluoridation scheme, careful thought needs to be given to costs, acceptability, feasibility and ongoing monitoring.'

However, the review also suggests that water fluoridation is a cost-effective measure due to low delivery cost per head.

## NEWS IN BRIEF

### Which UK city has the most dental fear?

A new survey says that more than half of UK adults (52%) are afraid of dental visits, ranking UK cities based on their level of dental fear.



### Half of three-year-olds have never seen a dentist

Only 45% of parents said they had taken or planned to take their child to the dentist before the age of three, according to a new survey.



### Text messages can improve teenage tooth brushing habits

Researchers from the University of Sheffield analysed the effectiveness of a new programme called the Bright trial.



### Nearly 250,000 could access weight-loss jabs

NHS England has proposed that patients likely to achieve the greatest clinical benefit from shedding weight are prioritised to receive weight-loss jabs.



### Health support inaccessible to half of UK workers

Around 47% of UK workers do not have access to 'essential' support such as routine health checks and vaccinations according to a new report.



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# CQC chief steps down from 'immensely challenging' role

Kate Terroni, who was acting as interim chief executive of the Care Quality Commission (CQC), has announced that she will be leaving the organisation.

Terroni took over on an interim basis when Ian Trenholm stepped down as chief executive in June. However, she had been on a leave of absence for several weeks before Julian Hartley was announced as the next permanent chief executive in early October.

James Bullion has been acting as interim chief executive in her absence and will continue to do so until Hartley takes up the post.

Terroni said she had decided not to apply for the permanent position as it required 'fresh leadership'. She said: 'It has been a huge privilege to act as interim chief executive, but it has also been an intensely challenging experience, and I needed to take some time away to absorb the impact it has had on me.'

'This led me to think about what comes

next – my career has been non-stop for the last 22 years, driven by the desire to make a difference for people who use services, but I now want to take some time to think about what the next 22 years could look like.'

CQC chair Ian Dilks thanked Terroni for her contribution to the regulator. He said: 'I wish Kate every success for her future career and look forward to seeing what she achieves next.'

## Invaluable commitment

In July, Kate Terroni issued an apology on behalf of the CQC. Her statement said the regulator 'got things wrong in the implementation of our new regulatory approach'. She described recent changes as 'not what we promised', making things 'more difficult than they should be'.

Some of the issues discussed in the apology include technical problems with the provider portal, delays in registration and changes to

communication which left providers feeling 'unsupported'.

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

Dilks acknowledged this apology in his farewell to Terroni. He said: 'She took up this last role at a particularly challenging time for the organisation.'

'Her openness in acknowledging that we needed radical improvement – and the plans she started to put in place to make this happen – helped lay foundations for the work we have ahead of us to respond to the Dash review and Sir Mike Richards' report and to rebuild trust with the public, providers and our staff.'

Terroni will now work with Dilks to plan for the arrival of the new chief executive. He said: 'Her knowledge of the organisation and commitment to ensuring that we can once again deliver on our core purpose will be invaluable to this work.'

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# GDC announces ARF level for 2025

The General Dental Council (GDC) has announced that the Annual Retention Fee (ARF) will remain unchanged for 2025.

This puts the ARF as £621 for dentists and £96 for dental care professionals (DCPs).

The decision to maintain the 2024 level comes after the council of the GDC reviewed its plans for the next three years. It found that a combination of sound financial management, reducing the level of the GDC's reserves over the three-year plan, making use of legislative changes to amend Overseas Registration Examination (ORE) fees, and the continued growth in the size of the registers allowed the ARF to remain unchanged.

The regulator added that increasing the ORE fees and introducing an ORE application fee contributed towards the ORE becoming cost neutral. The costs are charged where incurred instead of from existing registrants.

Lord Toby Harris, chair of the GDC, said: 'I am very pleased that council's decision means that the ARF can continue unchanged next year, following the reduction which took effect last year.'

It follows years of developing a strong culture of operational planning and delivery along with sound financial rigour.

'Council's priority is public protection and ensuring that the GDC can deliver its strategic objectives as an effective regulator is essential to this. It is also important that we understand and respond to the needs of the dental sector and looking to provide stability in the ARF is one way we can do that.'

## 'Improving' regulation experience

Tom Whiting, the GDC's chief executive, said: 'Our priority is patient safety and public

confidence in the dental team, and I believe that improving registrants' experience of regulation is one way to ensure this.

'In the last five months I have met and listened to many dental professionals and stakeholders and their insight has been invaluable in helping me to understand the sector and the challenges faced.

'I see it as a good thing that, through improved planning and management, we are able to maintain the ARF at the same level and continue to invest to improve how we regulate over the next three years.

'Consulting on our corporate strategy for 2026-2028 next year will set the basis for the ARF in future.

'Looking ahead, I'm really looking forward to doing even more to work with dental teams and organisations who care for the oral health of patients across the UK.'



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# BOS teams up with Kidscape to tackle bullying

New research, shared by BOS at The British Orthodontic Conference (BOC) in Birmingham, reveals a strong link between teeth and bullying. A sample of 700 school children aged 10-14 years revealed that children are bullied because of their teeth – particularly due to them sticking out. This is mainly name calling, mean comments and teasing. In addition, children with a malocclusion affecting the aesthetics of their smile are more likely to feel lonely at school – this is especially prevalent in girls.

The press gathering at BOC included insights from research undertaken by Andrew DiBiase alongside real life experiences of bullying from comedienne, influencer and ambassador for Kidscape, Olga Thompson, aka Big Fat Greek Mother.

Every year, tens of thousands of young people embark on orthodontic treatment. Teenagers can face many challenges as they transition to the next stage in their lives and sadly bullying can have a devastating lifelong impact. On the back of this research, The British Orthodontic Society (BOS), wants to tackle the issue head on by ensuring everyone working in the field of orthodontics is equipped with the tools to support young people.

Alongside the anti-bullying charity Kidscape, BOS has developed top tips and signposting for support, which can be found online at: [bos.org.uk/professionals-members/bullying](http://bos.org.uk/professionals-members/bullying).

On a positive note, the research also demonstrated how orthodontic treatment can transform people's perception of themselves with a positive impact on self-esteem. This was bought to life at the press event at BOC where Ryan, 30 and Katherine, 19, both from Birmingham, talked about the impact of both bullying on young people and how orthodontic treatment can transform lives.

Anjali Patel, director of external relations, BOS says: 'The BOS wants everyone working in orthodontics to know how to support a young person that might be experiencing bullying. We're not the experts in bullying so we're delighted to be working alongside the anti-bullying charity Kidscape. We look forward to this being an ongoing initiative.'

Paula Timms, CEO of Kidscape, says: 'At Kidscape, we understand the impact of bullying on children's mental health and wellbeing. This research has highlighted that children are often bullied due to their appearance relating to malocclusion. This highlights to us the importance of ensuring that professionals working within orthodontics and dentistry are able to respond effectively to children and young people who are bullied. We are excited that the collaboration with The British Orthodontic Society will enable us to work together to tackle bullying and help more children stay safe from harm.'

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# Disposable vapes to be banned next June

Disposable vapes will be banned in England and Wales from June next year in a bid to protect children's health and reduce environmental harm.

Government ministers confirmed the ban, with Wales already confirming it will follow suit.

The ban – which will make it illegal to sell single-use vapes – was first announced in January by the previous government but was not brought into force before the general election.

Last year it was estimated almost five million single-use vapes were either littered or thrown away in general waste each week in the UK. This marks a fourfold increase on the previous year.

Health minister Andrew Gwynne said: 'It's deeply worrying that a quarter of 11- to 15-year-olds used a vape last year and we know disposables are the product of choice for the majority of kids vaping today. Banning disposable vapes will not only protect the



environment, but importantly reduce the appeal of vapes to children and keep them out of the hands of vulnerable young people.

'The government will also introduce the tobacco and vapes bill – the biggest public health intervention in a generation – which will protect young people from becoming hooked on nicotine and pave the way for a smoke-free UK.'

## Vape tax

This comes as chancellor Rachel Reeves has announced in the budget that a vaping duty at £2.20 per 10ml of liquid will be introduced from 1 October 2026.

The Vaping Products Duty was first introduced by ex-chancellor Jeremy Hunt in the spring budget earlier this year.

The tax was introduced by the Conservative government to encourage smokers to switch to less harmful alternatives and discourage vaping among children.

The increase to the vaping products levy goes alongside an increase in tobacco duty – above-inflation increases of 2% on tobacco and 10% for hand-rolled tobacco.

This will avoid encouraging vape users to switch to smoking. This follows new data from NHS England which revealed that almost one in 10 (9%) secondary school children now vape regularly.

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# 'A challenging financial landscape'

Chancellor **Rachel Reeves** delivered Labour's first budget for 14 years – what do the new measures mean for the dental profession?

In the wake of the autumn budget announcement, what does the dental profession have to say about the potential impact of the new measures...

Iain Stevenson, head of dental at Wesleyan Financial Services said: 'It was good to see the tax-free lump sum left untouched. In our view, reducing or removing it would have had serious knock-on effects for dentists' financial plans, causing some to re-think their retirement strategies and undermining confidence in pension saving overall.'

'We hope that this isn't brought up again as a potential source of tax revenue and would welcome any commitment from the government around its future. After all, good planning is underpinned by certainty.'

He described the rise in employer national insurance contributions as 'unwelcome news' for dentists, adding: 'As well as hitting their take-home pay, it will cut into practice profits – making it even harder for dentists to invest in their facilities and teams.'

## Pensions 'still tax efficient'

On pensions being brought into inheritance tax (IHT), Iain said: 'The government wants a fairer tax system and for inheritance to be applied consistently across similar products such as pensions and savings.'

'They also want to encourage people to use their pension tax relief for retirement as it was initially intended for and not as capital to be passed on. NHS death benefits are currently included in the estate in the event of death, and the TPS and personal pensions will be treated in the same way from April 2027.'

'This doesn't mean pensions are no longer tax efficient investments, but clients may look differently at how they take them at retirement. Rather than moving funds into income drawdown so they can be inherited by their dependants for example, they now may choose to take them and place them in more IHT friendly investment such as an investment held in trust.'

'It has made IHT and retirement planning more complicated as there will need to be a comparison between the IHT liability of leaving the funds in a pension compared to the tax incurred for withdrawing the funds.'

'This will have upended some dentists' plans. If you have been affected, it is highly recommended to seek professional financial advice – IHT rules can be incredibly complex, and an adviser can help you consider any necessary changes to make sure your money is passed on to your loved ones in the most tax-efficient way and in line with your plans.'

## Increasing pressure

He added: 'The chancellor also announced that capital gains tax, paid on profits on the sale of business assets, would increase from 10% to 18% for basic rate taxpayers and from 20% to 24% for higher rate taxpayers.'

At the same time, business asset disposal relief, which allows gains of up to £1 million to be taxed at a reduced rate of 10%, will rise to 14% in April 2025 and 18% from 2026-27.

That could be a serious blow to any practice owner who had planned to sell up to fund their retirement and who will now have to revisit their plans and recalculate whether a sale will now achieve the outcome they had anticipated.

Nigel Jones, sales director of Practice Plan, expressed concern over the autumn budget. He said: 'The business asset disposal relief (BADR) provided an incentive for dentists to take the risk of starting and growing their own business. The news weakens the incentive for them to do so, which will likely result in fewer dental options available for patients, and put more pressure on existing services.'

'It will also impact those who were planning a sale soon, or those in the middle of a process. They may need to go back to the drawing board.'

## NI increase a 'big hit' on businesses

Vinay Rathod, founder of VR Financial Solutions, said: 'I think, overall, most would agree that this doesn't appear to be a positive announcement. It has revealed a lot of impact that will hit the middle-class earners, but we hope that in the medium- to long-term, that will seed growth and improvement in the country and economy.'

'That should mean that we will all see a benefit in the future, but dentists are likely to feel the pinch. Employers will also pay more in national insurance and minimum wages to PAYE (pay as you earn) staff, and they will be taxed more in the future.'

'The general gist of this budget is that the people with the money will be taxed more, and the many people without enough will be more comfortable.'

## Dental labs 'hit hardest'

Matt Everatt, editor in chief of *Laboratory*, said: 'Dental laboratories in the UK, like many small businesses, have been hit hardest in this autumn's budget, and will face a challenging financial landscape in the coming months.'

'The changes to national insurance contributions (NICs) and increase in the national minimum wage (NMW) will raise the cost of employment. In addition, labs will face a huge hit with the change in business rates relief being

reduced from 75% to 40%.

'The recent changes in NIC rates and NMW are intended to support public services and improve welfare for employees, but they impose substantial financial demands on small and medium-sized businesses.'

'With the average dental laboratory employing five to 10 people and larger labs up to 100, we are hit the hardest. And with rising costs across the board, many labs will need to reconsider their financial strategies and explore cost-efficient operational changes to remain viable, let alone competitive.'

'Alternatively, increase prices and pass these costs onto the practice and patient, ultimately leading to an increase in inflation.'

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**'We will all see a benefit in the future, but dentists are likely to feel the pinch'**

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## Impact of budget

For practice owners, Vinay said that the increased national living wage and minimum wage will have a big impact. 'This means that a large number of practices will see an increase in their wage bill. The national insurance by employers is also going up – another increase there for practice owners.'

'If practice owners make less profit, it makes it more difficult for them to be generous with associate splits. So, it does have a knock-on effect down the line to associates too. If the owners of businesses are making less profit, they can pay the associates less generously, or they have to slow down any potential growth.'

'So for business people in dentistry, this is probably going to be seen as a big hit.'

He also said: 'Pensions being subject to inheritance tax is going to have a huge, huge impact to a profession who are fortunate enough to heavily contribute to pensions.'

'In addition, income tax thresholds will be unfrozen from 2028 onwards and will rise with inflation. This will actually give dentists something back in the future, because income tax thresholds have been frozen for years. In another few years, they'll start to go up in line with inflation.' **D**

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## Witnessing change

**Catherine Rutland** discusses her experience of the Labour Party Conference and what it means for dentistry



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**Catherine Rutland**  
Clinical director at Denplan

Sometimes you get to do or go to something you never expected to. Attending the Labour Party Conference in Liverpool was one of those things for me. My learning curve in the world of policy and lobbying over the last few years has been fairly exponential and has brought me unanticipated enjoyment.

When it was first suggested I should attend, I was curious. I had no concept of how a party conference 'worked' apart from the bits of big speeches from all parties that end up on the news. I wondered what I could learn by attending as opposed to just taking in all the news sources.

### Information and innovation

As it turns out, I learnt a lot more. A party conference is actually very similar to the format of a big dental event. While there are the big speeches, there are also hundreds of fringe events which are on all topics imaginable.

With experts in their field on the panels and often ministers and MPs, the conversation is varied, informative and interesting, regardless of your own political view.

There is also a large exhibition, what we would call a trade show. With many charities present and companies who work to really affect change, it was a similar atmosphere to how I would feel at shows: wandering, talking, learning, seeing great things being done, and innovation.

### Atmosphere and buzz

This was the first party conference since Labour became the government after so many years. The atmosphere and buzz were evident, and I'm sure the timing was significant. Of course, with that positivity was the stark reality of the financial situation we are in, a repeated admittance of how broken the NHS is, and an acceptance that nothing will be easy to sort out.

Being able to talk to people about the challenges in dentistry, especially with a new government and many new MPs, is an opportunity we need to continue. The issues that face the sector are varied, and not solely based on contract reform. We need to make sure government understands that.

Like any conference, it made me reflective, gave me lots of ideas, and ultimately fired me up to understand and learn more. With so much on the government's agenda we need to make sure the voice of mixed and private dental practice is heard.

## Reaching retirement goals

**Iain Stevenson** encourages dentists to consider how they want to live in retirement



MoneyTalks

**Iain Stevenson**  
Head of dental at Wesleyan Financial Services

There will probably be times where your mind drifts towards considering what life will be like when you retire. The problem is you have never experienced retirement before and as such don't know what it will look and feel like.

Are you going to cross your fingers and hope it all works out or would you rather take control of all the major decisions which will affect a huge

part of your life after dentistry?

### What to consider

Most people now make regular payments into some form of pension scheme or plan – while this is a good start, it offers no guarantee that you will have the quality of life you would like when you decide to walk away.

An appropriate starting point is to take the time to think about what you want to do in retirement.

Think about whether you would potentially want to work after life as a full-time dentist. You may want to go part-time, teach or mentor. It is also not uncommon for someone to set up their own business in an entirely different field.

Travelling is a popular retirement request, as is investing in a business, or buying a holiday home.

Careful thought needs to go into the family dynamics. The timing of retirement may depend on the working arrangements of your partner/spouse and perhaps the financial independence of your children. Health also plays a part in your financial commitments.

### Thoughtful planning

Retirement planning does not just mean determining how much your pension will provide. It reflects a whole new stage in life, and an incredibly exciting one. Make the most of it by planning thoughtfully and carefully.

You have more options now than ever before in terms of how and when you access various pensions and investment funds. However it is important to ensure you make the right decisions. Comprehensive retirement planning can be a very complex area with many considerations, so please work with a specialist financial adviser to ensure you make well-informed decisions.

Real retirement planning, done properly, will ensure you stop dentistry when you are ready to, when it suits your circumstances and is right for your family and your health. Then you can live the quality of life you have worked so hard to achieve.

## Waiting game or tipping point?

**Nigel Jones** analyses the government's next steps for the 'moral crusade' to save NHS dentistry



PracticeMakes Perfect

**Nigel Jones**  
Sales and marketing director at Practice Plan

The British Dental Association (BDA) seems to have been positively received at the Labour and Liberal Democrat party conferences and it seems as if the message was landing on ground made fertile by public feedback through constituency meetings, inboxes and postbags.

Stephen Kinnock, the minister of state for care, sounded particularly

forthright in his description of the state of NHS dentistry when speaking of closing the oral health gap as 'a moral crusade'.

### Deep concern

Back in May at the British Dental Conference and Dentistry Show, it was put to me by a member of the audience listening to my on-stage conversation with Eddie Crouch, that it was in my interest to see NHS dentistry disappear altogether. Not at all. Just like Stephen Kinnock, I have a deep concern about oral health inequality and view a reimagined NHS dental service as vital to closing the gap. I share his concern about the state of children's oral health and the future problems that are storing up.

I worry intensely about the working poor falling down the gap between state and privately funded dentistry. So, there is a lot more common ground than that audience member might have imagined.

### Hot water

But where I perhaps differ with Stephen Kinnock is on the level of urgency with which action should be taken. Time is running out and those embattled NHS practitioners find themselves, to use a well-worn analogy, in water heating so quickly with running costs and workforce shortages that they will have no option but to jump out.

As the BDA has indicated in its press release about the conferences, talk is cheap no matter what the tone. What is really needed is not further repetitive restating of the diagnosis but a commitment to the definitive treatment plan.

Without definitive action and the creation of real hope, there is a massive danger that tipping points will be reached for many owners of NHS practices long before the ink is dry on any rescue plan, even one that's based on substance and not just soundbites. **D**

# Dentistry Census 2024

**Guy Hiscott** and **Catherine Rutland** discuss the picture the Dentistry Census has painted with regard to private and NHS dentistry

**Guy Hiscott**

Content director, FMC



**Catherine Rutland**

Clinical director, Simplyhealth and Denplan



**Guy Hiscott (GH):** The Dentistry Census threw out some quite interesting results as to where dentistry is headed. But one thing that came through very strongly for me was a sense that the profession really is in a state of transition.

There are a lot of positives to take away from our findings, and clearly there are a lot of challenges facing dentistry at the moment, but I can't help but feel as though the profession is in the process of moving to a new normal and that we're not there yet. Does that resonate with you?

**Catherine Rutland (CR):** It does. I think there's an awareness in these results that we need to be fulfilled in our professional lives. And looking at whether people are happy or not in their working lives is always quite sad to me. Those statistics are better than the previous survey, which is great, but I find it quite uncomfortable that we still have a lot of people who aren't happy. And that's something, as professionals, we really need to start shifting – but how do we do that collectively?

**GH:** Absolutely – while things seem to be moving in the right direction in some areas, there's still an overriding sense of dissatisfaction here, which is something we need to seriously consider.

With that said, there are some figures that suggest better things are coming, which might help that feeling. For me, some of the really big headlines on that front are the growth of private dentistry – which is coming from a staunch advocate for the need for the NHS! But in terms of the health of the profession, and the health of dental practices, it's pretty clear that private dentistry is driving business growth and professional growth for a lot of people.

In the next year, nearly 85% of practices expect their private work to increase. With 70%

of practice income, on average, coming from private work, that's a big marker for the future.

**CR:** That's true, but what's interesting is that the predominant practices are still mixed, running NHS and private treatment within the same practice. It's really important for the government to understand that while the NHS is still dominant, private dentistry is propping up NHS dentistry at the moment. I think that's something the government needs to be aware, and respectful, of. It's not just about the contract.

I've had so many discussions with MPs where they think private dentistry is just high-end cosmetic treatment. Anybody who works in private practice knows that's not the case – the majority of the work is three generations of families, regular care, prevention and hygiene and so on.

The private market is so large now, and so much a part of everybody's daily lives, that very few practices are fully NHS. The stats back that up, and we need to make sure that's recognised at government level.

## Crisis point

**GH:** The NHS provides this critical service for most people, what happens when you move to a system where the only option is private dentistry? What happens to patients who are unable to access that? These are some of the viewpoints that we're hearing. As with everything, there's a middle ground there.

But one thing I would say we all know for certain is that we're at a crisis point with the NHS. What we're hearing is that 74% of NHS dentists don't currently enjoy working in it, 61% of practices are expected to lessen NHS treatment in the next few years, 75% of NHS

# 75%

**of NHS dentists say that they're not sure the NHS supports a good level of care for patients**

dentists say that they're not sure it supports a good level of care for patients, and all our respondents, and this is the crucial bit I think, say the failure to reform the NHS system is damaging the UK's health as a whole. I think we're all clear that there are failings within the system, rather than the idea of the NHS. What's Denplan's position on the NHS?

**CR:** I think, predominantly, many of us who qualified and worked in the NHS for several years or longer do have a huge attachment to it. What we see, certainly, as a company is that people don't leave on a whim. It's a massive emotional decision. When the media portrays it, it almost looks as if people just decide to go. Now, at the final moment, people might make that decision because they've had enough, but it might have taken them years to get to that point. People have an extreme loyalty to the NHS and understand the importance of its patient care and, ultimately, their oral health. These are not easy decisions.

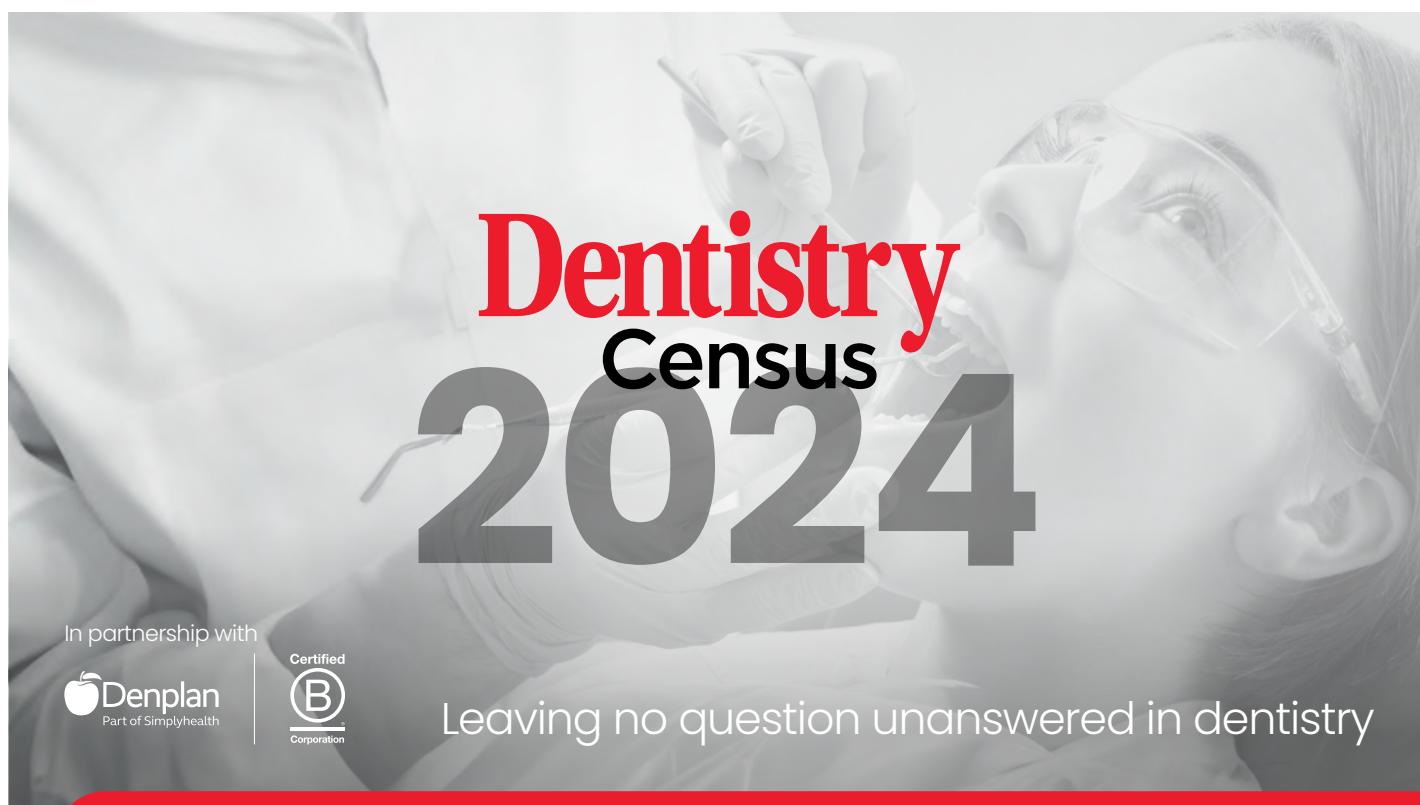
We obviously have a bias that if people move and then have the opportunity of going on to

# 74%

**of NHS dentists don't currently enjoy working in the NHS**







plans, that is a better way of spreading costs. But if I look with my clinical head as well, a lot of people would love to, for example, still be able to see children and vulnerable adults in the NHS.

Prior to 2006, you could still have a support contract. You worked within the NHS, and you still saw children in the NHS. There was no restriction on us in that system to do that.

We're now in a situation where that's not possible. A lot of private dentists are now treating children for free, because that, they feel, is their way of giving back.

**GH:** Around half of private practices are treating children for free, according to our research. It's easier for the media to have this sort of singular viewpoint that the NHS is a total disaster than to have a difficult nuanced conversation around the fact that many clinicians, as you say, have an attachment to the NHS. I don't think anybody in the UK can put their hand on their heart and say they want that system to fail.

I do think that it's a very charged conversation at the moment. And one thing that came through to me in our study was that 59% of our respondents felt that reform could still make NHS dentistry attractive to them. So, for all we hear in the headlines that the sky is falling in, there's still hope, and I think if policymakers can get contract reform right – actually any sort of reform would be a good start – there's still hope for the NHS. I don't think the nail is in the coffin.

**CR:** I think that we need people to want to understand why it needs to work. As clinical people, we will know why it needs to work, we know that there are cohorts of patients that are never going to be able to afford private dental care. How do we make sure that we can treat them and look after them?

#### The future

**GH:** Looking more specifically at the future, the number of people who are looking to buy a practice in the next two years has doubled in the

last two years – it's gone up to 25%. In addition, 30% of practices are planning to expand.

For me, those stats around practice growth are quite interesting. The trajectory for dentistry as a whole feels fairly positive. Would you agree with that?

**CR:** I would agree, and we're picking that up just by being out and about and talking to people. COVID threw the profession into a forced closure that was such a shock to everybody. But I feel we've almost accelerated as we came out of it. Things that were in the background are starting to come through, like digital and so on, and with that there is a creative positivity.

I love working in dentistry. There are so many facets to it. There are so many great and lovely people in it. And the sense from the Dentistry Census is that there are still a lot of people out there who believe that it's important. We tend to focus on the negatives, but there is so much positive.

**GH:** That's why the census paints this picture of a profession in transition. There are many, many challenges, but in terms of the future, there's so much positive.

The challenges exist around the relevant practices, the economic environment, the regulatory environment, everywhere except the actual patient care because I think the profession's so highly skilled within the UK.

In terms of what the picture looks like in another two to five years, I think it's not fully clear at the moment how much private practice there will be or if the NHS will still exist in its current form.

But I think the profession will still very much be there, and hopefully it will be a more sustainable, fairer and more diverse profession to work in. **D**

**In the next year, nearly 85% of practices expect their private work to increase, with 70% of practice income, on average, coming from private work**

# Philip Lewis MBE: 1953-2024

**Dr Philip Lewis MBE**, the tireless campaigner who ‘changed the narrative’ around awareness of mouth cancer in the UK, has died

An esteemed clinician and highly-regarded educator, Dr Philip Lewis was the definition of a successful dentist – but it is his work around head and neck cancers for which he will perhaps be best remembered.

It was a mission born almost by chance. A lecture attended on oral medicine during the 1990s provided a ‘lightbulb moment’ about how dental teams could improve oral cancer outcomes. The lightbulb became a passion: the passion became a calling. He went on to spend almost 30 years writing and speaking on the importance of early diagnosis and detection of oral cancers.

## ‘No activity more important’

This was work that saved lives. In educating general dental professionals on their responsibilities, Philip Lewis was part of a movement that transformed the dental profession’s attitude towards detecting oral cancers.

He was a critical part of the Mouth Cancer Foundation (MCF) practically from its inception, becoming an ambassador of the charity in 2013 after helping develop and launch the Mouth Cancer Screening Accreditation Scheme.

By 2020, he went one step further, taking on the role of president of the MCF. Philip – who once declared ‘I can think of no activity more important for dental professionals than the early detection of mouth cancer’ – continued playing an integral role in the organisation even after his term ended. He was actively lecturing until a few weeks before his passing.

When Philip Lewis was presented with an MBE in September 2024 for services to oral cancer and the Mouth Cancer Foundation, it was a fitting recognition for a life spent in service to a cause he saw as greater than himself.

Even when acknowledging how ‘delighted and humbled’ he was to accept the honour, he saw no time to rest on his laurels.

‘Onwards and upwards,’ he wrote. ‘There’s still a lot to do to increase awareness about mouth cancer and the steps people can take to avoid it or at least detect it quickly if it occurs.’

## Unhurried prevention

For all his fierce dedication to fighting oral cancer, Philip had personality, drive and talent to spare for the wider world of dentistry, too.

From first qualification from King’s College London in 1977, he rarely stood still. He worked as a clinical assistant in the hospital service before stepping into general dentistry.



He opened a practice on the Isle of Wight in 2006 that would deliver, in his words, ‘unhurried’ dental care.

But in the wake of the then-new 2006 NHS contract, Avenue Road was no ordinary practice. Wholly private, focused on prevention, and with oral health at its heart, it was a reflection of its principal – and in its adoption of hygiene-led care, set out an approach that many practices struggle to follow nearly two decades on.

He became an expert on practice management as much as clinical excellence, with an easy grasp of both that saw him welcomed on to the editorial boards of the journals *Private Dentistry* and *Aesthetic Dentistry Today*. Serving as a director of the British Academy of Cosmetic Dentistry for several years was followed by time as general secretary of the European Society of Cosmetic Dentistry, picking up numerous accolades for his commitment to postgraduate education.

