December 2024

Dentistry

DENTAL RECOVERY PLAN WILL FAIL TO REACH TARGET

The dental recovery plan will fail to reach its target of 1.5 million additional NHS dental treatments by March 2025, says new research, as delivery of NHS dentistry continues to sit below pre-pandemic levels.

According to a new report from the National Audit Office (NAO), even if the target was reached it would still be 2.6 million fewer treatments per year than pre-pandemic levels.

The dental recovery plan was launched in February 2024 by the previous Conservative government in a bid to improve access to NHS dentistry.

Access to NHS dentistry remains below pre-pandemic levels. Only 40% of adults are recorded as having seen an NHS dentist in the 24 months up to March 2024. This compares to 49% in the 24 months prior to the start of the pandemic.

The report also reveals that, based on NHS England (NHSE) analysis to date, fewer new patients have received treatment each month since the plan's implementation, compared to the same period in the previous year.

Unfulfilled promises

Additionally, the 'golden hello' incentive of £20,000 to place dentists into specific areas of the country has not yet contributed to the treatment target. While 274 practices have had their application approved to recruit a 'golden hello' post, according to NAO, the first dentist was not appointed until October this year.

Another dental recovery plan initiative was the use of mobile dental vans. These were aimed at delivering some dental services to targeted communities. This has also not been rolled out, with no vans having been procured. Any further progress is paused when the general election was called. New ministers stated this month that it will be left for integrated care boards (ICBs) locally to decide whether they go ahead with procuring vans during the remainder of 2024-25.

DHSC and NHSE assumed that dental vans and 'golden hello' payments would deliver around 60% of their full year possible delivery of treatments due to the lead-in time for their implementation. This amounts to 280,000 courses of treatment and 30,000 courses of treatment, respectively.

The planned delivery would have required the initiatives to be fully operational by September 2024, which has not been achieved. These initiatives have also delivered no additional courses of treatment.

Access denied

Dr Nigel Carter is CEO of the Oral Health Foundation. He said: 'This report lays bare the stark failings of NHS dentistry – failings that have denied millions of people their right to timely, quality care.

'Access to NHS dental services has plummeted, with rural and underserved communities hit hardest, leaving patients to suffer from preventable oral health issues. This is not only a crisis for patients but also for dental professionals, who are overworked, undervalued, and facing unprecedented pressure, with many leaving the NHS for better opportunities.

'The Department of Health and Social Care, along with NHS England, must be completely transparent about their true plans for NHS dentistry and the funding required to implement them.

'Without decisive action, the gap between what is promised and what is delivered will continue to grow, and the public, NHS workers and the system as a whole will bear the consequences.

'The question is no longer whether NHS dentistry can be saved. But whether the government has the will to make it a true priority before it's too late.'

In depth
Turn to page 16 for a full breakdown of the report

Tobacco and Vapes Bill backed by MPs

MPs have voted in favour of the Tobacco and Vapes Bill, bringing a UK smoking ban and stricter vape regulations one step closer to implementation.

The vote took place on 26 November, with the bill passing by 415 votes to 47.

While many MPs supported the objectives of the bill, including easing pressures on the NHS, some raised concerns about its practicality and impact on civil liberties.

Speaking to the House of Commons, health secretary Wes Streeting said smoking is 'the leading cause of sickness, disability and death in our country', and that the bill would help to create a smoke-free generation.

He also added that the legislation will 'come down on the vaping industry like a tonne of bricks'.

Outlining the measures included in the Tobacco and Vapes Bill, Streeting said: 'Taken together, these measures add up to the most significant public health intervention in a generation, a giant leap in this government's mission to build a healthy society, and in doing so helping to build a more healthy society too.'

A UK smoking ban was first proposed by former prime minister Rishi Sunak in October 2023. Speaking at the Conservative Party Conference, he said there is 'no safe level of smoking', unlike other products. He also added that the measure would 'save more lives than any other decision we take'.

The bill was ditched by Sunak ahead of the general election as it was midway through the legislative process. Shortly after prime minister Keir Starmer's election victory, it was confirmed that the Tobacco and Vapes Bill would go ahead under the Labour government.

Streeting acknowledged the former prime minister's bill, telling MPs that the Labour government has taken steps to improve it.

He also paid tribute to Sunak for putting the proposal forward 'despite opposition from his own party', stating that it 'took courage'.

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Mission statement

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

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Turning the CPD frown upside down

Guy Hiscott
Editor's view

Welcome to a slightly unusual issue of *Dentistry*.

If you've reached this page from our typical front cover then you might wonder what I'm talking about. But I ask you to spare a thought for those readers who are reading this page upside down because they've gotten here from the *Dentist Edition* of our *Dentistry CPD* publication hiding at the back of this issue. If you're *still* wondering what I'm talking about, just flip this issue over to find it lurking on what would normally be our back cover, and enjoy. (And if you're reading either this page, or that issue of CPD upside down, then don't panic – your issue is not broken. Simply rotate this page 180° and all will be well.)

All jokes aside, there's a serious reason behind the inclusion of an entire extra magazine within this issue. The CPD deadline for dentists is looming – and we know all too well how stressful that can be.

My genuine belief is that most dental professionals have no issue on keeping on top of their continuing professional development in terms of actual learning: it's the admin that causes the problem. As a serial 11th-hour-insurance-renewer this is something I will always have vast sympathy for.

That's something we've been trying to take the stress out of for a long time – at last count I think we've been publishing a physical edition of *Dentistry CPD* for well over 15 years.

The idea behind it is to bring all the material you need to complete your recommended CPD topics in one place. You can read the articles at your leisure: it's up to you whether you'd rather do that from the physical issue or to read them online. Once you're done, all you need to do is login to complete the quiz at the end of each one to demonstrate your understanding.

Here's the rub – the system automatically tracks all this for you, so once you've successfully completed each course, your certificates are kept in our secure system, ready to access whenever you need.

As someone whose natural skill is decidedly not in admin, I am often grateful that I don't need to contend with the tracking of CPD on top of everything else – so believe me when I say that we developed this out of a genuine desire to help lift that burden.

If you're not yet a member, don't worry – signing up is simple and only takes a few minutes. Once you're in, the QR code featured throughout will take you straight through to the page where all the articles from the back of this issue can be found.

It's not just recommended topics, either: online, Dentistry CPD has hundreds of hours of content covering everything from clinical interests to business management. Whether you're looking for a primer on guided bone regeneration or the principles of marketing, I'm totally confident that there's something for everyone.

Sadly, I've not yet been able to find a system that absolves me personally of having to remember to renew insurance policies. But with the added pressures of the festive break looming, I do take some solace in the hope that we're helping take some of the stresses off the table for our readers!

New GDC processes to speed up investigations

The General Dental Council (GDC) has formally adopted an 'initial enquiries' process that aims to speed up fitness to practise (FtP) investigations.

The new process limits the amount of information requested by the GDC at the initial stages of an investigation. Only relevant clinical records will now be gathered, reducing the amount of time taken to review the documentation.

This change will only apply to single-patient cases involving a dental professional with no other FtP concerns raised in the previous 12 months. The regulator said this was to 'ensure investigations were proportionate to the potential risks' because these cases have a high likelihood of being closed at the initial assessment stage.

The announcement follows a pilot scheme launched by the regulator in September 2023, which 'demonstrated that the approach can significantly reduce the average time it takes to conclude an investigation'.

According to the GDC's findings, cases took an average of 13 weeks to conclude during the pilot, compared to 30 weeks for single-incident cases outside of the scheme. Of around 250 cases investigated during the pilot, 84% were concluded at the assessment stage with no further action.

Theresa Thorp, executive director of regulation at the GDC, said: 'While investigations into fitness to practise concerns are an important part of the regulatory system that maintains public safety and confidence, reducing the negative impacts of investigations is a priority for us.

'The pilot has shown the potential to streamline investigations for certain types of concerns while upholding the GDC's commitment to public protection.'

News comment

Tempus fugit

It's that time of year again, and Kevin Lewis offers his seasonal retrospective on the year's successes and failures, arrivals and departures, events and non-events

Kevin Lewis | Consultant editor

Any reader who is sad enough to have read (let alone remembered) my column here a month ago, may remember that it started and ended with the phrase 'sod it'. You could be forgiven, then, for wondering if the title of this column (especially the second half) may be heading in a similar direction – but fear not. It's just that as a regular career-long scribbler on dental matters – this being my 43rd consecutive Christmas column if my sums are right – these yuletide columns do seem to come around with remarkable regularity and there is a limit to how often you can jingle all the way or ding dong merrily – on high or at ground level. But we can probably all agree that time flies, or *fugit irreparabile tempus* as my old mate Virgil used to say when we were both young lads.

You may have noticed that we had a general election halfway through 2024. Any change of government provides the politicians with precious time and let-out options. The outgoing administration can point to all the promises that they were about to keep, key decisions that they were about to announce, or game-changing initiatives that they were on the point of launching.

This gets trickier, the longer you have been in power of course… but it's always worth a try. And the incoming administration usually enjoys a honeymoon period during which they consult widely, listen intently, meet and photo-op with lots of stakeholders, plan great and wonderful things, and announce lots of initiatives which sound like action right up to the moment when you scratch the surface and realise that nothing much is actually happening at all.

Tempus certainly does *fugit* and while it is true that we never get the time back, once the sand has passed through the hour-glass, the enduring charm of dentistry is that we do get the policies back. Again and again. Indeed, we seem destined to be trapped in a revolving door of policies that keep coming back without ever touching the sides of the real, underlying problems.

In a year that featured an underwhelming Dental Recovery Plan (uDRP) from the Conservatives, then a party political broadcast from Lord Darzi on behalf of Wes Streeting and the Labour government, the big picture got bigger and more distant. What a pity that dentistry was pretty much airbrushed out of it, and out of His Darziship's diagnosis and blueprint too, although it is quite sweet how some observers have since attempted an imaginative 'read-across' to dentistry.

Both reports headlined a greater emphasis on prevention, and reincarnated other well-worn paths as if nobody had thought of any of them before. Lord Darzi spoke of moving from analogue to digital, while uDRP had spoken of moving from static to mobile, in the shape of the caravans being driven to car parks in dental deserts and under-served coastal communities.

The zenith of déjà vu came with the plan for supervised toothbrushing sessions for four- to six-year-olds. To pass the time while they are sitting in the local A&E department waiting for their toothache and abscesses to be treated, presumably?

Metrics

As if that wasn't exciting enough, Wes Streeting has since announced the groundbreaking idea of NHS league tables to introduce some internal competition, aspiration and naming/shaming of poor performers. The profound disquiet regarding over-simplistic OFSTED ratings for the performance of schools, and the similar failings and distortions caused by the NHS's discredited use of targets and unadjusted league tables for the past two decades suddenly seem to count for nothing.

But this time many of the same (or similar) performance measures will be re-named performance metrics – which will make all the difference, we are told. There is nothing remotely analogue about metrics as I'm sure you will agree. Digital and the use of metrics is so tomorrow and/or on trend, and analogue is so yesterday so the wordsmiths and spin doctors seem to have been working even harder than the real doctors. But the threatened zero tolerance of poorly performing NHS managers with the promise that in future they will be 'performance managed out' and no longer be quietly recycled to another lucrative NHS position elsewhere, is genuinely a groundbreaking prospect. If it ever really happens, that is. And assuming they don't get re-appointed as a lay member of the GDC or another healthcare regulator instead. I wouldn't hold your breath on that one. I do hope there will be some extra presents under the tree for those little boys and girls who have been especially good this year (and many previous years too, for that matter). Stephen Hancocks, long-time editor-in chief of the *British Dental Journal* (BDJ) deserves special mention here as he hands over the BDJ mantle – as does Trevor Burke as he in turn steps back from a long and glorious shift editing *Dental Update*. Dental publishing with be the poorer for their departure. Roshni Karia has deservedly become the president of the College of General Dentistry, just 14 action-packed years after graduating – the first female president in the 32-year history of CGDent and its predecessor organisation FGDP.

The scale of the GDC's impact on the mental health and wellbeing of those directly and indirectly affected has been ignored for too long

Musical chairs

Keeping up with all the restructuring, rebranding and changes in personnel at the GDC is becoming a full-time job, with more churn than United Dairies (as the saying goes). The GDC's senior management has

> Indeed, we seem destined to be trapped in a revolving door of policies that keep coming back without ever touching the sides of the real, underlying problems

had yet another 'refresh'; in March of this year Clare Paget joined the GDC's executive team, and in June Tom Whiting replaced Ian Brack as CEO and registrar.

Theresa Thorp is now almost an old stager, being a whole 15 months into her role at the head of the merged fitness to practise (FtP) and registration directorates, the former being a longstanding poisoned chalice that seems incapable of improving its performance despite many attempts and new initiatives. Some of those initiatives are welcome and have been effective to a limited degree. But the shameful truth is that this Christmas there are cases (and registrants) still marooned somewhere deep in the FtP processes that had already been delayed there for too long when Theresa Thorp joined the GDC in September 2023.

It has taken some tragic cases of registrant deaths, by suicide and/or with indirect causation, to carry this slowly towards the top of the GDC's agenda, and even that has only been achieved under huge pressure after much push back.

The scale of the GDC's impact on the mental health and wellbeing of those directly and indirectly affected has been ignored for too long and while the GDC should not be blamed for all the other contributory factors that are in play, it cannot be right that so many registrants (especially younger ones) are fearful of their regulator and have little or no trust or confidence in it.

On this and several other matters, the chorus of disapproval has become perceptibly louder from many quarters. We are perhaps not yet at the kind of crisis point reached in 2014/2015 when votes of no confidence were ringing out from all corners of the profession and finally stirred both Houses of Parliament to wake up to the profession's plight – but we are not far away I fear.

Meanwhile, the confirmation of Jason Wong as England's new chief dental officer in April was roundly welcomed – someone who understands and has a passion for general dental practice, and the realities of dental practice ownership and with long links with FGDP(UK) and latterly the College of General Dentistry.

I think we can all relate to his frustration in trying to get the needs of dentistry, and especially primary care NHS dentistry heard above the deafening noise of what needs to be done to fix the rest of health and social care. But the mood music is that dentistry's 18-year-old problems will take some further time to talk about, think about, consult upon and road-test – let alone fix.

Message to Santa

It has been a tough call to decide what to include on my Christmas List to Santa this year and what to place at the top, but like the Spice Girls I'll tell him what we want (what we really, really want). The profession itself feels that our profession has collectively lost its way, and also its identity (and respect) within the panoply of healthcare. We must collectively take our own share of the blame for this.

The protracted inaction over reforms to the dental NHS contract has rendered NHS dentistry unattractive to more than a generation of dentists and it is to the BDA's credit that the profession itself has quite rightly not been blamed for that. Another year has passed with no change to the GDC's Nelsonian 'I see no ships' approach to what is happening on social media, to postgraduate education, professional development and unfettered scope of practice excursions into the unknown, to the emergence of misleading 'virtual' qualifications and accolades, to the current wild west in relation to advertising dental services and the obscene prevalence of professional sabotage and 'blue on blue' under the pretence of responsible whistleblowing in the public interest.

It gives me no pleasure to say that there is no other dental regulator in the world that has presided to this extent over the demise of the profession it is supposedly regulating, and yet there is a prevailing air of denial, self-satisfaction, smugness and 'we know best' that suggests that the GDC does not even accept that there is a problem, even though they have played a central part in having created it.

In a year that featured an underwhelming Dental Recovery Plan (uDRP) from the Conservatives, then a party political broadcast from Lord Darzi on behalf of Wes Streeting and the Labour government, the big picture got bigger and more distant

They have been distracted and preoccupied with issues to which they attach greater importance. So if Santa could kindly hold up a mirror to the GDC and encourage it to show even a fraction of the reflection and insight it demands from registrants, then the lights might just burn a little brighter on next year's Christmas tree.

But Christmas should be a time of excitement, anticipation, magic and hope, so let us not forget the 2.5 million extra dental appointments promised by uDRP, and then the Angel Wes's pronoucement from on high that as a matter of urgency 700,000 extra dental appointments per year will be magically delivered by the elves and pixies making themselves available in the evenings and at weekends.

So look out for pigs flying through the night sky alongside Santa's sleigh, Rudolph et al. Have a good break and prepare for a truly transformative 2025... and if you believe that, you probably believe in Father Christmas too, so please give him my regards when he drops by. D

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

GDC apologises for handling of confidential papers

The General Dental Council (GDC) has acknowledged 'significant deficiencies' in the way it acted following a High Court judgement over its application for disclosure of family court documents.

In the case *GDC versus KK and Others*, Justice Gwynneth Knowles concluded the GDC showed a 'woeful ignorance' about the confidential nature of documents produced for the purpose of care proceedings, and about how requests for disclosure should be managed.

The background

In July 2019, the GDC made a request to Stockport Metropolitan Borough Council for the disclosure of information relating to the care proceedings involving a registered dental professional, known as KK.

This came after the GDC received an anonymous letter stating that KK was on police bail in respect of criminal investigations regarding an allegation that he had assaulted his former wife and her two older children.

The local authority provided a 'significant volume' of documents from and connected with the care proceedings to the GDC in the absence of any order from the family court authorising such disclosure.

In May 2023, the GDC opened its case against KK. It made an application for permission from the Family Court to the disclosure of documents in public law proceedings concerning the children of KK. The GDC sought to use the material in proceedings before its Professional Conduct Committee in fitness to practise proceedings.

Discussions during the case prompted, for the very first time, consideration as to whether permission had been obtained by the GDC to rely on materials from the family court proceedings.

Following a hearing in April this year, the GDC was ordered to destroy all previously disclosed and unauthorised material from its storage facilities. It also had to liaise with all and any external parties holding this material to effect their permanent deletion of this material.

In March this year, the Interim Orders Committee of the GDC also revoked KK's interim suspension. A new date has yet to be fixed for the part-heard PCC hearing.

A 'salutary warning'

Justice Knowles acknowledged that the 'gravity of the conduct alleged against KK was significant', adding that it was 'plainly in the public interest for the GDC to investigate any such allegations as part of its procedures'.

She also said that the care proceedings concluded over five years ago and there is no evidence that disclosure of relevant information to the GDC will in any way adversely impact the children's welfare to any serious degree.

The local authority and GDC both recognised the seriousness of what had taken place, court documents read.

'The GDC accepted the seriousness of what had taken place and had offered a fulsome apology to [the dental professional],' they read.

'It offered to bear its fair share of KK's costs in these proceedings and it too had engaged in an extensive programme of education and training for its staff to prevent a similar occurrence in future. The GDC accepted that it would be named in my judgment.'

Justice Knowles added: 'Neither public body acted maliciously.'

She concluded: 'The contents of this judgment stand as a salutary warning to local authorities and to other public bodies concerned with fitness to practise in occupations concerned with or touching on the welfare of children.

'It is plain that there was a woeful ignorance about the confidential nature of documents produced for the purpose of care proceedings and about how requests for disclosure should be managed.

'The costs incurred by the GDC and the local authority have been significant and both have been shamed by what occurred.'

GDC response

'We take our responsibilities regarding the gathering and handling of sensitive information very seriously and have provided unreserved apologies to the court and the individual concerned in respect of our failings in this case,' said Clare Paget, interim executive director of legal and governance at the GDC.