Fittingly, he spent many years as a media spokesperson for the British Dental Association – treating wider audiences on TV and radio to the same accessible, knowledgeable speaking style that graced his lectures.

## Excellence, integrity and dedication

Dr Philip Lewis’ passing has been met by an outpouring of respect from the profession.

‘Philip was a terrific champion of highlighting

the importance of checking for mouth cancer,’ said MCF founder Dr Vinod Joshi OBE. ‘He was also a Mouth Cancer Foundation stalwart being involved from very early on supporting our charity goals and dreams. This is such sad news.’

A statement from MCF read: ‘Philip leaves behind a legacy of excellence, integrity, and dedication. He will be remembered as an ambassador and past president of the Mouth Cancer Foundation, an excellent dentist, a visionary leader, and a cherished member of the dental and head and neck cancer community. His life was defined by his love for helping others and his relentless pursuit of educating everyone about mouth cancer.’

‘Philip’s memory will forever inspire those who knew him and those who continue to push the boundaries of what is possible in raising awareness of mouth cancer.’

Krishan Joshi, founder of Dental Focus and a trustee of the MCF, said: ‘Philip’s personal mission was to change the narrative. His mission would lead to him being the most active clinical ambassador for the foundation and leading many life-saving initiatives.’

‘This remarkable man was the catalyst to the strong continuity of the foundation and in making an enduring leading charity that means so much to so many. I am truly grateful and thankful for his essential contribution. The charity wouldn’t be what it is today without him.’ **D**



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# Supporting practices with the extension of direct access

**John Makin** looks at embedding changes allowing hygienists and therapists to supply and administer prescription-only medicines

## John Makin

Head of the Dental Defence Union (DDU)



Since June this year suitably trained dental hygienists or therapists have been able to administer, sell or supply certain prescription-only medicines (POMs). They can do so without a dentist's prescription, a patient group direction (PGD) or a patient specific direction (PSD).

The aim is to improve direct access for patients to dental hygienists and therapists, while promoting better use of the skill mix in the team.

A range of local anaesthetic and high strength fluoride preparations are included on the list of exemptions, which appear under Schedule 17 of the regulations.

Dental hygienists and therapists still cannot prescribe, fill out an NHS prescription form or write a private prescription. Dentists remain the only member of the dental team who can independently prescribe.

Nonetheless, this is a major change and many practices will be wondering how best

to embed the changes into their practice and communicate them to patients. Below I've addressed some of the questions DDU members have asked:

### What training do hygienists and therapists need?

The GDC expects any registrant to work within their scope, be trained, competent, and indemnified for the work they undertake and to be able to demonstrate successful completion of a training course.

NHS England (NHSE) has set out a curriculum and qualifying criteria for those hygienists and therapists extending their practice in this way. We anticipate the other UK nations will do the same.

NHSE strongly recommends that all current dental hygienists and therapists undertake further training that complies with the curriculum, which is set out in Annex A of the guidance.

The curriculum covers patient management and using medicines responsibly. It includes assessing the patient and their current medications, getting consent, record keeping, communication with the patient's GP and how

to deal with any adverse events. An elearning module is also being developed.

### What extra support is available?

NHSE acknowledges that hygienists and therapists undertaking this training may require additional in-practice support, which should be determined on an individual basis. There is no requirement for hygienists and therapists to have been in practice for a certain time for them to undertake a training course.

### What if hygienists and therapists don't want to supply POMs?

There is no requirement for hygienists and therapists to extend their practice in this way if they do not feel confident or competent in doing so.

NHSE explains that the decision to work to exemptions should be 'reached collaboratively between the dental hygienist and the NHS contractor or practice owner on whose behalf they are delivering services'.

### Communicating with patients

It's important to provide patients with full information before and at the time of booking a direct access appointment, so they know who they are seeing and the possible limitations of direct access. There should be clear and consistent communication across the whole practice team to try and prevent any confusion arising.

### What about indemnity?

Hygienists and therapists should satisfy themselves that they have completed appropriate training and can evidence their competence before working under the new exemptions.

Before implementing any changes to working practices, dental practice owners should also be satisfied that the hygienists and therapists they engage are trained and competent to work under these exemptions.

DDU members choosing to work under the exemptions can do so within their current indemnity arrangements. **D**



**FURTHER INFORMATION** is available on the DDU's website at [www.theddu.com](http://www.theddu.com).

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# Mouth cancer in numbers

Last year, **8,846** people were diagnosed with mouth cancer in the UK and rates of the disease are on the rise. The Oral Health Foundation shares key statistics around rates, risks and awareness of mouth cancer as a snapshot of its impact throughout the country. **D**

# 1

person is diagnosed with mouth cancer every hour

# 9

people lose their life to mouth cancer every day

# 103%

Rates of mouth cancer have increased by 103% over the last 20 years



# 66%

of mouth cancers are linked to smoking

# 34%

of mouth cancers are linked to drinking alcohol to excess

# 91%

of mouth cancers are diagnosed in those over the age of 50



# 90%

Early detection boosts chances of survival from 50% to 90%

# 88%

of adults have now heard of mouth cancer

# 66%

of adults want to understand more about the disease





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# Stay ahead of mouth cancer

**Jocelyn Harding** explains the importance of regular self-examinations and how to communicate this to patients

## Jocelyn Harding

President elect, Mouth Cancer Foundation



*This article is dedicated to Dr Philip Lewis, whose dedication to helping others continues to inspire. Your kindness and selflessness have touched innumerable lives, and your actions remind us of the impact of giving with a true heart.*

Putting the mouth back into the body is a phrase often mentioned; however, the mouth has always been a part of the body and not a separate entity. As healthcare professionals, we are in a critical position to help patients recognise this – we check more than their teeth.

Checking a patient's medical history is a perfect opportunity to discuss medications and their influence on the oral cavity. This can be a great surprise to many patients initially. Many patients will then attend appointments thereafter with their updated list of medications rather than a description.

A patient's tobacco usage, drug habits, or alcohol consumption is another opportunity to support or signpost if the patient wishes to engage with behaviour change as well as reducing their mouth cancer risk.

A conversation around human papilloma virus (HPV) and the vaccinations scheme can be a tricky conversation at first. However patients are genuinely interested, especially if their younger relatives have opted to have the vaccination.

## Why self-examine?

With the current environment, access to dental care has been difficult for many patients, especially since early 2020. As time has passed, problems have arisen with access to dentistry and the ability to afford treatment.

However, by promoting the benefits of self-examination for abnormalities, we can empower every individual to take control of their oral health.

When these conversations are undertaken and mouth cancer risk explained with patients, the importance of self-examination can then be shared with family, friends and colleagues. A thorough head and neck cancer examination, which takes less than two minutes, can save lives.

In his free download on the Mouth Cancer Foundation website, 'Does that look normal to you?', the late Dr Philip Lewis highlights how the mouth can be a mysterious place and describes in detail how to become familiar through routine checks.

Patients will eventually become familiar with their normal anatomy. Self-examination checks should be undertaken in a well-lit area, in a mirror, with clean hands, a torch or a mobile phone light to make the mouth easier to see. Make-up should be removed.

If they are worried, they should ask a friend or relative for help and even take a photograph on a mobile phone if the area is accessible.

Here are five key points highlighting the benefits of a monthly mouth self-examination:

## 1. Early detection

Regular self-examination helps individuals spot early signs of dental problems such as tooth decay, periodontal diseases, and oral infections. This early detection not only allows for prompt treatment and prevention of more serious issues but also provides a sense of reassurance and peace of mind.

## 2. Monitoring for oral cancer

Self-checks can help identify early warning signs of oral cancer, such as unusual sores, lumps, or red or white patches in the mouth or on the lips and note any changes in colour or texture. Other symptoms may be loose teeth, a persistent sore throat, difficulty swallowing, hoarseness or modifications to the voice. If these symptoms have been found for three weeks or more, seeking advice is recommended. Should an abnormality be found to be oral cancer, a check at an early stage leads to an earlier diagnosis and more effective treatment. If in doubt, get it checked out!

## 3. Personal responsibility

Mouth self-examination encourages individuals to take a proactive approach to oral hygiene, helping them stay vigilant about their dental health between dental visits.

Halitosis may be evident, and with improving oral hygiene, interdental cleaning, and tongue cleaning, this can often be rectified. If the halitosis symptoms are still present, a GP appointment should be considered.

## 4. Cost-effectiveness

Regular self-examinations reduce the need for emergency dental visits by catching potential problems early, helping to avoid costly treatments later on. Patients fully appreciate that the cost of dental treatment will not be reduced with avoidance. Prevention is key.

## 5. Overall health

Since oral health is closely linked to overall health, self-examinations can help detect conditions like diabetes or vitamin deficiencies, which often show initial signs in the mouth. Symptoms like xerostomia or recurrent ulcers may not be a mouth cancer issue. Still, these may be another medical complication and an opportunity for a patient to attend a dental practice for support.

An examination can be a practice builder, an opportunity for ethical selling and an important opportunity to encourage holistic health. **D**





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## Keeping patients informed

**Oracle Head & Neck Cancer UK** discusses the resources available to dental professionals to help them share vital information on mouth cancer

Every day 34 people are diagnosed with head and neck cancers in the UK, with patient numbers increasing by 30% per decade. Only a third of head and neck cancer cases are detected at stage one or two.

Currently head and neck cancers are the fourth most common cancer in men and seventh overall.

Dentists play a crucial role in the early detection of head and neck cancers. The statistic that approximately 50% of head and neck cancers are first identified by dentists is often cited in health literature.

Organisations such as Cancer Research UK, the British Dental Association and Public Health England highlight the essential role dentists play in the early detection of oral cancers, which form part of the broader category of head and neck cancers.

### Resources available

Oracle Head & Neck Cancer UK supports patients diagnosed with head and neck cancers, invests in pioneering research and raises awareness of signs and symptoms.

The charity recognises the role of dentists in diagnosing head and neck cancer and has produced a range of resources available to dental practices, including videos and printouts.

The idea is that the resources are displayed in waiting areas and around reception desks to encourage patient engagement with self-checking for head and neck cancer. The literature can also be used to remind dentists what to look out for and discuss any concerns with patients.

### Self-check guidance

Oracle Head & Neck Cancer UK offers a general leaflet that provides a step-by-step self-check. The A4, double-sided, full-colour leaflet covers what to look out for.

The two-minute check can save lives and all you need is a mirror, light and clean hands. Some dentists may already carry out this check as part of routine appointments. Key things to watch out for include swelling, lumps, red or white patches, colour changes or ulcers.

On the reverse side, it includes information about risks, symptoms, and where to seek further support.

This is the charity's primary resource and dental practices are being encouraged to use the leaflets to promote self-checks among their patients. The leaflet is available to dental practices for free at present and can be printed in a variety of different shapes and sizes.

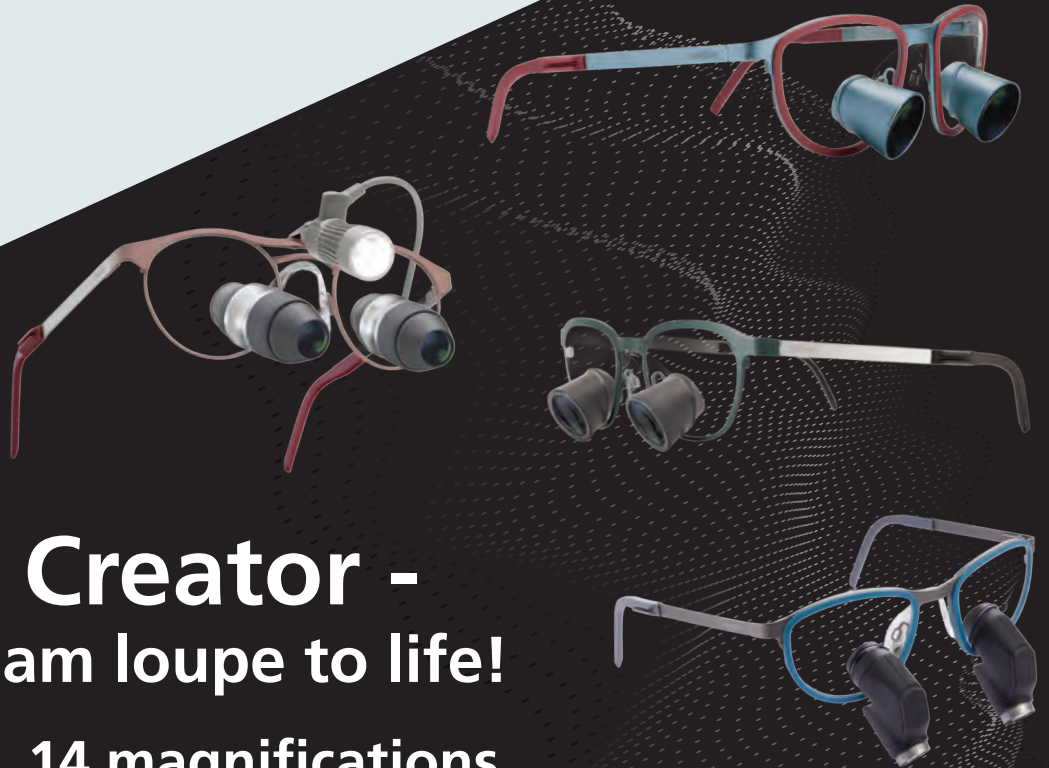
A self-check video is also available to practices and can be shown on display screens in waiting rooms. The video shows a man walking through the self-check procedure and a narrator tells the watcher what to look out for. The resource is free of charge and walks through all of the self-check steps. **D**

Oracle Head & Neck Cancer UK welcome any feedback on the resources. Queries, feedback and leaflet requests can be sent to [info@oraclehnc.org.uk](mailto:info@oraclehnc.org.uk).



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## Dental crisis: the knock-on effects

**The Oral Health Foundation** explains how the ongoing dental crisis in the UK has impacted incidence and diagnosis rates for mouth cancer

According to a recent study by the BBC, nine in 10 NHS dental practices across the UK are not accepting new adult patients.

There are many reasons for this: an unworkable NHS dental contract, lack of dental professionals for the expanding population, lack of education funding to train more new dentists to meet the demand, and a contract that doesn't suit either the public or the profession. It is a complicated issue that sadly has no quick fixes on the horizon.

All of this is a great cause for concern especially when it comes to spotting potential mouth cancers early. Dentists, hygienists and therapists all have a crucial role in spotting the first symptoms of mouth cancer. But how many fewer patients are being referred due to the lack of NHS dental appointments? This may not be something that we will know for sure for several years.

### Mouth cancer statistics

Mouth cancer currently has one of the highest mortality rates due to late diagnosis. Currently, around half (53%) of all mouth cancers in the UK are not diagnosed until stage III and IV, when the cancer is advanced and more complex to treat. Treatments such as invasive surgery, chemotherapy, radiotherapy, or a combination of all three, are often necessary.

The five-year survival rate has hardly improved

in the last few decades because of late detection.

The rate of mouth cancer has also grown year-on-year. The latest data shows 8,864 people in the UK were diagnosed within a year. This has more than doubled since 2000. Across the globe, there are now estimated to have reached 650,000 diagnosed cases.

Mouth cancer is strongly linked to a person's sex and age. It is twice as common in men (68%) compared to women (32%), and many cases (67%) are diagnosed in individuals over 60. This disparity is likely due to lifestyle choices and the length of time a person has been exposed to risk factors.

As the number of cases increases, we are steadily seeing more women and younger people with mouth cancer. While there is no definitive answer as to exactly why, shifting social norms and the rise of HPV-related mouth cancer likely play a part.

### Awareness

Unfortunately, the public awareness of this dangerous disease is not as high as we would like. Awareness of the major signs and symptoms of mouth cancer is as low as 17% and understanding of the primary risk factors of mouth cancer is even less at 9%.

This is unfortunate but at the same time not entirely unexpected. Mouth cancer can often be difficult to spot in the oral cavity or often

asymptomatic. In the past, dental professionals might never have seen a case in their entire career.

However, that's changed. Today, dental teams are not only referring one confirmed case but are identifying several patients with mouth cancer over their careers.

Most patients will be aware that smoking and tobacco use increases the risk of lung cancer or heavy alcohol consumption could impact their liver or heart. However, fewer are aware that tobacco use and alcohol are one of the biggest causes of mouth cancer, and the risk is much higher if they use tobacco and drink alcohol to excess together.

### Solutions

Obviously, improving access to NHS dentistry, early diagnosis and effective public health education programmes are some of the improvements that could help to reduce the risk of mouth cancer, and encourage early referral, diagnosis and treatment.

Worryingly some NHS trusts are still not meeting the NHS standard of beginning treatment for mouth cancer within 62 days. This is obviously something that needs to change urgently to give patients the best chance of making a good recovery.

In the meantime, one of the most powerful tools against mouth cancer is educating patients on the signs, symptoms and risks. Currently, 24% of patients do not know what any of the symptoms are, and the rest of their knowledge can be somewhat lacking. For example, 58% of patients do not know that mouth ulcers that don't heal within three weeks could be a sign of mouth cancer.

The quicker mouth cancer is diagnosed, the earlier treatment can start. This usually results in much better outcomes for the patient and less need for invasive treatment. Encouraging patients to do a simple monthly mouth check at home could save lives.

Regular checks like these can help patients to understand their own mouths and they are more likely to notice any changes that occur. By all working together, we can help to spread the word, not only during November's Mouth Cancer Action Month but every day. **D**

**MORE INFORMATION** about educating patients about mouth cancer can be found on the Mouth Cancer Action Month website at [www.mouthcancer.org](http://www.mouthcancer.org).



# Are forced COVID vaccinations justified?

**Neel Kothari** considers the moral implications of mandatory COVID-19 vaccinations for healthcare workers

It's bizarre to think that the COVID-19 pandemic was only four years ago. It was a scary time for many, filled with uncertainty over what was happening across the world, our own future and that of our families.

For many of us, me included, it was a huge relief to know that the vaccines were eventually on their way so that we had a way out of the chaos we were in. Many will recall MPs approving mandatory vaccinations for NHS and social care staff, only to withdraw the requirement weeks before deadline day. In what now seems like a cunning strategy, this allowed the government to avoid accusations of forcing vaccinations, while at the same time strongly encouraging healthcare workers to uptake the vaccine by leveraging their careers should they choose not to.

## Science or morality?

Healthcare worker Steve James, a consultant anaesthetist at King's College Hospital, publicly told the then health secretary Sajid Javid why he did not believe he needed a vaccination, citing his acquired immunity while working in the frontline of the NHS. Some applauded his forthright stance, but there is no doubt that many sought to criticise his view as reckless and dangerous. In hindsight he made a very sound argument, yet at the time he was demonised for doing so.

As time went on, the discourse became less about the science and more about the morality of the decision, which polarised people into those who were pro vaccination and those who were sceptical. Tony Blair was famously quoted as saying: 'If you're not vaccinated at the moment you're not just irresponsible, you're an idiot.' No doubt he genuinely believed this, but with the benefit of hindsight was he right? And with the benefit of hindsight, would he have said this again?

## The right to choose

I personally chose to be vaccinated, but felt an unease over the way our medical and dental colleagues who opted out were treated. Sure, I disagreed with several arguments I often heard, but that's not the point. Opting out of a medical intervention is a wholly legitimate position that ought to be respected in a free and open society and



certainly should not be overridden by politicians. Can any of our professional organisations truly say that they stood up and defended our colleagues' legitimate right to choose and would they take the same view if we took a similar paternalistic approach with our patients' care?

Writing for Georgetown Law Faculty in 1982, Laurence Gostlin states: 'There can be no greater intrusion on a competent human being than to compel him to receive physical treatment that he does not want.'

This is a notable difference from the Hippocratic Oath (commonly referred to as guiding principles), which places a greater influence on a physician's duty to act in the patient's best interest, assuming physicians know best.

## Consequences

To be clear, I'm not seeking to debate the merits of the COVID vaccination. I have personal views on this, but they are also irrelevant. My concern is that mandating vaccinations is not without consequence.

It's well documented that coercive vaccination measures lead to an increase in vaccine hesitancy. For example, a 2017 study in Europe noted that mandatory childhood vaccination laws led to increased resistance in certain communities, particularly when individuals perceived the mandates as government overreach.

While proponents of mandatory vaccinations purport their necessity for 'the greater good', it's

hard to see how this could be the case if healthcare workers themselves increasingly develop hesitancy in response to coercion. Further, it presumes that necessity is a settled issue, which is far from the case with those that are sceptical.

## More harm than good

In my opinion, mandating vaccinations (despite the later reversal) is likely to have caused more harm than good. As a sector, we ended up losing a significant number of our members at a time when recruiting staff was already an issue. Further, this instilled distrust within countless others who have remained. On a wider point, in my opinion our population also developed high levels of scepticism about vaccinations which could lead to unforeseen consequences, such as a potential increase in anti-fluoride views within the public.

Perhaps this assertion is a leap too far, but if we had a new global pandemic soon, I am convinced that we cannot expect a high level of compliance from both the public and healthcare workers and this is particularly worrying.

My biggest criticism of how mandatory vaccinations were handled during the COVID pandemic was that we allowed ourselves to be governed by bad science tainted by politics and that we tacitly went along with the status quo. I don't think of those who chose not to be vaccinated as 'idiots' and I certainly don't think anaesthetist Steve James was unwise for making what now look like eminently sensible arguments. **D**



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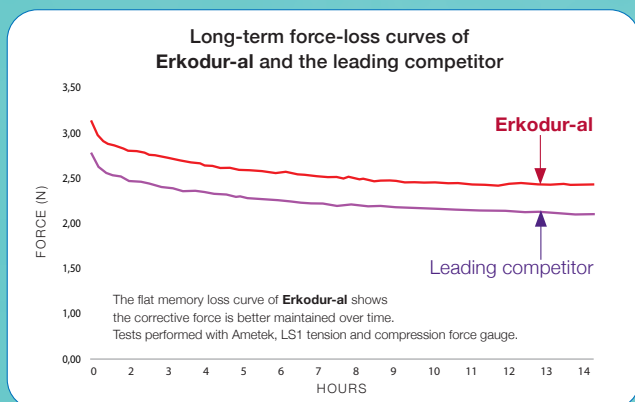
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# Creating inclusive workplaces

**Holly Atyeo** explains why everyone has a part to play in workplace inclusivity

## Holly Atyeo

People partner – culture, wellbeing and engagement, Bupa



At Bupa Dental Care, our people are our most valuable asset. They provide hands-on quality care to our patients every day. To serve the diverse needs of our patients, we know it's important to equip our people with awareness to foster an inclusive environment where everyone can thrive.

Through our 'everyone is welcome' pledge, we are committed to creating an environment where people are accepted as themselves. Becoming the official healthcare partner for ParalympicsGB has further supported our efforts in driving inclusion in the workplace and our work to break down barriers in wider society.

## Supporting disabled employees

Recent research with disability equality charity Scope revealed the majority of disabled employees have experienced poor mental health due to a lack of support at work. Many feel their managers aren't given the tools to support them effectively,



with accessibility barriers hindering their career growth and impacting work performance. This demonstrates an opportunity for businesses to empower managers with the resources needed

to support all colleagues. Only one in three line managers have the tools to manage disabled employees, and others have never received training to support disabled colleagues. **D**



## Living with disability

Here, Jessica Moore, marketing manager at Bupa Dental Care, shares her experience living with brittle bones disease and how this impacts her day-to-day and at work.

'I was born with osteogenesis imperfecta (brittle bone disease), which means that my bones are weak and break easily. I've had hundreds of fractures (I stopped counting at 100!) and multiple surgeries to put metal rods in my bones to support them.

'I can break a bone from trauma or from simply sitting in one position for too long, so I really don't know when it's going to happen or how severe it may be.

'Going into the world of work, I was definitely worried about what support I'd receive and how my employers would react to me potentially having to take time off, but thankfully, all of my employers have been brilliant.

'I've worked really hard to get to where I am in my career, although I still worry that my condition might set me back and I suffer from a bit of imposter syndrome.

'In terms of creating inclusive workplaces, I would say no disability is the same. Everyone has different needs and abilities, so there really is no "one size fits all" approach. For me, it's all about open communication, flexibility and empathy.

'I struggle to push my wheelchair outdoors and manage hills/curbs as my arms are quite weak. Therefore, travelling to different offices and navigating public transport can be incredibly difficult, and I need someone to support me.

'I rely on my adapted vehicle to get around and feel much more in control of the situation when I can drive to my destination. A simple fix of changing the location of meetings to somewhere more accessible and ensuring step-free access is a huge help.

'If businesses implemented a checklist system to flag if anyone attending has any accessibility needs before booking meetings/travel, this would support a more inclusive approach.

'I also have considerably more hospital appointments than the average person, which can sometimes take a long time if I'm having treatment or scans. I usually ask to work flexibly to make the time up which Bupa is fantastic at supporting. I think flexibility with any disability is key, and an open and honest culture really supports this.'



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Reference: 1. P. Gomes, et al. 2023, Scientific Reports, 13(1), p.16349.



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# ADG Conference - meet the speakers

There is not long to go until the 2024 **Association of Dental Groups (ADG) Conference**. Find out which speakers will be joining us this year...

The Association of Dental Groups will be holding its inaugural conference this month in Manchester! Join the UK's most influential dental group leaders, completely free of charge, at Old Trafford football stadium on Friday, 15 November 2024.

The conference begins at 8am and the event concludes at 8pm.

Attendees will be able to listen to a series of impactful lectures, breakout sessions and panel discussions from leading industry leaders who already own a successful dental group.

And best of all, each session is CPD verified.

With a diverse lineup of topics and speakers, this event is a must-attend for anyone eager to grow their practices. Don't miss your chance to be inspired by the latest in dentistry!

In addition, attendees of the ADG Conference will have the chance to connect with peers during complimentary refreshment breaks and get face-to-face with 50 different innovative dental businesses in the 'innovation area'.

Don't miss out on this perfect occasion to hear the obstacles and successes of those who already own a successful dental group along with all the skills you need to build your business.

## Who's speaking?

Introducing the UK's most influential dental group leaders joining us at the 2024 ADG Conference to impart their tips on how to grow your business as well as their own personal stories with dental leadership. This exclusive event is your chance to connect with industry leaders and gain actionable insights on expanding your group. Learn from some of the top names in business, including financial advice from investment experts and inspiring success stories from leading dental group owners:

- Catherine Rutland – clinical director, Simplyhealth and Denplan
- Jim Macleod – CB CVO – executive coach and leadership development consultant, chair of the Forces in Mind Trust
- Reena Virdee – director of strategy and mergers and acquisitions (M&A), Mydentist
- Paul Graham – managing director – medical, Christie & Co
- Gary Chapman – director of M&A UK and Europe, Portmandentex
- Shalin Mehra – founder, Rodericks Dental Partners
- Anushika Brogan – CEO and founder, Damira Dental Studios
- Bhavna Doshi – CEO, Dental Wealth Builder
- Rachel Derby – president, British Association of Private Dentistry
- Jason Wong MBE – chief dental officer for England
- Alfred Chambers – principal, Coniston Capital
- Steve Wilson – senior relationship director, Santander Corporate and Commercial Banking
- Anthony Ball – partner and UK head of health & life sciences M&A, KPMG
- Neil Carmichael – chair, Association of Dental Groups
- Mark Allan – general manager, Bupa Dental Care and NED TDS Group
- Pip Dhariwal – CEO and chairman, Smile Dental Care
- Farzeela Rupani – chief medical officer, UK and Europe, Colosseum Dental Group
- Jin Vaghela and Kish Patel – co-founders, Smile Clinic Group **D**

Make sure you save your spot today by visiting [dentistry.co.uk/shows/adg-conference](https://dentistry.co.uk/shows/adg-conference). It's free to attend, but registration is essential!



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# DDU – here to guide, support, defend

**Bryan Harvey** explains how the DDU can guide, support and defend throughout your career

**Dentistry is a rewarding but demanding profession, especially at the beginning of your career.**

This is where the DDU comes in as there are many ways we support our members.

**Dento-legal support for all members**

We provide dento-legal advice to thousands of dental professionals each year. In 2022, we received almost 24,000 calls to our dento-legal advice line which is staffed by advisers who are dentally qualified and as such, understand your situation and listen empathetically to your concerns.

We have assisted members with over 99% of requests over the last five years and our Member Guide sets out clearly what members can expect from us.

As a not-for-profit mutual defence organisation, our sole purpose is to support dental professionals and our only obligation is to our members.

**Successfully defending members reputations**

Many dental professionals have concerns about facing a claim for compensation or a letter from the GDC.

If you face a claim, you can be assured that the DDU understand how stressful this is and the importance to our members of mounting a solid defence of their position. If we are able to defend the claim, we will. We think it is vital to do this for the profession.

What's more, we have an enviable record of success in defending members' reputations at the GDC. Over 16,000 dental members have been supported with complaints and professional

matters over the last five years and in 2022, almost 80% of GDC cases handled by DDU in-house lawyers were resolved without a formal hearing.

**Providing 24/7 guidance**

There are many challenges facing dental professionals in modern practice, but the DDU website contains a wealth of videos, articles and case studies, along with online learning modules, to keep you up to date with dento-legal and regulatory issues.

Our digital journal contains in-depth features, interviews and advice line dilemmas so you can learn from the experiences of other DDU members. Read it here: [www.ddujournal.theddu.com](http://www.ddujournal.theddu.com).

**What our members say**

'Last year, I had my first ever (and hopefully last) Fitness to Practice letter from the GDC. This was a big shock as I always strive to do my utmost for my patients and put their wellbeing first and foremost.

'I contacted the DDU straight away and was assigned a dento-legal adviser. They were so great right from the


outset, making time to talk on the phone even when they should have finished work for the day and sending detailed e-mails of how to proceed.

'They were also incredibly reassuring telling me that they would be there to help, support and defend me all the way through the process. It was a stressful six-month wait until I heard that my case was to be dropped and would not proceed. Both my adviser and I were delighted with the outcome.

'I would wholeheartedly recommend the DDU to all dentists. They are always there at the end of the phone to provide a sympathetic ear, exceptional professional advice and unwavering support, day or night. I was lucky enough to sign up with them fresh out of dental school and will be with them until my last day of clinical oral surgery.' **YD**



**Bryan Harvey**  
Dento-legal adviser, Dental Defence Union (DDU)



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



# Leading without limits

Mark Topley shares his advice for navigating leadership as a young dentist

## Stepping into a leadership role as a young dentist can be exciting and daunting.

You've spent years honing your clinical skills, but now you're faced with the challenge of being a leader in a team.

As a young leader, you may encounter scepticism or resistance due to your age. However, these challenges present a unique opportunity to establish a leadership style that is not only effective but also inspiring.

## Navigating resistance

Senior nurses, receptionists, or even your peers might be sceptical of your ability to lead. This resistance is natural; people often associate age with wisdom and experience.

To overcome this, it's crucial to understand that leadership is not about exerting authority but about earning respect through actions, knowledge, and emotional intelligence.

### Roadmap to overcoming resistance:

1. Demonstrate competence – ensure that your clinical work is impeccable and that you stay up-to-date with the latest industry developments. When your team sees that you are proficient and knowledgeable, their respect for you will naturally grow
2. Lead by example – consistency in your actions is vital. Demonstrate the behaviours you expect from your team, whether it's punctuality, attention to detail, or patient care. By setting a standard through your own conduct, you silently communicate your expectations
3. Communicate confidence – confidence, when balanced with humility, is a powerful leadership trait. Speak with conviction, make decisions decisively, and stand by your choices. However avoid overconfidence, which can come off as arrogance

## Leadership style

Self-awareness is crucial. Understanding your leadership style allows you to play to your strengths and address your weaknesses. Reflect on what



Mark Topley  
Dental CSR and ESG consultant

drives you, how you interact with others, and what kind of leader you want to be.