'We will continue to embed the measures that we have put in place to ensure that our approach to seeking disclosure of important material is conducted in line with the relevant legislative regimes to ensure that we can effectively protect the public and maintain confidence in the dental profession.'

NEWS IN BRIEF

NHS to offer 'stop smoking' pill

The pill – known as varenicline – has been shown to work as well as vapes to help people stop smoking.

'Mewing' dentist struck off

A dentist has been struck off after offering 'inappropriate and misleading' treatment recommendations, prompting warnings from orthodontic experts.

Sugar: 'call for attention'

Reducing sugar in the first 1,000 days after a child's conception reduces the risk of developing health problems later in life, research has found.

Access in Scotland a struggle

More than one third (34%) of Scottish adults reported having difficulties when visiting the dentist according to the government, the highest proportion since 2009.

Childhood obesity concerns

Children as young as two are being treated for health conditions associated with obesity, with one health expert saying latest figures 'continue to concern'.

SCAN
THE QR CODES TO READ ON!

Annual mouth cancer cases reach 10,000 in the UK

Annual cases of mouth cancer diagnosed in the UK have risen to 10,825 according to newly-released data, up from 8,864 the previous year.

According to the Oral Health Foundation's *State of Mouth Cancer UK Report 2024*, this has increased by 38% in the past decade and 133% in the last 20 years. Last year, 3,637 people died as a result of mouth cancer.

Mouth cancer now accounts for just over 2% of all cancers, the 10th most common form in the UK. This rises to ninth in men alone, with two thirds of oral cancer cases occurring in men.

Age is a significant factor for mouth cancer, with 81% of patients aged over 55. Almost six in 10 (58%) oral cancer cases are diagnosed in the 55-74 age group.

Another influence is deprivation levels. Men in the most deprived areas have a 101% higher chance of oral cancer, while women experience a 64% higher likelihood.

Scotland has a greater incidence of mouth cancer compared to the rest of the UK, at 19.2 cases per 100,000 people. Levels are lowest in Northern Ireland (13 cases per 100,000).

Risk factors

Around two thirds of mouth cancer cases are directly caused by smoking. Smokers are 91% more likely to develop oral cancer than non-smokers.

Alcohol is also a significant risk factor – drinking to excess is associated with around one third of cases.

Those who drink between 1.5 and six units of alcohol daily may be increasing the risk of mouth cancer by 81%.

For those who both drink heavily and smoke, the likelihood of oral cancer is 30 times higher.

The human papilloma virus (HPV) is linked to almost three quarters (73%) of oropharyngeal cancers and 12% of oral cavity and hypopharynx cancers.

Other risk factors include various forms of tobacco consumption, poor diet, exposure to X-rays and gamma radiation, sunlight, family history and environmental smoke.

Survival

The 3,637 annual mouth cancer deaths equate to 10 people every day.

Depending on the location of the cancer, one-year survival rates are between 60% and 84%. This drops to between 18% and 57% after 10 years.

Hypopharyngeal cancer is the most deadly, with an 18% chance of survival after 10 years. Early detection boots the chances of survival by between 50% and 90%.

Across the UK, deaths from oral cancer have increased by 52% in the past 10 years.

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Patients believe they can register with dentist by right

According to new research carried out by Healthwatch, more than two thirds (68%) of patients mistakenly believe they have the right to register with an NHS dentist as they do with an NHS GP.

When asked about their preference for accessing NHS dental care, more than half of respondents (54%) said they want to be able to register with an NHS dentist as a permanent patient in the same way as they can with an NHS GP.

One third of respondents (33%) said they had to wait longer for their NHS dental treatment than they wanted.

One in six (16%) said they had not been able to find an NHS dentist who would treat them, with 27% having to seek private care in the last two years.

Healthwatch England's ongoing polling highlights how people continue to struggle to access NHS dental appointments.

Fee confusion

The research also highlighted public confusion surrounding NHS dental fees:

- Younger people aged 18 to 34 and people from ethnic minority groups were more likely to believe they were charged more for dental care. They were also more likely to feel pressured to pay privately than other demographic groups
- One in five (20%) said they had difficulties finding information about NHS dental fees
- Similarly, 19% believed they were charged more than advertised NHS dental charges
- One in seven (15%) of people who had seen an NHS dentist in the last two years felt pressured to pay privately.

Plans approved for new dental school

Plans to open a new dental school in Norfolk have advanced, supported by £1.5 million in funding.

The new dental school will be built at the Norfolk and Norwich Hospital (N&N) as part of the University of East Anglia (UEA).

Norwich council leaders granted the funding following calls for the UEA to address the 'dental desert' in Norfolk. This comes as a report found that Norwich had the second lowest acceptance rate for NHS dentistry in the UK, with just eight out of the 50 practices (16%) accepting patients.

Currently, East Anglia is the only region in the country without a dental training school. The university hopes the dental school, which is expected to cost a total of £3 million, will result in more dentists practising in the county.

Sue Holland is leader of Broadland District Council and chairman of the Greater Norwich Growth Board. She said: 'The lack of access to a dentist is a real concern for too many of our residents. Training dentists locally will provide much needed resources for existing dental practices.'

Named the School of Oral Health, the new dental training facility will be created on the second floor of an extension on the N&N's Edith Cavell Building.

The university is set to provide the remaining £1.5 million from its capital budget for equipment. This includes nine dentist chairs and specialist teaching facilities.

At first, the school will enrol 40 students per year, expected to increase to 65 students per year following another expansion.

One fifth of NHS general dentist positions unfilled, data shows

According to newly-released NHS England data, more than one in five (21%) general dentist posts in the NHS were vacant as of March 2024.

This equates to almost half a million (495,774) days of NHS activity. Of all general dentist vacancies, 87% were found to be in the NHS.

The vacancy rate for NHS dental hygienists was 2% higher at 23%. However this equates to 98 unfilled positions compared to 2,749 for general dentists. NHS dental therapists also saw a high vacancy rate of 20%, amounting to 259 unfilled roles.

A high number of unfilled positions were reported for NHS dental nurses (1,161) but this was a much lower vacancy rate of 8%. It nevertheless equates to more than 170,000 days of lost NHS time.

Shawn Charlwood, chair of the British Dental Association's (BDA) General Dental Practice Committee, said the figures were a sign of a 'broken system'. He said: 'Past governments pedalled workforce numbers that were a work of fiction. The reality shows just how deep the crisis in NHS dentistry goes.

'A fifth of posts now stand empty, and every single vacancy translates in thousands unable to access care. We've had promises of reform, but a broken system will push dentists out of the NHS every day it remains in force.'

How many NHS professionals are working full time?

Of 25,659 respondents who were categorised as a general dentist, around 15,000 were working full time. Approximately 10,500 of these dentists were working the equivalent of full-time hours for the NHS, representing 70% of the full-time workforce.

Other than foundation dentists, the highest proportion of NHS full-time activity was carried out by orthodontic therapists at 83%. Of just less than 1,250 respondents in this category, 414 were working full-time equivalent in the NHS out of a total of 520 full-time workers.

Dental hygienists were the group with the lowest proportion of full-time work in the NHS. Of 5,782 respondents, 2,076 were working full time though just 321 or 15% within the NHS.

Are professionals leaving dentistry?

The data also explored the number of professionals entering and leaving roles in dentistry within a six-month period. For general dentists, the numbers were fairly similar with 1,929 joining the profession as 1,964 left.

However, the number of leaving dental nurses outweighed those joining by more than 700, at 2,223 compared to 1,503. Conversely 2,681 trainee dental nurses joined the profession while 1,746 left.

NHS England notes that the data does not distinguish between professionals leaving dentistry altogether and leaving one practice for a new role at another. However those moving between practices would be represented in both the joiner and leaver statistics.

Up to 96% of practices are not accepting new NHS adult patients

Findings from a new *Daily Mirror* investigation suggest up to 96% of dental practices in England are unable to take on new adult NHS patients.

The newspaper found that 4,800 (73%) dental practices on the NHS 'Find a Dentist' website are currently not accepting new adult patients. In addition, there was not a single NHS dentist accepting new adult patients in 10% of constituencies.

Together with the British Dental Association (BDA), the newspaper then contacted 100 practices which were listed as accepting new adult patients 'when availability allows'. However, this revealed that 84 were in fact not currently accepting new patients, with one practice's waiting list as long as 10 years.

As a result, this suggests that the actual figure of practices not accepting new adult NHS patients is closer to 96%, as opposed to the 73% indicated by the NHS website.

Following these findings, the BDA has stated that the government 'must show urgency and ambition' on its promise to reform the NHS dental contract. The professional body also stresses that 'there simply won't be a service left to save without rapid action'.

Level of access 'exaggerated'

The BDA believes that the changes made to the NHS website under the last government have made it 'all but impossible' to identify whether practices are accepting new patients.

Previously, practices were asked to state if they were taking new NHS patients with a yes or no question. The website update now asks practices whether they can do so 'when availability allows'. This change was implemented by the former government following the announcement of its dental recovery plan.

According to the BDA, this change seems 'designed to exaggerate the levels of access available to patients'.

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Gathering and sharing viewpoints

Catherine Rutland shares how research and reports are helping to shape political debates around dentistry

Catherine Rutland
Clinical director at Denplan

As we approach the end of the year it has been great to feel that months of work have finally come together. One part of my role is being involved with our teams carrying out research and then pulling it into a report. It is always a huge amount of work, involving many teams and inevitable delays, different opinions and frustration.

Yet, when the final report or paper is launched, there is always a feeling of pride, and I am very grateful to all who are involved. Our Oral Health Survey is a snapshot of the views on the oral health of over 5,000 members of the public. Every year that we carry out the research, something changes, and I always find it so important to understand the wider feeling on dentistry and oral health from outside of the profession. We can get lost in our own views and opinions but this sense check from the wider public is so important.

Sharing the report with MPs is invaluable and can enable them to add dentistry to parliamentary debates. The topics of debates can be wide ranging and there are many that don't make the headlines, yet debates are a hugely important part of politics.

Arming MPs with specific dentistry knowledge via reports helps them understand the whole dental landscape so they are empowered to feed in, even to debates that are not directly about dentistry.

Throughout the year we have also been talking to and surveying some of our member dentists to understand their views on the future of dentistry. Pulling two reports together in similar time frames has been interesting. However, it's great to be able to talk more widely about public and professional opinion in a similar timeframe.

Talking with stakeholders outside of dentistry can inevitably invite challenge that our views are for our own ends. And yes, of course some parts are, work-life balance and our morale for starters, yet so is patient care and the sustainability of how that can be delivered, regardless of payment type. When you can add in the view of the public, it shifts the dialogue and gives the wider picture of views on dentistry across the country.

As the political debate around dentistry continues, having research to back up conversations with MPs and other stakeholders is critical. We are an evidence-based profession, and so the views of the public and our members must also be considered if we are to be taken seriously.

Reflecting on finances

As we approach the end of 2024, **Iain Stevenson** encourages dentists to reflect on the year we are about to leave behind before turning our attention to the New Year

Iain Stevenson
Head of dental at Wesleyan Financial Services

Thinking about your finances, how did you do this year? If you were to give yourself a score out of 10, what would that look like and does it point to something that needs your attention in 2025?

First, protection. How confident are you that your family would be able to maintain their standard of living in the case of the death of you and/or your partner, or if you were off sick for more than six months? If your score was not a 10, these are areas that perhaps need addressing.

Next, savings. Does your structure meet your needs? Start by asking if you would have enough money should an emergency occur in the short term. Then think about everything that could happen over the next 10 years or so that may require access to a lump sum – eg a new house, car, a wedding, a special birthday, university fees, etc. Do you have plans in place to ensure you have access to money at a time when you need it in the medium term? When was the last time you reviewed your investment risk and performance?

Finally on savings, don't forget long-term planning. Have you thought about life after dentistry? There are so many aspects to consider including your family situation, whether you have a practice to sell, the savings and pensions you have in place, what your tax position will be, what you plan to actually do in retirement, etc.

Now turn your attention to any liabilities. Do you have any debts that require attention and are they adequately protected? If you own or part own a practice, have you reviewed your contracts and agreements? Likewise, any partnership agreements need to be regularly reviewed to ensure there are no surprises. In the event of one of the partners dying, or being unable to work, what would happen to the partnership and would there be any financial implications?

Estate planning is another consideration as there were potentially very significant changes in the recent budget announcements, which could change the face of inheritance tax and pension planning. Have considered any implications?

There are many more aspects surrounding your personal finances and putting time aside to think about financial planning can easily fall by the wayside. However, the consequences of neglecting to do this each year could be irreversible – the future of you, your family and even your business depend on making well informed decisions.

The two sides of the dental coin

Nigel Jones considers contrast between the two worlds of private and NHS dentistry

Nigel Jones
Sales and marketing director at Practice Plan

On two consecutive days, I had two very different views of what's going on in UK dentistry.

The first day brought me, via a social engagement in the north west, into contact with a hygienist working for the special care and community dental services. She was struggling with her work however not, as you might imagine, due to being overwhelmed with demand for her services. Quite the opposite in fact as she was concerned about the white spaces that have entered their appointment book.

It's easy sometimes to equate access issues with a lack of resources, but it's a far more complicated picture with social deprivation and education among the factors. In this case, the challenge lay in the referral pathway and the lack of local NHS dentists available to refer suitable patients to her service. The failure of the system was clearly taking its toll, as was the frustration at her inability to provide care to people who so desperately need it.

Just 24 hours later and I'm in London attending the Private Dentistry Awards. You couldn't help but be struck by the buzz and the pride among attendees as they received acknowledgement for the incredible work they do in their own communities. The biggest outpouring of joy was from those declared winners but just being among the nominees is an amazing achievement that validates all the hard work of these teams.

The contrast between the two worlds could not be starker. Of course, I'm delighted at the success of the private dentistry sector. It is providing the motivation to attract and retain dental staff. Having helped hundreds of dentists, I know that more money is rarely the motivation for 'going private'. The emphasis is on high quality care, recognised by patients and judging panels alike.

That delight does not stop me becoming increasingly worried about those in society that are being left behind by the continuing shift away from the NHS – the people who should have access to the hygienist who inspired this column. My belief is that everyone in that room at the Private Dentistry Awards shares such concerns.

Wes Streeting has spoken of the need for a more pragmatic, constructive relationship between the private and public sectors to improve health outcomes. In that spirit, let's hope independent dental care providers and the NHS can find innovative ways of collaborating to reduce rather than widen oral health inequality. D

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NHS in crisis

Dentistry delves deep to discover what the dental recovery plan has achieved so far

With the release of the new investigative report looking into the NHS dental recovery plan and what it has achieved so far, *Dentistry* breaks down what it says, what it means and how the dental profession has reacted.

What is the dental recovery plan?

The NHS dental recovery plan was released in February this year. Published under the previous Conservative government, the plan set out a number of initiatives aimed at tackling access issues within NHS dentistry. The £200 million plan was intended to deliver more than 1.5 million additional NHS dentistry treatments (or 2.5 million appointments) in 2024-25. It had three components:

- Expanding access in 2024 so that 'everyone who needs to see a dentist will be able to', beginning with incentives to dental practices to deliver NHS care and introducing mobile dental vans for under-served communities
- Launching Smile for Life, a focus on prevention and good oral health in young children alongside a consultation on water fluoridation in north-east England
- Supporting and developing the dental workforce through measures in the NHS long-term workforce plan, and setting the trajectory for further contract reforms.

It proposed a number of initiatives that would help to deliver the extra treatments, such as:

- A new patient premium where participating dental practices receive a credit of units of dental activity (UDAs) equivalent to £15 or £50 (depending on the course of treatment) for eligible new patients
- 'Golden hello' incentive – around 240 dentists will be offered one-off payments of £20,000 for working in under-served areas for a minimum of three years
- The minimum value of NHS activity increasing to £28 (from £23)
- Dental vans sent to rural areas to help reach the most isolated communities.

Other proposals not aimed at increasing treatment courses but intended to have a more long-term impact included:

- Advice for parents and parents-to-be on the right care for baby gums and milk teeth
- A dental graduate tie-in
- A water fluoridation programme to be rolled out by government (subject to consultation).

Some progress was made on these aspects of the wider plan before the 2024 general election, including consultations on a dental graduate tie-in and water fluoridation in the north-east of England. Beyond that, however, these are currently awaiting decisions by the new government.

What is the investigation?

Put together by the National Audit Office (NAO), November 2024 saw the release of a report titled *Investigation into the NHS dental recovery plan.*

It was compiled to provide clarity on the current state of NHS dentistry, how the plan was developed and whether it is on track to meet its objectives.

The report reads: 'We decided to investigate the dental recovery plan because of a widespread perception among the public, parliament and media that NHS dentistry is in a state of crisis.'

It adds that when referring to 'the plan', the report is considering four main initiatives: the new patient premium, the 'golden hello' payments, the UDA value increasing and the dental vans. These initiatives were expected to have impact in 2024-25. As a result, reporting in November 2024 provides an update on the plan more than halfway through that period. The report acknowledges, however, that the general election will have impacted progress in some areas over that time.

What does the dental recovery plan hope to deliver?

The dental recovery plan aimed to deliver 1.5 million courses of treatment at a cost of £200 million by march 2025. Broken down, this looks like:

- New patient premium – 1,130,000 treatments at a cost of £164 million
- UDA uplift – 270,000 treatments at a cost of £25 million
- 'Golden hello' incentive – 280,000 treatments at a cost of £2.4 million
- Dental vans – 30,000 treatments at a cost of £8.4 million.

The DHSC predicts that if the plan delivers the anticipated additional courses of treatment, and if dentistry continues to recover in line with its current post-pandemic trajectory, courses of treatment in 2024-25 will reach 37.1 million. This would be 2.6 million short of the 2018-19 pre-pandemic baseline of 39.7 million.

The landscape of NHS dentistry

Access to NHS dentistry across England remains below pre-pandemic levels. In the 24 months prior to the start of the COVID-19 pandemic, 49% of the adult population had seen an NHS dentist. This dropped to as low as 34% in March 2022. Although it increased to 40% by March 2024, it still remains below pre-pandemic levels.

There are also regional variations when it comes to NHS dental access. Some areas of England receive twice as much care as others. Other areas are recovering to pre-pandemic levels quicker than others.

Other contributing factors include a need for dental contract reform, insufficient availability of dentists carrying out NHS dentistry and overall spending on primary care NHS dentistry falling in real terms.

Key statistics

- 40% of the adult population in England saw an NHS dentist in the 24 months up to March 2024, down from 49% just before the start of the pandemic
- £3.1 billion total spend on primary care NHS dentistry in 2023-24
- £555 million less spent in real terms on primary care NHS dentistry in 2023-24 compared with 2019-20
- £392 million reported under-spend against the total ring-fenced NHS dental budget in 2023-24
- 2.6 million fewer courses of treatment expected in 2024-25 if the plan fully delivers, compared with a pre-pandemic baseline in 2018-19
- £57 million amount spent from April to August 2024 on the 2024-25 plan, with two out of four headline initiatives currently fully rolled out
- 483 fewer dentists providing some NHS care in England in 2023-24 compared with 2019-20.

What has plan achieved so far?

By the end of August, £57 million had been spent on the plan. So far, the Department of Health and Social Care (DHSC) and NHS England (NHSE) have completed roll out of two of the four initiatives: the new patient premium and the unit of dental activity (UDA) uplift.

New patient premium

The new patient premium launched on 1 March 2024, with further guidance on patient eligibility issued by NHS England on 10 May 2024.

UDA uplift

The UDA uplift has been applied to all of the 876 contracts that fell below the £28 threshold.

'Golden hello' incentive

For 'golden hellos', there were some ministerial decision-making delays in agreeing allocations for posts across England before the general election was called. Out of an expectation of at least 240 'golden hellos', 274 practices have had expressions of interest approved across England, and the first dentist had been appointed in October.

Dental vans

No dental vans have been procured so far. Potential market suppliers said that there may be challenges around the availability of vans and funding beyond 2024-25 but any further progress on this initiative paused when the general election was called.

New ministers stated in November that it will be left for integrated care boards (ICBs) locally to decide whether they go ahead with procuring vans during the rest of 2024-25.

What impact have initiatives had on additional treatment targets?

Since the new patient premium launched in March 2024, fewer courses of treatment for new patients have been completed in every month than in the equivalent month in the previous year. ▶

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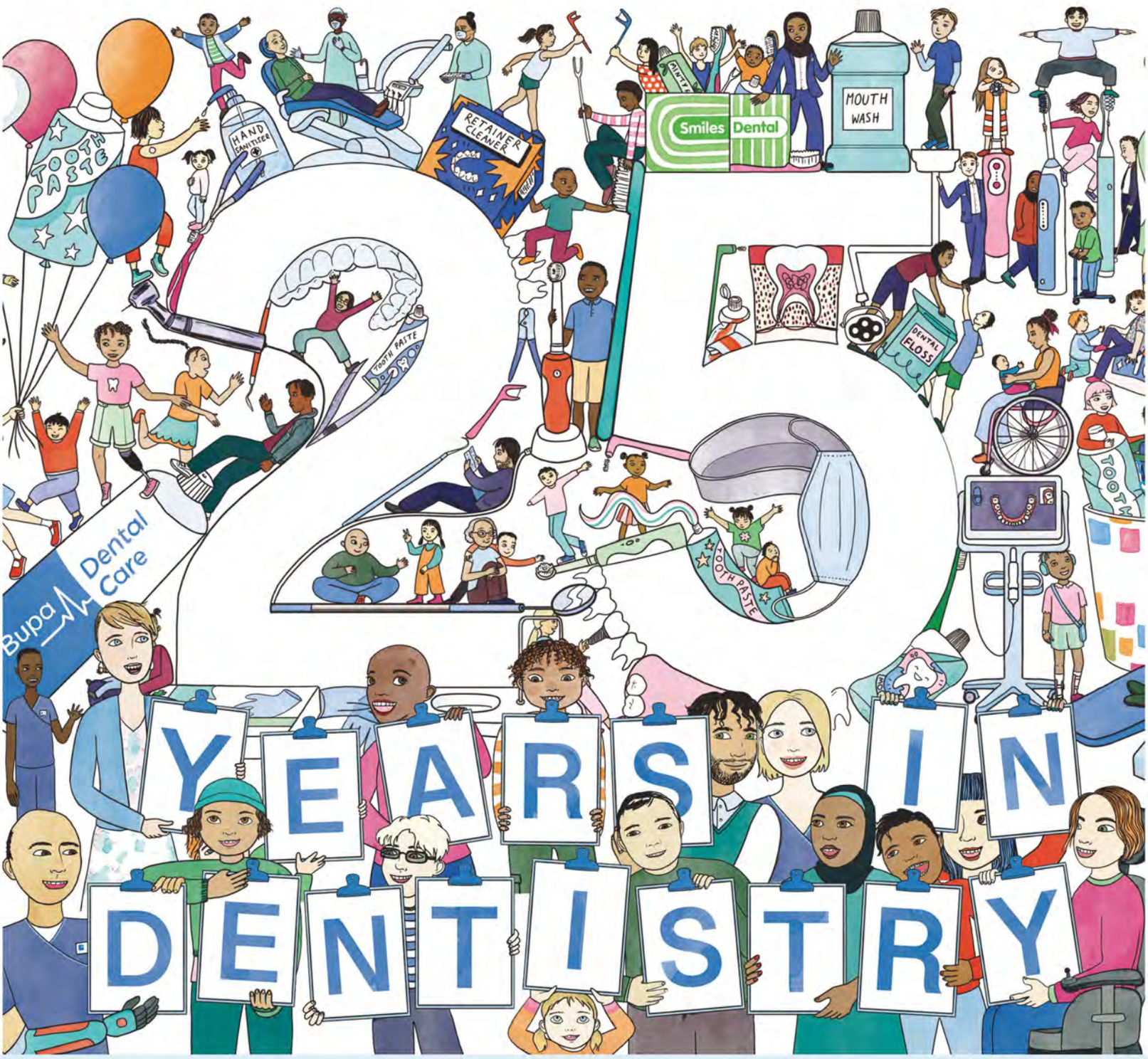

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The DHSC and NHSE assumed that dental vans and 'golden hello' payments would deliver around 60% of their full year possible delivery of treatments (280,000 courses of treatment and 30,000 courses of treatment, respectively), due to the lead-in time for their implementation.

This would have required the initiatives to be fully operational by September 2024, which has not been achieved. These initiatives have delivered no additional courses of treatment.

Is the plan on track to deliver its targets?

Based on initial analysis, the report says the plan is not on track to deliver the additional courses of treatment. NHSE expects the new patient premium to deliver 1.13 million of the more than 1.5 million additional courses of treatment expected through the recovery plan. NHSE has thus far analysed data up to the end of September 2024, showing that fewer new patients had been seen in the first seven months of the premium than the equivalent period in the previous year.

In September, NHSE began further analysis to better understand the impact that the new patient premium is having, including whether locally commissioned activities could be impacting claims.

The review says that so far, data does not suggest that the new patient premium is on course to deliver the expected additional courses of treatment by March 2025.

However, NHSE also has data showing a 14% increase in dental practices reporting that they are accepting new patients between December 2023 and September 2024.

NHSE has not yet assessed what impact the uplift to minimum UDA values has had against what was expected. Overall dental activity levels are up slightly in 2024-25 compared with 2023-24.

The report says this is in line with DHSC's predictions about improvements in delivery for 2024-25 without the additional impact of the plan.

NHSE and DHSC have also agreed an evaluation of the plan that will aim to report in the next 12 months.

Reactions from the profession and beyond

Association of Dental Groups (ADG)

Neil Carmichael, executive chair at the ADG, said: 'The National Audit Office report is disappointing. It shows a clear lack of understanding of the complexities of the issues that are responsible for the crisis in dentistry.

'The NAO report has focused on contract reform, rather than workforce planning. Unfortunately, this finds both the Conservative's dental recovery plan and the report on it "pie in the sky".

'If you don't have the workforce to deliver dental treatments, any plan, is never going to work.

'The ADG believes an official public inquiry is the only way forward. The Public Accounts Committee need to have a look at the plan and also why the NAO report lacked meaningful consultation that would have shown how a recruitment and retention focus for the full spectrum of the dental workforce is the solution.

'The dental workforce includes other Dental Care Professionals (DCPs) such as dental nurses and dental therapists who are critical to providing patient care. Remember DCPs are now trained to carry out 70% of the treatments that dentists can.

'We talk to large and small dental practices up and down the country every day, and our insights from our members should be part of what informs this official inquiry. It is the only way we will get the full picture and a robust recovery plan. The ADG is here to support the new government to deliver on dentistry reform.'

British Dental Association

Shawn Charlwood, chair of the British Dental Association's General Dental Practice Committee, said: 'We warned at the outset that this recovery plan was unworthy of the title.

'Unfunded, unambitious policies failed to make a dent in a crisis hitting millions.

'A new government must show it is willing to learn from its predecessor's mistakes.'

Toothless in England

Toothless in England is a campaign group pushing for an 'NHS dentist for everyone'. In a statement, it said: 'We wish to express our gratitude once more to the National Audit Office for inviting Toothless in England to participate in their enquiries.

'Health ministers' and the NHS's lack of ambition, coupled with repeated failures, are depicted in today's report.

'With the state of NHS dentistry being where it is right now, the government's dental recovery strategy does not go anywhere close to properly resolving the dental crisis.

'In order to address this, it is critical that the new government heeds the report's conclusions and does not conceal its own inadequacies. At the very least, let patients know – 120 days after they were voted into office – when their manifesto promise of 700,000 extra emergency dental appointments will be made available.

'Toothless in England still hopes that our voice – that of millions of dental patients behind us –will be heard and that one day accessible NHS oral healthcare in our country will be back to something we can all be happy with and benefit from.' D

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Dentistry Census 2024

The Dentistry Census has highlighted that dental practices are walking a tightrope... here, **Guy Hiscott** and **Catherine Rutland** discuss

Guy Hiscott
Content director, FMC

Catherine Rutland
Clinical director, Simplyhealth and Denplan

Guy Hiscott (GH): It's been a truism for years that private work has subsidised the NHS in many practices. That conversation seems to have fallen by the wayside in favour of a polarised division between NHS and private practice of late. But on the other hand, there seems to be a much more positive awareness of dentistry from the media and the population in general now too. If we've lost that nuance, perhaps we have at least gained a better understanding of the value of the profession as a whole from the public?

Patient demand for elective treatments in particular seems to still be growing across the board. But it means we have this odd disparity where some patients are unable to attend and are suffering the resultant health impact, while patients with discretionary spend are helping drive this growth in private practice.

Catherine Rutland (CR): I found this quite interesting, because anecdotally we'd been hearing that this demand might begin to drop off – that it was a bit of a blip. So, it's really interesting to see this feeling that more cosmetic treatments are still growing.

Even if patients haven't necessarily got huge expenditure, they're choosing where they're spending that money, which is good to see. It's still a healthy market, even if that's not what we were hearing anecdotally.

GH: Absolutely. I think this is driving another big thing that came out of the Dentistry Census stats for me. When you look at the question of whether respondents feel that patients value what they do, 75% across the board just told us that yes, they do feel valued. That's gone up 10% since COVID. I wonder whether the current NHS access crisis plays a part. But the trend for me feels as though patients do value the relationship with their dentist – so when they do have discretionary spend that's influencing where they choose to place it. Is that something that you get from your members?

CR: We certainly have a lot of practices that have very big, loyal patient bases. When I was in clinical practice, that was one of the things I loved about the job.

This feeling of value is really important – especially when we're talking about recruitment and retention. If people feel valued, they'll stay somewhere.

I think that the increase is testament to dental teams though.

We are different to the rest of the health service in a lot of ways; there's been research done on this because even if it's NHS treatment, we charge money all the time, so we do tend to be viewed by the public as a much more consumer interaction compared to the rest of healthcare that they deal with.

For example, if you're buying something from anywhere else, you need to feel a sense of value with it in order to feel comfortable purchasing it. In dentistry, that value comes from the service the practice team gives you, how well you're looked after, the environment you're in, the care that's given to you, the explanations that are provided to you. Practice teams that are making the effort to look after their patients in a way that is potentially more consumer driven are creating these loyal patient bases.

When you look at the question of whether respondents feel that patients value what they do,

75%

across the board just told us that yes, they do feel valued. That's gone up 10% since COVID

72%

of practices say that energy prices have directly impacted the financial stability of their practice and 37% say interest rates are doing the same

Finding a balance

GH: Of course, 75% does mean that a quarter of professionals don't feel that patients value what they do. That's going to be one challenge among many for those practices.

Indeed, the more sobering aspect of the Dentistry Census was that spotlight on those challenges. While there's growth in the private market there are also factors affecting that growth. So turnover is up by 3.9% for practices, but profit margins have actually dropped by around 5.5%.

Bills are a big concern for many practices – 72% of practices say that energy prices have directly impacted the financial stability of their practice and 37% say interest rates are doing the same. Nearly half (44%) of practices say that recruitment is impacting their ability to provide patient care.

So while there is a lot to take away to be

Turnover is up by

3.9%

for dental practices but profit margins have dropped by around 5.5%

grateful for in the Dentistry Census, the other side of this coin, I think, is how difficult life really is for practices at the moment.

CR: I think it's always a balance. The difficulty is increasing energy prices and mortgage rates, and you have to be really quick at responding to that with regard to increasing fees and so on.

Of course, if you've got a big NHS contract, you can't do anything about that, but in a private field you've got to put those fees up. So, how do you put them up once and get it right, when we've got this massively changing economic world around us? We know that a lot of people don't increase their private fees very often, they tend to lag, so that's probably what we're seeing at the moment. If you start to squeeze profits, that impacts retention and recruitment because pay doesn't go up.

Again, it's that weird thing we have in dentistry that we're not allowed to speak about the business side because it's healthcare. But we need to run profitable practices, especially if we want to invest more in the wellbeing of staff and make sure pay rates are right.

GH: It's a tightrope, isn't it, to walk between setting fees in a way that helps the business without frightening off patients? And I totally understand why, for perhaps that 75% who feel the patients value them, there's a fear about upsetting the apple cart.

CR: I think it's also a lack of value in of ourselves. We need to value ourselves to feel that we justify that cost.

We have done years and years of training to be where we are. We are constantly educating ourselves; the kit and materials that we have to buy – all of that is increasing in cost.

So why do we not value ourselves enough to feel that we should be paid accordingly?

The impact of regulation

GH: It's become part of that melting pot of challenges – and as you say, more reason to forecast and then have honest conversations with patients.

But it's also obviously an area where practices need to take care, because of the ramifications of not doing so. To segue into the regulatory backdrop and how it affects practices, at the moment, 68% of clinical staff tell us that they are practising defensively.

We didn't define what practising defensively meant, because it means different things for different people. But for me, that statistic shows, in fairly stark relief, the climate of uncertainties continuing fairly strongly within the professional.

CR: There are some worrying figures in the Dentistry Census about how many people have been involved with the General Dental Council (GDC), especially.

When I qualified, just over 30 years ago, we knew nothing about the GDC. I had two payments of money, and they sent me a leaflet every year with some information. That was all I knew, because there was no social media, there was no internet, there was nothing to essentially wind me up, in lots of ways.

So, while there is a reality of the change in what has happened with regulation – some people were saying we are the most regulated dentists in the world – I think there is also an element on the social media side of what is truth and what is not truth.

I think we need to be mindful that it is very easy to whip things up and see threats where actually, if you know the case, that's not actually what it was about.

Diversity and equality

GH: I think perhaps it's a bigger point than just regulation: it extends to coverage on social media and our interactions with one another in our everyday or professional lives.

I wonder whether there's a job to be done in terms of challenging ourselves both around that side of behaviour but also, to bring it back to some of the things that came up in the Dentistry Census, asking ourselves what we want this profession to look and feel like for all of the people within it. I wanted to touch briefly, through that lens, on issues of diversity and equality.

We're still seeing 25% of nurses, who are predominantly female, earning less than £25,000 per annum. I think there are a lot of nurses earning just above that figure, which still isn't high enough.

When we look at female dentists, we see that they are less likely to have their own practices; they're earning less compared to their male counterparts, and I wonder whether there's a wider question for us all to ask what sort of profession we want to be working in, and what we can do to start addressing those imbalances from within it.

I can feel that there's a greater awareness of improving equity and balance. But just because there are a lot of conversations

68%

of clinical staff tell us that they are practising defensively. We didn't define what practising defensively meant, because it means different things for different people

about it, it doesn't necessarily mean that it's happening in practice.

CR: I think there's a lot of work to do. With a workforce that is predominantly female to start with, what do we do in that space? I think the start point is that we're talking about it. The other point is that we shouldn't bash ourselves too much: this isn't just a dental problem. This is a workforce problem across the board.

We need to be thinking about it, we need to be thinking about neurodiversity, all sorts of things. I think it does require cultural change, and cultural change never happens fast. People need to be brave and start speaking up. It can be driven by people who have good reasons for driving it, but how do the rest of them support us?

For example, within Simplyhealth, we've had several groups set up for employees that have been generated by themselves but they are very open to other people coming and learning about it.

The trouble is that for a lot of us, our knowledge base is quite low and we don't naturally know other people's perspective. The more we can all start to understand each other's perspectives, we'll start seeing that you haven't got just a small group of people trying to create change: the wider group can help bring about that change.

There's so much unconscious bias that, unless we start talking about it, nobody's going to even realise they've got unconscious bias. So, we've got a long way to go. D

44%

of practices say that recruitment is impacting their ability to provide patient care

Dentistry Census

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

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

A new treatment plan

John Makin reflects on the state of the dental service at the end of the year and what needs to change in 2025

John Makin
Head of the Dental Defence Union (DDU)

From *The Sound of Music* on TV to the annual reappearance of novelty jumpers and Slade on the radio, the Christmas season is all about repeats. While I enjoy these traditions (well, some of them) unfortunately a sense of déjà vu also creeps in when I look back over the past 12 months in dentistry and the all-too-familiar challenges we face. Over several years, the profession has come under mounting pressure from capacity and funding shortages, the failing GDS contract, negative media coverage and a growing complaints culture – to name just a few.

These have taken their toll on dental professionals' morale according to the latest Dentistry Census which revealed that more than half (52%) of respondents had sought help for mental health issues (an increase of 21% from 2021). This was echoed by a DDU member survey in June in which eight in 10 (80%) respondents felt negative about the future of the NHS and only 17% said they always felt able to deliver optimal patient care (27% said it was possible half the time or less). Unsurprisingly, 96% wanted political parties to commit to supporting the health and wellbeing of the dental workforce.

Legal concerns

Sadly, another thing that hasn't changed is the demoralising dento-legal climate in relation to GDC investigations and claims. Despite the GDC's efforts to improve the fitness to practise process, it remains a time consuming and highly stressful experience for dental professionals which is largely set in stone by outdated legislation.

This year, DDU members faced delays of more than six months at the case examiners stage with some waiting up to six weeks for a decision that they had been told to expect within 28 days. Those referred to a practice committee hearing are kept in suspense for much longer.

The most recent GDC *Annual Report and Accounts 2023* (July 2024) revealed that 'the median time for initial hearings to start from referral by case examiners was 10 months and one day', far short of the GDC's nine-month target. Imagine the devastating impact of being under scrutiny for so long with your career and livelihood on the line. Meanwhile, the clinical negligence system remains hopelessly out of tune with the times as claims costs rise at an unsustainable rate and legal costs stay disproportionately high, often higher than the compensation award itself.

This puts pressure on dental indemnity costs for dental professionals but also has wider implications for the healthcare system which is already facing severe financial constraints.

In NHS Resolution's latest annual report and accounts, a total of £2.8 billion is reported to have been paid out in compensation and associated legal costs. That money would go a long way towards recruiting and training new staff, helping to cut waiting lists and improving outcomes.

A new landscape

But while 2024 has been the same old story for dental professionals, the political landscape is new. Not only did the woeful state of UK dentistry become a campaign talking point during the election but the new secretary of state for health and social care, Wes Streeting, has now said there is a mission to 'rescue and reform' the dental service.