### Ask yourself:

- Am I more task-oriented or people-oriented?
- How do I handle conflict or setbacks?
- What values are most important to me in a team setting?

Your leadership style will evolve, and being conscious of this evolution is key to growing into an effective leader. Regularly seek feedback from your team and be open to constructive criticism.

## Continuous learning

In an ever-evolving field like dentistry, staying abreast of the latest trends, technologies, and techniques is non-negotiable. Continuous learning is essential not only for your professional growth but also for commanding respect as a knowledgeable leader. You need to pay attention to both to be successful.

### Strategies for continuous learning:

- Attend conferences and workshops – engage in industry events to expand your knowledge and network
- Pursue further education – consider advanced courses or certifications that enhance your skills and expertise
- Stay curious – cultivate a habit of reading, listening to podcasts and attending non-clinical talks.

## Building relationships

Successful leadership hinges on the relationships you build with your team. Trust and respect cannot be demanded; they must be earned. Focus on creating a collaborative environment where team members feel valued and heard.

### How to build relationships:

1. Invest in team dynamics – take the time to understand your team members' strengths, weaknesses and motivations. Tailor your leadership approach to each individual
2. Value mentorship – as a young leader, seek out mentors who can guide you through the challenges of leadership. Equally important, be a mentor to others
3. Foster open communication – create

an atmosphere where open dialogue is encouraged. Be approachable and listen actively to your team's concerns and suggestions.

## The power of empathy

Empathy is a cornerstone of effective leadership. Understanding and addressing the emotional and professional needs of your team fosters loyalty and respect. Moreover, adaptability is crucial in a leadership role. Each team member is unique, and different situations require different approaches.

### Practical applications for empathy:

- Tailor your approach – some team members may require more guidance, while others may thrive with autonomy
- Show vulnerability – don't shy away from admitting when you don't have all the answers. Vulnerability is not a weakness; it's a strength that promotes a culture of openness and continuous improvement.

## Setting the tone

As a young dentist, you might find yourself leading a team where some members are older or more experienced. This dynamic can be challenging, but it's important not to assert authority aggressively. Instead, focus on leading with confidence while being open to learning from others.

### Set expectations and celebrate success:

- Set clear goals – establish clear, achievable goals for your team. Make sure everyone understands their role
- Provide constructive feedback – regular feedback helps your team improve and aligns everyone with the practice's goals
- Celebrate achievements – recognise and celebrate your team's successes, no matter how small. This boosts morale and fosters a positive working environment.

## Leading without limits

By embracing continuous learning, fostering open communication, and leading by example, you can overcome scepticism and build a practice that thrives under your guidance. True leadership is about inspiring others to achieve their best – without limits. **YD**

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# Affordable training for young dentists

**While teaching at final year undergraduate level at King's College London, during and after the COVID pandemic, dentist Tom Bereznicki witnessed a decline in students' clinical experience.**

Gone are the days of undergraduate dental students experiencing a significant amount of clinical experience during their studies. The undergraduate bachelor's in dental surgery course now has an ever-widening breadth of content to fit into the curriculum, with the vital hands-on experience gained by treating patients being squeezed out, leading to a clinical skills gap upon graduation.

This gap widened further for those students whose education was interrupted by COVID and a subsequent shortage of patients, who were frightened of attending in case they caught the virus.

Tom was determined to do something to address it. After discussing the issue with like-minded colleagues in early 2023, he decided to set up and self-fund a charity to promote education aimed at dentists who have been qualified for up to five years. In September 2023, the Charity Commission approved the formation of the Dr Tom Bereznicki Charitable Educational Foundation.

## Accessible training

With the funding available, the foundation cannot provide free education for every early career dentist, but it does aim to promote and deliver education at an affordable price for those with the desire to develop their skills.

Tom was aware that many postgraduate courses are extremely expensive, with fees often reaching the high hundreds if not four figures, making them rarely affordable for newly qualified dentists. So even if they can identify where they need additional education, it is not necessarily accessible to them. This was something Tom wanted the foundation to help counter.

One topic that is rarely touched upon in depth at undergraduate level is occlusion, and yet the success of any type of restoration is reliant on occlusal harmony for long-term

success. However, courses on occlusion are difficult to find, so Tom has set about filling the void.

He has convened a panel of eminent dentists with a special interest in this field who are prepared to donate their time to the foundation and speak at a taster symposium on the subject.

The occlusion symposium will be held at Kensington Town Hall in London on Saturday 5 April 2025 and host up to 450 dentists. It is set to feature an impressive speaker lineup, including Paul Tipton, Ken Harris, Tif Qureshi, Shiraz Khan, Koray Feran and of course Tom himself.

Unlike most courses, the registration fee will be deliberately set low at £75 to ensure it is affordable. It will only be open to early career dentists who qualified between 2019 and 2023.

If the event proves successful, it will be held annually. The foundation is also considering plans to hold the symposium in the north of the country as well as London and to arrange symposiums on other topics at equally low prices.

## Competition

The symposium is just one initiative organised by the foundation. Its first, run in association with GC and the College of General Dentistry, was an aesthetic restorative case competition for those entering dental foundation training in 2023/24.

Fifteen winners each received a fully funded place on a two-day composite layering course at GC's Education Campus in Belgium. The prize even included international travel, hotel accommodation and meals.

The winners travelled in July this year and found the course to be an invaluable addition to their education, equipping them with a deeper understanding of restorative techniques and other skills.

Even entrants who were not successful in the competition told Tom that they had learnt important skills from the application process alone.

Following the success of the inaugural

A new charity is aiming to fill the clinical skills gap for recent dental graduates with **affordable training courses**

College of General Dentistry-GC award for foundation dentists, the competition is set to be re-launched in early autumn. This time it will expand to include dental therapists as well as dentists who graduated in 2024 or who are enrolled on dental foundation training or dental vocational training in 2024/25.

The competition will also be open to new graduates in the Republic of Ireland as well as the UK. Eighteen winners will travel to Belgium in July 2025. If you want to find out more or enter the 2024/25 award, visit [cgdent.uk/cgdent-gc-award/](http://cgdent.uk/cgdent-gc-award/).

## Future plans

With the support of Dentsply Sirona and the College of General Dentistry, the foundation is currently adding the finishing touches to an advanced aesthetic case competition open to dentists who graduated in the UK and the Republic of Ireland between 2020 and 2023.

This which will allow around 30 winners to attend a two-day course, the details of which are still being finalised. It will hopefully be ready to launch later in the autumn.

In the meantime, to better reflect its target audience, the foundation's board of trustees has decided to expand and has brought on board four younger dentists. It has now welcomed Chris Leech, Karina Kowlaski, Balraj Sohal and Ronan Lee onto the board. They will be working on other projects that are currently in the gestation period.

The foundation warmly welcomes all those in the profession willing to offer their support to its various projects, with a view to expanding its activities in future.

As the foundation gains momentum, it is hoped that it can grow further and extend its reach to ensure more of the dentists of tomorrow are fully equipped with the knowledge and practical skills they need to truly excel in the profession. | YD

To find out more about the Dr Tom Bereznicki Charitable Educational Foundation, visit Tom's website at [tombereznicki.com/trust/](http://tombereznicki.com/trust/).



# Ripping up the rule book

Alan Clarke shares his unconventional top 10 tips for young dentists

## 1 Establish your why

Really deep dive on why you are involved in this profession. Let's face it, you can make more money in private equity and travel more working on a cruise ship!

Dentistry can be tough, people are sometimes a nightmare, staff can be disruptive, and patients constantly mistrust us as money grabbers! However, it can be fun for the right person and for the right reasons, if you frame it through the right lens.

There can be freedom, creativity, multiple ways to pivot your career, stable earnings and a profession conducive to a great work-life balance.

If you find your niche and forget about everyone else's opinions, you can start to truly work in alignment with your given purpose.

## 2 Discover if you are a pioneer or a follower

This might seem an unusual statement, but your drive and the way you want to live your life will really determine how you choose the courses you take and mentors you surround yourself with.

Do you want to create a niche or do you prefer to lean into a historically created and well-determined pathway?

All too often we see mentors help for a bit but then tension rises when you start carving your own path that is perhaps different to theirs. That mentor may close up and cool the situation, ultimately stifling rather than supporting.

Trust me, I have been there. Rather than seeking mentors who are doing the same as you, instead find people who have the same life goals as you, the same bravery, motivations and values.

Then you will create a friend and business advisor for years to come!

## 3 Learn how to read an academic paper

Or refresh those skills! We are lucky to be surrounded by multiple treatment modalities and industry reps presenting studies that support their product's claims, so let's engage our brains and discern, not to dismiss but to fully see the scientific- and people-focused landscape we inhabit.

## 4 Learn about the game of the profession

A lot more happens behind the scenes than you would ever imagine. People may promise the world but they don't always have the purest motivations. This may sound cryptic but it is, sadly, based on facts. How does dentistry work? Industry, regulation, legalities, suppliers, companies? You will become a better clinician if you learn about motivations, finance and how the 'game of dentistry' works! It will enable you to have more informed conversations with industry reps, with your hygienists and your principals. You will be able to discern and cut through the rubbish!

## 5 Choose your courses wisely

Early bird tickets, £1,000 of added-value extras just for you... it's all just sales tactics. Ask yourself, why is this dentist divesting from their apparently 'highly profitable clinical time' to teach this course, what do they bring to the table and how implementable is this going to be in clinic on a Monday morning? Don't get me wrong, there are many exceptional courses that demonstrate a tremendous love of the craft. My advice is to always frame an early bird rate with a value proposition and a reflection to your career development plan to determine if this is the right spend for you!

## 6 You are the only barrier to your professional growth

Don't allow your setting, the lack of technology in your practice, or the affordability of courses become a career blocker. Some of the more profitable and

driven dentists are reaching their potential not because of the myriad of courses they have attended, but because they meticulously apply their new knowledge and create systems. While some people will cite their lack of courses or technology as a way to cruise at a lower level, this is often simply a method of self-sabotage for deeper reasons. The dentist who scales and makes a lot more money is the one who commits to enhancing their workflow each and every day.

## 7 Work smarter, not harder

Communication is key and often your clinical team and setting will not be used to your mindset. Remember change is hard for everyone, so diary zoning, longer cosmetic examinations and social media will elevate your productivity and start building the diary you want!

## 8 Not everyone has to be an influencer

What does a celebrity endodontist look like? We don't know because it is so hard for endodontists to make their work look sexy on Instagram! Social media doesn't work for every avenue of dentistry and that's absolutely fine. Word of mouth will always win so don't feel pressured to share online if you don't want to. The most important step is to find your niche and be happy with that.

## 9 This is a marathon not a sprint

A long, varied and fulfilling career is the goal. There will inevitably be lots of pivots, wrong turns, grey areas and human connection in abundance along the way, so don't overthink, don't panic and you will find your place.

## 10 Don't follow everyone else

Don't let comparison be the thief of joy. Look ahead, be bold, have fun, be disruptive and follow your values. It's going to be a wild ride... let's go! | YD



Alan Clarke  
Cosmetic dentist and the owner of Paste Dental

# Embracing the foundation year

**Jawad Abbas** explains how to prepare for your foundation year and make the most of it

Many of us are just coming off the high of graduating from five long, hard years toiled with sweat, rivers of tears and for some quite literally blood from all those sharps injuries.

We are at the very start of embarking on our exciting professional careers, so let's dive into how we can make the most out of this amazing year.

## What is dental foundation training?

Not that anyone needs a reminder, but for my colleagues in the lower years, dental foundation training (DFT) is usually a year-long program where we get to sharpen our clinical skills, learn the ropes of patient management and become the confident, competent dentists we always dreamed of being while we were sat behind our phantom heads in the first year.

And the best part? We get to do all this under the guidance of seasoned, passionate professionals who are there to support us every step of the way.

## Make the most out of your practice

Not everyone may have received the practice they were hoping for, and that's absolutely okay! But every practice is guaranteed to have amazing opportunities for their foundation dentists.

It is up to you to identify them and make the most out of them. They might include:

- **Great mentors:** practices usually have experienced supervisors and principals who are supportive and knowledgeable. They know we're nervous. They know we feel out of our depth. That's nothing to be embarrassed about! They'll help guide us and give us tips and tricks on how to



**Jawad Abbas**  
Foundation dentist

best navigate both patient management and treatment management

- **Diverse patients:** a varied patient base means more learning opportunities for us. Woohoo! The more diverse and complex the cases seem, the better our experience. We should move away from the mindset of 'I have to' and instead gear ourselves towards the mindset of 'I get to'. It's a small change in language but its mental impact on our approach is huge!

## Reach for the stars

Here are four more tips to really excel in foundation training:

### 1. Ask for feedback

Don't be shy! Regular feedback helps us grow and adapt. Embrace it and use it to improve.

### 2. Reflect

Even though during foundation year we'll be given milestones to reach and work to self analyse, it's important to have a casual, informal personal reflection of your work – one that is not led by an external person or supervisor, but one that is internal.

'Hmm, that filling I did in a hurry towards the end of the day was not my best work. How am I going to manage my time better for tomorrow's busy schedule?'

It doesn't have to be a journal if you don't want it to be so formal – just a few notes which will help you remember this incident and make the feedback relatable later down the year. These reflections will help us celebrate our victories and see how far we've come.

### 3. Embrace professional development

Continuing professional development (CPD) is our ticket to staying updated and competent with the advancement of dentistry. These study days, workshops and courses are opportunities for us to enhance our skills and knowledge.



## Getting ready for the big year

1. **Brushing up on the basics:** remember those textbooks that have collected dust over the summer? Let's get those out and refresh our memory on the steps of doing single root canal treatments and taking radiographs. We want to feel like rockstars on our first day, and knowing how to hold the drill would be a good step
2. **Know the curriculum:** get familiar with what's expected of us. The foundation year isn't just about clinical skills; it's also about mastering communication, ethics and knowing when to ask for help. Yes, we won't be placing all-on-fours on our first day, but we should have an idea of treatment planning for our patients
3. **Be financially savvy:** we've had five years to practise this art, but a little financial planning by knowing our salary, budget for expenses and plan for any loan repayments will help us now and will save us a lot of stress later in life.

### 4. Network, network, network

This is huge! Dentistry isn't a one-man (or woman) career. It's a network, team, family. Building relationships with other dental professionals who have been in that exact seat you're sat in now is invaluable.

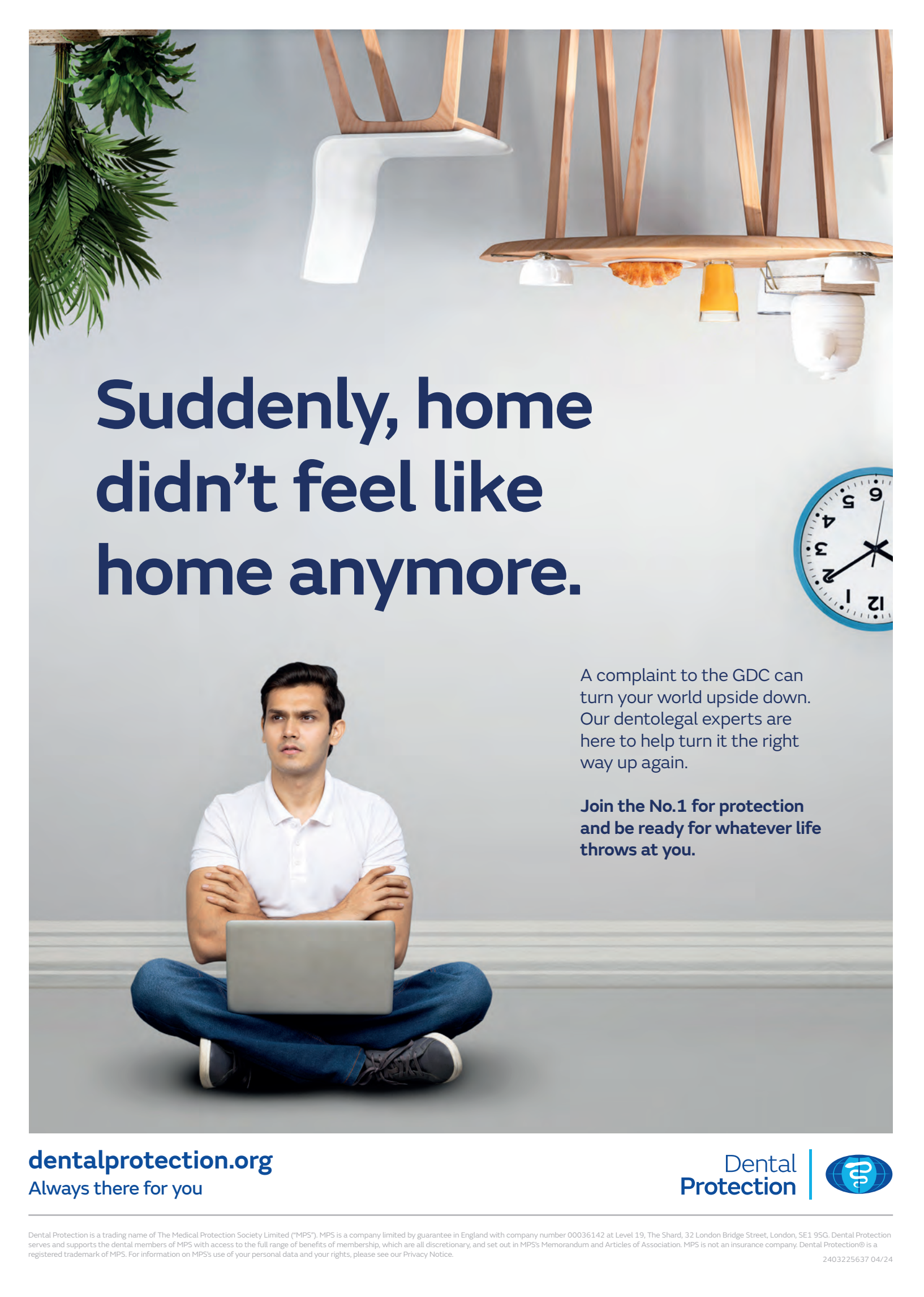
Whenever I attend dental events, it's always heart-warming to see familiar faces and such events are helping dental professionals network. Whether it's their advice, support or future job opportunities, networking and being aware of the great individuals around us is key.

## Conclusion

I've waffled enough, but let's embrace the upcoming year and make it as productive and informative as we can, without forgetting to enjoy it.

During my graduation ceremony at Manchester, our chancellor highlighted his envy of how we were at the very start of our career with our passion roaring to provide the best care possible. So, pick a good seat and let's enjoy this journey! **! YD**





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# A lifetime partnership

**Graham Brown** looks at how a partnership with the right handpiece manufacturer can benefit your whole career

**Becoming a dentist involves hard work and dedication. After five years' study at dental school and a year of foundation training, starting out on your own career path may seem rather daunting.**

Whatever field of dentistry you choose, dental handpieces are an essential everyday tool in practice, and using quality equipment can help achieve optimal treatment outcomes. Selecting the right handpiece and forging a partnership with a manufacturer that offers outstanding service, repair and technical support from the outset, can be the start of a relationship that can make a difference to your whole career.

## Air turbines or electric?

One of the first considerations when choosing a handpiece is whether to go for an air-driven or electrically-driven handpiece. Both have their advantages, but the choice ultimately depends on your clinical needs and preference and the type of equipment on your dental cart. Then it's the consideration of the key factors like speed, torque, weight and control.

NSK is a global leader in the manufacture and supply of dental handpieces and offers a wide choice of high-speed turbines and speed increasing contra-angles, ideally suited to a range of restorative procedures.

NSK's Ti-Max Z990L and Z890L are high performance turbines, designed to meet the demands of today's dentistry. The ground-breaking Z990L is NSK's most powerful turbine yet, providing 30 to 44w (with air pressure at 3 to 4.2 bar), making easy work of cutting hard materials such as zirconia.

Speed increasing contra-angles (also known as electric handpieces), on the other hand, deliver consistent torque from the electric micromotor, that does not decrease with resistance and high load. Together with reduced noise levels and less vibration than turbines, clinicians benefit from greater tactile feedback, a smooth, precise cutting action, reduced hand

fatigue and increased precision for the most delicate of procedures.

For those looking to make the move to electric, NSK's Ti-Max Z95L 1:5 speed increasing contra-angle, driven by the NLZ E or NLX nano portable electric micromotors, are an ideal starting point for those who don't have an existing micromotor on their cart. They are very easy to attach, by screwing the existing Midwest hose into the portable micromotor and then plug and play, using your existing foot pedal.

## Moving forward

Dentistry provides a wide range of career and business opportunities as a general dental practitioner as well as a specialist. As your career progresses NSK will work with you, providing products for all clinical specialities – from perio to endo, and implants/oral surgery.

For clinicians undertaking surgical procedures, the new VarioSurg 4 builds on NSK's reputation for reliability and control to deliver a modern ultrasonic bone surgery system with Piezo technology that has the option to link seamlessly to NSK's Surgic Pro2 implant/oral surgery micromotor, enabling control of both devices with a single wireless foot control. For endodontics, the NLZ E portable micromotor not only provides a micromotor for speed increasing (red band) and slow speed contra angles, but in combination with the NLZ Endo 6:1 contra-angle, has features for rotary and reciprocating (WaveOne) endodontic files.

Newly qualified dentists can play a central role in the detection, prevention and management of periodontal and peri-implant disease. NSK's range of ultrasonic scalers, including the Varios Combi Pro that combines ultrasonic treatments and powder therapy

in one compact unit, features a wide range of tips, not just for scaling, but perio and implant maintenance, endo, extractions, restorative and minimally invasive applications.

## Support every step of the way

Handpieces range in price and specification so it's important they are maintained by experts. NSK has a team of UK-based service engineers with years of experience and in-depth technical knowledge to maintain and repair NSK precision equipment using only genuine NSK parts.

If you're working towards owning your own practice, NSK also offers a range of service plans that provide ultimate cover for handpieces, motors and autoclaves. Providing cover at affordable prices, easy budgeting is assured with fixed monthly payments and no price increase during the chosen contract term. NSK provides exceptional customer support with 12 field-based product specialists covering the country, plus two dedicated engineers covering the north and south. Whatever stage of your career, NSK's local product specialists are available to provide expert advice and technical support wherever you're based and whenever you need it.

## Your partner for life

At NSK we understand the pressures and challenges that a career in dentistry can bring. Partnering with NSK from the start of your career means more than just access to world-leading handpiece technology, it means working with a partner that understands your challenges and one you can trust to support your career and business, so you can ultimately have a fulfilling career and achieve your long-term goals. At NSK, we're with you every step of the way. | YD

For further information on all NSK products and services visit [mynsk.co.uk](https://mynsk.co.uk).

To find your local NSK Product Specialist visit [mynsk.co.uk/product-specialists](https://mynsk.co.uk/product-specialists).

**Graham Brown**  
Product specialist, NSK







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# 'My biggest career achievement to date...'

We spoke to **Amrish Roshan** about his career journey, his goals, and that all-important Irish Dentistry Awards win

## Why did you choose dentistry as a career path?

Growing up in Singapore in an Indian-Pakistani family, my sister and I were always 'encouraged' to pursue a career in medicine, dentistry or law to fulfil the stereotype and 'parental persuasion'. As the elder sibling I was initially aiming for medical school, while my sister agreed she would go into dentistry (because God forbid we both became doctors). However, as I got closer to applying for university it became more apparent that my interest in healthcare, the ability to fulfil my love of anything involving manual dexterity, and the promise of a good work-life balance to have time for family and friends pushed me towards dentistry. Naturally, I robbed the spot of the dentist in the family from my sister who took one for the team and journeyed into medicine.

## Can you share your career journey so far?

I graduated from Trinity College Dublin and the Dublin Dental University Hospital in 2016, which honestly does not feel that long ago! I went straight into private practice in a rural town in the Republic of Ireland. I was fortunate to be in a practice where my principal dentist was very supportive and prioritised quality ethical dentistry over profiteering from an associate. However, the two-to-three-hour, five-days-a-week daily commute eventually took its toll and so my wife and I decided to move from Dublin to the (sunny) southeast of the country where I joined a well-established family dental practice. While working here, I expanded my skillset by undertaking a two-year diploma in implant dentistry in London as well as training to be a comprehensive Invisalign provider. I was subsequently offered a position in a state-of-the-art dental practice in the heart of

Dublin City where I currently practice my dentistry and work in conjunction with a group of talented specialists and clinicians who continue to inspire me and elevate my dentistry.

I attribute a vast majority of my professional growth in dentistry to not only the individuals around me, but also to the medium of photography. I was fortunate to have a basic understanding of photography and a camera set up for dentistry very early on as a dental student. I do believe that we are the best and most honest critic of ourselves and looking back over photographs of the dentistry I was producing from my student days right up to today has allowed me to be self-critical and continually improve on my dentistry by reflecting on past cases.

I decided to brave Instagram with a professional dental account to have a platform to share my work and become vulnerable to the potential criticism from peers. Instagram has been an incredible platform for me to connect and eventually meet with many likeminded individuals from across the globe. After a few years of being active, I was approached by Ivoclar through Instagram and was invited to be a young opinion leader for them in 2020. I have since run several courses and spoken for Ivoclar nationally.

I was subsequently approached by Oral-B to be the Irish brand ambassador for the company and have been working closely with them to promote the importance of maintaining good oral health for the nation.

Today, I run my own minimally invasive aesthetic dental courses in Dublin covering topics from tooth whitening, dental photography, digital smile design and techniques to improve the aesthetics of our patients.

I feel blessed to be doing all that I do; working in practice in Dublin, Cavan and Belfast, helping patients attain their dream smiles, teaching my workflows to likeminded clinicians and even having some time for fun projects to keep me mentally stimulated.

## What are your favourite aspects of dentistry?

The interactions I have with my patients would have to be my favourite part of my job!

Clinically, I really enjoy treatment planning cases, working as the quarterback to get patients into optimal dental health before ultimately giving them the new smile that they long for. Smile makeovers using either composite resin or porcelain are my absolute favourite procedures because seeing these transformation in not only their smile but also their overall self-confidence fills me with joy.

## And your least favourite?

Paediatric dentistry! I love kids, don't get me wrong, but glad that I don't have to treat them!

## How did you feel to win Best Young Dentist at the Irish Dentistry Awards?

Absolutely over the moon! It is probably my biggest career achievement to date – and even better that I am still considered 'young'!

It is a prestigious award and I wanted to push myself to do the best I can.

If you're considering entering for an award, definitely do it! It motivates you to perform the best level of dentistry for your patients and keeps the excitement of dentistry alive.

## What are your plans for the future?

Professionally, if I can continue doing what I am doing right now, I will be very happy. I feel thankful that I can do what I do to help people. I want to continue developing my skillset, strengthening my foundational dentistry and learning from dental leaders around the world. I want to do more teaching and international speaking to widen my network of dental peers. But ultimately, I take each day as it comes!

Personally, my family is everything to me and have supported my career so I want to be the best husband, son and brother I can for them. We have a little one on the way whom we will be meeting in the new year, and I want to be fully present for him/her.

**Amrish Roshan**  
Cosmetic and restorative  
dentist





**How do you maintain a good work/life balance?**

To be completely honest, it could be a hell of a lot better. I definitely spend too much time on dentistry, be it in practice, planning, working on presentations or running my courses!

I am fortunate to have family and friends who are always present to soundboard anything off regardless of the time of day, or day of the week! Having a strong support network and many groups of friends (outside of dental peers) helps me realise that there is so much more to life than dentistry.

I have recently started trying to keep to an exercise routine and improve my diet with the help of a personal trainer. Dentistry can be a very tough job, mentally and physically, so I believe that keeping both mind and body healthy will certainly help with the longevity of this career. I believe that taking time off regularly is crucial to recharge and avoid burnout in our profession – so taking plenty of holidays is a necessity!

**Who is your inspiration?**

In life, my parents – the way they have nurtured my sister and me to become the people we are today, along with the patience, care and love they have for each other, inspires me to do the same with my own family.

In my early career, my mentors Rory Boyd, Slaine McGrath and David Murnaghan who gave me some great advice on jobs, training pathways as well as interacting and communicating with patients. My previous practice principals, Laura McAtarsney and Robin Foyle supported my decisions to diversify my skillset and introduce new concepts. My current principals Danny Collins and Gregg Barry are dedicated to keeping up with the latest innovative technology in dentistry and integrating these into our daily workflow in the clinic. Lastly, many talented clinicians around the world whom I have connected with via social media continue to push the limits of materials and techniques to primarily deliver the best for our patients.

**What advice would you give to younger dentists entering the profession?**

- Invest in equipment such as loupes and a good camera set up
- Photograph every patient and every procedure
- Get mentors – it does not have to be a formal arrangement, even finding people who you look up to and soundboarding off them to seek advice
- Try everything before jumping into any training pathways or area of speciality – general practice is great fun too and we cannot all be specialists!
- Invest in courses and join organisations that will help you develop your skills as well as network with other likeminded peers
- Do not compare your dentistry to what you see on social media – it is a highlight reel, not real life!
- Remember that there is much more to life than dentistry!! **YD**

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# Spotlight on immediate implant placement

**Abdul Osman** introduces the clinical benefits, rewards for patients and critical factors for successful immediate implant placement

**The clinical, practical and financial rationale for immediate implant placement has been the subject of much debate among dental practitioners.**

The loss of a tooth is very traumatic for a patient, physically and psychologically. Losing a tooth affects a person socially and functionally, with changes to speech, facial profile and eating habits. Regrettably, dentists have become somewhat desensitised to this loss. Yet for the patient, reduced chair time, fewer interventions, lower fees and the comfort of knowing they can leave the appointment with all the surgical aspects completed are all compelling arguments in favour of immediate implant placement (Figure 1).

For the clinician, immediate implant placement is also beneficial, as evidenced in early reviews of clinical studies (Chen, ST and Buser, D, 2009). Preservation of bone and soft tissue may also be more attainable in the right circumstances.

The opportunity to put something straight back into the patient’s mouth to replace their extracted tooth, and for them to regain a tooth with immediate loading of the dental implant, is particularly gratifying. This, in my experience, often leads to better postoperative compliance and satisfaction, mainly due to not having to open a surgical flap or deal with subsequent inflammation.

Dentists adopting immediate implant placement protocols may also enjoy greater professional recognition and personal reward having achieved a more aesthetic result.

## Fear of litigation

Many dentists are concerned with the threat of complications with the healing process, loss of soft tissue, implant instability and ultimately implant failure.



**Abdul Osman**  
Principal dentist and director,  
FACE Dental

One of the biggest worries is maintaining control of the implant positioning. The implant dentist will want to avoid malposition or poor aesthetic outcomes due to crown or soft-tissue appearance.

The fear of the unknown is understandable: it is not only costly to begin the process again, allowing sufficient healing time and then rebuilding the anatomy, the patient also pays a high emotional and physical price.

Chen, Wilson and Hammerle’s report (2004) specifically addresses the placement of implants in extraction sockets, including immediate implants, and still offers valuable guidelines and recommendations that are widely cited in clinical practice.

Meanwhile, my own clinical and professional experience has led me to believe there are five ingredients that are essential to help overcome the concerns:

### 1. Communication

As dental students we are not given the time to develop our softer skills yet good communication underpins so much of our clinical, professional and commercial success.

Explaining the benefits, risks and, above all, their responsibilities for good oral health routines, leads to a better-informed patient. A patient who understands all of the risks will confer much more respect on the clinician and recognise the challenges and the lengths we go to in order to mitigate those risks.