One thing is certain. If the government wants to turn things around it needs to start with the people who are going to be instrumental in delivering its rescue plan.

The DDU's *An Agenda for Change* addresses three policy areas where reforms can be made quickly and at relatively low cost but would make a big difference to dental professionals:

1. Reform the GDC

We need a modern, proportionate and timely regulatory regime but dental professionals are currently regulated under some of the oldest legislation of any regulated healthcare professional in the UK. The GDC is limited in what it can achieve without legislative change so the government urgently needs to implement the proposals set out in *Regulating Healthcare Professionals, Protecting the Public* back in 2021.

In particular, we want to see a three-tier FTP process comprising initial assessment, examiner stage and a panel hearing with case examiners empowered to resolve more cases at an earlier stage and the creation of a separate independent body to decide whether a registrant is fit to practise, akin to how the GMC operates with the Medical Practitioners Tribunal Service (MPTS).

2. Action on clinical negligence costs

Patients harmed as a result of negligence must receive appropriate compensation but the clinical negligence system needs to be fair and sustainable rather than the outdated and creaking version we have today. Root and branch reform is needed, starting with the repeal of the Personal Injuries Law Reform Act 1948 s.2(4) which requires courts to disregard the existence of NHS care when determining compensation awards.

Second, the government must tackle disproportionate legal costs by enacting fixed recoverable costs in clinical negligence claims up to £25,000 with a commitment to extend that to claims valued up to £250,000.

3. Support the health and wellbeing of the dental workforce

The DDU has always supported the ideal of a community of practice where dental colleagues look out for each other. However, we think the government also has an important role in sustaining professional morale, from funding support programmes and services like NHS Practitioner Health to the way that ministers talk about and value the contribution of dentistry within the health system. If there is reason for optimism, it lies in the can-do attitude of most dental practitioners, who want to make a positive difference for their patients. I hope the new government can work positively with the profession so that we have a new story to tell in 2025. D

Read the full *Agenda for Change* at **www.themdu.com/press-centre/our-impact/our-impact-archive/an-agenda-for-change-the-mdus-parliamentary-priorities.**

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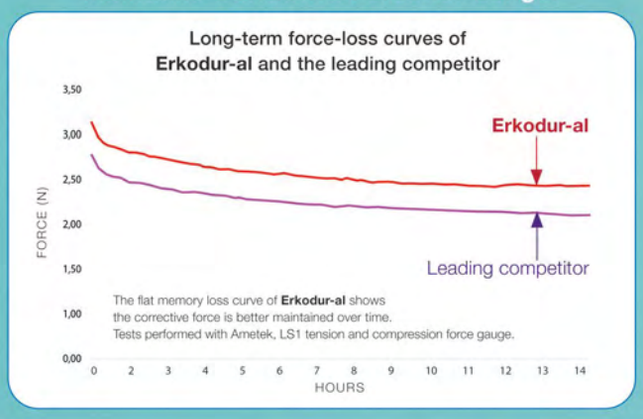

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Prioritising your wellbeing during the festive season

Naomi Humber shares her advice for dental professionals to maintain their mental wellbeing over the busy festive period

Naomi Humber
Head of mental wellbeing, Bupa Health Clinics

As the end of the year approaches, the run-up to Christmas can feel like a joyful juggling act, with work schedules, family time and social plans all vying for attention.

For dental professionals, this time of year can feel especially full, as practices continue to provide care to patients amidst the seasonal rush.

Despite all the activity, it's crucial not to forget yourself and your own mental and physical health.

Dr Naomi Humber, head of mental wellbeing for Bupa Health Clinics, offers these simple yet effective strategies to help you stay centred during the festive season:

Connect with others

When time feels scarce, it's easy to let meaningful connections take a back seat. But investing time with others – whether colleagues, friends or family – can be a powerful way to recharge and gain perspective.

The festive season is also an ideal time to nurture these relationships, which in turn can support your overall wellbeing and happiness.

Here are ways to make connections feel manageable:

- Meet a friend you haven't seen for a while for a catch-up over coffee or a walk
- Have a lunch break with a colleague, using the time to connect outside of work discussions
- Make use of technology to stay in touch with loved ones who live far away, through video calls or messages.

Stay physically active

Finding time to stay physically active can feel like a challenge in a packed schedule, but even small moments of movement can make a big difference. Exercise isn't just good for your physical health – it's also a proven mood booster, thanks to the positive impact it has on your brain chemistry which enhances your mood, helping to increase overall productivity.

You don't need hours in the gym to see the benefits. For example:

- Go for a lunchtime jog or brisk walk to clear your mind and re-energise
- Try short strength and flexibility exercises to reduce joint pain and improve posture, which can be particularly beneficial for dental professionals who often hold static positions
- It could even be a dance class, a swim, or even light stretching at home.

Remember, the best exercise is the one you'll stick with – consistency is more important than intensity.

Give to others

Acts of kindness and generosity can cultivate a sense of purpose and positively influence your mental health. During the festive season, giving to others can also help you feel more connected and engaged with the world around you.

Here are small but meaningful ways to give:

- Say thank you to someone who has supported you this year
- Ask friends or colleagues how they're doing and take time to really listen
- Spend time with someone who might be feeling lonely or overwhelmed, offering support and companionship
- Offer practical help, like contributing to a team project at work
- Volunteer in your community, whether at a local school, care home or charity.

Stay present

With so much happening in December, it's easy to become overwhelmed and lose sight of the present. Practising mindfulness – focusing on the here and now – can help you approach your day with greater calm and focus.

Mindfulness doesn't need to be complicated or time consuming. Start small:

- Take a few minutes to focus on your breathing during the workday
- Savour moments of joy, like drinking your morning coffee or a quiet walk outside
- Engage fully in activities you enjoy, whether that's decorating your home, wrapping gifts or spending time with loved ones.

Mindfulness helps you approach the festive season with a sense of balance and intentionality, rather than being swept up in external pressures.

December can be demanding, but it's also an opportunity to realign your priorities and invest in your mental and physical wellbeing. By connecting with others, staying active, practising kindness and being mindful, you can embrace the festive season with greater ease and fulfilment.

As Dr Humber reminds us, the key is to approach this busy period with intention – ensuring that while you're caring for others, you don't neglect to care for yourself. D


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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.

Scan for clinical studies

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.

UK-LI-2200277

Celebrating 20 years of clinical excellence, passion and friendship

BACD members gathered together in London for a birthday party to remember

The British Academy of Cosmetic Dentistry (BACD) was in full party mode in November as members came together to celebrate 20 years of the legendary Annual Conference. Hundreds of dentists and dental technicians with a passion for ethical, cosmetic dentistry gathered in London to hear from exceptional, world-class speakers, engage with like-minded peers and enjoy what became a birthday party to remember.

A hands-on education

The diverse educational programme of the 2024 event offered more than can be put on paper (or screen). A full day of hands-on workshops preceded the main programme, with the many sold-out sessions offering attendees a wealth of practical insights and guidance on everything from facially-driven smile design to indirect ceramic restorations, anterior composites and guided implant placement, to name just a few.

Among the remaining highlights were Dr Mahmoud Ibrahim and Dr Jaz Gulati, who delivered an inspiring and interactive full day session – The Unchippable Workshop – designed to help delegates create strong, durable and beautiful composite restorations. They offered a wealth of practical advice about material application and patient positioning during photography for accurate assessment and treatment planning.

Dr Jameel Gardee also spoke to a packed room discussing same day smiles and guided workflows, taking peers through the entire process from start to finish. After the session, attendee Dr Dharminder Dhanda, commented: 'The session was very good. The speakers were great and it's given a great precursor to potentially booking a full course on the topic. The hands-on sessions are definitely a benefit of the BACD Annual Conference. I always want to look ahead and see where dentistry is going, and they provide an opportunity to do just that. I've been a BACD member for about 13 years and I really appreciate being able to meet new friends and keep with the times at the Conference every year.'

Dr Sam Jethwa and Sheila Li also presented a world-first with their session on smile design with facial aesthetics, incorporating a live demonstration. Attendee, Dr Shilpa Murthy from Hamstreet Dental Clinic said: 'I haven't started providing facial aesthetics yet but I'm interested in doing so, and this was a good way of learning more. It was a very comprehensive session and I like the collaboration between dentistry and facial aesthetics. The speakers were brilliant.'

An educational journey

The main programme kicked off on Friday morning with an array of past presidents sharing what they feel has shaped cosmetic dentistry, and the BACD, that we see today. They took delegates through a journey of how things have changed in 20 years with regards to restorations, smile design, business and marketing, implant restoration and composite materials.

Subsequent sessions included solving challenging cases with Dr Marco Schwan and managing the pink-white transition zone with Dr Mark Bowes.

Delegate Dr Krish Kothland from Clark House Dental said: 'I have attended the BACD Annual Conference several times since becoming a member in 2007. I visit to keep up-to-date with the latest in the field. Both [Mark and Marco] were very good and I would definitely recommend the conference and membership to others.'

Dr Gunilla Assummundson, who has been a member of the BACD for the full 20 years, added: 'I have always enjoyed the BACD Annual Conference and this year has been good too. Some beautiful cases were presented by Dr Schwan and the session was very informative. I also really like the layout and seating for the conference this year as well as what's been on show.'

The final day of the conference brought proceedings to a close with no less enthusiasm and quality. Dr Miguel Stanley delivered a lively presentation highlighting the relationships between oral and systemic health, with a spotlight on dental professionals' ethical responsibilities to support patients in this area. He encouraged all dentists to move away from single-tooth dentistry and adopt a comprehensive approach to oral health. Dr Emanuele Cicero concluded the day with fascinating insights into complete mouth rehabilitation techniques.

A full day session was also dedicated to dental technicians, presented by Mr Mark Ambridge. He explored the concepts behind single tooth and full arch rehabilitation, emphasising the need for precise technical execution supported by clear communication and high-quality photography. The interaction between dentist and technician can have a significant impact on treatment outcomes, requiring input from both to ensure adequate hard tissue healing and prosthetic results for each patient.

Friendship and community

Complementing the exceptional education throughout the Annual Conference was the trade exhibition. Here, attendees were able to dig deeper into the products, materials and technologies designed to streamline workflows and optimise outcomes in cosmetic dentistry. The trade raffle put several fantastic prizes up for grabs worth thousands of pounds for delegates who visited each of the participating stands!

This was also an area of the conference that emphasised the importance of community within the BACD. At every turn, friends were catching up, colleagues were making new connections and everyone was engaging with the wider dental profession.

Of course, the networking went up a notch by Friday night, with the commencement of the fantastic BACD Gala Dinner, this time taking the form of a stunning Masquerade Ball. With excellent food, even better company and a free bar, the room was abundant with laughter, dancing and fun.

Following another exceptional BACD Annual Conference, there are ever more compelling reasons to become a member for those who are not yet part of the community. To find out more, contact the team today! D

FOR MORE INFORMATION about the BACD, or to join, please visit **www.bacd.com.**

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How many dental professionals are enough?

The GDC Dental Leadership Network event tackled the tricky problem of building and maintaining the UK's dental workforce

Rowan Thomas
Sub-editor, *Dentistry*

On 12 November, the General Dental Council (GDC) hosted the fourth Dental Leadership Network (DLN) event. Bringing together influential figures from across the UK profession, the meetings aim to build relationships, share information, develop understanding of the regulator's remit and set priorities for the future.

The DLN meetings have been taking place each quarter since November 2023. Previous topics have included helping the public to understand the dental system, developing and motivating an effective workforce, and the health and wellbeing of dental professionals. November 2024's event centred around the question: how many dental professionals are enough?

Work-life balance

Speakers at the event were keen to emphasise that unemployment is one issue that the dental workforce is relatively free from. Chief dental officer (CDO) for England Jason Wong shared updated workforce statistics which suggest that only 0.7% of dental professionals are seeking work.

As Bupa's director of dentistry Neil Sikka pointed out, this creates a 'buyer's market' with dental professionals able to pick and choose between vacancies. Roles that allow for a better work-life balance are therefore more likely to attract top quality talent, according to Neil.

However, consultant in dental public health Paul Brocklehurst noted that a greater emphasis on work-life balance could lead to less hours of dentistry delivered. He said: 'We're only just starting to see the impact on productivity.'

Scope of practice

Greater skill mix was identified as 'the way forward' in tackling workforce issues by many speakers. Fiona Sandom, chair of the British Association of Dental Therapists (BADT), detailed the continuing problem of dental therapists being underutilised in practice, often working to the scope of a dental hygienist.

Simon Thackeray, president of the British Association of Private Dentistry, said: 'Some dentists will have a chip on their shoulder that they are the best person to do everything but that's not necessarily the case. If I'm going to delegate a task to someone else, it's because they are going to do it better.'

In tackling this problem, outgoing British Society of Dental Hygiene and Therapy (BSDHT) president Miranda Steeples emphasised the need to involve dental hygienists and dental therapists in change-making conversations.

She said: 'Don't talk about us, talk to us. I'm grateful for the representation of dental therapists and dental hygienists at this event, though it is not proportional.'

GDC priorities for 2025

- Using workforce pattern data to better understand the profession
- Reducing the impact of fitness to practise on the workforce
- Reducing the backlog for international registration
- Setting standards for professional practice
- Being more user-centred
- Developing the GDC's corporate strategy
- Improving the GDC as a workplace for its own staff.

Registrant groups

Experts representing the different groups within the dental profession provided insight into the workforce struggles within each individual sector. For example, British Association of Clinical Dental Technology president James Neilsen drew attention to a growing shortage of dental technicians.

He said: 'There are insufficient dental technicians for the vacancies available. We are at risk of not having enough dental technicians to carry out the work demanded by the NHS.'

The dental nurse workforce was also the subject of significant discussion. Fiona Ellwood, executive director of the Society of British Dental Nurses, said: 'Dental nurses are the biggest workforce in dentistry but also the most transient and hard to track.'

Neil Sikka said that Bupa observes a 'mass exodus of dental nurses before the summer holidays'. Fiona also touched on this, stating that GDC figures represent a snapshot taken in July. This does not account for the loss of 2,500 dental nurses come August.

Neil emphasised the importance of increasing flexibility and benefits for dental nurses to encourage them to stay within the profession throughout the holidays.

Overseas professionals

One of the processes raised as contributing to the growth of the dental workforce is registration of professionals who qualified outside of the UK.

Jason Wong said that the percentage of the dental workforce who qualified overseas is increasing year on year, now approaching 50% of the total.

British Dental Association (BDA) chief executive Martin Woodrow highlighted the need to be aware of the needs of this 'growing non-UK workforce who are unfamiliar with the UK system'.

In September, the GDC announced that it was working to increase capacity for the Overseas Registration Exam (ORE), including an extra sitting of both parts of the exam in 2025.

Speaking at the DLN event, GDC CEO Tom Whiting confirmed that the regulator has now 'expanded capacity to the maximum capacity possible under the current contract'.

Government intervention

The CDO discussed several measures introduced by the government to target dental workforce problems. For example, 'golden hellos' introduced as part of the Conservative government's dental recovery plan, offering dentists a one-off payment of £20,000 to relocate to an under-served area.

However, many of the delegates and speakers spoke out against this measure. David Felix, director of dentistry for NHS Education for Scotland, said: 'There are some areas where you can give people all the tea in China and it won't make a difference.'

Dubbed the 'woolly mammoth in the room' by Simon Thackeray, contract reform reoccurred as the solution to dental workforce problems.

For example, BDA chair Eddie Crouch said that skill mix was incompatible with the UDA system. He added: 'That's why contract reform is so important.'

GDC priorities

Tom Whiting thanked delegates for their contribution, saying that these events informed the GDC's priorities for the future.

However, many delegates questioned the efficacy of the Dental Leadership Network event as mechanisms for dental reform.

Local Dental Committee Confederation director Rita Bagga said: 'It's a talking shop. Information sharing and networking are great but we need to come up with an action plan based on what was discussed and pass it on to the relevant stakeholders to start enacting real change.'

Positivity

Overall, there was a strong sense among the assembled dental leaders that the frustrations expressed throughout the day should not get in the way of attracting new recruits into the profession.

Neil Carmichael, chair of the Association of Dental Groups, said: 'What we should do is make it clear that of you're a student, you should be thinking about dentistry. If you're working abroad, you should be welcome. We need to speak up loudly and clearly for the entire profession.'

Simon Thornton-Wood concluded: 'It is the duty of this network to somehow distil out a positive view of the world, to come up with a constructive approach to these problems.' D

Solutions for tooth loss

New data has revealed the extent of tooth loss in the UK – Zaki Kanaan explains how to support patients with edentulism

Zaki Kanaan
Implant dentist

A survey in which patients self-reported the number of natural teeth in their mouth has revealed some interesting information about the prevalence of missing teeth in England (OHID, 2024). It showed that adults between the age of 25 and 34 reported having an average of 28 natural teeth.

This declined with age, with adults aged 75 and over reporting a mean of 19 natural teeth. The survey also reported the percentage of adults with restorations including fixed bridges (7%), dentures (11%), and dental implants (5%).

It is important that clinicians are equipped to discuss treatment options for missing teeth with their patients, and ensure they provide them with the best long-term solution in each individual case. Practitioners must also be able to communicate treatment options clearly. This ensures patients are informed about their choices and understand the implications for their dental health and the role they play in maintaining their health following treatment.

Solutions for missing teeth

There are a number of potential solutions for patients with missing teeth. As with any clinical situation, doing nothing is always an option. However, it is important that patients understand that keeping the gap may cause the bone to thin in the area over time, having implications for surrounding teeth, and potentially making future treatments more difficult and costly.

Bridges can be a good solution for some patients. They are more secure and comfortable than dentures, and can be placed more quickly than dental implants. However, it is important that patients understand that bridges do not last very long (approximately five years), and that preparing the neighbouring teeth for crowns may damage them.

It is important that clinicians are equipped to discuss treatment options for missing teeth with their patients, and ensure they provide them with the best long-term solution in each case

Dentures may also be a suitable option for many patients. They help to restore smile aesthetics and function, but patients should be aware that they can be uncomfortable, with many people taking time to adjust to wearing them.

Dental implant treatment offers patients a long-term solution for missing teeth (lasting over 10 years) (RCSEng, 2019). Treatment can vary depending on the number of teeth the patient is missing, with a number of options available in terms of treatment approach, implant type, and restoration material. All of these factors can impact treatment duration and cost, and should be discussed with the patient to ensure they understand.

Supporting decision making

Clinicians should feel comfortable exploring treatment options with patients, and offering advice and recommendations to help them come to the right decision for them and their long-term oral health.

Patients are likely to have lots of questions about each procedure, and some may feel apprehensive about factors such as pain and recovery time, particularly when it comes to surgical options like dental implants.

Additionally, patients need to be aware of what will be required of them to maintain their oral health following treatment, so it is vital that practitioners explain the importance of good oral hygiene and regular check-ups to reduce the risk of complications and treatment failure.

A key concern for patients who choose to undergo implant treatment is preventing peri-implantitis, as this may result in the loss of the implant. Therefore, good oral hygiene will help patients to protect their investment long-term.