### 2. Implant design and support

Careful assessment and measurement of the buccal bone and a systematic approach to planning and preparation will help to overcome challenges (Figure 2). Case selection is therefore critical, along with our choice of implant systems, some of which lend themselves to the protocol.

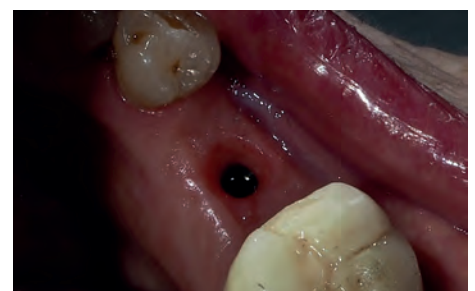
With more modern implant designs, bone and soft tissue growth and management are not only achievable but should now be the standard (Figures 3 and 4).



**Figure 1: Reduced chair time, fewer interventions and lower fees are arguments in favour of immediate implant placement**



**Figure 2: A systematic approach to planning and preparation will help to overcome challenges**



**Figures 3 and 4: Bone and soft tissue growth and management are not only achievable but should now be the standard**

Bredent's Copasky implants are perfectly created for placement in immediate post-extraction sockets. Access to a reliable implant system goes hand in hand with the backing of an experienced team of representatives to help guide you and support your growth as an implant dentist. The importance of a good partnership with your implant supplier cannot be underestimated.

### 3. Guided options

Guided surgery is essential for peace of mind with immediate implant placement protocols. Using either an anatomical, pilot or fully surgical guide, the implant practitioner is able to place with more confidence. That is not to say that the procedure does not carry risks.

But for achieving the gold standard of optimal papilla and zenith heights, or crown and gum aesthetics, a guide will be an essential tool in the implant dentist's instrumentarium.

Wax-ups and guides will also demonstrate to bodies like the General Dental Council that good practice has been adhered to in cases that are disputed.

### 4. Mentoring and training

Having a good clinical mentor and access to hands-on training helps to build confidence and dispel common protocol myths.

Increasing numbers of dental postgraduates are embarking on courses, many of which follow a rigid didactic approach, providing the student with a sound theoretical framework but limited opportunities to gain practical experience. Implant surgeons are practical people; we learn by doing and we love to get hands on.

If dentists do not receive adequate training on the correct pathways, it is natural that mistakes will be made, and the inevitable result will always be a rising number of reported cases. My own implant education included rigorous hands-on training and I still have the support of clinical, non-clinical, business and personal mentors.

### 5. Teamwork

Effective teamwork is key to successful implant placement. Your nurse, treatment coordinator, receptionist, laboratory technician and not least your implant

supplier are all key players and have a stake in ensuring the patient journey from start to finish is a comfortable, supportive and pleasant experience.

### Titanium mindset

My vision is for any patient in the UK to be offered immediate placement alongside the option of a delayed approach.

My titanium mindset concept is a mission that aims to do just that – making a positive contribution to the debate about immediate placement and exploring the psychology behind being a great implant surgeon.

My goal is to support young implant dentists by offering a range of practical learning opportunities delivered by clinicians with day-to-day experience of working in the UK dental environment. I welcome any dentist who wants to join me on this journey. **1 YD**

For references, email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).

To register your interest in Abdul's immediate implant placement courses, visit [mailchi.mp/53d1e68df0c1/implantimmediacy](mailto:mailchi.mp/53d1e68df0c1/implantimmediacy).

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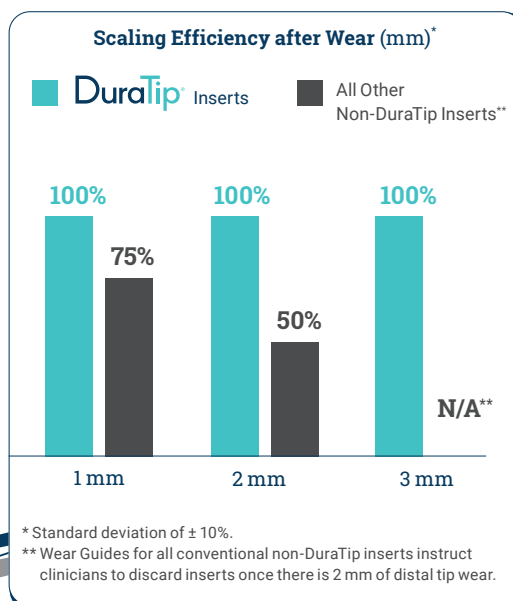


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# A guide to self-employment

Becoming an associate means you are now self-employed and are responsible for all your own tax affairs – **what do you need to do?**

**As a foundation dentist, your tax affairs were likely straightforward – if you had no other sources of income, your tax, National Insurance and student loan deductions would have been calculated by your employer and paid to HMRC on your behalf. Your deductions were made on a pay as you earn (PAYE) basis and you wouldn't have had to save separately for your taxes.**

It is worth noting that the only adjustment to your tax as an FD would be through a tax reclaim for employment expenses – if you require any more information about how to claim this refund, please do contact an accountant to discuss further.

When you become an associate you will be classified as self-employed and will be responsible for your own tax, National Insurance and student loan deductions. It is a departure from PAYE and one which can catch a lot of new associates unaware if they don't plan ahead and take appropriate action throughout the year.

The article below takes you through the first three steps you need to take to make sure you are on the track to keep you tax affairs up to date.

## 1. Register as self-employed

As you will need to report your income to HMRC in a different way when you are self-employed, it is important to ensure that you are correctly registered with them and keep them up to date with any changes.

This means registering for self-employment, which needs to be done by 5 October, following the end of the tax year (5 April) in which you started self-employment. This means that if you finished your FD year in the summer of 2024 and have recently started as an associate, you have until 5 October 2025 to register.

While this might seem like a generous deadline, it is easy to forget. We always recommend getting it sorted as soon as possible.



**Seb Stracey**  
Associate, Humphrey & Co

There are three ways of doing this:

1. Register online – simply search 'HMRC register for self-employment'
2. Complete form CWF1 by post – again, this can be found on HMRC's website
3. Engage the services of an accountant and they will do this on your behalf.

## 2. Keep business records

You are required by law to keep records of all the business income and expenses that you incur as a self-employed person.

The records should include:

### Income records

- The monthly schedule from your principal(s)
- Any payslips for emergency dental services work done

It is important that your paperwork breaks down your income plus any deductions and also has an amount shown which agrees to what has come into your bank account.

If there are any discrepancies between what is shown on your pay schedules and your bank statements, obtain explanations and have these saved. This is important as your accountant/HMRC will likely ask this question.

### Expense records

Keep all invoices and receipts of day-to-day expenses, including:

- Lab fees and materials
- Subscriptions
- Professional indemnity insurance
- Course fees
- Business stationery, postage and printing
- Protective clothing (tunics etc)
- Laundry costs
- Home and mobile phone bills (only the business proportion is tax deductible)
- Business travel costs
- Equipment purchased eg loupes, laptop.

### Bank statements

While you can use your normal current account for your self-employed income and expenditure, we would recommend having a dedicated bank account for your business activities.

This will mean getting your income paid into it and paying for any dental business expenses from this account, keeping personal transactions separate. This will save a lot of time at the end of the tax year in collating your records and will also keep things tidier.

## 3. Save for tax

From your first day as an associate you will be building up a tax liability. There are no tax-free periods and once you get behind with taxes, it can be difficult to catch up if left too long.

The amount you should save will depend upon how much you are earning on a monthly basis and whether you have a student loan to repay as well. Between 30% to 40% of your net monthly payment from your principal is a guide but each associate is different. The best advice would be to ask your accountant to calculate how much you should be putting aside each month.

Are there any more steps? Yes – too many for one article! Our impartial advice at Humphrey & Co to newly qualified associates is to engage the services of an accountant as soon as possible. We are firm believers that as dentists your time can be better spent earning money through dentistry rather than coping with the peculiarities of the tax system. | YD



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

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# Keeping your career on track

**James Kingham** explains some of the mistakes that can derail a young dentist's career and how to avoid them

**After the excitement of graduation, the first years of your professional career should provide plenty of time and space to develop your diagnostic and technical skills and build your confidence. However, there will also be complex situations when you'll need advice and support from a fellow professional or your dental defence organisation.**

Unfortunately, each year a small number of newly qualified dentists end up facing complaints, disciplinary action or even a GDC investigation because they haven't reacted to the warning signs until it's too late. These tips should help you steer away from three common trouble spots in your early years but please don't be shy about asking for help if you're unsure!

## Walk before you run

Working under supervision at dental school is like taking driving lessons in a dual-controlled car: there will always be someone who can step on the brake if necessary. Once qualified, it's up to you to understand your limitations and find a way to gain experience and increase your skills safely.

Not having much experience with treatments such as extractions or root canal procedures shouldn't hold you back, but it is a good idea to be up-front with your supervisors or senior colleagues, rather than feel you've been thrown in at the deep end. With support from a mentor, you can build your confidence on straightforward cases, rather than risk a demoralising setback.

It's also important to know the difference between gaining experience with routine tasks and trying to learn something

completely new on the job, such as limited treatment orthodontics.

The GDC says, you must only carry out a task 'if you are appropriately trained, competent, confident and indemnified' so don't be tempted to 'challenge' yourself or allow yourself to be pressured by your practice into going further without the necessary knowledge and skills.

If a patient suffers, your lack of experience can't be used in mitigation.

## Think before you post

Social media can be a great asset in your career but it's essential to keep things professional or you could easily run into problems with employers and the GDC.

For example, if you decide to share anonymised cases with fellow dentists as part of a discussion about treatment options, take care not to disclose identifiable details about your patients without their explicit consent and be aware that multiple posts could be pieced together to reveal more than you intended (known as jigsaw identification).

Another risk factor is that social media can amplify the worst of human nature – people are more ready to express views they wouldn't say face-to-face, disputes escalate quickly and the algorithms keep feeding us content that is meant to grab our attention. That makes it a dangerous place to let off steam, especially if you are tired, upset, angry or have been drinking alcohol.

Even if you haven't posted something controversial, you could still be criticised for liking another post or belonging to a chat community which exchanges offensive messages. Be careful about the groups you join and take time to read, edit and even delete your posts.

Finally, be careful to maintain professional boundaries. Don't routinely accept friend requests from patients, avoid giving individual dental advice (suggest they see a dentist instead) and check your

privacy settings regularly to ensure you aren't giving away more personal details than you intend.

## Don't neglect communication

Your technical and diagnostic skills might be second to none but remember that your ability to communicate well is just as important.

It's worth investing time and effort in this area because effective communication will help you through many of the challenges you face during your first years in practice, from teamworking to establishing a rapport with new patients to managing the consent process. On the other hand, poor communication can cause confusion and frustration for others and is an underlying factor in many complaints.

A common mistake is to think of communication purely in terms of getting your own your message across when it should always be a two-way process. For example, listening carefully to the patient is essential if you are to understand their priorities and concerns and address these directly when discussing treatment options.

It's also important to check a patient has understood what you have told them about a procedure and be alert to non-verbal signs that might show confusion, distress or anger.

See your communication skills as a muscle that needs exercise: make an effort to engage with professional colleagues rather than staying in your surgery all day and going straight home, ask for feedback on your communication strengths and weaknesses and reflect on interactions that didn't go so well so you can learn from them and try to improve next time. **YD**

For further advice, visit [www.theddu.com/for-students](http://www.theddu.com/for-students).

**James Kingham**  
Dento-legal adviser, DDU





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\*\* Sustained plaque reduction above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing was performed by a dental hygienist.

1. Milleman J, et al. Journal of Dental Hygiene. 2022;96(3):21-34.
2. Bosma ML, et al. Journal of Dental Hygiene. 2022;96(3):8-20.

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Scan for clinical studies



## Leaving the NHS? Patients **WILL** come too!

Choosing to move from NHS to private dentistry can be an extremely scary prospect. Making this move can be the biggest change a dentist can make in their career so it's little wonder that fear can become a factor in the final decision

Will enough patients want to stay with the practice for the move to be viable? How will the local community react? What will my team think? These are common misgivings felt by those debating the merits of handing back their contracts.

For dentists who have trained in the UK and started their careers as NHS dentists, as well as these fears there is also a strong emotional attachment to the service that can play a part in the decision-making process.

Despite the toll years of 'treadmill dentistry' can take upon both their mental and physical health, many find the prospect of turning their back on the service a struggle.

After decades of working for the NHS, despite wrestling with the dilemmas mentioned above, principal dentist at Hanford Dental, Ged Cummings, decided he needed to hand back his NHS contract.

Although he had been carrying out private dentistry since he bought the practice in 2009, around one third of the treatments at the practice were still NHS funded. However, over the past few years Ged, and his practice manager wife, Kate, had come to feel disenchanted with NHS dentistry and believed their future lay in private dentistry.

### Tugging at the heartstrings

The final decision to hand back the contract was not made lightly, as Ged explains: 'Losing the NHS contract was difficult. It does tug at your heartstrings a bit. I've been qualified now for over 25 years, and I've always done some NHS dentistry.'

'So, it was difficult to give it up, but the time was right. It was getting more difficult every year to remain in the NHS and I feel I can provide a better service outside the NHS.'

When his associate dentist, Will Edlin, joined the practice, Ged had already been considering

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**'I was pleasantly surprised with how many wanted to carry on their care with me. And a lot of them have been really positive about some of the changes we're able to make outside of the NHS contract'**

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handing back the contract, so he and Kate were open with him about their intentions. 'Very early on we had a conversation and made it clear that we didn't want to keep our NHS contract for much longer,' Ged explained. 'We felt that the NHS contract didn't work for us anymore. We don't like target-based dentistry. And it just seemed to be becoming more and more stressful to hit targets. So, our aim was to get rid of it as soon as we could.'

### Getting the timing right

However, they wanted to ensure that they made the move at the time that was best for them.

As Kate explains: 'We bided our time with the conversion this time round because we felt it was the right time to do it. We'd waited and we'd been watching the dental market and what had been happening with the NHS contracts.'

'We eventually felt with our own contract, and what was happening nationally, that it was the right time to go.' They also believed that the actions of other practices supported the timing of their decision.

'Other people were announcing that they were handing their contracts back or reducing their NHS commitment, so, we knew it was the

right time to go and it was the right way to move forward for our dentistry in the future.'

Despite having gone through a partial NHS conversion with Practice Plan when he bought the practice originally, Ged admits there was still some trepidation about handing back the whole NHS contract. His main concern, as is the case with many practice owners, was whether sufficient patients would be prepared to pay for private dentistry.

'Losing patients was a potential worry,' he acknowledges. 'We were approximately one third NHS when we decided to lose the contract.'

'Stoke-on-Trent is not the most affluent area in the country, so our concern was that we could lose patients to other practices.' However, the problems with patient access and the increasingly widespread acceptance of patients that private dentistry is often their only option to maintain their oral health, meant Ged's fears were unfounded. As he says: 'Fortunately for us, there weren't really any other practices in the area that were taking NHS patients on, so we had a bit of a captive audience.'

'Luckily, the number of patients that have stayed with Will and the practice have been sufficient for us to continue to pay our bills. It's worked well for us so far.' Will echoes Ged's positive take on the change.

'Obviously, I'd done mostly NHS work up until a few years before. And you do worry that on day one you won't have any patients to see if nobody wants to stay and see you,' he says.

'However, the response has been overwhelmingly positive. Naturally, we lost some patients, but I think it would be impossible to expect one hundred percent retention. But I was pleasantly surprised with how many wanted to carry on their care with me. And a lot of them have been really positive about some of the changes we're able to make outside of the NHS contract.'



### Practice Plan: the obvious choice for support

The choice of Practice Plan to support them through the conversion was an obvious one for Ged. 'I was already with Practice Plan when I took over the practice in 2009,' he says. 'I'd had good experiences as a Practice Plan customer, and they'd always been great with me. It's a great team, and they're always very helpful.'

Also, I've had the same Regional Support Manager (RSM) all the way through, Josie Hutchings, so it was a no brainer for me really to stick with Practice Plan and convert the rest of our NHS contract with their help.' Ged and the team are appreciative of the way the team supported them during the change.

'The support we received during our conversion was fantastic,' he enthuses. 'I'd been through the procedure once before many years ago, so I kind of knew what to expect.'

'But it's still nerve wracking because you don't know how many patients are going to stay with you. Fortunately, Practice Plan held our hand all the way through, and we hit our targets quite comfortably.' Kate was equally glowing in her praise of Practice Plan's assistance during the conversion: 'I think the whole Practice Plan ethos is excellent,' she states. 'They look at the whole practice from top to bottom and everybody's included.'

**'They look at the whole practice from top to bottom and everybody's included'**

Kate with her Regional Support Manager, Josie



### Unrivalled support

And, as Ged, Kate and Will can attest, things don't stop after the conversion has completed.

Practice Plan customers are eligible to attend workshops and courses on topics including finance, marketing, and HR, many of which count towards CPD. Practices can also take advantage of subsidised Mental Health First Aid courses which are highly valued by those who have completed them.

In addition to courses and events practices can also tap into a network of industry leading business consultants as well as local ad hoc groups set up by our RSMs.

However, the support most valued by customers comes from our teams. As well as our 25 field-based RSMs and customer service

team, Practice Plan also has 10 head office-based Relationship Support Advisors (RSAs).

Having both teams offers greater opportunities to build lasting relationships with customers and make sure that they get the service they deserve. Meaning whenever help is needed, it's only ever a phone call away.

How much all this means to practices is summed up by Kate:

'The support we get from our RSM, Josie, is amazing,' she comments. 'The practice manager group that she has set up is so valuable.'

'And the support we get from head office is also first class. Practice Plan is really the best, most supportive plan provider for dental practices.'

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# 'Die Zirkonzahn Schule' - Heroes of dental technology

Courses and schools for dental technicians and dentists in the heart of the Italian Alps

'Die Zirkonzahn Schule' (the Zirkonzahn School) is a training programme that combines dental technical teaching with a school of life and culture. The Zirkonzahn School offers both courses and schools for all walks of life: it aims to support both young and expert dental technicians in making personal and professional growth, by means of a diligent and complete education which focuses on craftsmanship techniques and on digital technology.

The educational programme has been conceived thoroughly by the creative mind of Enrico Steger, MDT, pioneer of dental technology and founder of the worldwide, dental technical company Zirkonzahn (South Tyrol, Italy). According to Steger's belief that 'learning means repeating', excellent results only arise from an ongoing and self-motivated pursuit of improvements as well as from a constant exercise.

All Zirkonzahn Schools take place in the meadows of company's homeland, South Tyrol, embraced by the magnificent Alps, and all classes are held by expert dental technicians trained in-house. The six schools included in the programme have been conceived considering the specific and differentiated targets' needs. They last from five days to several months and, in some cases, they are run in an international ambiance:

- Military School – the most traditional five-day training offered to the young, focused on the concept of discipline and for this reason, characterised by a military orientation: after getting up early, morning exercises and working tasks are performed following a strict and well-planned schedule with a diligent attitude. In the evening, there is still no time for rest: adventurous dental, technical and personal challenges still await the young participants!
- Ranger School – in a period of three to six months, enthusiastic, committed and

**Excellent results only arise from an ongoing and self-motivated pursuit of improvements as well as from a constant exercise**



Never stop learning! Master innovative techniques and new technologies: attend our Schools in the Aurina Valley (Italy) or take part in one of the courses scheduled in our Education Centers in South Tyrol and worldwide

- ambitious young technicians can broaden their knowledge on digital workflow, aesthetic design and latest innovative dental solutions. But the Ranger School is not only homework and workshops: alongside the strict schedule, adventurous and cultural activities await the students, bringing the Rangers face to face with their own limits. Hence, 'Climb the mountain' is the Ranger School's motto!
- Forest School – located in a rustic farmhouse, the Forest School welcomes experienced dental technicians for five days. In close contact with nature and tradition – without smartphones, radio or television – participants look after themselves, hike, experience the community, and concentrate on prosthetics and digital workflow, putting into practice all content learnt
- Safari School – a journey through our homeland and an immersion in the handicraft work: this is what awaits the experienced dental technicians for five days. In a spartan and extravagant accommodation, they will engage in morning sports, different group activities and innovative patient diagnostic approaches as well as layering techniques
- Mountain Monastery – The mystical atmosphere of the Mountain Monastery unlocks people's hidden talents, bringing out the best. In the contemplative silence, thoughts are the only distraction granted, providing mental access to unusual

solutions and bringing to light what a person really wants. During seven days of training, the seven participants not only refine professional skills, but also deal with the psychological factors that lead people to success

- Heldencampus – a special training conceived and tailor-made for the excellences of dental technology. Participants can take part in the Heldencampus only upon personal invitation by Mr Enrico Steger. Designed as a minimal place to maintain a high level of concentration, this five-day training is mostly dedicated to the concept of refinement: precision, attention to details, aesthetic appearance, cleanliness, work presentation and packaging, tool maintenance and workflow are the main topics discussed during the course.

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# Rodericks Dental Partners surpasses 300,000 online reviews

**Working Feedback** explains how the ongoing success of **Rodericks Dental Partners** demonstrates the importance of patient feedback

Rodericks Dental Partners, one of the UK's leading NHS and private dental care groups, is the first to have achieved over 300,000 online patient reviews.

With more than 220 practices, Rodericks Dental Partners has become the first ever dental group to reach this significant review milestone, demonstrating the importance of patient feedback and post-COVID confidence in oral healthcare.

## Driving success

Since June 2023, through the Working Feedback solution, whose software integrates directly with Software of Excellence and Dentally, the group has achieved a noteworthy breakthrough in patient satisfaction measurement.

Working Feedback collects, moderates and shares feedback through an easy-to-use solution and is an approved review partner for NHS Digital, meaning the system also takes care of the FFT (Friends and Family Test) requirements.

This approach to gathering feedback allows Rodericks Dental Partners to drive even greater success for the group and kickstart the online presence of practice locations that are now collecting consistent Google reviews and patient feedback.

The results have delivered benefits both internally and externally – with additional treatment opportunities created directly

**As the first dental group to surpass 300,000 patient reviews, Rodericks Dental Partners is proud to lead the way in patient care and feedback.**

through the Working Feedback platform alongside a measurable increase in employee satisfaction.

It confirms the group's commitment to driving continuous improvement across their practices, using qualified feedback as the key to better understanding patient journey, staff needs and the future trajectory of the dental industry.

Kevin Birch, chief executive officer of Rodericks Dental Partners said: 'As the first dental group to surpass 300,000 patient reviews, Rodericks Dental Partners is proud to lead the way in patient care and feedback. This milestone reflects our unwavering commitment to improving both patient experience and clinical outcomes across our practices.'

'Harnessing insights from patient reviews through our partnership with Working Feedback not only strengthens our services but also ensures we stay ahead in delivering top-quality dental care for the future.'

Working Feedback's co-founder and Rodericks' lead support Philip Molden said: 'Through our strategic partnership with Software of Excellence and Dentally, the whole process of collecting patient feedback and Google reviews for the Rodericks Dental Partners group has been automated; as reflected by these remarkable results within such a relatively short timeframe and has proven our solution to be a sound return on investment.'

## Key statistics Rodericks Dental Partners achieved through Working Feedback:

- 300,000+ impartial patient reviews
- Three-fold increase in number of Google reviews
- 96.7% patient overall satisfaction group score.

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## CONTACT WORKING FEEDBACK

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# Throw the shade guide away!

**Lloyd Pope BDS** describes the science behind Tokuyama's colourless Omnichroma composite range

Tokuyama's unique colourless Omnichroma composite means you don't need to use a shade guide to identify the shade of any teeth prior to restoration. One syringe or PLT of colourless Omnichroma replaces all the shades of every other range of composite, eliminating at least one headache from your daily life. Whilst Omnichroma won't be the answer for absolutely every single restoration it will be the answer for nearly all of them. For the others there's Tokuyama Estelite Sigma Quick or Asteria.

## Light years ahead!

When white light comprising all the spectrum of the rainbow hits most objects the object either absorbs none of the wavelengths, reflects them all back towards the observer and so appears white; absorbs some of the wavelengths, reflects the others back so that the object appears the colour of the wavelengths not absorbed and consequently reflected back; or absorbs all of the wavelengths, reflects none of them back and so appears black.

The same occurs with traditional composite restorative materials, which are made up of resins and filler particles containing pigments to give them their desired Vita shade. Some of the wavelengths contained in the white light hitting the composite's surface are absorbed, so that only the wavelengths required to match the desired Vita shade are reflected back towards the observer.

## Natural phenomenon of 'structural light'

There are some objects that behave in a completely different manner, however. For example peacock's feathers, certain breeds of butterfly, soap bubbles, etc. These objects have special surfaces that exhibit the phenomenon of 'structural light'. When white light hits their surfaces, it is reflected off in different wavelengths depending upon the angle in which it hits the object and therefore altering the colour the observer sees. Hence the wide array of colours seen on a soap bubble's surface when the light catches it in a certain way.

## Surface texture

Another important factor is the smoothness of the surface the light reflects back off. If it is perfectly smooth, then the light is reflected back in a uniform manner and the surface appears shiny and smooth. However, if the surface is rough then the light is reflected back in a haphazard manner and the surface appears dull.

When polishing a composite, the clinician is trying to reduce the irregularity of the surface so that the light is reflected back in a uniform manner and so the restoration looks natural, smooth and shiny. With composites containing irregular shaped filler particles it is extremely difficult to create such a smooth surface because some of the particles are plucked out randomly



**Figure 1:** Tokuyama spherical particles reflect light uniformly for a perfect shine



**Figure 2:** Traditional irregular particles reflect light randomly resulting in a dull matt appearance

leaving an irregular crater-like surface. This is particularly the case with materials containing larger irregular shaped filler particles, see figures 1 and 2.

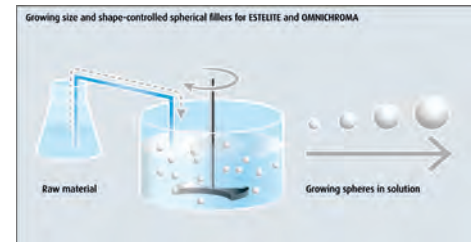
## Chromaesthetics

All Tokuyama composites comprise spherical filler particles, which are grown in a Sol-Gel method (figure 3) to precise dimensions depending upon the physical properties Tokuyama want their composite materials to exhibit. Because they contain spherical particles, Tokuyama composite materials are much easier and quicker to polish to a high lustre finish. This saves time and delivers a superior aesthetic result.

## Colourless Omnichroma – Throw the shade guide away!

In Omnichroma's case the spheres have been grown to a very consistent and precise 260nm diameter. Not only does this filler particle size provide Omnichroma with its unique physical and handling properties, but they also exhibit the natural phenomenon of 'structural light', generating light in the same red/yellow wavelengths that natural teeth reflect to give them their natural shades. Omnichroma is the world's first and only colourless composite comprising of unpigmented filler particles and a clear resin.

When white light hits an Omnichroma restoration and surrounding tooth it passes through the clear resin and bounces back from the cavity walls with the natural colour of the surrounding tooth. At the same time, the red/yellow 'structural light' generated from the unpigmented spherical filler particles is reflected back too and combines with the light reflected from the surrounding tooth to perfectly match its colour, whatever its shade! This patented technology makes Tokuyama's colourless Omnichroma unique because one syringe or PLT will match every tooth shade,



**Figure 3:** Tokuyama's sol-gel technology produces spherical particles of uniform diameter



**Figure 4:** Colourless Omnichroma matches every tooth shade

eliminating the need for shade matching ever again! Figure 4 shows colourless Omnichroma inserted into teeth of an extensive range of Vita shaded teeth. Uncured it appears opaque to aid cavity placement and carving. Light-cured it becomes translucent and instantly disappears by seamlessly adopting the shade of the surrounding tooth structure.

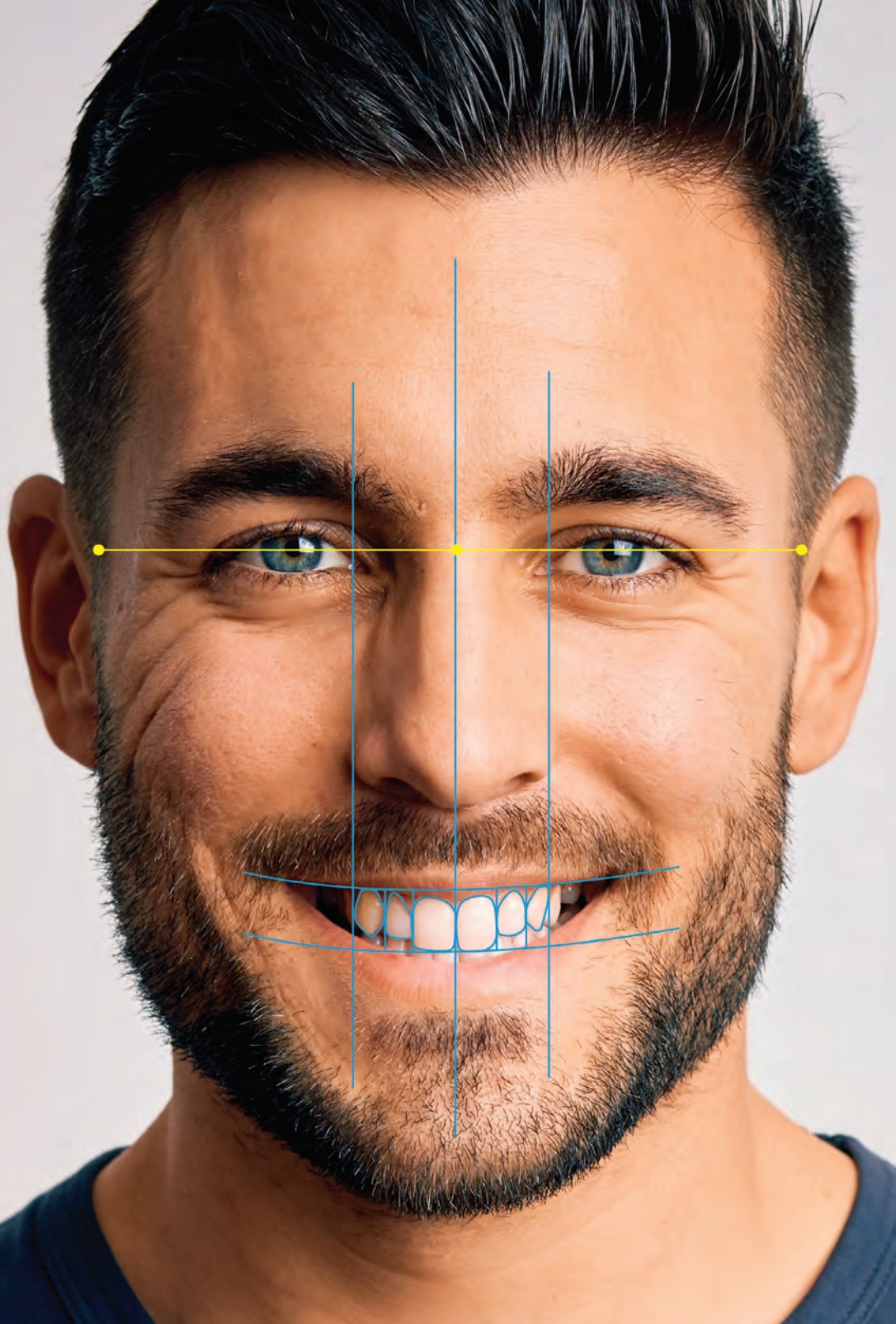
To supplement Omnichroma, Tokuyama have developed Omnichroma Blocker, a colourless masking material which is used to hide heavy staining which could otherwise affect the overlying translucent Omnichroma restoration, affecting its ability to match perfectly the natural shade of the surrounding tooth. Omnichroma Blocker is also used to recreate palatal walls in Class IV restorations.

Experience shows that Omnichroma Blocker is required in approximately one in four restorations. However, this still means that a practice only needs one Omnichroma and one Omnichroma Blocker to quickly and easily match every shade in the mouth. What is more, if the patient subsequently has their teeth whitened, Omnichroma restorations adapt to the new situation, unlike conventional composite materials which either stand out or need replacing.

All of the above benefits are available within the complete Omnichroma range, which includes Omnichroma for anterior and posterior restorations, Omnichroma Flow and Omnichroms Flow Bulk.

**FOR MORE INFORMATION** about the complete Tokuyama range, including Omnichroma, contact your local Trycare Representative, call 01274 885544 or visit [www.trycare.co.uk/omnichroma](http://www.trycare.co.uk/omnichroma) or [tokuyama-dental.eu/en](http://tokuyama-dental.eu/en).

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# Single anterior tooth restoration

**Kevin Huynh** describes the restoration of a broken upper right central incisor

## Kevin Huynh

Dentist, Finsbury Dental Care



The patient previously attended regularly with a colleague who has now retired, and I saw him for the first time as an emergency appointment. He presented with a broken upper right central incisor; he couldn't remember how it broke, but his records showed that the tooth was last restored in 2015.

Overall, his oral health was adequate, with a mildly restored dentition, notable attrition, and mild anterior crowding (Figures 1 to 3).

## Assessment and diagnosis

The occlusion was checked, and it was noted that the UR1 was slightly palatally tilted and, in protrusive and lateral excursions, there was sufficient space to place a direct composite restoration to recreate the correct height and bring the facial surface into alignment with the UL1.

A simple visual assessment of the tooth made it clear that the previous restoration had only been bonded to the incisal edge, as there was no evidence of bevelling or bonding on the facial surface.

Vitality testing was completed and the UR1 was consistently positive to Endo-Frost (Coltene), with no pocketing or tenderness.

## Treatment planning

Several treatment options – from very simple to more complex – were discussed. These included a single tooth restoration, which would be challenging to match perfectly to the neighbouring tooth, as well as orthodontic treatment to address the anterior crowding followed by aesthetic composite restorations to restore the worn anterior teeth.

The patient was not interested in anything beyond a single tooth repair, so a composite restoration was agreed. The patient also expressed that he was keen to have the facial surface brought into alignment and, since this would also increase the restoration's overall strength, I happily obliged.

## Treatment provision

The tooth was isolated using Hysolate rubber dam (Coltene), extending to the premolars to ensure there was sufficient space to reach the UR1 unimpeded (Figure 5). Excellent retraction and moisture control was achieved thanks to the heavy latex Hysolate dam.

The enamel was bevelled for the sake of aesthetic blending, air abrasion was carried out with a micro-etcher to remove any biofilm (neighbouring teeth were protected with mylar



Figure 1: Before – contrastor



Figure 2: Before – front



Figure 3: Before – right-hand side



Figure 4: Composite for palatal shell – putty index



Figure 5: The teeth were isolated using Coltene Hysolate rubber dam



Figure 6: Air abrasion and acid etching were carried out



Figure 7: Palatal shell – BL Trans



Figure 8: Proximal walls – BL Trans



Figure 9: Body shade – mask the join



Figure 10: Blue Miris tint – diffuse layer



Figure 11: Enamel layer – BL Trans



Figure 12: Trim, polish



strips), and etched for 30 seconds with 37% orthophosphoric acid (Figure 6).

The tooth was then rinsed for more than 60 seconds to ensure the clearance of any precipitates from the etching process.

One Coat 7 Universal Bond (Coltene) was applied to the tooth, scrubbed for 20 seconds, and gently air dried until evenly thinned out, and light-cured for 30 seconds.

Brilliant Everglow (Coltene) in shade BL Trans was used to build up the palatal shell in the stent made using a mock-up prior to treatment (Figure 7).

The shell was kept reasonably thin, and stabilised with Brilliant Everglow flowable composite (Coltene) in shade A2/B2. At this stage, it was noted that the palatal shell was too long, so this was taken into account in the following steps:

- Proximal walls were built up with Brilliant Everglow in shade BL Trans using mylar strips and the 'pull-through' technique (Figure 8)
- Body shade Brilliant Everglow A2/B2 was placed (Figure 9), leaving space for blue tints to run along the incisal edge and up the inside of the proximal walls
- Miris 2 blue tint (Coltene) was applied to the incisal edge and the inner aspect of the proximal walls to mimic the translucency in the neighbouring tooth (Figure 10)
- A final layer of Brilliant Everglow in shade BL Trans was then applied, blended, and cured (Figure 11)
- The restoration was trimmed using polishing burs and discs (Figure 12). The occlusion and excursions were checked, and then polished to near high-gloss using Diatech Shapeguard polishers (Coltene).

### Final result

The patient was very happy with the immediate result (Figures 13 to 15), but we agreed that he would return after two weeks to see how the restoration had blended. The neighbouring teeth were dehydrated following treatment, making the restoration appear too dark immediately.

At the two-week review, it was noted that the colour had blended well as the neighbouring teeth had rehydrated.

A final polish was completed using Diatech Shapeguard polishers to achieve a high lustre (Figures 16 and 17).

The handling properties of Brilliant Everglow products, and the variety of shades and opacities available, make achieving an aesthetic outcome easier. The Diatech Shapeguard polishers also make it very straightforward to achieve a high lustre when finishing.

### Case reflection

The patient was very happy with the result, and felt it was an improvement when compared to the previous restoration on the same tooth.

We agreed that the colours had blended well and that, in his everyday life, the restoration looked just like a natural tooth.

In hindsight, I wish I had spent an extra minute making sure that the composite mock-up was as accurate as possible because the process would have been easier had the palatal shell been the correct height to begin with.



Figure 13: Immediate postoperative - contrastor



Figure 14: Immediate postoperative - front



Figure 15: Immediate postoperative - right-hand side



Figure 16: Two-week review - contrastor



Figure 17: Two-week review - front

Additionally, on reflection, I could have been less heavy-handed with the Miris 2 blue tint, specifically around the incisal area. The proximal areas look great, but I feel that the incisal area is a little too blue. Less is clearly more when using tints, and practice makes perfect. **D**

This article qualifies for one hour of CPD - head to Dentistry.co.uk to collect your certificate. **Topic:** Aesthetic dentistry. **Educational aims and objectives:** To present a case detailing restoration of a broken upper right central incisor.





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# TIMETABLE

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## WELCOME

Join us for refreshments, networking & our welcome speeches

8:45 – 9:00

### 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,  
Portmangentex

### 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



**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  
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Drinks reception

17:00 – 20:00

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# A beacon of hope

**Nina Frketin** explains how Nightshift has become a vital source of community for female dental technicians

## Nina Frketin

Senior dental technician, Mango Dental Technologies



### For those who might not know, what is Nightshift?

Nightshift is an online community that aims to connect, support and put a spotlight on female dental technicians, celebrating and normalising them as leaders in the industry.

It is our commitment to leaving the dental technology industry better for future generations.

We also want to help the whole community elevate their skills by providing affordable education and a platform where dental technicians can really share their ideas and concerns.

### One year on, how has Nightshift evolved?

I didn't have a clear idea of how Nightshift would evolve, but I sure didn't think it would take our community by storm!

We started with educational resources and symposiums. Then I decided that we needed to provide study clubs because so many people want to learn. Now we have monthly study clubs with amazing technicians teaching all kinds of topics, from technical skills to lab management.

When Nightshift was just beginning, I had people tell me I would never get a booth at Dental Technology Showcase (DTS), and I did! We also had amazing female speakers representing Nightshift – the lectures were so full that people had to stand! That made me incredibly proud.

### What challenges have you faced?

The biggest challenge for all of us is time. We all work, we all speak and we all teach, so it is really hard for us. Nightshift is like a full-time job.

### Have you received any criticism at all?

There have been some negative comments online from men, but I never had to step into the conversations because other men in the community stepped up for me.

It was fantastic to see male technicians recognising and advocating the need for Nightshift in the lab community.

The majority of the community is 100% behind us, and I often have people asking to get involved and help Nightshift grow. Now I don't need to search for speakers as they come to me! That feels like an incredible achievement.

### How do you feel the last year has gone?

I never expected this level of growth so quickly. And the amount of interest that we have had from companies that want to work with us and support us has been so cool.

I have also been blown away by how many messages from women I get sharing their fears, their questions and their dreams. I never thought that people would directly contact me for advice. But I am so glad Nightshift has provided this

platform for people to ask difficult questions that we are scared to ask. I never expected it to become a beacon of hope for people.

### What else can we expect to see from Nightshift?

We are going to keep the monthly study clubs going and potentially deliver another CPD-verified symposium. My biggest dream is to create a scholarship to allow technicians to go to school.

I was recently in Uganda where I met a fantastic, passionate boy who was helping us with the Den-Tech charity work. He wants to go to dental technician school, but because there is so much

poverty there, it would be an impossible amount of money to save up.

If we could find a way to sponsor his education for him, it would change his life and his community forever as there is such a need for dental technicians.

My other dream is to have a Nightshift accreditation for labs that support equal pay and equal opportunity.

And lastly, I would love to build Nightshift as an educational hub so technicians can use our website for any educational needs. These are my three big wishes. **D**

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# Stay positive

**Ray Cox** is encouraged by the ongoing ambition of the profession in the face of challenges

## Ray Cox

Managing director, Medifinance



The one thing that really hasn't changed in all the years that I have been working with the dental profession is the ambition that so many of its practitioners have for providing ever better dentistry.

It was this burning ambition that rescued dentistry from being perceived by the public as a 'distress purchase' to becoming an essential part of safeguarding our oral and general health.

When I started my career any mention of private dentistry was sold by the media as ungrateful opportunism. Thank goodness for the foresight of those who recognised that patients (despite political brainwashing) needed and would truly benefit from a move away from 'drill and fill'.

Today's dentist doesn't face these challenges, but to realise dreams still requires a fair degree of hard work and an ability to overcome the inevitable setbacks that occur in every career. Because little or no business training is given to aspiring dentists in this country, the route to practice ownership can initially seem daunting. I am (hopefully) going to reassure you by spelling out the reasons why it shouldn't be.

The advice, support and above all the demand is there. You provide the determination!

## Back up your dream

While nothing in life is certain, you will enhance your chances of success immeasurably if you do your homework. I have worked with literally hundreds of dentists who have achieved great success but there is no magic formula.

All I do know is that few, if any, regret the decision they made to pursue their dream and none has had to ask himself or herself, 'What if...?'

You may not be green fingered, but a gardening analogy is appropriate. You cannot guarantee the seeds you sow will germinate, but they stand a better chance if the soil is well prepared. So:

- Have a written plan and update it as necessary. I would strongly recommend trying to find someone with relevant business skills to help you with this
- Assess your own strengths and weaknesses as honestly as you can and recognise that constructive criticism can be immensely helpful. If you fall into the trap of believing you do everything well, you may find it hard to delegate and you will not get the best out of people
- Get a team of advisers around you from an early stage. A good accountant and a good

financial adviser are essential

- Do your research so that you can back up the targets and objectives you have set with knowledge rather than guesses. Be thorough and don't cut corners
- There are some very good business consultants but there are also a few who confirm the view that a 'consultant is someone who can't get a job'. If you do take on a consultant, try and find one who comes recommended and do not sign up to any long-term commitment.

## Assess the variables

We have looked at some of the things you can control, at least to some degree. So let's take a moment to consider some of the things you can't.

I am doing this not to sow any seeds of doubt (continuing the gardening analogy), but rather to reassure you that a well-run business can withstand pretty much any difficulty.

The key is to recognise that the source of these challenges will frequently vary and that is why having a team with a range of skills around you will prove invaluable.

You cannot control the rules and regulations that various bodies and politicians impose, the economic climate, technology, media bias, interest rates, seasonality, international events and the like. But you can stay ahead of the game.

The point I want to stress is that they impact every business, so if yours is better run than that of your competitors, you stand to benefit.

---

**You cannot control the rules and regulations. But you can stay ahead of the game**

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Until fairly recently this funding was quite easy to access. With the advance of technology and an increasingly impersonal approach by the banks, the process of seeking funding is more complex and specialised. We are fortunate in that our team has years of banking experience and knows the funding is still there, as are the products that offer the best terms and conditions.

You just need to know the system! **D**

If you have any immediate or longer-term funding requirements, contact Ray Cox on 07785 757782 or email [rcox@medifinance.co.uk](mailto:rcox@medifinance.co.uk).



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# From directing to coaching

**Justin Leigh** provides some practical steps for dental practice leaders

**Justin Leigh**  
Founder, Focus4growth



In my previous article, we explored the need for dental practice leaders to transition from directive management to a more coaching-based approach. Many leaders in dental practices have built their success on their ability to get things done, push forward, and make quick decisions. While these traits are valuable as a clinician, when leading a team, they can create an environment where team members rely too heavily on the leader for answers and direction. This article will give you practical steps to help your team become more independent, agile and empowered.

## Transitioning to coaching

For many leaders, the shift from directing to coaching is challenging. You've been a high performer, and high performance typically

means taking charge, giving instructions, and moving things forward quickly. Coaching, however, requires you to slow down, create space, and allow your team members to think for themselves. This is an intentional shift in mindset, one that involves pulling information from your team members rather than pushing them to follow directives.

The goal of coaching is to help your team become less dependent on you and more capable of problem-solving and thinking independently. Making this transition isn't easy – it requires focus, effort and a willingness to step back.

### Step 1: Setting your intention

The first step to becoming a coaching leader is to set a clear intention. This means making a conscious decision that you're going to stop giving answers and solutions immediately. You'll need to resist the urge to jump in and rescue a situation when problems arise, and instead, give your team the time and space to find their own solutions.

This shift is difficult, especially when you've built your leadership style on always being there to help, support and guide. But by making the choice to stop solving all your team's problems, you're giving them the chance to think, learn and grow.

### Step 2: Identify key situations

Once you've set your intention, the next step is to identify the key situations where you typically take control. These are the moments where your team tends to rely on you to step in and provide direction. Start by mapping out three or four common scenarios where you frequently give answers or instructions.

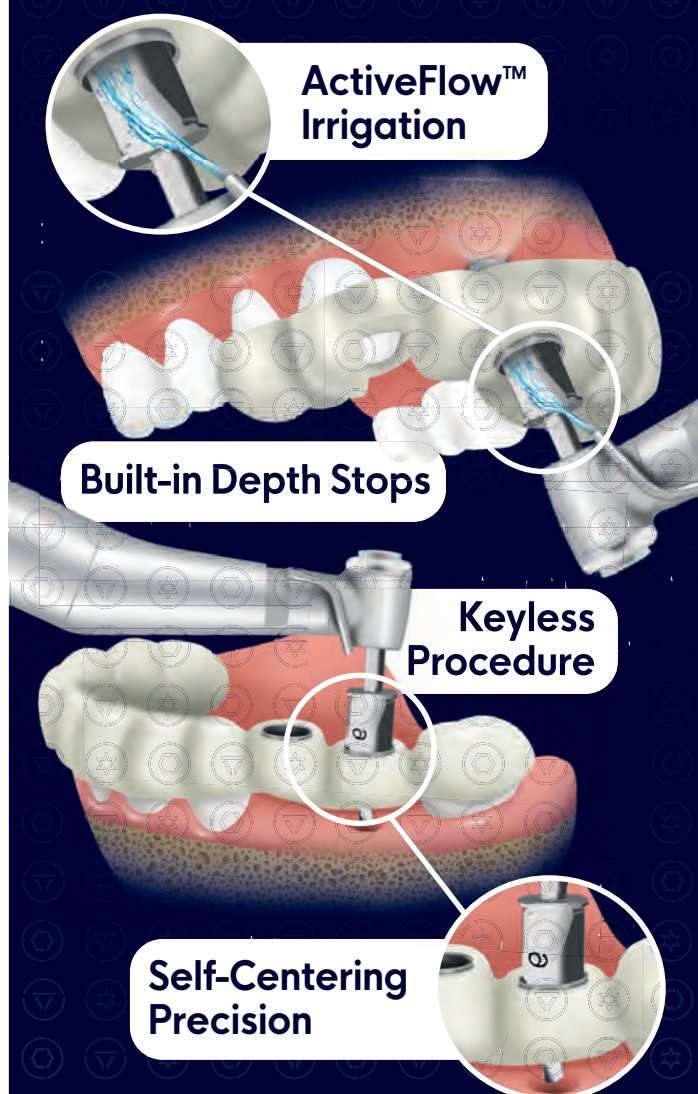
For example, you might notice that when a treatment plan doesn't go as expected, your team immediately looks to you for solutions. Or perhaps, when there's a problem with a patient or equipment in the practice, you're the one to fix it. These are the moments where you have the opportunity to shift from being directive to coaching. ▶





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### Step 3: Plan your response

With these situations identified, consider how you'll approach them differently in future. Ask yourself: 'How can I turn these moments into coaching opportunities?'

One of the most effective ways to do this is by asking questions. Instead of providing the solution, ask your team members what they think the best course of action is. For example:

- What do you think we should do about this situation?
- What would you suggest as the next step?
- How do you think we can resolve this?

By asking open-ended questions, you're encouraging your team to think critically and take ownership of the problem. This approach empowers them to find their own solutions, while also showing that you trust their judgment.

### Step 4: Build in time for reflection

Another important part of coaching is building in time for reflection, both for your team and for yourself as a leader. After a situation has been handled, take a moment to reflect on how it was managed and what could be learned from it.

Encourage your team to think about what worked well and what didn't. By doing this, you're reinforcing the idea that every challenge is an opportunity to learn and grow. Over time, this reflective practice will help your team become more self-aware and proactive in solving problems.

**This shift helps build a more positive and engaged team culture. When team members feel trusted and empowered, they are more likely to take initiative and contribute to the success of the practice**

### Step 5: Create a coaching culture

As you start to implement these changes, you'll begin to notice a shift in how your team operates. They'll start thinking more independently, and you'll feel less pressure to solve every problem that arises. This shift takes time, but it's well worth the effort.

Creating a coaching culture means that your team will begin to solve problems on their own, which frees you up to focus on higher-level tasks and strategic planning for the practice. You'll find that you're no longer at the beck and call of your team for every decision, which allows you to operate more effectively as a leader.

### The benefits of making the shift

When you successfully transition from a directive leader to a coaching leader, the benefits are clear. Your team becomes more independent, confident, and capable of handling challenges on their own. As a result, you'll find that the overall efficiency and productivity of the practice improves.

Additionally, this shift helps build a more positive and engaged team culture. When team members feel trusted and empowered, they are more likely to take initiative and contribute to the success of the practice.

If you're ready to make this transition in your practice, it's important to remember that it won't happen overnight. But with the right intention, planning and commitment, you can start to create a coaching culture that will drive long-term success for both you and your team. **D**

**FOR MORE SUPPORT** in making this shift, or if you'd like to discuss how to implement coaching in your dental practice, you can connect with Justin at [linktree.com/justinleigh](https://linktree.com/justinleigh).

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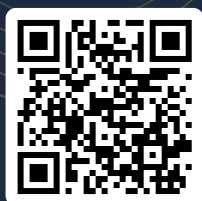


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*Jorge*

# Should you incorporate your dental practice?

**Graham Hutton** discusses the pros and cons of dental practice incorporation

## Graham Hutton

Dental specialist financial planner,  
Wesleyan Financial Services



When you incorporate a dental practice, you are essentially selling all the assets of the practice to a new limited company. This means that the company is distinct from you as an individual – although you may act as a director or majority shareholder.

There are a number of potential advantages to be gained by incorporating. As limited companies are distinct legal entities, they remain separate from your personal liabilities. Therefore, if a serious problem were to occur involving the practice, depending on the type of issue, it is more likely that the limited company would be liable rather than you as an individual.

## Potential tax savings

A director or shareholder of a limited company typically draws their income through a combination of salary and dividends – this affords one of the most attractive benefits of incorporation, this being the potential to mitigate a number of tax liabilities.

To give an example – a limited company may have multiple shareholders. There may be a situation where family members of the principal dentist are shareholders, a spouse for example. Income tax could potentially be minimised by sharing the income with the spouse, where it is legitimately possible, for their relevant input to the business.

A specialist dental tax accountant is best placed to assess the most efficient route to explore any potential tax saving options, based on individual circumstances.

## Further potential advantages

Other possible options include running a car through the limited company, buying locum cover through the company, potentially funding pensions more tax efficiently through the company, or funding a spouse's pensions through the company. There may also be the opportunity to take out relevant life assurance. This can be a tax efficient way of providing personal life cover for company directors, shareholders and employees. A dental specialist financial planner can evaluate your individual circumstances and give you an honest appraisal of things that could be changed for your benefit based on your unique situation – what's right for one dentist may not be right for another.

It is important to remember however, that tax treatment is highly dependent on individual circumstances, and it is also worth noting that an incorporated business will typically incur higher accountancy and administration costs.

## Are there any disadvantages?

Any dentist who currently has an NHS contract does not have the automatic right to transfer their NHS contract to a new limited company – they would need to submit an application to their NHS local area team (LAT).

Historically, practices with an NHS contract were at a disadvantage due to the fact that the LAT would typically seek to renegotiate the terms of the contract and generally offer either a lower rate for each Unit of Dental Activity (UDA) or require a higher number of UDAs. For example, if a dentist were on a favourable UDA rate and part of the renegotiation terms were that either the UDA rate was lowered or that they were required to complete a greater number of UDAs for the same remuneration, this effectively meant that not only was that dentist earning less, but it could also potentially negatively impact the saleable value of the practice. If we fast forward six or seven years to the more recent times of a 'dental desert', where we currently have a massive undersupply of dentists and a significant number of which handing back their NHS contracts, the tables have turned, and many LATs have significantly softened their stance regarding renegotiation. However, it still remains an important point to consider as LAT policies and attitudes may vary depending on the location.

## NHS pension scheme and benefits membership

Another consideration, particularly for associate dentists, when thinking about incorporating to a limited company, is the

loss of NHS pension scheme and member benefits. If an associate dentist is performing NHS dental treatments, they will no longer be eligible to make NHS pension contributions from the point they start trading through the company, and as a result, lose many of the numerous pension and employment benefits offered by the scheme such as death in service, parental pay and sick pay. Principal dentists, or 'providers' are only able to make contributions equivalent to their salary and dividend payments.

A review with a dental specialist financial adviser or planner can help to identify what will be lost and look at ways to bridge these gaps.

Other points to consider are whether the profit level will be sufficient to make the company worthwhile, and exactly how much income will be required each month for personal living expenses.

## Is it a good idea to seek professional guidance?

Any dentist who is thinking of incorporating should ideally seek professional guidance to ensure that it is the right move for them and for their individual circumstances, having considered what their current position is and what they are hoping to achieve in the future. And if they do decide to transition from being a sole trader or in a partnership, to a limited company, there are many things to take into consideration. This is where the guidance of a dental specialist financial planner can be invaluable. Working in conjunction with a specialist tax accountant and solicitor, they will review your circumstances as a whole, examining all the contracts and agreements to ensure that the right things are in place at the right time, such as a robust shareholder agreement for example. This will help to make sure that not only would the directors or shareholders make the most out of any tax saving opportunities, but also ensure that the business and its shareholders and their families are protected and get the best possible guidance.

*Tax treatment depends on individual circumstances and may be subject to change in future. D*

**FOR MORE SUPPORT** with financial planning, you can speak to a dental specialist financial planner or adviser at Wesleyan Financial Services by booking a no-obligation financial review at [www.wesleyan.co.uk/financial-advice/dentists](http://www.wesleyan.co.uk/financial-advice/dentists) or calling 0808 149 9416.

Companies House



# Part-time or full-time patient care?

**Bernice Bayliss** discusses the challenges dental practices face providing out-of-hours emergency care for patients in an increasingly private dental market

## Bernice Bayliss

CEO and co-founder of the247dentist



### The shift

The dental market within the UK has undergone a sizeable shift since the dark days of COVID-19, with a significant number of dental practices making the move from NHS to private dentistry. As increasing numbers of practices transition to the private sector, not only is competition for patients increasing, but the expectations of those patients are increasing too.

Some of the most frequently asked questions by practice owners considering moving from NHS to private are:

- Now that my patients are private, do I have to provide them with a 24/7 service?
- Will private patients expect a private out-of-hours service?
- Are privately registered dental patients allowed to use to NHS emergency services?

Understandably, a high percentage of practice owners and practice managers considering the switch from NHS to private have concerns over becoming responsible for their patients' emergency care provision outside of normal opening hours; the dreaded 'practice emergency phone'.

### Why is it important what happens to my patients out-of-hours?

The most grateful dental patients are usually those that the dentist has helped in an emergency. When this emergency is dealt with promptly and effectively, a great deal of goodwill is created.

With private patients having more freedom to move practices than NHS patients, there is a danger of losing patients to competing practices with extended hours. A practice that can provide excellent 24/7 care for their patients every day of the year is one that will have high levels of patient retention. After all, patients don't care how much you know until they know how much you care.

### The historic options

What have the options been historically for dental practices and dentists seeking out-of-hours emergency arrangements for their private patients?

1. Providing patients with the mobile number of their dentist: while this may be an option for a specialist seeing patients on a referral basis, it is usually impractical for dentists who may have thousands of registered patients
2. Organising an emergency rota or joining an existing one: a rota could be within the practice or clubbing together with other local practices to try to share the workload. For those dentists involved in trying to organise these rotas and deal with any staffing issues, this can prove a real headache
3. Relying on the NHS for your private out-of-hours cover: abandoning private patients to the lottery of NHS 111 or obtaining an appointment at the over-populated local NHS access centres (for an often time-limited visit). As providers of a private service, practices have to ask themselves whether a four-hour wait for an NHS 111 call-back to be told to see a dentist is truly an acceptable level of service for a private

patient. Indeed, whether this will be an option going forwards is debatable as, in some areas, the local NHS out-of-hours services have started declining to see patients registered as private patients with a dentist

4. Accident and emergency: unfortunately, A&E centres do not deal with dental issues unless it is a life-threatening situation. Many a patient has reached the front of the queue after a four-hour wait in A&E to be told that they need to see a dentist and cannot be prescribed antibiotics by a doctor for a dental issue.

### The present and future

The increasing trend towards private dentistry and developments in remote consultation technology has encouraged the development of private out-of-hours emergency services which seek to:

- Allow dentists to maintain a healthy work-life balance without having to worry about emergency rotas or being on call
- Maintain happy, well-looked-after patients who truly feel that they are receiving a private service by having access to high-quality emergency dental provision 365 days a year.

These emergency services are proving popular as there is zero cost to the practices themselves, with costs being borne by the patients. There is the added bonus of retaining patients as these emergency services do not register patients.

One such service, the247dentist, already provides the out-of-hours cover for hundreds of dental practices from Plymouth in the south west to Newcastle in the north east.

### Conclusion

The UK dental market is undergoing a sea change, with an increasing acceptance by the general public of private dentistry and an increase in the uptake of dental plans. Patient expectations are naturally evolving with these changes and the ability of dental practices to provide patients with a truly private 24/7 service is becoming increasingly important.

Is it possible to improve out-of-hours provision for your patients while simultaneously enjoying a greater work-life balance?

Well, just maybe, it is. **D**

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# What is redundancy protection?

**Sarah Buxton** explains extended redundancy protection for women and new parents

**Sarah Buxton**

Director at Buxton Coates Solicitors



Employees with redundancy protection for women and new parents take precedence over other staff members. This applies even if other employees are also suitable. If this does not happen, it might be automatically unfair dismissal.

Not every employee covered by this redundancy protection may be able to find a suitable position. The person best suited for the positions at hand will be determined by the employer. This could entail taking into account an employee's:

- Experience
- Skills
- Knowledge of the role.

The employer should provide written notice of the factors they will use to make their

decision, together with their reasoning, in a letter or email, for example.

If employees are not offered a suitable vacancy, their employer should discuss this with them.

During a redundancy process, employees who are pregnant or on maternity leave have additional protection to employees who are not pregnant or on maternity leave.

## What are the changes?

From 6 April 2024, employees have increased protection from redundancy during pregnancy as well as new parents having extended protection once they return from maternity, adoption and shared parental leave.

Previously, employers were obligated to offer a suitable alternative of employment to a parent if their job was at risk of redundancy for the duration of their relevant leave.

The *Maternity Leave, Adoption Leave and Shared Parental Leave (Amendment)*

*Regulations 2024* will ensure that employees are entitled to a further period of protection.

## Protected periods

- Maternity leave: calculated from the first day of the expected week of childbirth for a period of 18 months beginning on or after 6 April 2024
- Adoption leave: calculated from the day the child is placed for adoption with the employee for a period of 18 months beginning on or after 6 April 2024
- Shared parental leave: calculated from the child's date of birth or placement for adoption for a period of 18 months; the additional protected period will only be available if the employee has taken shared parental leave for at least six weeks in a row and will apply to shared parental leave beginning on or after 6 April 2024. If the employee is covered by the aforesaid adoption or maternity provisions, this protection is not applicable.

## Stillbirth and miscarriage

The redundancy protected period starts when an employee tells their employer that they are pregnant.

The redundancy protection period expires two weeks after the employee's pregnancy ends if they miscarry within the first 24 weeks of their pregnancy.

If a child is stillborn after 24 weeks of pregnancy, the redundancy protected period expires 18 months after the date of birth.

## How can employers prepare?

We would advise that employers take legal advice when considering making employees redundant to ensure that there are no grounds for an unfair dismissal claim on the basis of pregnancy/maternity discrimination.

Avoiding claims in the Employment Tribunal is imperative for an employer as they are costly (often reaching tens of thousands in legal fees), stressful and time consuming.

Employers should also note that an employee does not require two years' service to claim automatic unfair dismissal on the basis of pregnancy/maternity so the correct procedure should be followed from the employee's commencement date onwards. **D**

Buxton Coates Solicitors is a leading law firm acting for practice owners and managers in all aspects of buying and selling. You can contact Sarah on [sarah.buxton@buxtoncoates.com](mailto:sarah.buxton@buxtoncoates.com) or 0330 0882275.





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# AI IN DENTISTRY

WITH ALAN CLARKE

## The US-UK gap is closing!

Alan Clarke explores the role of technology in forming a global approach to crafting beautiful smiles

### Alan Clarke

Cosmetic dentist and the owner of  
Paste Dental



Ask the top UK dentists where they get their inspiration and the majority of us will say the US.

US dentistry has moved from a hyper-aggressive form of prepping to a stunning blended approach, with dentists such as Dr Sam Saleh, Dr Jon Marashi, Dr Andrea Clegg and Dr Thomas Nabors all honouring tooth structure while generating stunning smile transformations and leading this new wave of cosmetic dentistry.

We are now at the cusp of 2025. If you want to elevate your cosmetic dentistry over the next 12 months, I am going to detail exactly how artificial intelligence (AI) can help you craft this US-inspired blended approach, focusing on face first!

Things have gone global – and about time! We have been waiting.

### Passion story

As a young dental student I had the privilege of taking an internship in the US with a top cosmetic dentist based in Washington DC. My eyes were opened to the level of detail American dentists apply to each smile design procedure and I was slightly puzzled in my naivety as to why UK dental school didn't seem to cover these principles.