Empowering patients

Some patients may feel unsure of which treatment type to choose, if any. As such, it can be helpful to provide patients with resources to explore in their own time, enabling them to form their own questions and discuss various treatments with family and friends.

This enables patients to consider each option carefully and come back to you for advice when they have a better understanding – helping you to better support them in their treatment journey.

When you become a member of the Association of Dental Implantology (ADI), you gain access to a wide range of patient support resources, including 50 free copies of the 'Considering dental implants?' patient leaflet, to enable you to provide the best possible patient care.

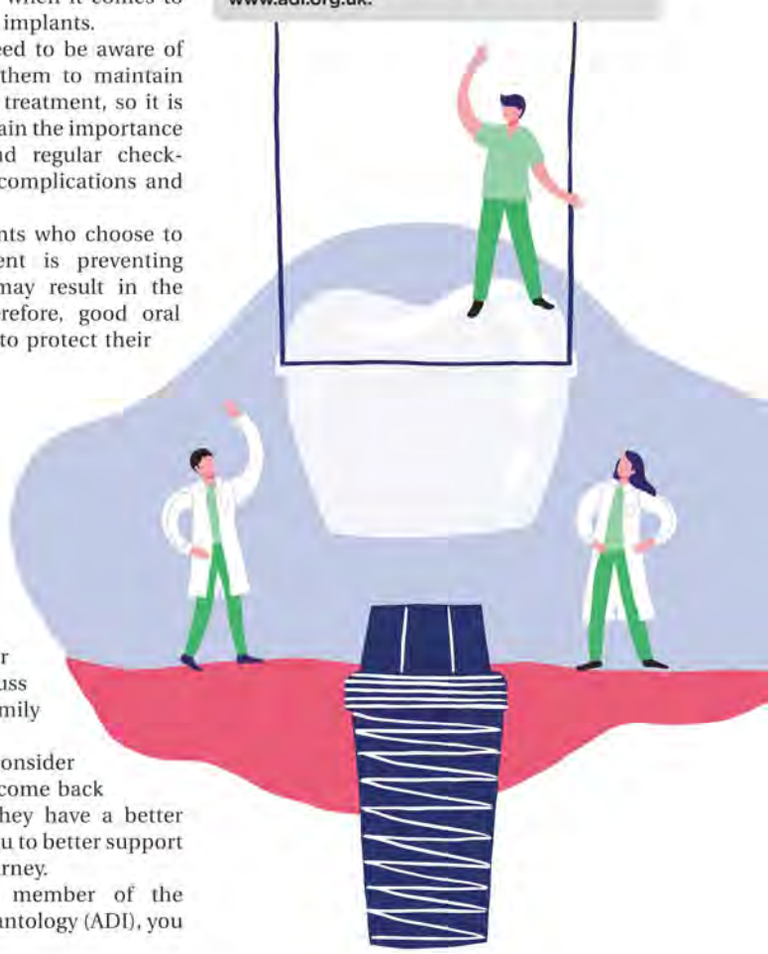
The leaflet is a patient's guide to dental implant treatment, explaining what they are, who is suitable, and what to expect from the procedure itself. It explores common myths about dental implant treatment to help put patients' minds at ease, and discusses how to take care of implants long-term.

By arming patients with the information they need to make an informed decision about their treatment, they will feel empowered to take an active role in their ongoing oral health.

Undergoing dental implant treatment is a big decision for many patients, and with an ageing population in the UK, we can expect more patients to require treatment for missing teeth, so ensuring clinicians are armed with the tools they need to provide excellent care is essential. D

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

FOR MORE INFORMATION, please visit www.adi.org.uk.



Championing children's oral health

Could you be NASDAL DCby1 Practice of the Year 2025?

Tuesday 5 November saw the launch of the 2025 NASDAL Dental Check by One (DCby1) Practice of the Year award. Launched by chair of NASDAL (National Association of Specialist Dental Accountants and Lawyers), Heidi Marshall, the award, now in its seventh year, seeks to recognise a dental practice that has been successfully implementing and supporting the British Society of Paediatric Dentistry (BSPD) Dental Check by One (DCby1) into their practice. The aim of the campaign is to increase the number of children who access dental care aged zero to two years.

The award will be presented by CDO England, Jason Wong, at the BDIA Dental Showcase at Excel, London Docklands on Friday 14 March 2025. The NASDAL DCby1 Practice of the Year award seeks to highlight excellence in the provision of oral care for children with a prevention focus, and showcase the opportunity to achieve real business improvement. Particular credit is given to applications from dental practices with evidence supporting their contribution to the overall health of their community. The judging panel takes into consideration creative approaches that may show qualitative and/or quantitative results.

Heidi Marshall said: 'We have seen this award go from strength to strength over the last seven years and I always look forward to seeing the innovations and new ideas entrants have undertaken to better engage with their communities. At NASDAL we are delighted to support this award – because it is the right thing to do but also as it illustrates that doing the right thing is good for business too. Practices that implement an effective approach to DCby1 will see a real return.'

President of the BSPD Dr Shannu Bhatia commented: 'With dentistry currently in crisis, children's oral health is more important than ever. The more all those who play a role in children's oral health can pull together – to focus on prevention from the start, the more impact we can have. We know that early access for an infant to a dentist, ideally before their first birthday, can set them on the right path to good oral health for life. This is why dental practices have such an important role to play in the Dental Check by One initiative. BSPD supports all practices that put energy into creative ways to encourage babies into the dentist's chair for the first time, so we encourage entries from surgeries up and down the country to share their successes!' D

To enter the 2025 NASDAL DCby1 award, visit **www.nasdal.org.uk/award**, where you will find all the relevant details to register. All entries must be submitted before 5pm on 7 February 2025. The winning practice will receive £1,000, a trophy, and the right to the NASDAL Dental Check by One Practice of the Year 2025 title.

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Avoiding Christmas party HR disasters

Sarah Buxton explains how to protect yourself from being on the wrong side of 'merry' this Christmas

Sarah Buxton
Director at Buxton Coates Solicitors

Christmas parties are great for morale, and they really do create memories for the team that bind them together and help with retention. It offers an opportunity to dress up, maybe enjoy a nice meal and even socialise with a few drinks. It can be a fun way of saying thank you to the team for all their hard work. Christmas parties are usually full of festive cheer, but when things go wrong they can be the source of all sorts of problems, such as sexual discrimination claims, post-party absenteeism, inappropriate social media posts, arguments and brawls. So, how can you ensure these issues are avoided and the Christmas bash remains a positive experience?

Consider everyone

The first point to consider is forgetting about team members. This may appear to be bizarre and you're probably questioning how one can forget to invite a team member. But all of the team should be invited to the Christmas party, even those who are on maternity/paternity/shared parental or adoption leave and sick leave. It should not be compulsory to attend, and caution should be taken not to pressurise those of non-Christian faiths. It is also important to ensure that there are non-alcoholic drinks available, and if the party involves food, then a vegetarian and or vegan option should be made available. You should also consider any dietary requirements.

Vicarious liability

The Christmas party is an extension of the working day, so an employer is still responsible for their employees at the Christmas party. An employer is vicariously liable for the actions of its team members. With alcohol flowing, issues can occur such as an uninvited kiss, grope or a lewd comment. If allegations of such things are made, an employer should follow its disciplinary process and ensure the matter is thoroughly investigated. Even if the alleged victim does not make a formal complaint, as an employer you may be under a duty to ensure there are consequences to inappropriate behaviour.

Social media

Social media needs to be considered and how you would like your brand to be promoted on the various social media platforms. You may need to remind your team members that the Christmas party is still in the course of employment and you do not wish for social media posts to be made without the practice manager's authority. Don't forget patients, suppliers and potential recruits may be able to see social media posts so it's important that the posts that are made remain professional and market your practice in the way you desire.

Getting home

After the party is over, it is the employer's responsibility to ensure that all employees get home safe and sound. This doesn't necessarily mean that transport needs to be provided, but they should know how the team member is getting home. Further, the employer is responsible for the actions of staff whilst they are getting home. In 2012, an employee punched a colleague while walking home after a Christmas party. The employer dismissed the employee for gross misconduct. The employee made a claim to the employment tribunal and tried to argue that the incident did not occur in work time and therefore was outside of his employment. The employment tribunal stated that the two employees were walking home together as a result of the Christmas party, which was in the course of employment.

The next day...

If people are intending to enjoy a drink or two and extend the party late into the night, there is a possibility that it could impact their attendance at work the following day. If the practice is open the day after the Christmas party, then all members of staff should be aware of their responsibility to attend, and be in a fit and appropriate state to work. Any absence related to over-indulgence could be treated as a matter of misconduct.

Party policy

The Worker Protection Act came into force on 26 October this year. This put an additional duty on employers to take preventive action to ensure their team members are protected from sexual harassment, not only from other team members and third parties.

Again due to drink and being in a relaxed, informal environment, the Christmas party will be an event where the employer is at risk of a claim being made. Therefore, if practices haven't done so already, they need to turn their attention to this piece of legislation and ensure they have put preventive measures in place, such as training, complaint logs, surveys, and policies.

All dental practices should have a Christmas party policy in place, making it clear what their responsibilities are and that the team are still representing the practice. If a claim arises because of or in conjunction with the Christmas party, it will be really difficult for a practice owner to defend such a claim without a policy, and equality and diversity training.

At Buxton Coates Solicitors we provide both, so before you have your Christmas party, please get in contact with us to discuss how you can protect yourself from being on the wrong side of merry. D

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Ready to thrive in 2025?

Justin Leigh encourages dental professionals to seize the opportunity to reflect on the past year to maximise success in 2025

Justin Leigh
Founder, Focus4growth

As the end of the year approaches, December offers a unique opportunity for dental practices to pause, reflect and plan ahead.

While the day-to-day operations of a dental practice are often hectic, taking time in December to regroup and rethink can be transformative – not only for the business but also for the individuals within it. This is the perfect time to engage your team, celebrate successes, and set the stage for a thriving 2025.

This year, many dental leaders have embraced the principles of coaching, using them to foster growth, develop their teams, and elevate their practices. December is the ideal month to consolidate those efforts and look ahead with clarity and confidence.

Let's explore how to use December to reflect on 2024 and prepare for an even better year ahead using a three-stage coaching reflection framework: win, learn, change.

1. Reflect on the wins

The first stage of reflection is to celebrate what has gone well. In the rush of daily practice life, it's easy to overlook the achievements that truly matter. This December, take the time to:

Identify key wins

What have been the standout successes for your practice in 2024? Did you hit a revenue milestone, improve patient satisfaction scores, or complete a major refurbishment? Reflect on these moments and ensure your team knows their contributions were key to these achievements.

Celebrate the team

Acknowledging wins boosts morale and creates a culture of positivity. You might host a team lunch, write personalised thank-you notes, or share a 2024 highlights presentation. Recognising everyone's efforts ensures your team ends the year on a high note.

Reinforce the practice vision

Use your wins to remind the team of the bigger picture. How have your achievements this year brought the practice closer to its goals? This provides motivation for the year ahead.

2. Reflect on the lessons

Every year brings its share of unexpected challenges and valuable lessons. The key to growth lies in recognising and learning from these experiences.

Analyse challenges

What hurdles did your practice face in 2024? Whether it was staffing issues, adapting to new technologies, or unexpected market shifts, consider how these challenges impacted the practice and what can be learned from them.

Gather team insights

Involve your team in this reflection. Ask them what they've learned from the year. Were there processes that didn't work as expected? Were there moments where communication could have been improved? Creating an open and safe space for this discussion fosters trust and collaboration.

Look for silver linings

Often, challenges reveal opportunities. Perhaps a staffing issue highlighted the need for a stronger recruitment process, or a technology hiccup inspired a more robust training programme. Identifying these insights helps turn obstacles into growth opportunities.

3. Plan for change

The final step in the reflection process is to focus on what you'll do differently in 2025. Change is essential for growth, and this is your chance to set your practice and your team up for success.

Define priorities

What do you want to achieve in 2025? Whether it's increasing revenue, improving patient retention, or developing your leadership skills, defining clear priorities ensures your practice is moving in the right direction.

Involve your team in the vision

Share your priorities with the team and involve them in shaping the plan. What changes would they like to see? What ideas do they have for improving the practice? Collaborative planning creates buy-in and fosters a sense of shared responsibility.

Create an action plan

Turn priorities into specific, actionable steps. For example, if patient retention is a focus, your plan might include training the team on recall strategies, enhancing communication skills, and implementing new follow-up systems. Break larger goals into manageable tasks that can be tracked and celebrated along the way.

Make reflection a team effort

While personal reflection is essential, December is also an ideal time to bring your team together for a collective review. Consider hosting a reflection and planning day where you work through the win, learn, change framework together.

Start with wins

Kick off the session by celebrating achievements, both big and small. Encourage team members to share their own highlights from the year.

Discuss lessons

Create a safe and supportive space for discussing challenges and lessons learned. Use this time to align on what the practice can do better in 2025.

Plan changes together

Work as a group to brainstorm ideas and set priorities for the year ahead. Ensure that everyone feels heard and valued in this process.

Look forward with excitement

Reflection isn't just about looking back – it's about using those insights to propel yourself and your team forward. By celebrating your wins, learning from challenges, and committing to change, you can enter 2025 with energy, confidence, and a clear sense of purpose.

Remember, growth isn't just about numbers; it's about building a practice where patients, teams, and leaders thrive. Taking time in December to regroup and rethink sets the tone for a year of positivity and progress. D

FOR MORE INFORMATION and support with growing your practice, contact Justin at **linktr.ee/JustinLeigh.**

Take your own advice

Zoe Close speaks to **Ritesh Aggarwal** and **Sarah Buxton** about how practice owners can look after their own wellbeing while fulfilling their legal obligations

Zoe Close
Head of sales, Practice Plan

Ritesh Aggarwal
Dentist and CEO, Psynergy Mental Health

Sarah Buxton
Director, Buxton Coates Solicitors

Coping with pressure

Zoe Close (ZC): I often get asked a lot by principals: 'While I am busy accommodating everyone else's needs and making sure they've got someone to talk to, and they have support, how do I look after myself? Because I can't lead unless I'm well myself.' I appreciate how that can be difficult as time is short, particularly if you are still working clinically as well. How do principals look after themselves? There can be a lot of pressure involved in running a business. What's your advice on that, Rick?

Ritesh (Rick) Aggarwal (RA): It is hard sometimes being a business owner and being the sole principal can be very isolating. There are probably lots of practice principals out there who probably do feel isolated, so it's an important point.

Everyone talks about the employee and the employee's rights, but we also must remember that the business owner is also a human. They're not just some robot working through all the legislation and providing everything they can for their employees. We also have feelings and opinions as well. So, fostering a good culture is a massively important part of any organisation, but particularly in dentistry.

In our practice we attempt to make it a two-way street. I'm quite fortunate in the fact that my team check in with me as well as me checking in with them, which is something I'm really grateful for. Being open, honest, transparent and authentic all help to build a healthy workplace culture. It's not a sign of weakness to ask for help.

Being open, honest, transparent and authentic all help to build a healthy workplace culture. It's not a sign of weakness to ask for help.

So as a principal, if you are struggling it's important to communicate that and ask for help. This will foster a sense of togetherness and create that real team approach. There may be some other principals within your locality you may be able to speak to about some of the difficulties you're experiencing. Getting a good support system around you is hugely important.

I'm a big advocate of self-help coping strategies. These include looking at ways to become mindful and being in the present, or even just the way that we look at challenges in general. Reframing things and breaking down challenges into more manageable chunks. Big challenges can be overwhelming, but if we begin to break them down into smaller pieces and tackle these less sizeable elements, we can celebrate those little wins and work our way through the bigger challenge gradually.

ZC: Thanks Rick. One of the additional ways we support our practices is by giving them access to subsidised Mental Health First Aid courses. Mental health first aiders should be there for every practice member, including the principal. Principals are people too and there may be times when they need someone to talk to.

Flexible working requests

ZC: Sarah, I know people are busy, and flexible working can be a way to help people who are struggling. Since April this year, it's been a day one right to make a flexible working request. So, recently I have been asked whether that's something an employer can go back on? What are the justifications for not agreeing to this?

Practices can obviously seek help

from you, but it's usually after the event when they've made some poor decisions, or they've got themselves into a tricky situation. Is this something they should be doing right now to get ahead of the game?

Sarah Buxton (SB): I know dentists live by the 'prevention is better than the cure' mantra, so I never quite understand why they contact me after the event. I would always say prevention is better. Think about things in advance and take advice in advance of what's likely to happen. I can give the support and the advice and take them through it.

From a legal perspective, you don't have to accept a request that somebody's made. Every business is unique. They will be run differently and will have different objectives. I will always advise clients that if they have an objective, and they don't want to accept that flexible working request because it doesn't work for their business, then they don't have to. What we have to do though, is figure out how we're going to reach their objective.

So, if their objective is not to grant the request at all, then they have to appreciate that the person making the request may leave the team. Alternatively, if the request is to work three days, their objective may be to keep them still working five days, but maybe they can change the hours.

Once they know what their objective is, then they go through a fair and reasonable rule procedure. I never tell people what that is because it's different every time. But once we know what the objective is, it helps in managing that individual.

Too often people think about flexible working, it's a wellbeing or childcare issue, so they've got to grant it. Then when they have granted it, they realise it's not right for their business.

However, with flexible working, you've got to follow the procedure properly. Otherwise, you could end up in the tribunal. In addition, you could also lose staff and the respect of other team members if it's not done properly.

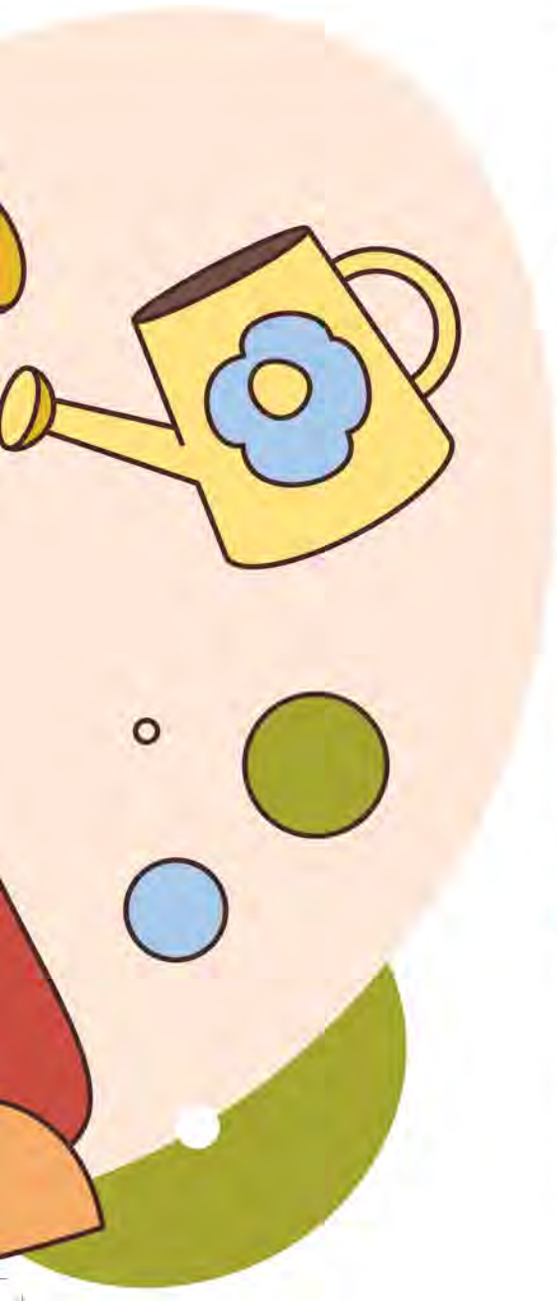
The Labour government has said it will change the limitation dates to bring a claim for some of these standalone claims – flexible working, unfair dismissal and so on.