Each case was waxed by hand, with lab time built into every workday. The symmetry, emergence profiles of laterals and smile design using facially generated treatment planning (FGTP) built a stunning bespoke transformation, precisely designed for each individual patient.

Several courses later as a young graduate under the legendary Frank Spear, I started to appreciate how FGTP was the true foundation of smile design. Wax-up principles are combined with a deep knowledge of cosmetic dental

outcomes and the concept of facially generated treatment planning to translate 'what looks right' to longevity, function and patient adaptability.

This helped me to realise exactly what the focus should be and how this approach at the time rarely made it into the UK dental narrative. This was the US way, not the UK style.

### The facially generated approach

This chasm across the ocean I can thankfully say is closing. Techniques are improving here and a facially generated approach is more commonly applied within comprehensive dentistry. Advances in technology, especially AI, take a facially generated approach primarily and thus a new wave of US-UK sharing has begun.

So how do we elevate our UK practices to this level of US wax-up detail? How do we maintain bespoke dentistry, designed for each and every patient rather than using a templated approach that creates smile clones across the country? How can technology help us instead of creating unnecessary uniformity? Let's deep dive...

### Digital design

Personalised design is paramount. With AI you can now input all the bespoke information required for FGTP and reverse engineer the cosmetic dental steps to reach your designed design outcome.

While hand waxing will help, the complexity of digital design software will allow for the same micro-changes facilitated by hand wax. However it goes one step further in exacting symmetrical changes which are not reproducible with hand wax techniques.

Intraoral images, smile design photos and digital face bow records can all be combined and aid the clinician with clear treatment planning.

Truly informed consent, through the use of video, written and AI-boosted radiographic imagery can streamline the treatment planning process, elevating your service offering and changing the very fabric of the way we practice and view dentistry.

### Test drive

Digital smile design software allows patients to visualise and test-drive their new smiles before committing to a set treatment plan.

Using AI-powered software, dentists can create a 3D model of a patient's teeth and simulate the outcome of various cosmetic procedures, such as veneers, whitening or orthodontic treatments.

This patient-centric approach empowers individuals to make informed decisions and helps manage expectations throughout their smile journey.

According to Florin Cofar, smile design software can facilitate better communication between dentists and patients by visually representing the proposed changes.

He said: 'Digital protocols and design tools provide clear clinical roadmaps for increased efficiency, precision, and predictability, vastly improving the quality of interdisciplinary patient care.' (Cofar, 2022)

By using smile design software to create personalised and natural-looking smile designs, dentists can increase patient satisfaction with the final results.

### Create the trend

As clinical professionals in this new AI world, we have the responsibility and the opportunity to provide amazing levels of personalised cosmetic dentistry to our patients. To help them really understand what is possible within the parameters of responsible practice and healthy dentistry.

Taking the lead from the US, UK dentistry can punch at that level, fuelled by global parity of skills and design principles shared across nations. Technology has brought equality like never before in our profession.

So I urge you to not fear this moment, embrace AI and you too may become someone who is leading the cosmetic dental trends of the future. **D**

For references, email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).



# Master performance reviews

**Pat Langley** shares advice on applying a consistent approach to staff appraisals

## Pat Langley

Founder and chief executive of Apolline



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

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

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

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

## The system

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

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

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

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

A performance management system requires:

- An annual performance meeting or 360-degree appraisal: this is usually in the form of a one- to two-hour focused meeting, with a detailed and specific agenda designed to take an umbrella view of the performance of the employee in that given year. An opportunity to give feedback and set goals for the year ahead
- A six-monthly review: this is a short meeting, usually around 45 minutes, designed to review progression of the personal development plan (PDP) and to ensure team members are on track to meet their goals. It also provides the opportunity to make any changes to the PDP if required
- Monthly one-to-ones: this is a short (10-20 minutes), informal monthly meeting that takes place to highlight current achievements, opportunities and any barriers. An opportunity to deal with any 'issues of the moment' and to 'check-in' with team members in order to monitor workplace stress and wellbeing
- A PDP: all GDC registrants are required to have a PDP plan in line with enhanced CPD requirements. A good PDP will:
  - Identify training needs and gaps in current skill set
  - Create clear goals and timeframes for the year ahead
  - Ensure that planned training and development is focused and based on strengths, weaknesses, opportunities and threats (SWOT)
  - Offer the opportunity for self-reflection and review
- A robust resource strategy: this will encourage you to consider how changes to your team (such as staff loss, maternity/paternity leave and staff sickness) will be addressed, helping you prepare a plan for them
- A team skill set matrix: this simple spreadsheet gives you a snapshot view of the current skill and competencies of your team. It enables you to plan for development, progression and growth.

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



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# PRACTICE PRINCIPLES

## Empowering our dental nurses

**Polly Bhambra** explores how empowering dental nurses can improve practice efficiency as well as reputation amongst the local community

### Polly Bhambra

Practice principal,  
Treetops Dental Surgery



As dental practices strive for both clinical excellence and efficient operations, the influence of dental nurses in shaping practice culture and improving workflow cannot be overstated.

At Treetops Dental Surgery, we've witnessed the significant impact that empowered, well-trained dental nurses have on overall practice success.

### Expanding roles

Dental nurses are now positioned as integral members of the dental care team. Their roles extend beyond clinical duties, encompassing patient communication, infection control, practice management and continuous professional development. This evolution creates opportunities for dental nurses to actively shape the culture within a practice.

In my experience, investing in training and development for dental nurses is key to unlocking their potential. Training not only boosts clinical skills but also encourages leadership qualities.

Dental nurses who feel confident in their knowledge and skills are more likely to take initiative, contributing positively to the overall atmosphere of the practice.

### Positive practice culture

A positive culture is the foundation for any thriving dental practice. It impacts team morale, patient satisfaction and even financial performance.

At Treetops Dental Surgery, we encourage our dental nurses to lead by example in upholding values such as empathy, patience and professionalism. This approach fosters a welcoming and supportive environment for both patients and staff.

When patients see the care and attention provided by dental nurses, their trust in the practice grows, leading to increased patient retention and referrals.

Encouraging dental nurses to actively participate in team meetings, share their insights, and voice their opinions helps to nurture a culture of open communication.

### Team cohesion

One of the hallmarks of a high-performing dental practice is strong team cohesion, and dental nurses are at the heart of this dynamic. By fostering a sense of unity among staff, dental nurses can help ensure that all team members work towards common goals.

This is particularly important in a busy practice setting, where effective communication can make the difference between a smoothly run day and operational bottlenecks. Dental nurses often serve as the link between dentists, hygienists, therapists and administrative staff.

When dental nurses are empowered to take on this coordinating role, it can streamline communication channels within the practice.

### Workflow and efficiency

Efficiency is vital to the profitability and smooth functioning of any dental practice.

Dental nurses can have a considerable impact on the overall workflow, ensuring that procedures run on time and that patients experience minimal waiting periods. From managing stock levels to preparing treatment rooms and sterilising instruments, dental nurses contribute to the seamless running of clinical operations. By taking ownership of these processes, dental nurses free up time for dentists to focus on patient care.

Dental nurses can also play a significant role in the practice's regulatory compliance. By ensuring that protocols for infection control and health and safety are adhered to, they help maintain a safe and compliant environment. This not only mitigates risks but also enhances the practice's reputation for providing high-quality care.

### Elevating patient experience

A practice's reputation is closely tied to the quality of its patient interactions, and dental nurses often

have the most direct contact with patients. Their role extends beyond assisting during treatment; they help put patients at ease, answer their questions, and follow up on their care.

At Treetops, our dental nurses are trained to understand the emotional needs of patients, particularly those who may be anxious about dental visits. By offering reassurance and creating a calm atmosphere, dental nurses help to alleviate anxiety, leading to a more positive experience.

Dental nurses can also contribute to patient education, guiding patients on oral hygiene practices and explaining post-treatment care. This not only improves clinical outcomes but also helps build lasting patient relationships.

### Professional growth

Recognising the contributions of dental nurses is essential for their morale and motivation. We must create pathways for career progression and celebrate their achievements within the practice. This could involve supporting dental nurses in pursuing additional qualifications or creating mentorship opportunities where they can train and guide junior staff.

At Treetops, we have seen how recognising the expertise of our senior dental nurses has transformed their approach to their roles. It has encouraged them to take on additional responsibilities, leading to a more engaged team and a culture where staff members feels valued.

### Future-ready practices

Practices that recognise and leverage the skills of their dental nurses will be better positioned for future challenges.

The message is clear: invest in your dental nurses, and you'll not only see improvements in daily operations but also foster a culture of collaboration and care that will set your practice apart. **D**

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



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# Cultivating partnerships

Corporate social responsibility isn't just a box-ticking exercise for dental practices; it's a strategic investment that shapes your team's culture, boosts growth, and amplifies your marketing

# Responsible DENTISTRY

MARK  TOPLEY

## Mark Topley

Dental CSR and ESG consultant



In a world where patients are increasingly driven by ethical values and sustainability, integrating corporate social responsibility (CSR) into your practice gives you a competitive edge, while also creating a purpose-driven environment for your team.

Today's patients expect more than clinical expertise – they look for practices that align with their personal values, especially around sustainability and social impact. Furthermore, employees, particularly younger generations, are drawn to organisations that prioritise ethics and responsibility, making it crucial for talent retention and engagement.

But to truly unlock the potential of CSR, being intentional is key. A scattergun approach – offering one-off activities or disconnected initiatives – rarely yields the best results. Instead, adopting a structured and well-aligned CSR strategy will help you create lasting partnerships and achieve more significant impact, both internally with your team and externally in your community. This intentionality turns a well-executed CSR programme into a multiplier for your efforts, benefiting patients, your brand and your bottom line.

## Partnerships

Effective CSR strategies often hinge on partnerships. Whether you're collaborating with local charities, sustainability organisations,

or suppliers committed to ethical practices, these alliances amplify your impact. However, partnerships can go wrong if they aren't properly managed, and these mistakes can cause more harm than good.

Here are some common pitfalls to watch for:

- **Poor fit** – if a partner's values don't align with your practice's ethos, the collaboration may feel forced or inauthentic. This lack of synergy can dilute your CSR message, causing confusion among both staff and patients
- **Ill-defined expectations** – partnerships can flounder when expectations are vague or overly ambitious. Misunderstandings can arise when roles and responsibilities aren't clearly communicated from the start, leading to frustration and underperformance
- **Lack of clear goals** – without concrete objectives, it's hard to measure success. Whether the goal is reducing single-use plastics or organising community outreach, clearly defined targets help keep the partnership focused and accountable
- **Breakdown in communication** – maintaining consistent, open communication with your partner is essential. However, it's equally important to ensure that you're communicating with your team and patients about the partnership – otherwise, the value and impact of your efforts can go unnoticed
- **Inadequate feedback loops** – a partnership can stagnate if there isn't regular feedback from

all parties involved. Checking in with your partner, your team, and your patients will help you gauge whether the initiative is achieving its goals and make necessary adjustments.

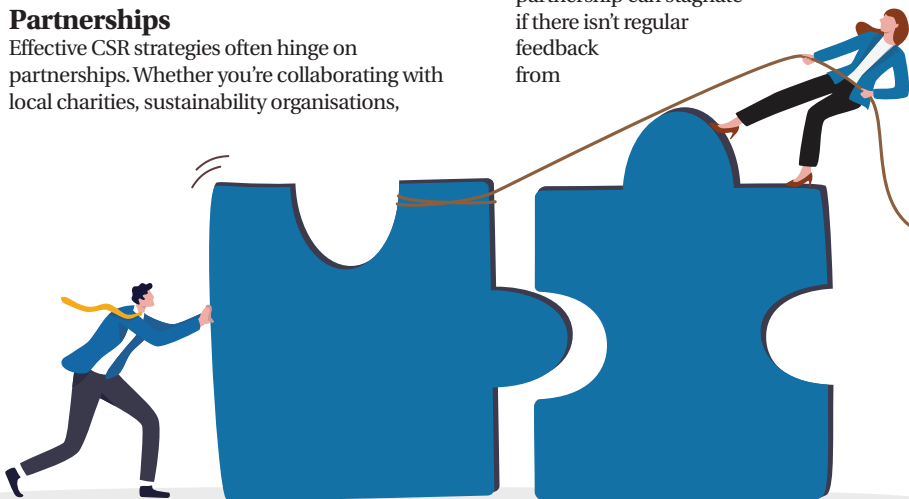
## Ensuring partnership success

So, how can you avoid these common pitfalls and build thriving partnerships? Here are a few practical steps:

- **Find the right fit** – partner with organisations whose values and mission align with your practice's. Take time to assess potential partners to ensure that the collaboration feels natural and sustainable for both sides
- **Set clear expectations** – from the outset, establish who is responsible for what. Clear agreements about timelines, deliverables and roles will minimise confusion and keep the partnership productive
- **Define goals together** – collaboratively set realistic, measurable goals that allow you to track progress and demonstrate the value of the partnership to all stakeholders
- **Communicate regularly** – don't just communicate with your partner; keep your team and patients in the loop. Share updates on progress, celebrate successes, and explain how the partnership benefits them and the wider community
- **Seek and give feedback** – create regular opportunities for all parties involved – your partner, your team, and your patients – to provide feedback. This will ensure that the partnership stays relevant and effective over time.

Partnerships are powerful tools in any dental CSR strategy, but only if they are built on a foundation of clarity and communication. Take a moment to review your own partnerships – are they helping you achieve your CSR goals? If not, it may be time to realign your approach. **D**

**FOR A FREE STARTING POINT,** download Mark's 60-minute CSR plan from [ResponsibleDentistry.com](https://ResponsibleDentistry.com) and take the first step towards a more purposeful, impactful practice.







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# The eyes, ears and brains of the business

**Lamia Murray** shares her experiences and insights on her journey to becoming a practice manager

**Lamia Murray**  
Practice manager



**Dentistry magazine (DM):** What is practice management?

**Lamia Murray (LM):** Practice management is much more than sitting behind a desk and doing paperwork all day. Ultimately you are the eyes, ears and brains of the business. It's a role that demands a direct approach to ensure that our patients receive outstanding care.

You are responsible for the day-to-day running of the practice, ensuring you are meeting the business needs in the best interest of both the patients and your members of staff.

**DM:** What career pathway did you take?

**LM:** I began my dental career back in 2017 as an apprentice dental nurse at a fully private practice in Leicester, gaining experience in oral surgery and implant dentistry.

I then went on to broaden my skillset at a busy mixed NHS and private practice not far from Leicester city centre, where I qualified as a dental nurse. I also took on extra duties with reception and helping the owners and my manager develop their second dental practice, which opened in 2021.

After four years with this practice, I decided it was time to spread my wings. In 2022, I became a dental treatment coordinator at an orthodontic practice in Nottingham city centre. During this role I took patients along an enhanced smile journey, making sure that they were looked after and satisfied at all times but also being their first point of call.

After working with this practice for over a year, I decided to progress even further by becoming a dental practice manager. Shortly after starting my role, I was faced with the immediate battle of CQC inspections, gaining acceptance from the staff and finding ways of developing the practice.

**DM:** What inspired you to become a practice manager?

**LM:** I wanted to become a practice manager because I knew I could help people. I enjoy nothing more than helping to coach other people to boost their skillsets, helping them to become the best versions of themselves and even better dental care professionals.

I have always considered myself to be a leader who is very supportive and empathetic with other people. My inspiration came from training up trainee dental nurses and new dental receptionists, ensuring they became the very best they could be at their jobs.

I have also had the privilege of helping my previous workplaces with their compliance.

I am extremely passionate about driving my practice to places it has never been to before. For example, boosting private sales, hosting open days and being open to different and new technology.

**DM:** What helped you when first starting out?

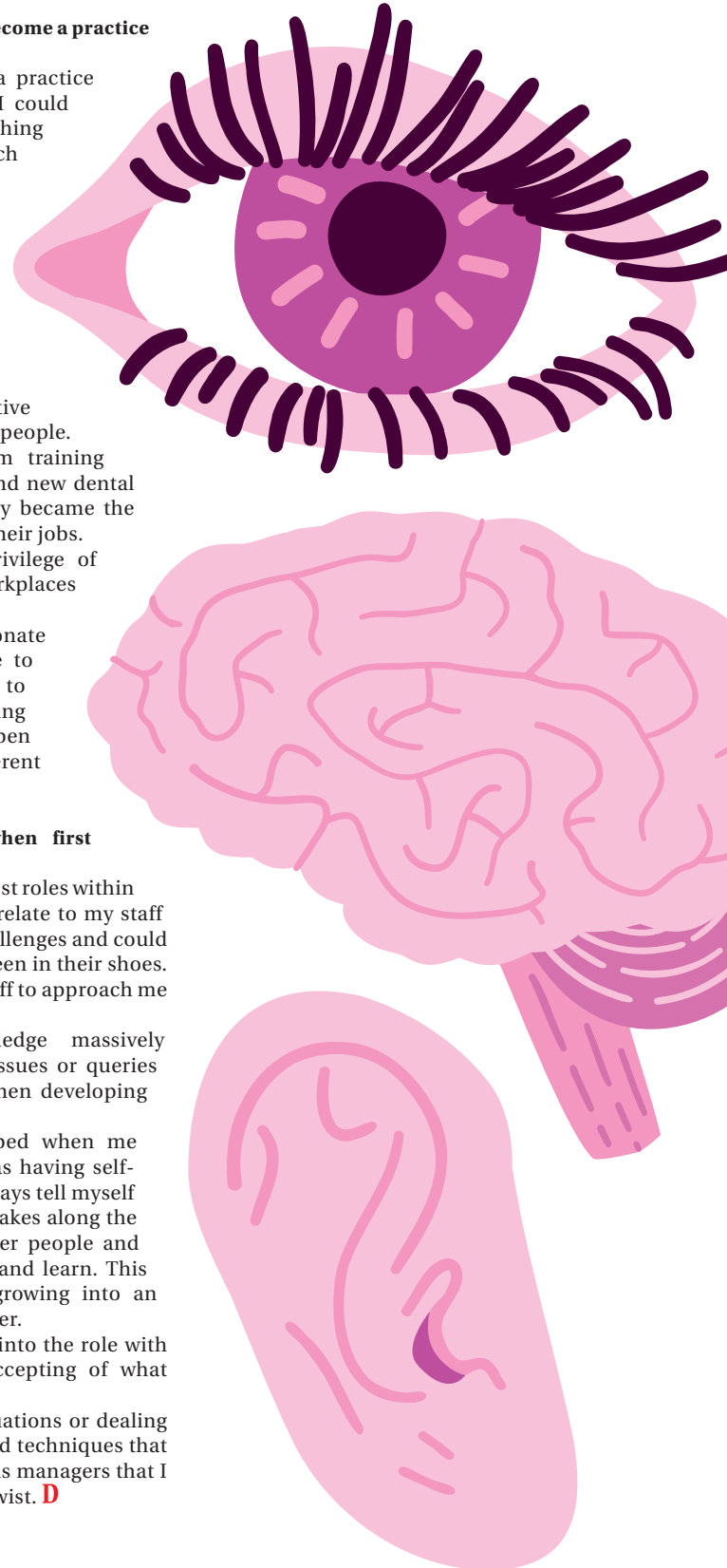
**LM:** Having already held most roles within the practice, I was able to relate to my staff well. I understood their challenges and could empathise because I had been in their shoes. This made it easy for my staff to approach me with absolutely anything.

Having clinical knowledge massively helps when dealing with issues or queries within the practice and when developing my team.

Another thing that helped when me when I first started out was having self-belief and confidence. I always tell myself that it is okay to make mistakes along the way as this makes us better people and gives us room to improve and learn. This mindset is essential for growing into an even better practice manager.

It's also important to go into the role with an open mind and be accepting of what comes your way.

When tackling tricky situations or dealing with conflict, I implemented techniques that I had seen from my previous managers that I could adapt with my own twist. **D**



## Five tips for aspiring practice managers

1. Stay humble
2. Be approachable
3. Be understanding
4. Develop your ability to multitask
5. Find strategies to manage and balance stress.








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# An unexpected journey

**Holly Broadfoot** shares her father's experience with mouth cancer and the difference intervention from dental professionals can make

**Holly Broadfoot**  
Dental therapist



On 27 December 2022 my dad gave me a call asking if I could see him as he had chipped a tooth over the Christmas period and was complaining his tooth was sharp on his tongue. Luckily, I was working between Christmas and the new year and told him to pop down to my surgery and I'd see what I could sort for him.

After a few mins and nothing a little bit of composite couldn't fix, I suggested a check round of everything else and a quick polish as I had some time available before my next patient.

Dad was a regular attender to the dentist and to myself. He had previous restorative work due to a history of bruxism but no history of periodontal disease.

During the examination and repair of a very minimal sharp edge of the UR1, a buccal sinus was noticed adjacent to the LR6. He had not noticed it and was not experiencing any pain.

The dentist in the next surgery was asked to come for a second opinion and a periapical radiograph taken, which did not reveal anything untoward, but the dentist prescribed a precautionary course of antibiotics and advised to book a review the following week after the bank holiday.



## Diagnosis

At the review appointment, it was mentioned he was starting to experience pain. The tissues were becoming very friable, with a buccal 5mm pocket present which did not bleed on probing.

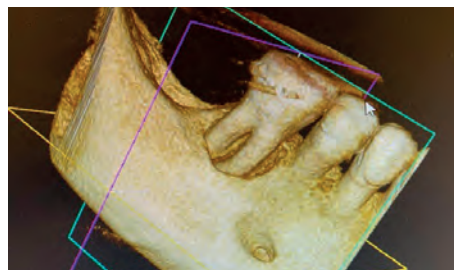
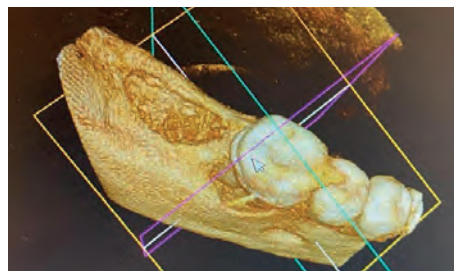
Having a dental therapist for a daughter, Dad had always had a very good oral hygiene routine and had never shown any previous signs of periodontal disease, with use of an electric toothbrush twice daily and dental floss.

The diagnosis of these symptoms was becoming a bit of a mystery, and it was decided to send a referral to the local oral medicine department for some more answers. Radiographs and a localised CBCT were taken and sent with the referral along with some additional photographs.

With very little experience on reading CT scans, there was concern about the increasing bone loss around the buccal wall of the LR6. Unfortunately all signs pointed towards localised aggressive periodontal disease. However in contradiction to traditional periodontal disease, the patient's pain was starting to become unbearable and he begged with the dental team to extract the tooth.

After the tooth was extracted, the pain only became worse and there were obvious signs of infection present in the socket. Two more courses of antibiotics were prescribed to no avail. The dentists at the hospital then decided to take a biopsy and it was assumed a deep infection into the bone.

My dad then attended the hospital for his results, which showed the worst news: an unexpected mouth cancer diagnosis. He had a squamous cell carcinoma of the mandible.



## Consultation

Aintree University Hospital is fortunately a 15-minute drive from our hometown, where its oral surgery and maxillofacial department is world renowned for its treatment as part of the recently established Liverpool Head and Neck Centre.

Even at our first appointment with the consultant, in typical dad form, he still had a smile on his face and was injecting humour into the interaction in a way only he can.

The surgeon explained the surgery, which would involve removing the right half of his mandible and replacing it with the fibula from his left leg, prompting dad to make jokes about him becoming a pirate. The surgery would also involve a skin graft and reconstruction of all the supporting vessels and tissues.

My dad fortunately was considered a low-risk case as he displays none of the usual risk factors for oral cancers. The surgeons wanted to also consider placing an implant-retained bridge all in the same surgery, as they were hoping he would need no post-operative radiotherapy.

This is an option which can only be considered when the surgeons are positive that there is minimal risk of cancers returning.

## Treatment and recovery

A short four weeks after the initial consultation, a date was set for the surgery. Only a few more scans and tests were needed so they could check the bone density of the fibula to ensure it was healthy enough to be implanted. During the surgery, the implants are actually placed ex-vitro before the fibula is placed into the mandible.

The surgery took around 11 and a half hours. After what seemed like a lifetime, the surgeon called to inform us they had clear margins, and the surgery had been a success!

After an intense 10-day hospital stay, a liquid diet and a lot of physio, Dad was approved to go home.

As of 26 July 2023, my dad was given the all-clear. The last year of recovery has been intense. To all the doctors, dentists, dental nurses, surgical teams, pharmacists, physiotherapists, dieticians, speech and language therapists, radiographers, anaesthetists, healthcare assistants, students, staff porters, hospital staff, Macmillan nurses and support staff, we are forever grateful for all your expertise and support.

I have written this article to raise awareness and encourage all dental professionals to be vigilant and carry out all their oral cancer screenings at every appointment. Especially as a dental therapist who can be the most frequent point of contact for a patient, you will be first hand to notice any unusual changes. **D**

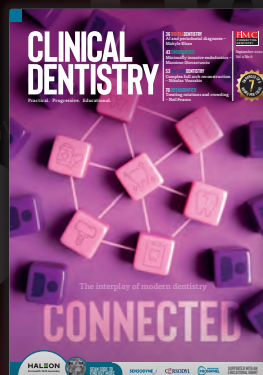


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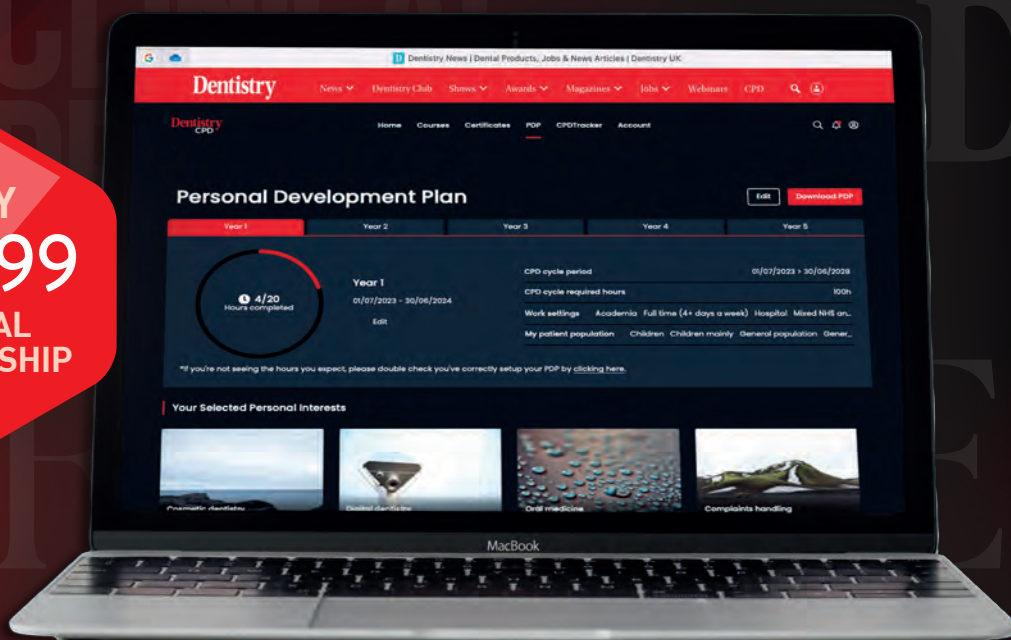
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# Sam Jethwa steps into BACD president role

As the British Academy of Cosmetic Dentistry (BACD) celebrates 20 years, it is also welcoming a new chapter with incoming president **Sam Jethwa**

## Sam Jethwa

President, British Academy of Cosmetic Dentistry (BACD)



The British Academy of Cosmetic Dentistry (BACD) has been instrumental for providing me with world-class education, especially in my early days, on techniques that I otherwise would have struggled to find.

The BACD brings the education to you, be that at conferences or regional events, and at appealing prices that are hard to believe. Equal to the education is the network I have been able to build – the BACD gave me access to the contacts, role models and culture I needed to create a vision of my own career in ethical, cosmetic dentistry.

Without this, I would have found it difficult to navigate my professional journey and would not have had the same opportunities. To put it simply: without the BACD I would not be the dentist I am today nor would I have the non-clinical life I have today.

I see my role as president continuing to build upon the great work of my predecessors. The presidents of the past – and myself – have never taken the title for granted. It is a position that takes years of training. I have chaired a variety of committees over the years, from those relating to membership, the website and communications, giving me an in-depth understanding of what the BACD needs. Armed with this experience and with the help of our board and committee members, I intend to ensure that the BACD continues to stand at the forefront of cosmetic dentistry. We will build on its reputation as a welcoming, inclusive and inspirational academy for all.

Moving forward, I am very keen to work even more closely with our board and committees. They are incredible clinicians and master operators who are also great friends. Every clinician behind the scenes at the academy, be they board or committee, gives up their time voluntarily, and it is hard to appreciate just how much daily activity is required to maintain the BACD. I have always been interested in streamlining these daily processes to increase efficiency, maximising what the academy can give back to its members. This is a challenge I am excited to throw myself into, along with future-proofing the academy and pre-empting profession-wide changes that may be coming.

At the BACD, providing value to our members is a key focus. Value is mostly



represented through both the excellent educational opportunities and the supportive network that members can access. These are a priority to enhance, but we also try our best to hear what our members want so that we can do everything we can to provide as many members as possible with value. For instance, the BACD website was recently entirely overhauled with an app-based design, making it incredibly easy for colleagues to book events, track CPD and

membership points, upgrade and maintain membership status, and digitally register for the events themselves. We are also looking to increase attention on content production so that we can grow the membership across all demographics, be they clinicians in early or later stages in their careers. **D**

**FOR MORE INFORMATION** about the BACD, please visit [www.bacd.com](http://www.bacd.com).





# THE ORAL CLES

— Dental hygienists and dental therapists

# OHC 2024: reflecting the importance of our community

As the BSDHT marks its 75th anniversary, this year's Oral Health Conference promises to be an unforgettable celebration of our profession's achievements, writes **Miranda Steeples**

**Miranda Steeples**  
President, BSDHT



As we look ahead to the Oral Health Conference (OHC) 2024, it is clear that this is an event not to be missed. Set against the picturesque backdrop of Harrogate on 22-23 November, this year's OHC promises a diverse range of learning experiences, from full auditorium lectures to more intimate workshops and panel sessions. The educational programme has been meticulously crafted, ensuring there is something valuable for everyone to take back to practice.

## Something for everyone

Whether you are working in general practice, education, academia or research, there will be dedicated sessions tailored to your professional needs. And with many hours of CPD available, OHC 2024 is the ideal event to help attendees meet their annual GDC requirements while staying up to date with advancements in the field.

For those who may be attending for the first time, the conference will kick off with the Breakfast Session. This session, designed especially for new attendees and students, will help set the stage for making the most of the OHC experience through ice-breaker activities and practical advice on balancing learning, networking, and visiting the trade exhibition. It is the ideal way to start the weekend and begin building connections right from the outset, making the event as welcoming as possible for those new to OHC.

This year also brings exciting opportunities for fostering community within the profession. The OHC is proud to host the Oral and Dental Research Trust (ODRT) education session, which will focus on encouraging dental care professionals to explore research as a career. This

session is aimed at demystifying research for those who may be considering getting involved for the first time, as well as offering insight for more seasoned researchers.

This collaborative approach, supported by Colgate and spearheaded by honorary vice president Professor Chapple, aims to support professional development in ways that benefit the entire dental community. Whether you are looking to expand your skill set or simply learn more about what it means to be involved in research, this is a fantastic opportunity to take that next step in your career.