At the moment, people have three months less one day to bring a claim in the employment tribunal from the last act or dismissal and Labour has said they will extend that period to six months. So, people will have a longer period of time to raise their dispute in the tribunal if their issues aren't dealt with correctly at the time.

Flexible working is one of these things that's in the media, and people are aware of it. You'll always have the team members who know their rights. So, if you have somebody who does make a request, make sure that it's dealt with properly.

ZC: That's great advice – keeping up with HR legislation is tough as it changes so quickly.

I think it's really empowering if, when you finish work at six o'clock on a Friday, you switch off your work mobile. It's best to have separate work and personal mobiles, otherwise it can get messy



Prioritising wellbeing

ZC: Sarah, do you have any tips of your own about how principals can look after their own wellbeing?

SB: Something that will really help practice owners, especially with mental wellbeing and dealing with all the changes to HR legislation, is to slow down and reflect on what they need for their business.

We have time to deal with things in a timely manner. Sometimes people end up in situations and disputes because they've had a knee jerk reaction and haven't done what the legislation is asking us to do.

Quite often you can do anything you want for your business. Just because there are children or mental health involved, it doesn't mean you can't run the business in a way that suits you. And that's important to understand. Often people think, or they're told, 'no, you can't do that'. Well, you can. As a practice owner knowing that you can reach your objectives is really empowering.

The government is saying they're going to bring in a piece of legislation that forces people to switch off. However, I think it's really empowering if, when you finish work at six o'clock on a Friday, you switch off your work mobile.

It's best to have separate work and personal mobiles, otherwise, it can get messy, especially if you have to submit calls and texts in evidence. So, have a work mobile and deal with staff issues on that phone. Switch it off when you finish work and turn it back on when you start work again. And that is really beneficial for the mental wellbeing of the manager or the employer.

Sometimes I'll get people who text or Whatsapp me at nine o'clock at night, saying: 'I wasn't thinking straight and I told them X, Y and Z.' In which case, my first thought is: 'Why are you on your phone at that time of night? Switch off!' It's not good for anybody. There's nothing so urgent that you have to pick up at that time in the evening.

Switching off

ZC: Thanks Sarah. What are your thoughts on this, Rick?

RA: On the point of switching off, I completely agree with Sarah. However, I run multiple businesses, so I work at really weird hours that are not your typical nine to five norms.

I communicate to my staff that while they may get a message from me on a Sunday afternoon, I don't expect a response. I will have sent the message or email because I've remembered to do it at that time as I can be quite forgetful.

I agree it is important to switch off for sure, but it's probably one of the hardest things for a practice principal or business owner to do.

However, if you are working odd patterns, just make sure you communicate that to your team and make sure they understand you do not expect a response there and then if it doesn't suit their working pattern.

ZC: Really good advice, Rick. It's not that you can't work out of hours as a business owner but make people aware there's no expectation upon them to respond there and then. Thank you both for your valuable input. D

A longer version of this conversation is available as a webinar at **practiceplan.co.uk/events/workforce-evolution/**.

FOR MORE INFORMATION about Practice Plan, visit **www.practiceplan.co.uk/be-practice-plan/**.

AI IN DENTISTRY

WITH ALAN CLARKE

Six AI trends for 2025

With boosts to your profits and free time, Alan Clarke shares how AI can be your ultimate partner in success

Alan Clarke
Cosmetic dentist and the owner of Paste Dental

The future is here, and it's not some distant sci-fi fantasy – it's your next profit-boosting, time-saving, practice-transforming reality. As we edge into 2025, AI is primed to revolutionise the dental industry. At Paste, I try to adopt the approach of not just working smarter – but working more strategically. So, let's dive into some of the most exciting AI trends that will help you maximise your practice's potential and unlock that elusive work-life balance.

Trend 1: AI-driven personalisation in 2025

We've all heard it before: patients want personalised care. But how do you deliver this in a way that doesn't drain your time or resources? Enter AI advanced practice analytics tools such as video health and SAAS products such as Chairsyde, which can help you tailor communications, offer personalised treatment recommendations, and even anticipate patient needs before they voice them. Imagine being able to automatically follow up with patients at the perfect time, offering targeted reminders, promotions, or post-care instructions based on their individual treatment journeys. This sort of hyper-targeted marketing has been shown to improve patient retention by as much as 30%, which directly translates to higher lifetime value per patient.

Trend 2: AI for efficient scheduling

One of the biggest time drains in any dental practice is patient scheduling – it's often disorganised, prone to errors, and manually intensive. AI-powered scheduling platforms such as Pearl Practice Intelligence or Heygent are the solution. By using algorithms that analyse patient behaviour, peak appointment times, and even cancellation patterns, AI can optimise your schedule for maximum productivity. These systems can not only automatically fill gaps in your day but also give you valuable insights into the best times to offer discounts or book higher-paying treatments. The result? More patients in less time, and a calendar that practically runs itself. More free time for you, more income for the practice.

Trend 3: AI-powered virtual assistants

The future of dental practice management isn't just about bots; it's about smart bots. AI virtual assistants can take over routine administrative tasks like patient intake and data input and even initial consultation screening questions. The bonus? These assistants never need a lunch break. One example: chatbots equipped with natural language processing (NLP) can manage patient queries, book appointments, and help with follow-up care instructions – all while your real staff focuses on high-value, high-touch tasks. It's the perfect marriage of convenience and productivity, giving you back hours each week and eliminating the headache of administrative overload.

Trend 4: AI in marketing

Here's a trend that's going to seriously disrupt your approach to marketing – AI-powered lead nurturing systems. These AI-driven platforms can automate your entire sales funnel, from lead generation and social media hosting right through to appointment booking. They use predictive analytics to not only sort and segment leads but also to send personalised follow-up emails, schedule social media content, and even identify the best times for targeted ads. The result? A steady flow of appointments that are genuinely interested in your services, even while you sleep. And the best part? This isn't a 'flash in the pan' approach; these systems keep working in the background, making your marketing effort evergreen. So, you can focus on what matters – treatment provision in your dental chair – while your marketing machine runs on autopilot.

Trend 5: AI for a luxe lifestyle

Here's a slightly fun one to round out the list: why not let AI handle your travel arrangements, too? Yes, you read that right. With AI's increasing ability to analyse travel trends and secure discounted rates, there are now AI platforms that can help you score luxury hotel rooms for far less than you'd expect. Whether you're attending a conference or just booking a well-deserved break, AI can sift through endless options and negotiate better prices, all based on your preferences. Think of it as the ultimate time-saver: getting more out of your downtime without lifting a finger.

Trend 6: AI for better diagnosis and treatment planning

Finally, let's talk about patient outcomes – and how AI is reshaping the way we approach diagnostics and treatment plans. With advancements in machine learning and image recognition, AI tools can now assist in identifying conditions such as cavities, gum disease, or even oral cancer at earlier stages than traditional methods.

Pearl AI has helped me towards more accurate diagnoses, fewer mistakes, and better treatment plans that increase patient satisfaction and, ultimately, my practice's revenue.

When patients feel that their care is cutting-edge, they're more likely to return, recommend your practice, and opt for higher-value treatments, let alone the trust fostered through our co-diagnosis.

If you want to be at the top of your game in 2025, AI isn't optional – it's essential. From streamlining your schedule to revolutionising your marketing efforts and freeing up hours for a well-deserved break (with a cheeky luxury hotel deal to boot), AI is the secret weapon your practice needs to thrive. It's time to jump on these trends, boost your profits, and reclaim your time.

After all, the future of dentistry is not just about doing more; it's about doing it better, with AI as your ultimate partner in success. D

Nigel Jones, speaking at our Dental Business Theatre.

At Practice Plan, we stay abreast of all the key issues affecting dentistry and partner with many experts in the sector to bring you up to the minute advice and guidance on anything from HR to wellbeing, compliance to recruitment. We're focused on the long-term success of your practice, not short-term savings.

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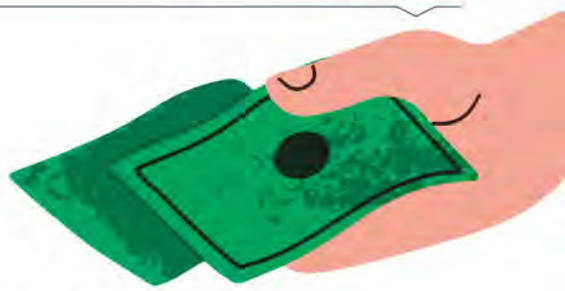
Cash is king

Ray Cox explains how well-planned funding can help maintain vital cashflow and secure the future of your practice



Ray Cox
Managing director, Medifinance

Over the last few years we have witnessed some significantly influential politicians of all persuasions demonstrate that they have little or no grasp of the fundamentals of commerce. It's hardly surprising though when you take into account that they have no business experience, and they operate within a political system that favours short-term expediency rather than longer-term sustainability.

As a result, some fairly daft ideas have been mooted and sadly, some implemented. Promises are easily made but easily broken and for businesses to prosper consistency is essential. There will always be economic ups and downs, but a business needs to be financially robust enough to withstand these.

Politicians aren't helping. But I was listening to a very wise financier the other day whose thoughts are helpful and well worth passing on.

Essentially his message is this: a healthy business is one that has, or has access to, sufficient funding to meet its expenses, support its ongoing growth and steer it to produce a profitable return.

The challenges experienced in recent years have been tough and have shown business owners just how vital maintaining cashflow is to securing their futures.

And businesses cannot stand still. They need to invest to grow. To do so, in most instances, requires external finance as a positive tool.

Bad debt or good debt?

Bad debt is borrowing on any scale for a purpose that doesn't generate long-term financial value. Ultimately it can lead to financial strain and affect the health of your business.

Good debt is debt used for investment purposes and helps build long-term financial security. It also comes with lower interest rates.

Borrowing to support business is a smart strategy for a number of reasons and when undertaken with a clear plan in mind can have many advantages:

- Growing a business often requires substantial upfront investment. Using external funding allows you to spread costs over time and maintain your essential liquidity
- Investing in growth opportunities such as new techniques and technology may take years. Accessing external funds can help you capitalise on time sensitive opportunities and gain a competitive edge
- External finance can help fund equipment upgrades and process improvements which will enhance operational efficiency. The ability to scale up without waiting for internal funds can boost productivity and profitability
- Whether you need to invest in marketing, open new practices or expand your online presence, funding will help you reach new patients more quickly, leading to increased sales and economies of scale
- If you have more capital at the ready you may be able to purchase at better rates and/or take advantage of early payment schemes that will improve your margins
- Unlike equity funding where you may have to give up ownership stakes and/or control to investors, borrowing allows you to keep full control
- Taking on external finance and responsibly managing repayments can help establish and improve your practice's credit score. This may well make it easier to access larger amounts in the future and on better terms.

Plan to grow

Sourcing funding to support business growth is a strategic tool when used wisely. It can enable faster growth, greater efficiency and help create new opportunities while you maintain ownership. The key is to assess the ability of your business to repay the facility and ensure that any investment leads to a positive return and sustainable growth.

In order to help you with this assessment we have prepared a business and financial plan template that is available, free of charge and on request. Please contact me (details below) if you would like a copy.

My final piece of advice is not to be discouraged when the economic climate is difficult. There always have been uncertainties and there always will be. With a well thought through plan and reliable and informed advisers you are well equipped to weather any storm! D

If you have any immediate or longer-term funding requirements, contact Ray Cox on **07785 757782**, email **rcox@medifinance.co.uk** or **www.medifinance.co.uk**.

Practice owners beware – liability for negligent treatment

Phil Weldon considers the changing legal landscape...

Phil Weldon
Litigation partner at Brabners LLP,
NASDAL members

Establishing who is liable for negligent dental treatment is a thorny subject and one that has the potential to cause practice owners sleepless nights.

Until recent years, the broadly accepted position was that self-employed associate dentists were personally liable for any negligent treatment they provided. Accordingly, when negligence claims were brought by aggrieved patients, it was the associate and the associate's indemnity insurer that responded to those claims. This meant that practice owners, by and large, did not become embroiled in such claims.

However, the position is now considerably more precarious for practice owners who are increasingly becoming the target of negligent treatment claims either alongside or instead of the self-employed associates.

The shifting legal landscape

This change in the approach being taken by aggrieved patients follows a series of high-profile cases culminating in the 2022 Court of Appeal decision in Hughes v Rattan.

In that case, despite the negligent associates being identified and willing to respond to the claim, the claimant (Mrs Hughes) elected to instead sue the practice owner (Mr Rattan) on the grounds that the practice owner, a) was vicariously liable for the negligent treatment and, b) owed the claimant a non-delegable duty of care which he had breached.

By way of background, vicarious liability is the liability of one person for wrongdoing committed by another person, without fault on the part of the first person. There is a two-stage test to establish vicarious liability which in the context of a dental negligence claim is:

1. The relationship between the practice owner and associate must be 'akin to employment'
2. There must be a 'sufficiently close connection' between the negligent treatment and the associate's job.

In the context of a negligent treatment claim, the battleground is going to be in relation to the first stage of the test ie whether the relationship between the practice owner and associate is 'akin to employment'. The second stage of the test will almost always be satisfied provided the treatment is provided at the practice and in the normal course of business.

On the other hand, unlike vicarious liability claims which focus on the relationship between the practice owner and associate, non-delegable duty of care claims focus on the practice owner's relationship with the patient and whether they personally assumed a responsibility to the patient.

If a non-delegable duty exists, the practice owner may lawfully delegate the performance of that duty to a third party ie performance of the patient's dental treatment can be delegated to a self-employed associate, but the practice owner will remain liable for negligent performance of that treatment.

In the Hughes v Rattan case, the court considered the relationship between the NHS and the practice owner as well as the relationship between the practice owner, the associate and the patient. The relevant factors were:

- The NHS Primary Care Trust had an NHS general dental services contract with the practice owner to deliver a certain number of UDAs
- The practice owner sub-contracted delivery of those UDAs to self-employed associates
- The sub-contract relationship between the practice owner and associate was governed by BDA model associate agreements
- The negligent treatment occurred during delivery of the UDAs by the self-employed associates.

In the Court of Appeal, it was held that the practice owner was not vicariously liable for the associate's negligent treatment on the basis that the first stage of the test was not satisfied, ie the relationship between practice owner and associate as set out in the BDA model associate

The position is now considerably more precarious for practice owners who are increasingly becoming the target of negligent treatment claims

Practical lessons for practice owners

1. Where the negligent treatment occurs during the performance of NHS dentistry pursuant to a GDS contract, it is likely that that the practice owner will be deemed to owe the patient a non-delegable duty of care. The practice owner is therefore likely to be liable to the patient for the negligent treatment
2. The Court of Appeal held that the practice owner was not vicariously liable for the associate's negligent treatment in Hughes v Rattan by reference to the terms of the prevailing BDA self-employment model associate agreement. However, if an associate is engaged pursuant to the BDA worker status model associate agreement there is an increased risk that the requirement to establish a relationship 'akin to employment' will be satisfied and vicarious liability will be established. Similarly, modifications to the BDA self-employed model associate agreement that provide the practice owner with more control over the associate may also satisfy this requirement ie classic examples would be stipulating the number of hours that must be worked or restricting the associate from working elsewhere during the agreement
3. It is essential that practice owners have an indemnity insurance policy that covers them adequately for negligent treatment performed by all clinicians at their practice. The main defence unions do now offer policies which indemnify practice owners against such claims
4. Practice owners should ensure that their associate agreements contain adequate indemnity provisions to enable the recovery of any liabilities they incur from the associate as a consequence of the associate's negligent treatment
5. All is not lost if the practice owner does not have an adequate indemnity policy and/or the associate agreement does not contain indemnity provisions. The practice owner can still bring a claim against the associate to recover the losses they have suffered because of negligent treatment by way of a 'contribution claim' under the Civil Liability (Contribution) Act 1978. Such a claim is brought on the basis that the associate owed a duty of care to the claimant, breached that duty, and caused the same loss that the claimant is now claiming from the practice owner. The amount that is recoverable from the associate pursuant to a contribution claim is at the courts discretion and will be based on what the court considers to be 'just and equitable' so there is no guarantee that the practice owners' entire loss will be recoverable.

agreement was not 'akin to employment'. In reaching this decision the court identified the following nine factors as determining that the relationship was not akin to an employment relationship (applying particular weight to the first two factors):

1. The associates being free to work for as many or as few hours as they wished
2. The associates were able to work for – and some did work for – other practice owners
3. The practice owner did not have control over the associates' clinical judgment and execution of treatment
4. The associates chose the laboratories used, and paid 50% of the laboratory fees
5. The associates were responsible for tax and NI, with the HMRC treating them as independent contractors
6. The associates ran some financial risks of bad debts
7. The associates were responsible for their own tax and NI
8. The associates had to pay for their own professional clothing and development and any equipment not provided by the practice
9. There was no disciplinary and grievance procedure.

However, this was a hollow victory for the practice owner as the Court of Appeal determined that he did owe a non-delegable duty of care to the patient. The rationale behind this decision was that the patient was a patient of the practice and not the individual associate. The court identified various factors in reaching this decision, including:

1. The patient had no control over which associate performed the treatment at the practice
2. The personal dental treatment plan signed by the patient in advance of any NHS treatment as required by the general dental services contract named the practice owner, not the individual dentist
3. The BDA model associate agreement explicitly stated that the patients are the patients of the practice owner and not the associate. It also contained restrictive covenants prohibiting the associates from providing treatment to those patients following termination of the agreement.

Having established that the practice owner owed the claimant a non-delegable duty of care, the practice owner was held liable to make good the negligent treatment provided to the patient by the self-employed associates at his practice.

This advice relates to the provision of NHS dental services. When providing private dental services outside NHS provision, it is likely that liability for negligent treatment will be determined by reference to the contract for treatment as opposed to breach of duty and vicarious liability issues. **D**

NASDAL member Brabners LLP specialises in corporate and commercial disputes in the healthcare sector with a particular focus on issues affecting dentists and practice owners. For more information, visit **www.brabners.com**.

Align, bleach and restore

Sara Laface introduces the align, bleach and restore (ABR) concept – the non-invasive way to give a pleasant smile

Sara Laface
Aesthetic dentist

The quest for a perfect smile often feels daunting, but advances in dental technology are making it more accessible than ever. Orthodontic aligners have revolutionised teeth straightening by offering a nearly invisible and comfortable alternative to traditional braces.

Meanwhile, teeth bleaching techniques provide a brighter smile without compromising the integrity of the teeth. Coupled with composite restorations that seamlessly repair and enhance dental structures, these methods combine to create a comprehensive approach to achieving that coveted, flawless smile.

This article demonstrates the align, bleach and restore (ABR) concept, which effectively combines aligning teeth, bleaching with carbamide peroxide, and restoring with composites. This protocol aims to provide patients with a smile that can help restore their self-confidence when smiling.

Initial presentation

The patient seeks our professional opinion to address a noticeable diastema between her anterior teeth and discolouration of her teeth, which has negatively affected her self-esteem. She desires an improved aesthetic outcome that aligns with her vibrant personality.

Her primary goal is to achieve a natural-looking transformation without undergoing extensive or invasive procedures. She is receptive to exploring modern dental solutions that can effectively rejuvenate her smile, fostering a sense of pride and satisfaction.

The ABR concept was proposed to her, and she readily accepted the treatment.

Careful planning is essential for achieving optimal results when aligning teeth. A comprehensive examination, including digital impressions, enables the creation of a customised treatment plan. This plan specifies the desired tooth movement and the appliances required to accomplish it. Regular adjustments and patient compliance are crucial for successful alignment. Ultimately, a straighter smile not only enhances aesthetics but also improves oral health and function.

Figure 2 illustrates the before-and-after project, and the aligners will be fabricated accordingly.

Treatment

After the completion of the alignment treatment and the closure of the diastema, it is time to start the second phase, which is the home bleaching (Figure 3).

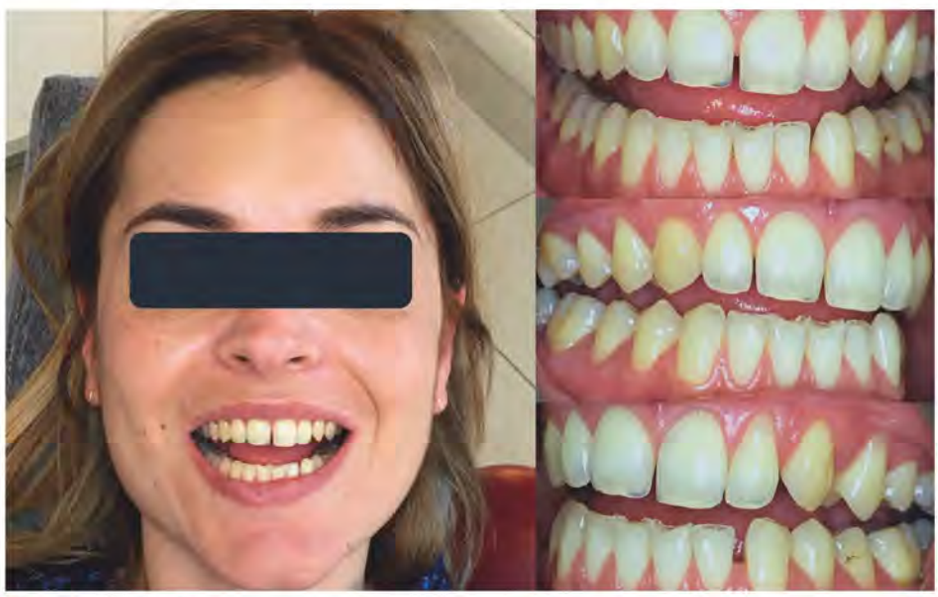


Figure 1: Initial situation

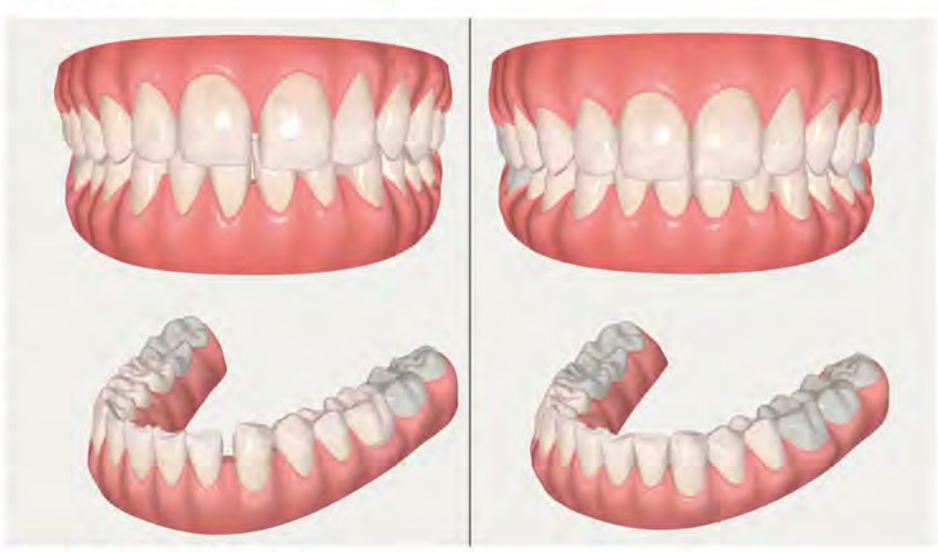


Figure 2: Planning the alignment

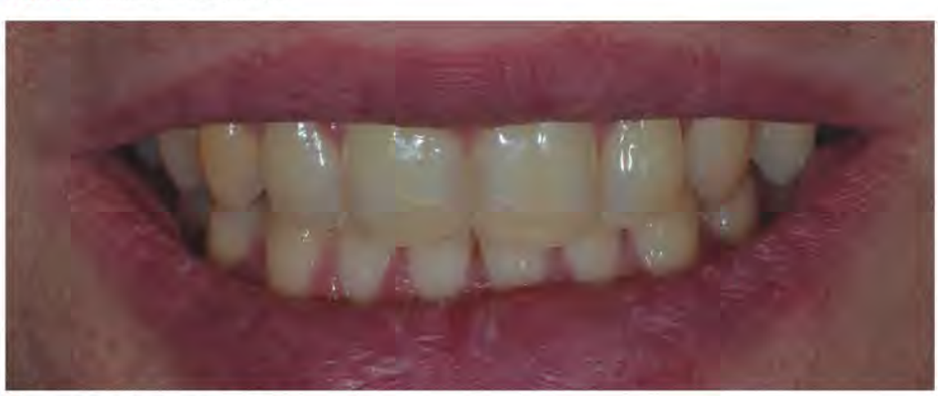


Figure 3: Result after alignment

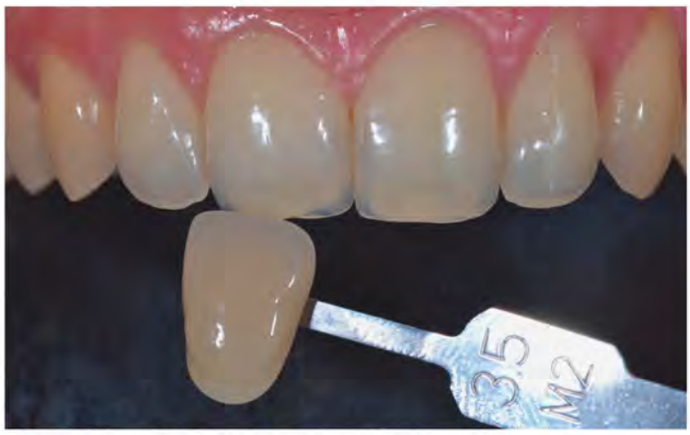


Figure 4: Colour of the teeth with the shade guide

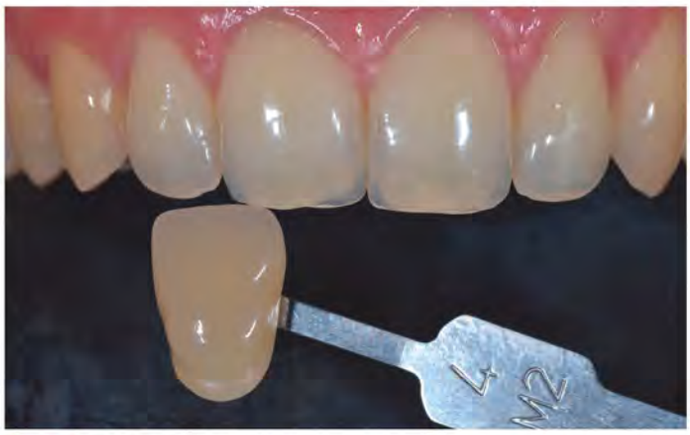


Figure 5: Colour of canines

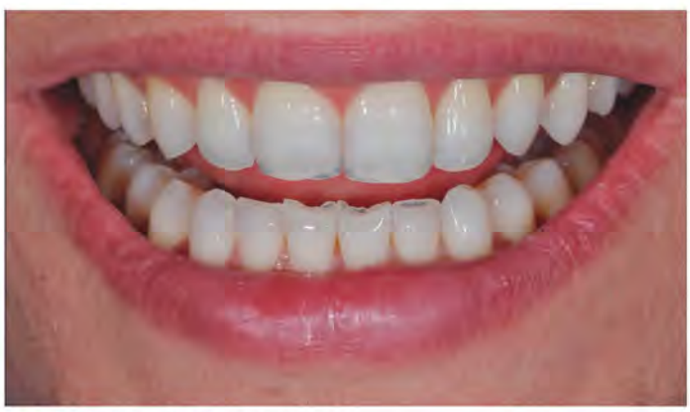


Figure 6: Final result after bleaching

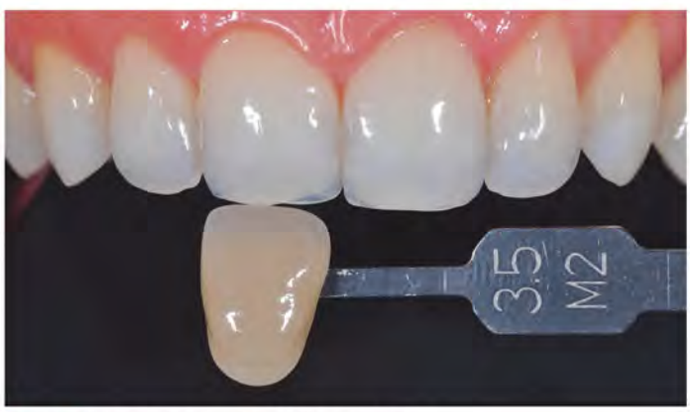


Figure 7: Final result compared to the initial shade

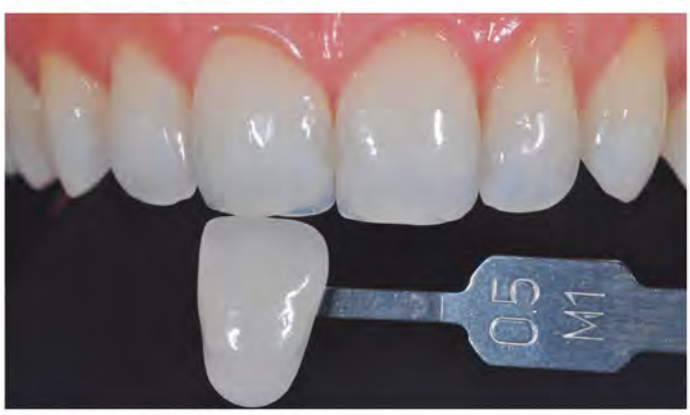


Figure 8: Final result after bleaching

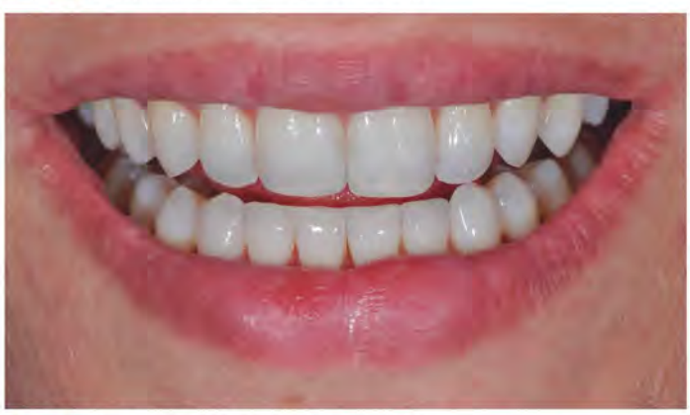


Figure 9: Final result after composite restorations

The patient's teeth were around a 3.5 M2 colour on the Vita shade guide, but their canines were darker (Figure 4).

The canines were close to 4 M2 colour on the Vita shade guide (Figure 5). The decision was to do the two-step bleaching protocol. First, the canines were just bleached until they were about the same colour as the other teeth. Then, all the teeth will be bleached. A custom tray was made and we used a 10% carbamide peroxide gel (White Dental Beauty Professional Tooth Whitening System) on just the canines for a month. The patient wore the tray all night.

Then, for the whole teeth, 16% carbamide peroxide gel (White Dental Beauty Professional Tooth Whitening System) was used overnight for two months.

After three months of undergoing the two-step teeth bleaching treatment, the patient was delighted with the pleasing results, particularly the uniform colour achieved between the canines and the other teeth (Figure 6).

The final tooth colour exhibited a significant deviation from the initial 3.5 M2 shade (Figure 7).The final tooth colour is almost 0.5 M1 with big satisfaction from the patient (Figure 8).

At the end, composite restorations were performed on the fractured incisal margins of the affected teeth (Figure 9).

Conclusion

In conclusion, the align, bleach and restore (ABR) technique stands out as a beacon of modern dental innovation, ensuring that patients can achieve their dream smiles with minimal intervention. By prioritising less invasive methods, ABR not only enhances the aesthetics of our patients' smiles but also preserves their dental health.

This approach reflects a significant stride in dental care, merging cutting-edge technology with a patient-centered philosophy. Embracing ABR means committing to advancements that align with the natural integrity and wellbeing of our patients' teeth. This technique highlights our dedication to making superior dental care accessible, effective, and gentle.

PRODUCTS USED
White Dental Beauty Professional Tooth Whitening System - Optident

FOR MORE INFORMATION
To find out more about White Dental Beauty, please visit **whitedentalbeauty.com.**

Celebrating success: the Listerine® Dental Hygienist Roadshow 2024

The Listerine® Dental Hygienist Roadshow has taken the UK by storm this year, delivering an exceptional blend of education and insight to dental professionals nationwide

Beginning at the North of England Dentistry Show in Manchester, with warmly received stops at the Dentistry Show Birmingham, the Dentistry Scotland Show in Glasgow, the Dentistry Show London and concluding at the BSDHT's Oral Health Conference in Harrogate, the Roadshow has drawn praise at each venue, positioning it as a highlight on the dental community calendar.

Building on last year's success, the 2024 Roadshow has offered an enriched experience, focusing on adjunctive mouthwash – a topic that resonated strongly with audiences in 2023. This year, the series expanded on this theme, integrating the latest research with practical applications for patient care.

Expert insights

A key highlight has been the line-up of expert speakers, featuring Professor Iain Chapple, whose engaging style and findings from the EFP-WONCA workshop have shed light on the associations between periodontal health and systemic diseases.*

Professor Chapple commented: 'The Dental Hygienist Roadshow provided a fantastic opportunity to connect oral health with overall wellbeing in ways that truly resonate with dental professionals. Seeing attendees embrace evidence-based insights that empower them to make a real difference in patient care has been incredibly rewarding. Each session has allowed us to share knowledge, challenge perspectives, and collectively elevate the standards of oral health education across the UK.'

Also contributing was Laura Bailey, whose clear and relatable approach empowered attendees by addressing 'spit, don't rinse with water' guidance, dispelling myths around fluoride retention, and providing practical information for patient education on effective at-home routines.

Benjamin Tighe further enriched the Roadshow with his insights into mouthwash, equipping clinicians with well-informed decision-making tools. Known for his direct, engaging style, Benjamin broke down complex topics, empowering attendees with practical knowledge they could confidently apply in practice.

Exclusive Q&A forums

The limited-access, in-person Q&A forums have been another standout feature, held three times daily at each venue to ensure maximum engagement and impact. These sessions have been praised for fostering an environment where participants felt comfortable asking questions and openly discussing their experiences.

Attendees have been able to delve into key topics beyond mouthwash, exploring broader themes in dentistry. Attendee feedback has underscored the value of this format, not only for in-depth learning but also for creating meaningful professional connections. Each event has fostered a strong sense of community, celebrating shared knowledge and advancing patient care.

**European Federation of Periodontology/ European World Organisation of National Colleges, Assemblies and Academies of Family Doctors. Consensus statement available at https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13983?af=R*

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We keep dentists smiling

John Alker "As a new practice owner the challenge of tax planning and accounts was extremely daunting. However, thanks to the team at PFM we have been able to get on top of it all with minimal fuss and stress. They are extremely professional and are always on hand to answer our questions, even going so far as to give me a tutorial about the use of Xero - something completely new to me. I wouldn't hesitate to recommend and indeed I already have."

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Dr Mark Lawrence "We have used several other specialist dental accountants in the past but none have been as pro-active as PFM Dental Accountancy. Their level of professionalism and approachability has been excellent and an added bonus is the "in-house" financial management we have enjoyed for many years with PFM Dental The addition of a legal team now can only add to a great team"..

Dr Hussein Hassanali "I have commissioned PFM to take care of my accounts since I first became an associate several years ago. They have been professional, timely, accurate and knowledgeable throughout my dealings with them. Plus they are always available to offer advice with quick responses and precise information tailored to each individual situation. I would certainly not hesitate to recommend them to anyone that asks".

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Complete add-on package for Zirkonzahn's digital workflow

Zirkonzahn introduces its new Detection Eye intraoral scanner, P4000 Printer and Jawaligner system

With Zirkonzahn's new Detection Eye intraoral scanner, the patient's jaw can be easily digitised in less than 60 seconds. The scanner is easy to use and the choice of two different tips (standard and small) makes the impression taking more comfortable for the patient.

Designed to be lightweight, compact, and ergonomic, Detection Eye provides real-time scanning with realistic colours and clear preparation margins. Moreover, the scanning areas do not need to be pre-treated with powder, simplifying the acquisition process and allowing the user to complete the digitisation via one-button control.

The scanner can also be operated via Motion Sensing technology: by simply moving it, the user sends commands to the software. In addition, its Cart Basic with a useful drawer for perfect accessory storage can be rotated by the user as desired to reach the most ergonomic posture.

Once the data has been captured, it can be easily and quickly loaded into the Model Maker software module, for proceeding with the design process. The produced model is then transferred to the new Zirkonzahn.Slicer software, where it is placed on the virtual printing platform. Special supports can also be generated if necessary. The software is conceived for the dental workflow and is supplied with pre-configured settings for a seamless and well-calibrated printing process.

At this point, the generated 3D printing data is transferred to Zirkonzahn's P4000 3D Printer either via USB, LAN or WiFi, permitting thanks its large printing volume (L x W x H: 20 x 12,5 x 20 cm) the simultaneous production of, for example, up to 21 Geller models or 15 full-arch models, depending on their structure and dimensions.

The open-system 3D printer is conceived to process resins with a wavelength of 405 nm and works ideally in combination with the Printer Resins and Printer Resins Waterbased by Zirkonzahn, available in many colours and for different uses.