## Two profs, four CDOs

One standout feature of OHC 2024 is the special session with 'the two profs' – Professors Iain Chapple and Avijit Banerjee. This event offers attendees the chance to submit questions in advance to [president@bsdht.org.uk](mailto:president@bsdht.org.uk), which will be answered during a conversation on stage.

By addressing pre-submitted questions, this session promises to be both engaging and interactive, offering valuable insights directly from two of the most respected experts in the field. With a focus on practical knowledge and tackling key topics in the profession, this is a must-attend session for anyone looking to deepen their understanding.

Additionally, a panel session featuring all four chief dental officers (CDOs) will address the challenges and opportunities facing the dental profession across the four nations. It's not just about gaining knowledge; it's about being part of the conversation that shapes the future of dental hygiene and dental therapy.

## The social side

As well as the educational highlights, this year's social experiences have been thoughtfully designed to foster community spirit, providing the perfect setting to share experiences, build lasting professional relationships and catch up with friends.

One of the key events will be the Friday night party, celebrating the 75th anniversary of the society. It's the perfect chance to relax, let your hair down and create unforgettable memories with colleagues. The atmosphere promises to be buzzing with fun and excitement, marking this significant milestone in a way that truly reflects the importance of our community.

## A final word

As the outgoing BSDHT president, I look back on my time in leadership with gratitude for the collaborations and connections formed within the society. A significant part of my focus has been expanding the BSDHT Council to include representatives from the Education Working Group and the Diversity, Inclusion and Belonging Working Group, helping to ensure our society is more inclusive and representative. I hope this spirit of collaboration and shared purpose will continue to grow under the new leadership.

As I step aside for the new president, I want to emphasise the importance of embracing change and supporting each other as our profession continues to face challenges and seize opportunities. My time in leadership has deepened my appreciation for the value of community, and I hope those who have never attended OHC before take this chance to experience what makes it so special. From the engaging educational sessions to the social events that allow attendees to unwind and make connections, OHC 2024 is set to be a fitting tribute to the society's past, present and future.

So, why wait? Secure your place today – join us in Harrogate and be part of an event that promises to inspire, educate and celebrate the best of our profession. Let's make OHC 2024 one for the history books! **D**

**FOR MORE INFORMATION** and to book your place, visit [www.bsdht.org.uk/ohc-2024](http://www.bsdht.org.uk/ohc-2024).

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**SWALLOW**



# 'It's all for the children'

**Gold for Kids** is an award-winning charity recycling gold crowns to create a brighter future for children living in poverty in the UK

Unwanted crowns, bridges and other restorations are perhaps not the first thing you would think of when you're considering donating to charity, but they are exactly what the award-winning Gold for Kids collects to help transform the lives of underprivileged children.

Nearly 30% of children, that's more than 4.5 million, are living in poverty across the UK, a shocking figure that the charity is on a mission to eradicate. With precious metal donations from individuals and dental practices, they have donated over £55,000 since it began in 2018 to help these children and their families with essentials like food, clothing and shelter, providing dinners during school holidays as well as counselling, education and training opportunities.

It was founded by dentist husband and wife team Leticia Casanova and David Holmes, of London Periodontics, Implants and Dentistry (LPID), after they realised the amount of scrap metal dental practices accumulate over time. Leticia Casanova said: 'When my husband and I started our dental clinic, we wanted to do something to help those in need and after becoming a mother myself, we came up with the idea of using the discarded precious dental restorations to raise money for underprivileged children. We are very lucky to have been born into nourishing homes and we must be as active as we can in bringing balance to those suffering from unfortunate inequality.'

The couple now have four children. David Holmes said: 'I knew about how the unwanted precious dental restorations were disposed of through scrap metal companies and it was when we started our practice that we felt empowered to change the old ways and do what's right, give the patients a voice and a choice to donate what is theirs to underprivileged children through our charity, Gold For Kids.'

## Huge potential

Beneficiaries have so far included the Felix Project, Child Poverty Action Group, Centrepont, Punk Against Poverty, Barnardo's, the NSPCC and Transforming Lives for Good. In addition, just last month, more than £5,000 was given to six new charities – the Strongbones Children's Charitable



Kimberly Macgregor and Leticia Casanova from Gold for Kids with Kuga Harindra at the Dentistry Show in October.

Trust, Be Lifted Now CIC, Crackerjacks Children's Trust, Leicester Children's Holidays, Dorset Children's Foundation and MACS, a small national charity which supports children born without eyes or with underdeveloped eyes.

David Holmes continued: 'It's unacceptable that almost a third of children are living in poverty right across the UK, that's equivalent to nine children in a classroom of 30 (DWP, 2023). Gold For Kids has huge potential to be part of a movement for change in the dental industry, to recycle waste products and return the benefits to some of the most vulnerable in our society. Most dentists and dental professionals aren't even aware of the huge potential that the combined value of removed restorations represents, choosing to either ignore it or retain it personally. We would love them to come on board as ambassadors and help drive our mission to eradicate poverty amongst children.'

Meanwhile Leticia Casanova said: 'Many patients are unaware that their discarded dental restorations actually belong to them because they originally paid for them, and they have a say in what happens to them. The amount of a single crown or bridge may seem less significant when measured individually, but when different dental clinics across the country collect all their unwanted metal together in our Gold for Kids collection pots, we are able to recycle them together and make a huge sum of money. This is then donated to children's charities, giving vital and immediate practical support to children and families struggling with the continuing cost-of-living crisis and finding it impossible to make ends meet.'

## Making a difference

For Kuga Harindra, donating to Gold for Kids was an easy decision to make. As principal dentist at Rails Lane Dental in Hampshire, she has dedicated her career to treating individuals and families in the seaside resort of Hayling Island, just east of Portsmouth. She said: 'I first came across the Gold for Kids Charity two years ago at the Dentistry Show and I thought it was a wonderful idea to donate unwanted crowns to help children in need, to do so much good from a waste product. Since then, I have been collecting my patients' unwanted restorations without really mentioning it to anyone, but my latest donation was worth just under £1,000, an incredible amount particularly when I think I am a single-handed practitioner. If I can do that in my small practice, how much more could we raise if even half of the practices in the UK followed suit? That's why I'm now telling everyone about it. I wish I had known about them sooner because I could have been collecting crowns for longer!'

'For me, it's all about the children. Children's oral health has always been high on my agenda and I still take on new NHS child patients because I believe they deserve the treatment. In the past,



Founders of Gold for Kids Leticia Casanova and David Holmes

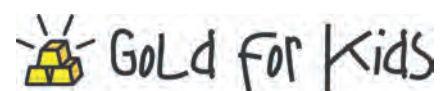
when scrap metal merchants have visited the practice asking for any old crowns they could melt down for me, they have offered me a pittance. Because Gold for Kids leaves out the middleman, they can raise three times the amount.

'It's such a fantastic scheme for dentists. Before, collecting crowns was about the money. Now we can do it to help poverty-stricken children and their families. It perfectly aligns with the criteria for our environmental, social and governance (ESG) strategy in terms of recycling and supporting our local communities. And remember, contributing to a charity like this also provides a sense of fulfilment and satisfaction, knowing that I am making a difference in the lives of underprivileged children. I would encourage all practices to get involved.'

Leticia Casanova added: 'We couldn't believe it when Kuga came up to us at last month's Dentistry Show and handed over the pot of crowns she had been collecting for us. We are so thankful to her for her incredible generosity and to all the practices who regularly donate to our charity, but we are only touching the surface of what we can achieve if we all work together. And if you want to get involved, please remember you don't have to wait until the deadline for our next melt, you can send them continuously throughout the year. Once you have 10 items, get in touch to arrange a pick up. If you have any broken or unwanted jewellery (gold, silver, platinum or palladium) you can send that too!' **D**

## Reference

Department of Work and Pensions (2023)



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# CURRICULUM IN IMPLANT DENTISTRY

**A structured training pathway ultimately aiming to improve the education of new implant dentists to the highest quality.**

## Year One

Providing a comprehensive foundation in implant dentistry that covers theoretical and practical elements, giving delegates the confidence to begin placing implants at their own practice.

**£10,900 INC.VAT**

## Year Two

The Year Two Implant Course has been designed to give dentists who have a foundation in straightforward implant dentistry, a launchpad into more advanced procedures including aesthetic implant restorations and sinus grafting.

**£13,200 INC.VAT**

## Year Three

Master the most challenging cases and prepare for the ITI Diploma with our innovative and immersive Year Three Implant Course.

**£13,200 INC.VAT**

# THE ITI DIGITAL DENTAL ENTREPRENEURIAL PROGRAM

Maximise your business with the fundamental components of every successful practice

The ITI Digital Dental Entrepreneurial Program powered by The Campbell Academy is an innovative, fully online course designed to help dental professionals master the business side of dentistry. Aimed at both practice owners and associates, this course provides essential tools to create a comprehensive three-year business plan, with modules covering topics like finance, marketing, human resources, leadership, and strategy.

The course spans several weeks, allowing participants to work at their own pace while benefiting from peer-to-peer learning and insights from an experienced course faculty. It is ideal for dentists who want to take their practice to the next level or are burnt out and need help building more efficient systems.



# DELEGATE IMPLANT JOURNEY

## DOMINIC SMITHERS

“It has completely changed my life and given me the career I always dreamed of. I can’t imagine doing anything else.”



### WHY DID YOU WANT TO START A CAREER IN IMPLANT DENTISTRY?

Before I became a dentist, I started my career as a dental hygiene therapist. Even at that stage, I was drawn to surgery—particularly minor oral surgery procedures and the more technical aspects of dentistry. This interest led me to return to university to complete my BDS qualification.

Throughout my studies, I spent extra time in the oral surgery clinic and took on additional rotations in the minor oral surgery department at the dental hospital, which truly ignited my passion.

My passion for oral surgery stems from the fact that I think it's one of the most interesting parts of dentistry in terms of anatomy and physiology; it's also a lovely skill that not many people seem to have, and a lot of people seem to shy away from.

For me, implant dentistry feels almost magical—it's incredible that we have the ability to restore a patient's smile in such a profound way.

### HOW HAS TRAINING IN IMPLANT DENTISTRY MADE A DIFFERENCE IN YOUR PERSONAL AND PROFESSIONAL LIFE?

It's given me the career I always dreamed of, opened countless doors, and I feel like I've only just scratched the surface of what's possible. My future is exciting, and this journey has brought me more than I ever imagined.

### WHAT IS IT LIKE TO TRAIN AT THE CAMPBELL ACADEMY?

Training at The Campbell Academy is exceptional because you're surrounded by like-minded people and become part of a community that shares the same values. You'll likely form lifelong friendships with others on the course—I know I have.

You'll receive all the coaching, mentoring, and teaching necessary to equip you with the skills to achieve your goals in a highly supportive environment.

What stands out most for me are the strong ethics and values behind the training. You're taught to do things the right way—no cutting corners, no compromising on quality. You'll be guided to do outstanding work, and that kind of support is invaluable.

### WHAT ADVICE WOULD YOU GIVE TO SOMEONE CONSIDERING TRAINING IN IMPLANT DENTISTRY?

Just do it!

I was once in the same position, debating whether to learn how to restore implants before diving into surgery. I felt stuck, unsure of how to approach it. Then I got some great advice from one of the top implant surgeons in the country, who I'm now lucky enough to work with. They simply said, “Just get on with it. Don't overthink it, don't worry about splitting it up—find a great implant course, commit to it, and start.”

There's always a learning curve, but you can't avoid that. The sooner you start, the sooner you'll get proficient, and before you know it, you'll be doing it every day and loving it.

### HOW HAVE THE CAMPBELL ACADEMY ASSISTED YOU ON YOUR JOURNEY?

I honestly don't think I would have started this journey without The Campbell Academy.

I still remember my first day there. We had lectures from Colin, Beatriz, and Chris Barrow, who spoke at the end of the day. When Colin wrapped up and said the day was over, I was shocked. I looked at my watch, and it was five o'clock. It felt like lunchtime because the day had flown by.

That day reignited my excitement for my career and my future.

### WHAT'S YOUR AIM OVER THE NEXT 5 YEARS?

Over the next five years, my goal is to keep building on the path I'm already on but do even more of it. That means placing more implants each month, getting exposure to increasingly complex treatments, and constantly pushing my dentistry and implant skills to the next level.

I've started doing sedation, and I definitely want to keep that going—I'm really enjoying it.

In the next two years, I'd love to be doing full arch cases, and by five years, I want to be proficient at it and performing it regularly. That's where I see myself heading, and I'm excited to get there.



# Education for all levels of expertise

The ADI Team Congress 2025 is an event not to be missed, with the speaker lineup of clinicians set to discuss a wide range of topics

No matter what stage of your career you are in, whether you are just beginning to provide dental implants in your practice or have been offering complex treatment for years, it is essential to remain in touch with all of the latest developments in implant dentistry. Lifelong learning is a core requirement of dentistry, like many other areas of healthcare, ensuring that dental professionals are confident and competent in services they provide.

This also ensures that patients feel comfortable with the care they receive, helping clinicians to build trust with patients, with demonstrable skills and knowledge.

## UPDATE YOUR KNOWLEDGE AND CLINICAL SKILLS

The dental profession is constantly evolving, and implant dentistry is a field which is particularly prone to innovation. Attending educational events enables clinicians to get to grips with new dental procedures, or understand emerging trends. Often, dental education does not only focus on the clinical aspect of dental treatment, but also offers tips for enhanced patient care, and working with a multidisciplinary team – with the General Dental Council recommending team-based learning for enhanced interdisciplinary outcomes (Karas et al, 2020). These valuable insights,



provided by experienced dental professionals, enable all attendees to learn and grow in their own environment.

For those who are looking to expand their capabilities in order to take on more complex cases, continuing education is absolutely essential. Education provides the opportunity to broaden your skillset, and embrace new aspects of dental care. In time, this may lead to further chances to grow your practice, attract new patients, and offer a wider range of treatment options.

## MAINTAIN COMPETENCY IN YOUR FIELD

Even those at the top of their game must continue to learn and stay in touch with updates in technology, techniques, and treatment options. Particularly in the fast-paced field of implant dentistry, engaging in continuing education is a great way for professionals to refine their existing skills while updating their knowledge and ensuring the way they practise is in line with current advice (Noha et al, 2021). Educational events are a great way to pick up this new information, as it presents the perfect conditions for discussion, debate and peer-support.

## EVENTS THAT INSPIRE SUCCESS

Attending dental conferences is a great way to stay up to date with all of the latest trends in the industry and profession and most importantly to get inspired! In addition to facilitating high-quality education, these events offer opportunities for networking and connecting with colleagues and friends. To ensure you receive the most relevant information and training opportunities, seek out events and associations which align with your interests.

Whether you are just starting to provide dental implant treatment, or are a seasoned professional, there is something on offer for everyone at the Association of Dental Implantology (ADI) Team Congress 2025. This year's theme, 'The Implant Aesthetic Kaleidoscope', represents the complexity and variety that is synonymous with the field of implant dentistry.

Specialist prosthodontist, Professor Joseph Kan, will be joining us from the US to present a session focussed on anterior implant aesthetics. He shares an insight into his lecture topic, and highlights the value of attending the event in May:

'My session at the ADI Team Congress 2025 will centre around anterior implant aesthetics, with hard and soft tissue management around immediately placed implants in the aesthetic zone a particular focus. I will discuss everything from simple to complex cases, including complication management, to give delegates a comprehensive overview of the topic, relevant to their individual level of expertise.'

'The ADI offers exceptional educational opportunities for those with an interest in implant dentistry. The quality of all the meetings I have been involved with has been excellent. The ADI Team Congress is set to be a great meeting for people to gather and learn about implant dentistry without the political side of things. I highly recommend attending in May.'

The ADI Team Congress 2025 is an event not to be missed, with the speaker lineup of clinicians including Tidu Mankoo, Telmo Iceta, Eddie Scher, Joseph Kan, and Raquel Zita Gomes, and dental technicians including Bryan Matthews, Peter Pizzi, Alina Ceclan, Lorant Stumpf, Kevin Armstrong, and Hugo Patrao. Speakers are set to discuss a wide range of topics to ensure that, no matter your level of expertise or clinical interests, there is something for everyone this May. **D**

For references, please email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).



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ADI Team Congress 2025, 'The Implant Aesthetic Kaleidoscope' will be held on 1-3 May 2025 at The Brighton Centre. For more information, visit [www.adi.org.uk](http://www.adi.org.uk).



# Dominic Hassall Training Institute

Certificate · Diploma · Masters  
Restorative & Aesthetic Dentistry  
Bioclear · Occlusion · Implant



**DISCOVER WHY MORE DENTISTS ARE CHOOSING  
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FREE EDUCATIONAL TOOL KIT VISIT [DHTI.co.uk](http://DHTI.co.uk)  
OVER 2000 dentists have already enrolled.**



## Career Pathway

### STEP 1

PG Cert in Contemporary  
Restorative & Aesthetic Dentistry

### STEP 2

PG Cert in Advanced Contemporary  
Restorative & Aesthetic Dentistry

### STEP 3

PG Dip (Restorative  
Aesthetic Dentistry)

### STEP 4

MSc University of Kent





# Success in the dental digital era

Dentsply Sirona introduces the Digital Business Management e-Learning Course Series to empower clinicians for success in the digital dental era

Dentsply Sirona is dedicated to enhancing dentistry through innovative solutions that ensure optimal patient outcomes. As digital technologies reshape the dental landscape, there is a growing need for high-quality clinical education that enables dental professionals to navigate this transformation confidently. To address this, the company has introduced the Digital Business Management e-Learning Course Series, aimed at equipping dental practices for the future of digital dentistry.

This comprehensive course series consists of easily digestible, on-demand videos totaling over eight hours of content. Participants will explore practical applications that can significantly improve their clinical practices. The course is structured around three key objectives:

- Business knowledge: develop solid skills in business, finance, and professional management to effectively run a practice
- Digital workflow integration: seamlessly incorporate dental digital technologies into daily operations to enhance treatment effectiveness
- Patient experience enhancement: implement specific protocols and digital procedures to improve patient interactions.

## ELEVATING DENTAL PRACTICES WITH DIGITAL EXPERTISE

Xavier Carro, group vice president commercial EMEA at Dentsply Sirona, emphasised the importance of clinical education in transforming dentistry: 'Our courses are designed to help dental professionals leverage the precision and efficiency of digital technologies, enhancing their performance and patient care.'



**Dr Martin Wanendeya, expert in implant and digital dentistry in the UK**



**The Digital Business Management online course series is designed to empower clinicians to embrace digital dentistry and its benefits**

Dr Martin Wanendeya, an advocate of digital dentistry in the UK, noted the advantages of online learning: 'The flexibility of learning at your own pace allows for a comprehensive understanding of digital dentistry, improving practice outcomes and benefiting patients.'

## FLEXIBLE LEARNING FROM GLOBAL EXPERTS

The course features insights from 19 internationally recognised speakers, covering a range of topics, including:

- Business management of the dental practice
- How dental digitalisation can improve the effectiveness
- Improving patients' experience
- The benefits of dental digital workflows
- Income generation for digital dental treatments
- Human resources – how to make your team ready for digital dentistry
- Examples of digitalised clinics.

Designed to fit busy schedules, each video ranges from five to 20 minutes and is accessible 24/7 on various devices. The course content

emphasises practical strategies that can be readily applied in clinics, with no expiration date for course completion, allowing learners to progress at their own pace. Participants will have ongoing access to course materials and support from Dentsply Sirona specialists.

Additionally, UK-based dental professionals can earn CPD hours upon course completion. **D**

*Please note: all speakers in the Digital Business Management program have received compensation from Dentsply Sirona for the production of this content. All opinions expressed are those of the speakers and do not necessarily reflect the views of Dentsply Sirona.*

## FOR MORE INFORMATION

and to enroll in the Digital Business Management e-Learning Course Series, visit [www.dentsplysirona.com/en-gb/academy/practice-management-marketing/digital-business-management.html](http://www.dentsplysirona.com/en-gb/academy/practice-management-marketing/digital-business-management.html) or contact your local Dentsply Sirona representative.



# DIGITAL BUSINESS MANAGEMENT

## Are you ready for digital transformation?

- On-demand course series
- 7 modules
- +8 hours of content

Learn from globally renowned speakers on how to navigate the digital environment which includes these three objectives:

**Business knowledge, digitalization of workflows and patient experience.**

Learn from international renowned specialists



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Wanendeya



Fran  
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Molinari



Angélica  
Iglesias



Michele  
Rossini



Dorotea  
Ashraf



Ján  
Jurkemík



Gertrud  
Fabel



Francesc  
Abella



Simon  
Fieldhouse



Atef  
Shaker



Daniela  
Aggio



Leanne  
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Dentsply Sirona  
Academy



# Veneers by Ash

Ash Parmar introduces the two-day hands-on Veneers by Ash course – everything you need to know to carry out dazzling smile makeovers with porcelain veneers

**Ash Parmar**

Dentist and mentor, The Academy by Ash



Would you like to learn everything about providing porcelain veneer cases in one excellent hands-on course? Would you like to learn from a renowned dentist with over 30 years of experience? Increase your confidence and deliver successful and predictable smile makeovers with porcelain veneers with the 'Veneers by Ash' course.

Through this inspirational and intensive two-day hands-on course in London, run by leading cosmetic dentist Dr Ash Parmar, you can learn the A-Z of how to develop a successful career in cosmetic dentistry and carry out porcelain veneer treatments with enhanced skill and confidence. Enjoy world-class dental education and an enjoyable gastronomic experience to make these two days of training unforgettable!

**Words are not enough to describe the level of excellence!**



The course will introduce how to do perfect veneer preparations, trial smile creation, trial smile review and cementation. It will also increase your confidence with occlusion to ensure you provide beautiful, healthy and long-lasting smiles, avoiding fractures and expensive remakes.

Another aspect that the course will touch on is preparation. For example, which equipment, materials and burs to use and how to choose which cases to treat.

Finally, Ash will help you communicate ideally with the patient and technician to avoid mistakes and ensure your patients are really happy with the end result.

## WHAT WILL THE COURSE COVER?

- Professionalism and customer care – how to really look after your patients and create 'raving fans'
- Ideal marketing – the best ways to attract the right patients for porcelain veneers
- Step-by-step training to develop your cosmetic, technical and occlusion skills
- The art of ethical selling and communication – maximise your case acceptance
- Comprehensive dental examinations – smile analysis and how to design the ideal smile

- Photography – how to take perfect digital photographs
- Treatment planning – develop your diagnostic skills and avoid errors
- Wear cases – how to treat a more complex case that requires opening up the vertical dimension with treatment in CR (centric relation)
- Digital smile design, cosmetic imaging, direct mock ups, wax ups and 'test drive a trial smile' – which is the best and easiest to do?
- Hands-on experience – carry out ideal, minimal veneer preparations on eight upper teeth on a digitally printed model. Ash will show you step-by-step how to do great veneer preparations, then it's your turn
- Clinical records required for smile makeovers – live demonstration and hands-on session
- Use the best burs, equipment and materials for optimum results
- Technology – use of 3D scanners, lasers (for gingival recontouring) and T Scan (a world-class digital occlusion analysis software), live demonstration of this impressive technology
- Laboratory communication – getting the best results for your patient, predictably! Learn the exact ceramic choices/shades for each type of smile you are likely to provide
- Stress-free cementation – how to fit veneers properly using rubber dam. Live demonstration on a model of how Ash fits eight to 10 veneers predictably, safely and stress free
- Personal and professional development – learn how to achieve a balanced and fulfilled life and run a successful and profitable practice. This course is not just about porcelain veneers, but also how to become a holistic and complete dentist.

## 'WOW' MOMENTS

'I consider this course as a life changing experience. There were a lot of "wow" moments and I also felt emotional watching the transformation the patients experienced in Ash's presentations.

'Ash is not only one of the top dentists in cosmetic dentistry in the UK, but also a wonderful human being. He is genuinely interested in improving his patients' smiles and lives and he has no limits in sharing everything he knows – good and bad experiences.' **D**

**FOR FURTHER INFORMATION**  
visit [www.theacademybyash.co.uk](http://www.theacademybyash.co.uk).

# VENEERS BY ASH

## 2-DAY HANDS ON COURSE PORCELAIN VENEERS

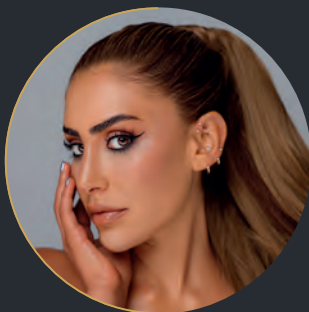


LEARN HOW TO DO THIS IN ONLY 2 DAYS!

- 30+ years of knowledge & experience
- Inspirational, step-by-step training
- Lectures, demonstrations & hands on
- Detailed course workbook

“The course I created is for any dentist that wants to successfully provide Smile Makeovers with porcelain restorations to the highest standard, with total confidence.”

**Dr Ash Parmar**



“...I knew I had to find one of the best in the game for Smile Makeovers. Dr Ash Parmar is a master when it comes to ceramic dentistry. He is my mentor in clinical dentistry. Ash has taught me how to use premium equipment and advanced techniques to achieve world class results. He brings together art and science, and has the ability to make complex subjects like occlusion easy to understand.”

*Dr Rhona Eskander*

**BOOK NOW** 21/22 MARCH 2025 27/28 JUNE 2025 28/29 NOVEMBER 2025

[WWW.THEACADEMYBYASH.CO.UK](http://WWW.THEACADEMYBYASH.CO.UK)

 @ashpamardentist



# Mastering the foundations of restorative dentistry

Tipton Training explains the benefits of a focus on occlusion in restorative dentistry and how its Certificate in Restorative Dentistry can help

Restorative dentistry is one of the most essential and rewarding areas of dentistry. It's not just about fixing teeth; it's about restoring function, aesthetics and ultimately a patient's confidence. For any dentist looking to provide high-quality care and offer more comprehensive treatment options, a strong foundation in restorative techniques is essential.

The knowledge and skills required to excel in this field lay the groundwork for success in both general and private practice, where patients expect more than routine care. They seek out professionals who can provide high-quality, long-lasting restorations that not only improve oral health but also enhance the appearance of their smile.

This is where understanding the foundations of restorative dentistry becomes vital. It's not enough to perform basic restorations; the success of treatments hinges on a dentist's knowledge of occlusion, materials, and advanced techniques.

## CLINICAL SKILLS

One of the most significant benefits of gaining expertise in restorative dentistry is the way it sharpens your clinical capabilities. With advanced knowledge and skills, you can confidently tackle a wider variety of treatments, from routine restorations to more complex full mouth rehabilitations.

This opens the door to more rewarding cases, boosting both your skillset and the range of services you can offer your patients. Having the ability to diagnose, plan and execute successful restorative treatments means you can handle more complex cases without feeling overwhelmed, improving your confidence as a clinician.

A deep understanding of restorative dentistry also enhances your diagnostic abilities. Patients come in with various levels of dental issues, from minor wear and tear to significant tooth loss or damage.

By mastering restorative techniques – especially from an occlusal perspective – you can better identify underlying problems that others may miss. Occlusion is mostly overlooked at undergraduate level but is critical to the long-term success of dental restorations.

Mastering occlusal principles can prevent complications, reduce the risk of treatment failure, and provide patients with durable, lasting results.

A deep understanding of restorative

techniques, from an occlusal perspective, allows you to identify underlying problems that others may overlook. Occlusion in particular is often a misunderstood but critical factor in the long-term success of restorations. Mastering it can prevent future complications, reduce treatment failures, and ensure more durable, long-lasting results for your patients.

## CONFIDENCE AND COMMUNICATION

Building confidence in more complex treatments is another key advantage of deepening your skills in restorative dentistry.

Many dentists hesitate when faced with intricate procedures, unsure of how to manage them effectively. However, when you have a strong grasp of restorative and occlusal principles, you approach these cases with greater assurance.

This assurance not only improves patient care and outcomes but also leads to higher satisfaction in your work, boosting your motivation and professional growth, and most importantly... confidence!

And while clinical skills are vital, they alone aren't enough. Communication plays a vital role in patient care! Patients need to understand their treatment options, feel reassured about their choices, and trust that their dentist is providing the best care possible.

By refining your communication skills alongside your clinical abilities, you'll be better equipped to present treatment plans with clarity and confidence, leading to better patient trust and higher acceptance rates.

## COMPREHENSIVE APPROACH

Tipton Training's Certificate in Restorative Dentistry is designed to equip dentists with the essential knowledge, practical skills, and business and communication tools needed to thrive in restorative dentistry.

Unlike many courses that focus solely on clinical skills, Tipton Training's comprehensive approach covers all aspects necessary for real-world success, ensuring you're prepared to excel in both general and private practice.

A standout feature of this course is its emphasis on occlusion. Proper occlusal understanding can dramatically improve the longevity and functionality of your treatments, helping you deliver long-term results for your patients. Without proper attention on this aspect, even well-executed treatments can fail prematurely.



By focusing on restorative dentistry from an occlusal perspective, this course helps dentists build the critical thinking and clinical skills needed to provide durable, functional restorations that stand the test of time. This builds predictability in all the procedures you do, which builds confidence and ultimately success. Occlusion is the key to a successful career!

## PRACTICAL EXPERIENCE

The practical component of the course is equally robust. You'll gain hands-on experience through clinical workshops that mirror real-life cases, giving you the confidence to apply these skills in your own practice.

With a team of experienced instructors, you'll have guidance and mentorship every step of the way, ensuring that you not only understand the techniques but can execute them with precision.

By the end of the programme, many dentists feel a renewed sense of confidence in their abilities and an eagerness to take on more complex cases. The course provides the perfect foundation for long-term career success, equipping you with the skills and knowledge to expand your practice offerings and improve patient care.

For dentists ready to take their expertise to the next level, Tipton Training's Certificate in Restorative Dentistry offers a well-rounded pathway. Available as both a Level 7 and Non-Level 7 Certificate, the next cohorts begin in March/April 2025 in Manchester, London, Birmingham and Belfast. **D**

**FOR MORE INFORMATION**, please visit Tipton Training at [www.tiptontraining.co.uk](http://www.tiptontraining.co.uk). Alternatively, you can email [enquiries@tiptontraining.co.uk](mailto:enquiries@tiptontraining.co.uk) or call 0161 348 7849.



1-YEAR CERTIFICATE IN

# RESTORATIVE DENTISTRY

**Level 7 & Non-Level 7 Options Available!**

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April 2025 Course Schedules Now Available!

📍 Locations in **Manchester, London, Birmingham & Belfast**

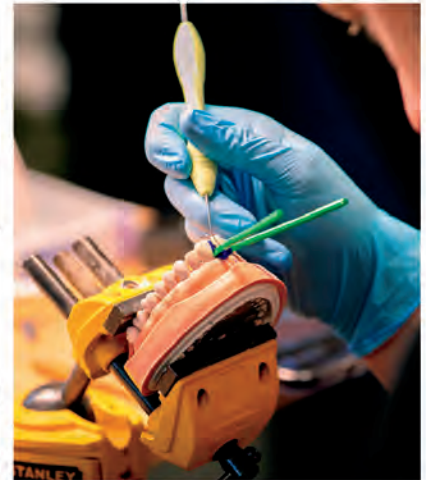
**Gain a deep knowledge of Occlusion & Restorative Dentistry with Tipton Training's Certificate in Restorative Dentistry! Designed for dentists eager to achieve lasting success in their careers by integrating advanced clinical techniques, occlusal expertise, and vital patient communication skills that elevates care to new heights.**

This comprehensive one-year programme provides an in-depth understanding of Restorative Dentistry from an occlusal perspective, a crucial element for ensuring long-term clinical success. The curriculum combines engaging morning seminars with hands-on practical sessions in the afternoon, allowing you to directly apply your skills in real-world scenarios.

Focusing on three essential pillars - advanced theoretical knowledge, practical clinical skills, and strong communication and business acumen - this course equips you to become a well-rounded professional, ready to excel in both general and private practice. Under the expert guidance of Professor Paul Tipton and his experienced team of tutors, you'll gain the confidence and expertise to expand your treatment options and deliver comprehensive, high-quality patient care.

**Modules Include:**

- Principles of Occlusion
- Occlusal Examination
- Endodontics
- Zirconia / Emax Preparations
- Posts
- Articulators
- Aesthetics
- TMD / Splints
- Adhesion / Composites
- Removable Prosthodontics
- Periodontics
- Bridge Design
- Treatment Planning
- Porcelain Veneers



**Next Cohorts Starting April 2025!**

**Manchester:**  
£9,480 (inc VAT)\*

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£9,995 (inc VAT)\*

**Registration Fee: £500 (inc VAT)**

*\*12-month 0% interest payment plans available!*

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Enquire today for more information & to see course schedules for April 2025.



# How to survive a CQC inspection

This online CPD course offers essential training accessible from your own home or practice

Londec is excited to offer essential training on how to survive a CQC inspection, accessible right from your home or clinic.

This webinar is designed to provide practical advice, tips and insights to help dental practices prepare effectively for their CQC inspections. It will take place on Friday 28 February 2025 from 09:15 to 16:30.

## COURSE OVERVIEW

This course is ideal for practice owners and managers of both NHS and private dental practices. It will guide you through what to expect during a CQC inspection, while also enhancing your understanding of:

- The Health and Social Care Act 2008 (as amended)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Care Quality Commission (Registration) Regulations 2009.

## LEARNING OBJECTIVES

- Gain insight into how the CQC inspects services using Key Lines of Enquiry
- Prepare for fit person interviews with confidence
- Understand how dental practices can meet CQC standards for the three regulated activities required of all dental practices in England.

## TUTORS

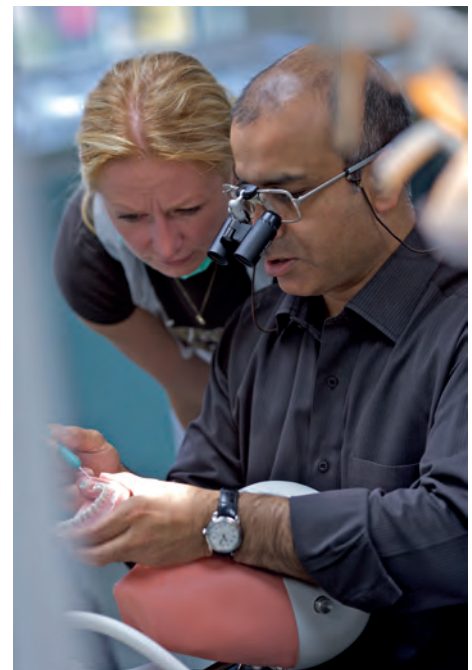
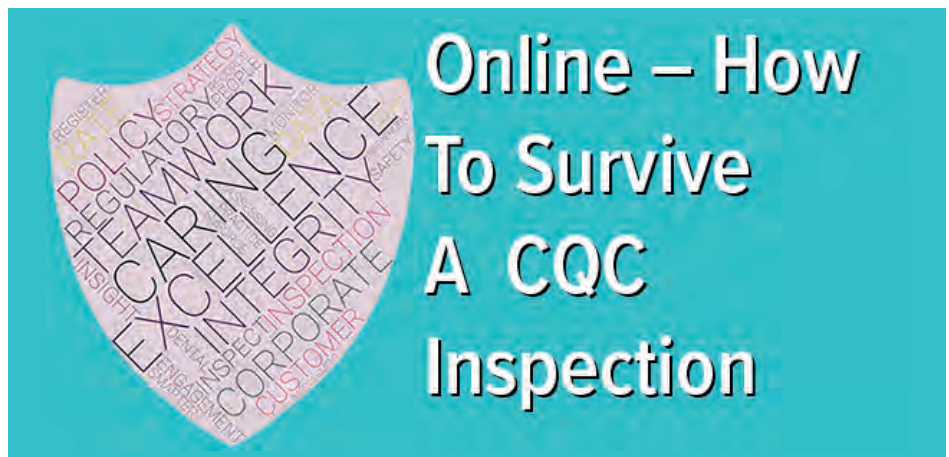
- Dr Amit Rai, BDS (Hons), LLM, FHEA
- Dr Pat Langley, BDS.

## WORLD-LEADING DENTAL TRAINING

Our centre delivers postgraduate education and CPD for all team members from a collection of fully equipped training suites to rival the world's best. Londec continuing professional development (CPD) supports dental care professionals in ensuring their skills and knowledge are maintained. A well-trained team means your dental staff will enjoy added responsibilities and autonomy, for a professional and loyal team.

A trained team also contributes to the delivery of highest possible quality and care of a dental practice; freeing your time to focus on dentistry so you can provide the best possible treatment solutions.

Situated close to Waterloo in central London and staffed by King's College's leading clinical educators, Londec represents the ultimate CPD destination or venue for your training event. **D**



This webinar will take place on Friday 28 February 2025 from 09:15 to 16:30. Register online at [www.londec.co.uk/courses/online-how-to-survive-a-cqc-inspection/](http://www.londec.co.uk/courses/online-how-to-survive-a-cqc-inspection/).

GET BONDED STAY

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Dr Sahib Sherif

PROSTHODONTIST

JOIN US AT OUR LUXURIOUS HANDS ON BIOMIMETIC COURSES AND LEARN EVERYTHING YOU NEED TO KNOW FOR RESTORATIVE DENTISTRY!

## BASICS OF ADHESIVE DENTISTRY

| PREDICTABLE ADHESIVE DENTISTRY

NOVEMBER 23 2024 | LONDON, MAYFAIR

JUNE 7 2025 | LONDON, MAYFAIR

SEPTEMBER 27 2025 | LONDON, MAYFAIR

This course is didactic and hands on and ensures delegates can perform adhesive dentistry reliably and with no problems. It covers:

- ✓ Immediate Dentine Sealing
- ✓ Crack removal and diagnosing if a tooth needs a composite or indirect restoration with check lists
- ✓ Caries removal end points to never expose the pulps

For more information on the range of topics covered, please visit [www.getbondedstaybonded.co.uk](http://www.getbondedstaybonded.co.uk)

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Dr Niall Hutchinson BDS,  
Cherry Tree Dental Care  
Oxfordshire





# Implant dentistry: your path to growth in 2025

Increase your treatment offerings and position your practice as a forward-thinking provider of comprehensive dental care

Incorporating implant dentistry into your practice is a powerful way to grow your business while meeting the evolving needs of your patients. As one of the fastest-growing areas in modern dentistry, implant treatments offer a durable, natural-looking solution for patients seeking alternatives to traditional dentures or bridges.

By expanding into implant dentistry, you not only increase your service offerings, but also position your practice as a forward-thinking provider of comprehensive dental care. This addition not only helps retain existing patients but also attracts new ones, boosting patient satisfaction and loyalty. Embracing implant dentistry enables you to provide higher-value, life-changing treatments that ultimately contribute to your practice's growth and reputation.

In today's evolving dental landscape, continuous education is essential for staying ahead, but it is extremely important to pursue a programme with a well-rounded curriculum that ensures delegates are not only able to provide implant treatments but are also able to manage potential complications.

As implant dentistry grows more sought-after, now is the time to elevate your skills in this specialised field. At VSSAcademy, we can provide you with a flexible, part-time hybrid programme, tailored for busy dental

practitioners looking to embark on a career in implant dentistry.

## FLEXIBLE HYBRID LEARNING FOR YOUR SCHEDULE

Understanding the demands of a busy practice, our programme is designed with flexibility in mind. Contact days are scheduled on Saturdays, allowing you to gain advanced skills without disrupting your workweek. This hybrid approach lets you balance professional and educational commitments seamlessly.

## HANDS-ON TRAINING WITH PATIENT SUPERVISION

Our programme emphasises real-world experience. On dedicated treatment days, you'll perform implant placements on live patients in a supervised environment. Guided by experienced mentors, you'll gain invaluable practical skills, building confidence and competence to make implant dentistry a core part of your practice. Suitable triaged patients are provided for all clinical supervision.

## IMMEDIATE IMPLEMENTATION WITH MENTOR SUPPORT

VSSAcademy believes in learning by doing. Under close mentorship, you can begin placing implants while you study, enabling you to apply knowledge in real-time. This

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## COMPREHENSIVE CBCT TRAINING

Stay compliant with UK regulations without the hassle of extra coursework. Our programme includes full CBCT training, equipping you with essential imaging skills needed for implant procedures and saving you time and additional costs down the line.

## EVIDENCE-BASED TECHNIQUES FOR ENHANCED PATIENT OUTCOMES

Our programme prioritises evidence-based methods that emphasise safety and predictability. Learn techniques to optimise implant success rates, reduce risks and provide patients with reliable, long-lasting solutions. With VSSAcademy, you will build knowledge and practical understanding of approaches grounded in research, improving patient satisfaction and clinical results.

## PATHWAY TO UCLAN'S MSC IN CLINICAL IMPLANTOLOGY

With our Approved Prior Learning (APL) pathway, graduates of our Certificate in Implant Dentistry can advance into the second year of UCLan's MSc in Clinical Implantology (terms apply). This seamless progression pathway gives you the opportunity to further your education without starting from scratch.

## ONGOING SUPPORT AND PROFESSIONAL COMMUNITY

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Don't miss the chance to advance your career in implant dentistry. Join VSSAcademy's Certificate in Implant Dentistry in March 2025 and unlock your full potential. Places are limited, so book your spot today by scanning the QR Code for details.

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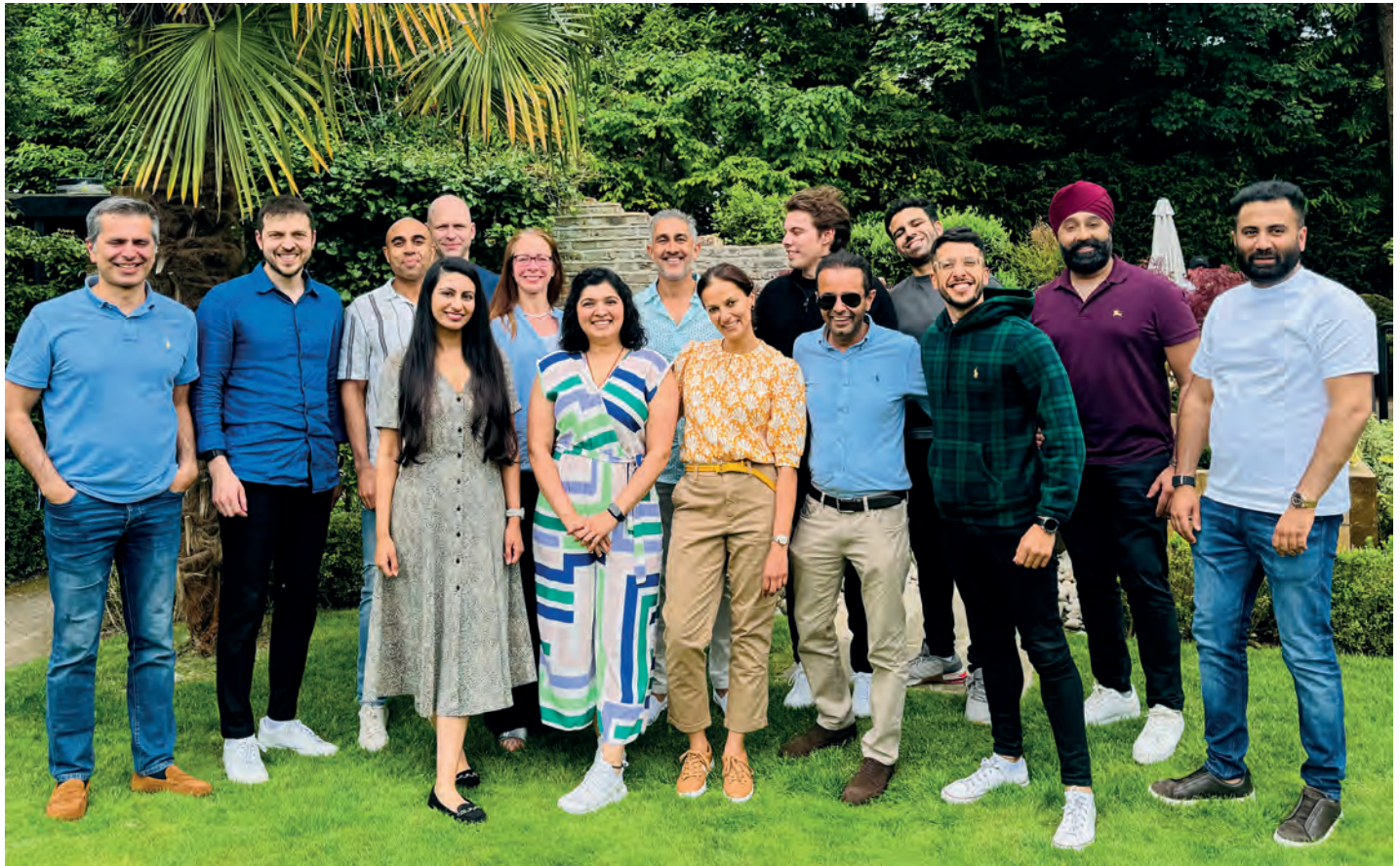
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## **MODULE 2: BRAND AND TEAM BUILDING**

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## **MODULE 3: NEW PATIENT EXPERIENCE AND PATIENT JOURNEY**

Equips you with the tools for creating a strategic patient journey, enhancing patient experience through emotional intelligence, and using impactful communication to inspire confidence, trust and influence.

## **MODULE 4: FINANCIAL INTELLIGENCE AND CREATING AN AWARD-WINNING PRACTICE**

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As well as showing you the step-by-step method of creating an award-winning submission. **D**

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Leading you in this transformational journey are: Sir Clive Woodward, coach to the England Rugby Team when they won the World Cup in 2003, the former General Manager for Nike UK, a Harvard Business School alumni now instructor and Dr Sameer Patel, CEO of the UK's leading dental clinic, E11even Dental Wellness. More guest speakers sharing valuable insights to be announced.

Not only will Sameer be giving away all the secrets he used to create the most celebrated practice in the country but, he will be joined by leaders in sport and industry to help you craft and hone your new vision. These are the same mentors who helped Sameer become his very best self, and now they are here to help you become an elite performer.

## Speakers



**Dr Sameer Patel**  
CEO, Partner and Co-Founder of  
E11even Dental Wellness



**Sir Clive Woodward**  
England's 2003 Rugby World Cup  
Winning Head Coach



**Megan Maley**  
Leader in Consumer Goods & Retail  
Industry, former Nike GM



**Hassan Khan**  
Graduate and Advisor at Harvard  
Business School

Brands our speakers represent



## Program

Module 1

**Healthy Leading: Self-Awareness and Insight**

Module 3

**New Patient Experience and Patient Journey**

Module 2

**Brand and Team Building**

Module 4

**Financial Intelligence and Creating an Award Winning Practice.**

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# Comprehensive aesthetic enhancement: tooth whitening during Invisalign clear aligner therapy

**Monik Vasant** discusses how he and his team view advantages of the new Invisalign Professional Tooth Whitening System and the positive outcomes they experienced

## Monik Vasant

Principal dentist and owner of  
Freshdental Clinic and Institute



Invisalign clear aligners are an increasingly popular choice in our practice due to their clinical outcomes, discreet appearance and patient convenience. Patients frequently request tooth whitening as part of their treatment and prior to using the Invisalign Professional Whitening System our protocol would include a separate course of whitening at the conclusion of Invisalign treatment. However, this is no longer necessary as the Invisalign Professional Whitening System uses unique, high viscosity Opalescence whitening gel, which allows practitioners to simplify the patient treatment protocol by effectively achieving orthodontic alignment and teeth whitening simultaneously.

My practice offers tooth whitening as standard with Invisalign clear aligner therapy. We have chosen this system for its compatibility with the aligners, and ease of

use. Combining the two treatments negates the need for additional whitening trays, as the Invisalign whitening gel is applied directly into the aligners.

### No compromise on performance

The whitening gel is formulated with optimised viscosity, which plays a crucial role in preventing washout during aligner wear. This ensures prolonged contact between the gel and tooth surfaces, optimising the whitening process without compromising the integrity of the aligners.

When patients request whitening, we use their lower dentition as the colour reference for how many shades lighter we recommend for their teeth. Lower teeth tend to have fewer restorations, making it easier to assess natural tooth colour. We can typically achieve two to three shades lighter, according to the Vita shade guide, something we recommend to patients, so they remain within natural limits. However, this does depend on what outcome they would like to achieve.

Our 'gold standard' whitening protocol is to remove attachments and complete three to four weeks of whitening until the patient is happy with the shade result. This is followed by one to two weeks of refractory purging before we can begin composite bonding. However, if we are working to a tight timescale, or with a particularly impatient patient, we can leave attachments in place. The gel continues to work effectively behind the attachments which makes the patient journey as efficient as possible, with fewer interventions. This helps to minimise any stress for the patient and can reduce chair time.

### A visibly brighter and whiter smile

The combined treatment approach achieves successful tooth movement and tooth whitening to address both functional and aesthetic concerns. Since we have incorporated the Invisalign Professional Whitening System as part of our aligner protocols, patients report whiter teeth compared with previous, alternative whitening systems. This is because the gel remains in the aligners, with little to no wash out and leakage.







Ultimately results can vary from patient to patient. They depend on enamel age, tooth tubules and how easily the teeth respond to the bleach, and of course treatment compliance. However, patients report good whitening and reduced

**Aside from the treatment itself, patients appear to be reassured by the consistent Invisalign branding the combined treatment brings**

sensitivity compared with previous whitening treatments they have experienced. They are also happy to complete the treatment as part of their Invisalign orthodontic treatment, rather than as a separate process. This is particularly important for patients undergoing aligner therapy of a year or more when enthusiasm may occasionally waver.

#### **Predictability and efficacy**

Patients are relieved they do not have to wear full coverage, scalloped whitening trays following their Invisalign clear aligner therapy – and can use their existing aligners, streamlining the process for both them and us the practitioners. Aside from the treatment itself, patients appear to be reassured by the consistent Invisalign branding the combined treatment brings.

In conclusion, Invisalign Professional Whitening System, when incorporated into clear aligner therapy, provides a comprehensive and efficient solution for patients seeking both orthodontic correction and teeth whitening.

The benefits of simplified application within aligners and enhanced gel viscosity make this integrated approach an effective and efficient option for aesthetic-focused orthodontic treatments. **D**

**FOR MORE INFORMATION** about the Invisalign Professional Whitening System please visit [www.invisalign.co.uk/gp/invisalign-solutions/whitening](http://www.invisalign.co.uk/gp/invisalign-solutions/whitening).

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# The pros and cons of a cuspidor

**Justin Hind** explores the possible advantages of working without a cuspidor and how it could help you to reduce cross-contamination risk, cost and patient anxiety while increasing efficiency

## Justin Hind

Territory manager for London and south east England, A-dec



Some people call it a cuspidor, others a spittoon, but whatever term you use, what you have at the side of your patient is a receptacle for spitting in. Or as the *Oxford Dictionary of Dentistry* puts it rather more eloquently, 'A form of bowl... into which patients can expectorate' (Ireland, 2010).

Either way, it is clear that it may be time for the cuspidor to retire gracefully from the realms of the dental practice, something that became even more apparent during and after the COVID-19 pandemic, when aerosols were designated the main infectious culprit.

In fact, did you know that the cuspidor has been found to have one of the highest concentrations of bacteria in the dental practice, with researchers demonstrating that the bacterial contamination levels of cuspidor surfaces were 44.9x10<sup>3</sup> CFU/mL (colony forming units) (Yun et al, 2014)?

Furthermore, they found: 'The mean bacterial cell count of cuspidors using water from water lines was also 70.16x10<sup>3</sup> CFU/mL in at least 11-year-old establishments, statistically significantly higher among in one- to five-year-old (4.61x10<sup>3</sup> CFU/mL) and six- to 10-year-old clinics (47.89x10<sup>3</sup> CFU/mL) (p<0.05).'

So, while the cuspidor will still have its claim to fame helping Pixar's Nemo to find his way home, perhaps that should now be its only use!

With that in mind, here we consider the current situation, what may constitute best practice, and the pros and cons of having a bowl to spit in right next to you and your patient.

## Failure to progress

Before we look to the future, perhaps it would be prudent to look to the past, and the evolution of this rather ubiquitous piece of dental equipment.

According to the Melnick Medical Museum: 'In the 1800s, most dental offices lacked not only electricity but plumbing as well. Patients rinsed their mouths and spat into an old-fashioned brass bowl that was usually attached to the chair arm. Even when the spittoon was enclosed in an attractive cabinet, it still had to be emptied by hand. The first self-cleaning cuspidor (the Whitcomb Fountain Spittoon), was introduced in 1867, but was not widely used because it required modern plumbing.'

Of course, plumbing eventually caught up with dental practices, but with the Whitcomb spittoon described as 'beautifully enamelled in imitation of rosewood' with smaller particles entering a dedicated waste pipe and a receptacle to catch

larger items such as gold and 'other valuable fillings', it doesn't take much imagination to consider the pathogenic horrors here.

Time moved on, of course, as did the technology available and cross-infection control knowledge, but truthfully, as stated by Ijaz (2021), with a cuspidor there has never been a 100% effective and safe way to circumvent 'saliva, blood, pieces of calculus etc just sitting there staring up at you' (Ijaz, 2021).

## Seven reasons to move on

When we looked into why so many dental professionals are now moving away from working with cuspidors, it became clear that there are seven main reasons why:

- 1. Hygiene** – reduce the risk of cross-contamination by removing the need for the patient to rinse. Instead, you could try to rinse for the patient with a 3:1 and high quality HVE suction from the treatment position. If the patient expresses a desire to rinse at the end of an appointment, consider a funnel attached to the HVE suction system, which the patient can hold close to their mouth
- 2. Cost reduction** – save costs on consumables such as plastic cups and detergents while reducing your environmental impact, as well as reducing the overall price of your equipment, allowing you to invest elsewhere or save costs. Indeed, it has been estimated that removing the dental spittoon could save you around 10% of the RRP of your equipment
- 3. Time saving** – save time for more appointments by reducing cleaning times and removing the need to rinse. It has been suggested that it takes about 90 seconds to stop a procedure, raise the patient for a rinse and spit, and return to treatment. If you multiply that by the number of patients you see per day, you may be surprised at how much time you lose doing that
- 4. Improved ergonomics** – improve ergonomics for the dental team by reducing unnecessary movements when adjusting the cuspidor during patient entry and exit. In a blind survey of dentists (who may or may not work with a cuspidor), 80% said working without a spittoon improves ergonomics in a surgery. Every single respondent reported that asepsis is improved, while three-quarters stated patient comfort is improved
- 5. Better access** – improve access for the dental nurse to get closer whilst creating space for better patient entry and exit, as the chair can be accessed by them from either side. In addition, dual sided access is beneficial for the dentist, especially, for example if performing

implant treatment while standing

- 6. Reduce maintenance** – fewer parts to your dental chair reduces both service cost and time. Without a cuspidor, dental chairs have less tubing, solenoids and circuit boards, making them easier and quicker to install, plus there is less that can go wrong
- 7. Aesthetics** – improved aesthetics allow for a cleaner, less-intimidating look, allowing the patient to feel more relaxed.

## Nothing on the chair...

As my colleague Nick Olive once wrote so succinctly on this subject, the so-called 'nothing on the chair' set up has many merits in terms of patient comfort, and there are some dental chairs that are designed specifically to allow for this type of configuration.

'Delivery systems, for example, can be supplied as a tidy side garage system, with an airbrake on most systems for optimum flexibility – or as a 12 o'clock system that can be mounted on a nurse's table at the rear of the chair to remain out of sight of the patient. When combined with a ceiling or wall mounted light and no spittoon, a dental chair quickly loses its intimidating appearance and is simply a comfortable piece of furniture in the middle of a room.

'This will certainly help nervous patients – but it may also prove to be a way of effectively future proofing a practice as well. Since they are designed to be clinically flexible and easily adapted, they can be changed to suit the needs of different clinicians quickly and simply. Ambidextrousness is one important consideration, and a chair that can easily facilitate both left- and right-handed users will certainly provide a variety of useful options well into the future.

'Of course, the more options there are to choose from, the more difficult it is for practitioners to decide precisely what it is they need and want. Therefore, it is important to get the advice of the experts, and to consider all your options before ordering a chair with what you think are the standard options.

'Flexibility and adaptability come generally as standard with certain high-quality chairs, so it is undoubtedly worth your while considering all the options.' (Olive, 2016) **D**

For references, email [newsdesk@fmc.co.uk](mailto:newsdesk@fmc.co.uk).

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Designed to optimise your practice, Sensei Cloud promotes agility and ease, offering a more convenient alternative to an on-premise system. The cloud-based software boosts productivity by offering seamless scheduling across multiple locations and specialties, allowing appointments to be adjusted with ease in the event of cancellations.

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## Addressing immediate implant placement

ADI

Professor France Lambert will be joining the ADI for its ADI Masterclass: Soft Tissue Regeneration, in collaboration with the Osteology Foundation, to present her session: 'Immediate implants: surgical consideration for soft tissue management.'

She said: 'I am very much looking forward to meeting you in London in November for the ADI osteology masterclass.'

'I will address a topic that is close to my heart, the immediate implant procedure, more specifically the surgical aspect for soft tissue management.'

'In a nutshell, what I would like to address is: Why should we do it? When should we apply the soft tissue procedure combined with immediate implant placement? Finally, I will share some cases and step by step procedures with you – addressing the how.'

'I am very much looking forward to meeting you there, see you soon!'

The ADI Masterclass: Soft Tissue Regeneration will take place on 23 November 2024 at Savoy Place, London.

[www.adi.org.uk](http://www.adi.org.uk)

ADI ASSOCIATION OF DENTAL IMPLANTOLOGY



## The Prettau zirconia line

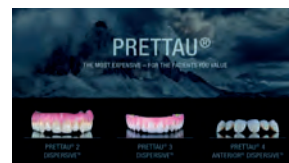
### Zirkonzahn

Zirkonzahn's zirconia range has grown over time into a material line consisting of six different types of Prettau zirconia.

- With a very wide range of applications – from partial crowns to full arches – Prettau solves common problems such as narrow spaces, bruxism or ceramic chipping for functional and aesthetic restorations
- Prettau 2 and Prettau 2 Dispersive are translucent with excellent flexural strength. Their aesthetic properties allow the design of monolithic restorations, preventing the risk of ceramic chipping. With Prettau 2 and Prettau 2 Dispersive, patients receive biocompatible, individual and stable dental restorations, from single crowns to full arches. Dispersive has a slight natural colour gradient
- With the new Prettau 3 Dispersive zirconia, the concept of Gradual-Triplex-Technology was introduced. In addition to the colouring, also translucency and flexural strength levels change. In this way, while the incisally increasing translucency results in a highly translucent incisal edge, the cervically increasing flexural strength leads to an extremely high flexural strength at the tooth neck.
- Prettau 4 Anterior and Prettau 4 Anterior Dispersive have been specially designed for the anterior region and are therefore characterised by a particularly high translucency. Both materials are suited for the posterior region. These two types of zirconia are suitable for the production of single crowns, inlays, onlays, veneers and three-unit bridges.

Zirkonzahn Shade Guides are composed of monolithic zirconia sample teeth in the shape of premolars, upper and lower incisors. They are available in Prettau 2 Dispersive, Prettau 3 Dispersive and Prettau 4 Anterior Dispersive zirconia.

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Having a CS 8200 3D Access scanner at your practice removes the need to refer patients for this type of imaging, instead allowing practitioners to instantly scan with low doses during consultations.

The scanner's versatile four-in-one solution blends panoramic imaging, 3D model scanning, optional cephalometric imaging and CBCT imaging to expand treatment options. These precise images will improve patient communication and education about their oral health, and ultimately ensure patient satisfaction.

Eliminating the lengthy process of referrals with a CS 8200 3D Access scanner will make your practice an efficient and reliable place for patients, with the chance of gaining new ones. [www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)



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## Meet the board: Linzy Baker

### ADI

Dental hygienist and therapist Linzy Baker is a member of the Association of Dental Implantology (ADI) Board as DCP rep. She shares a little bit about herself and her experience with the ADI:

'I joined the ADI in 2018 after qualifying from university, and attended my first Team Congress in 2019.

'I joined the ADI Board in 2021 as the DCP rep, and have since completed three years which have included aiding the organisation's social media presence, curating content for the Team Congress in 2022, organising and running the DCP programmes in 2023, building connections with other organisations, and contributing to the board to ensure DCPs are accounted for in all decisions being made.

'I wanted to get involved with the ADI Board as I saw an opportunity to expand reach to DCPs and not just being an organisation for dentists and the historically male-dominated field. There have been many positive changes since entering the board, and it is great to have the team involved with improving our educational reach to the supporting team.'

[www.adi.org.uk](http://www.adi.org.uk)

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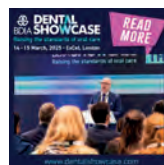
## Led by the profession! **BDIA**

Did you know... BDIA Dental Showcase is designed every year based directly on the professional insights and recommendations of a dedicated advisory board? The board consists of dental professionals from across dentistry who have experience in different roles and treatment areas.

This, coupled with its close working relationships with key associations and societies, further bolsters the quality of education and networking available. This means that the event is tailored specifically to what dental professionals want and need at the time, ensuring relevant exhibitors and educational programmes for all members of the practice team. Next year, attendees can expect even more exciting trade stands, with BDIA Dental Showcase being the only UK exhibition to see many of them for 2025. There will also be more lectures and panel discussions, and – back by popular demand – will be more Clinical Excellence Workshops offering practical training in a live setting for dental professionals.

The BDIA Dental Showcase 2025 will take place from 14 to 15 March at Excel London.

[dentalshowcase.com/register-interest-pr](https://dentalshowcase.com/register-interest-pr)



## Simple but stylish **Solventum**

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[www.solventum.com/en-gb/home/oral-care/](https://www.solventum.com/en-gb/home/oral-care/)

## An enjoyable experience **RPA Dental**

Dr Prakash Vaswani – principal of Vaswani Dental in Southgate, London – reflects on his experience with the RPA Dental team when they installed his Kavio Uniqa dental unit in 2023:

'It was a really good experience; it was a good company to work with. They made sure that it wasn't stressful and made it an enjoyable experience overall. I needed a couple of things doing following installation, and they were dealt with promptly. The RPA Dental team helped when I had a handle on the chair come loose, and an engineer came and tightened it. Again, when I had a problem with some plastic caps that had some cracks, engineers were able to come to replace them. It's been pleasurable working with the Kavio Uniqa Dental Unit, I really like the electric micro-motors which are good fun to use.'

[www.dental-equipment.co.uk](https://www.dental-equipment.co.uk)

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# Online - How To Survive A CQC Inspection

## 28th February 2025

### 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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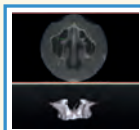
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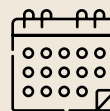
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