The model can be then cleaned in an ultrasonic bath, cured in the L300 Post-Curing Lamp and mounted into the PS1 Articulator or ZS1 Mini-Arti without using plaster thanks to the new JawAligner PS1 or ZS1 (magnetic spacer plates).

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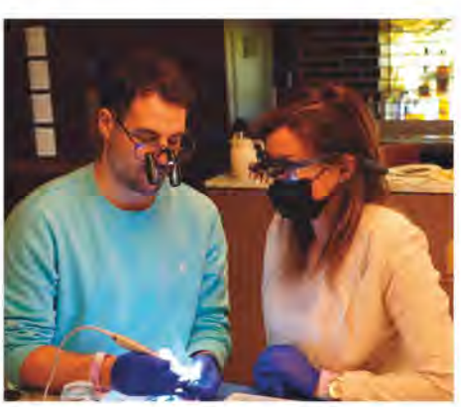
Taking it up a notch, this 18-hour course spans two days and is 90% hands-on, teaching five different onlay preparations and flawless direct composite techniques. If you're looking to refine your skills and bring your restorative techniques to a new level, Level 2 is for you.



Level 3: Full mouth treatment planning and occlusion

Our most advanced 27-hour course covers full mouth treatment planning and occlusion over a three-day weekend. Here, you'll learn hands-on how to use specialised tools like Lucia jigs, leaf gauges, face bows, and articulators. You'll also master templates for treating various malocclusion classes, including Class II, Class III, and anterior open bites, along with strategies for treating worn dentition.

Who should attend?

Our masterclasses cater to a range of professionals – from recent graduates and NHS dentists wanting to avoid issues like post-op sensitivity or restoration failures to experienced clinicians eager to expand into larger, more rewarding cases. Whether you're looking to transition from NHS work to private practice or deepen your expertise in biomimetic techniques, our courses offer tailored insights and skills.

Elevate your practice, enhance patient care

These courses are all about practical, real-world dentistry that you perform daily. Gain the confidence to manage complex cases with more predictable outcomes, allowing you to deliver exceptional patient care while enhancing your professional satisfaction. Not only will these skills help you build patient trust, but they're also practice-builders for principals and associates aiming to shift toward higher-end, fee-for-service care.

Meet your instructors

Dr Sherif, a Harvard-trained prosthodontist, brings over 20 years of experience in complex restorative and adhesive prosthodontics. With expertise from leading figures of cosmetic dentistry at Harvard and learning as a resident under Professor Urs Belser in clinic and partnership with Professor Paolo Malo the inventor of All-on-4, Dr Sherif's mastery of full-mouth treatment planning and advanced adhesive techniques is unparalleled. Dr German Dorgan, a leader in biomimetic dentistry, shares insights on transitioning from NHS to fully private practice, and teaches on top European courses, while Dr Ashley Chung, a Kois Center alumna, provides evidence-based, interactive learning sessions drawn from her US courses.

Don't miss out: register today!

Ready to transform your practice? Our next Level 1 Masterclass is on 14 June 2025. Register by 1 January 2025 to receive 15% off when booking all three levels at the same time. Spaces are limited to 10-15 delegates to ensure personalised, one-on-one instruction, so don't wait – reserve your spot at www.GetBondedStayBonded.co.uk and start your journey towards a more rewarding career in dentistry.

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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 Ominchroma 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** or **tokuyama-dental.eu/en.**

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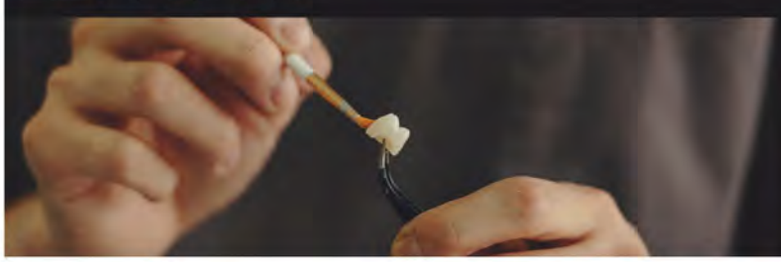

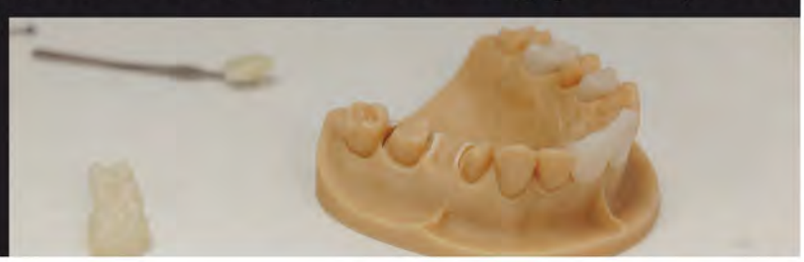

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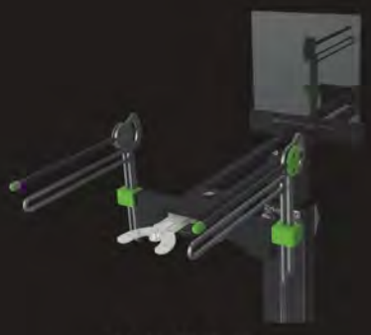

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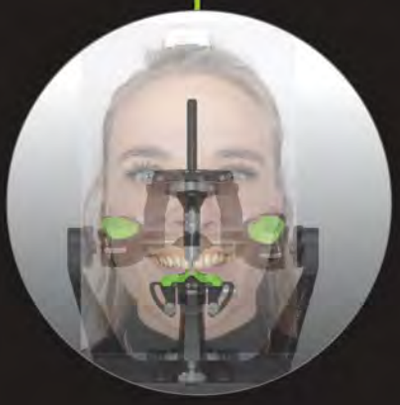

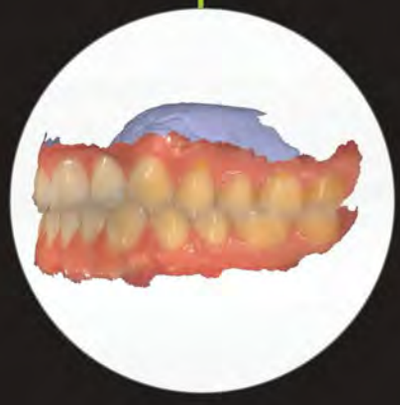

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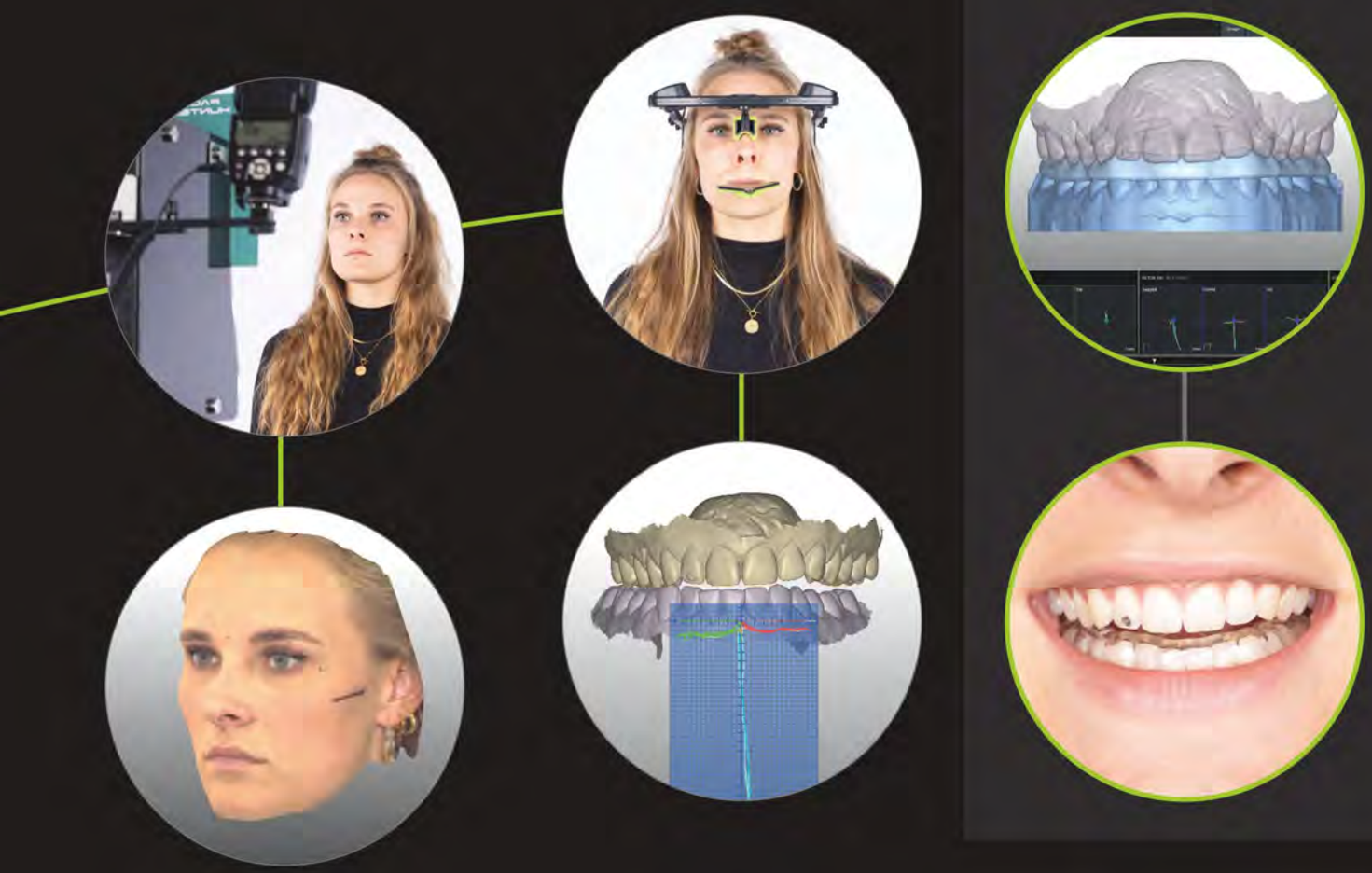

After taking intraoral scans with the Detection Eye intraoral scanner, by means of the PlaneFinder® and the Face Hunter 3D facial scanner it is possible to acquire patient's jaw positions and take 3D face scans. Data is smoothly transferred 1:1 into Zirkonzahn.Software without loss in information and then merged, obtaining a 3D virtual reproduction of patient's oral and extra-oral anatomy.

Data can also be combined with individual jaw movements (PlaneAnalyser II) and with the information recorded via the Head Tracker digital facebow (Zirkonzahn's new device to digitally record patients' natural head position in combination with the PlaneFinder®).

A feeling of disillusionment

Matt Everatt pens a poignant message ahead of the festive season

Matt Everatt
Dental technician, director at S4S Dental Laboratory, and editor in chief, *Laboratory*

I have been writing about the dwindling numbers of dental technicians over the last few years. Despite my ever-positive outlook on our profession, I cannot ignore the voices and noises made by my peers. Just last month, the Dental Laboratories Association (DLA) president wrote about a drop in cases received in his own lab, and particularly the drop in higher value cases. Many others have said they are struggling and also seeing less cases coming into their labs. There are exceptions of course, and some are still busy.

Many UK dental technicians feel disillusioned and even hopeless due to several challenges they face in the industry, combined with what they often perceive as a lack of support or understanding from the General Dental Council (GDC). Here are some of the key reasons why this sentiment exists:

- **Lack of recognition and support:** dental technicians play a crucial role in creating custom appliances like crowns, bridges, and dentures, yet they often feel that their work is undervalued, especially compared to dentists. Despite their technical expertise and the high standards they adhere to, dental technicians feel they are treated as secondary to the dental team rather than essential members of it
- **Regulation and fitness to practise pressures:** the GDC's regulatory measures, like fitness to practise investigations, often seem to target individual technicians harshly, sometimes even disproportionately, for minor infractions. This intense scrutiny can feel unfair, particularly when illegal manufacturers or unqualified staff are allowed to operate unchecked, and it creates a climate of fear rather than support
- **Overseas competition and price pressures:** dentists sometimes choose to send cases to overseas labs in places like China and Turkey because they offer lower prices. This practice undercuts UK technicians and lowers the demand for domestic lab work, forcing many UK labs to operate on thinner margins or face closure. Technicians feel that the GDC could be doing more to advocate for standards that prioritise quality and safety over cost savings
- **Lack of a clear career path and professional development:** the profession has limited career advancement opportunities, and technicians often feel the GDC doesn't provide adequate support for professional growth, training, or development pathways. The result is a stagnant profession where technicians feel they lack a voice or future, leading many young professionals to leave
- **Insufficient advocacy against illegal labs and practices:** technicians feel that the GDC focuses on punishing registered professionals while not addressing the issue of illegal manufacturing, unregistered labs and dental practices making their own devices outside of the proper regulatory framework. These unregulated outfits may not meet the same safety and quality standards, yet they are sometimes able to secure business due to lower pricing.

A cry for help

Recently an anonymous post came up in the For Dentists, By Dentists Facebook group where a dentist was asking colleagues for a recommendation for a 'cheap NHS lab to do some denture work'. The original poster had said: 'I don't mind if it's made in China, as long as it's signed off by a UK DT'. Perhaps understandably, it irked me somewhat.

So many dentists, and rightly so, moan about dental tourism and people seeking cheap dental treatment in places like Turkey, and then inevitably having to help those patients when it all goes wrong. Now, I'm not against dentists seeking work from overseas, but in some ways it makes a mockery of the strict regulations us UK dental technicians are shackled with. Our numbers are dwindling and if UK dentists continue this trend of sending work overseas, we will continue losing good technicians.

I really urge UK dentists to support UK dental technicians and, together, provide patients with the best care possible.

I'd started writing a poem last year when I was working on a response to the GDC taking task on some dental technicians for some seemingly very minor issues. After seeing this Facebook post, and ruminating a little more, it reignited my inspiration and creativity... D

The tale of the techies and the Christmas rush

'Twas the season of Christmas, when the mad rush begins,
Dental techs busier than rats raiding bins.
With precision and care, they crafted each crown,
But alas! In the clinics, the docs wore a frown.

For dentists had visions, not of gum lines and grooves,
But cheap NHS deals in faraway moves.
'Send it to China or labs in faraway lands,
The work might be dodgy, but it'll save us £2.'

The lab teams were baffled, their pride on the line,
Crafting dentures and crowns with standards divine.
They knew each fine margin, each shade, each hue –
Skills honed through hard years, in workshops they grew.

'Why send this work off?' the techs asked in dismay.
'We're right here, we're ready, we'll do it today!'
But dentists just shrugged, with a smirk and a sneer,
'For pennies, we'll send it to China, my dear.'

And then from the GDC came a tone sharp and cold,
Looking for scapegoats, while the truth's left untold.
They hunt for faults in techs who've done no wrong,
While ignoring the illegal labs all along.

And fitness to practise? A troubling affair,
Techs on the firing line, but the GDC doesn't care.
They target the honest, the skilled, and the true,
While dodging the frauds who cut corners in view.

So this Christmas, dear dentists, remember your game,
The UK techs who craft crowns and uphold your name.
For quality matters, in every last bite,
And UK labs work hard to get it just right.

So lift up a glass for your techs this year,
Support local talent, bring holiday cheer!
And may the GDC see, and share some holiday cheer,
Dental lab techs deserve more for Christmas this year.

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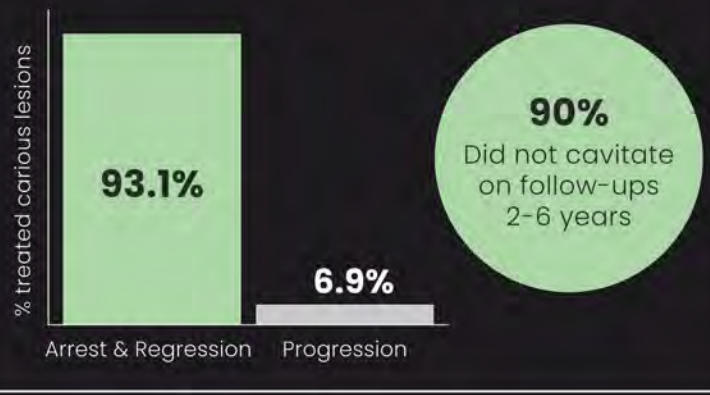
93% Clinical success rate: Arrest and regression of initial caries[1]

Changes at last follow up compared to baseline*



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

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Veneers and composite bonding

Vera Da Silva highlights the use of Tokuyama Estelite Asteria for smile enhancing veneers

Vera Da Silva
General dentist, Vitali Teeth Dental Spa

A 38-year-old male patient presented with multiple broken molar restorations. In addition, he had severely chipped incisal edges of his upper anterior teeth and concerns about aesthetics.

The patient is very active physically (he does Brazilian jiu-jitsu). He feels that he clenches his teeth, especially when playing contact sports. He believes that he might also be griding at night, as he feels tension in his jaw early in the morning.

As far as he can remember, his smile has not changed much over the years apart from some chipping on the incisal edges of his teeth. He dislikes the size of his upper incisors and would appreciate it if his teeth could be just a little bit lighter in colour.

Upon examination, it was determined that he had non-carious tooth surface loss localised at the incisal edges of his upper and lower incisors, most likely due to tooth attrition and erosion. His teeth were not sensitive to differences in temperature or to different foods and drinks, which confirmed the slow progression of the wear.

The size proportion of the upper central and lateral incisors compared to the upper canines was irregular, making the patient look older than he really is.

Aesthetic issues

When smiling, he presented with a non-consonant smile arc (Figure 1).

The smile arc refers to the relationship between a hypothetical curve drawn along the incisal edges of the maxillary anterior teeth and the inner contour of the lower lip while smiling. Generally, the curve of the incisal edges of the upper anterior teeth is more pronounced in women than in men and tends to become flatter with age. The curve of the lower lip is usually more pronounced in younger individuals.

In an ideal smile arc, known as 'consonant', the curve of the upper anterior teeth aligns with or is similar to the border of the lower lip during smiling. The lower lip can either touch, not touch, or slightly cover the upper anterior teeth.

A study of untreated individuals found that those whose lower lips touched or did not touch the upper anterior teeth had a higher aesthetic score than those whose upper anterior teeth were slightly covered (15.76% of the sample).

In a 'non-consonant' smile arc, the upper anterior teeth are either flat or curve opposite to the curvature of the lower lip.

The patient also exhibited a mild class III skeletal profile with an edge-to-edge bite on the anterior teeth (Figure 2). He presented with a class III incisor relationship and edge-to-edge bite on a mild class III profile. Canine guidance was not observed bilaterally with premature contact on the non-working side between UL7 and LL7, causing patient discomfort. On protrusion, the anterior guidance was unbalanced with premature contact on various posterior teeth.

It was observed that there was staining from colour-producing bacteria (chromogenic bacteria) on the cervical areas of the teeth. Appearing as black staining, this kind of staining is often seen along the palatal or lingual aspects of the teeth, but brushing two or three times a day can help remove the bacteria that cause this staining.

Treatment options

Several treatment options were discussed with the patient, including orthodontic treatment before aesthetic treatment, composite bonding of the upper anterior teeth, or no treatment at all.

It was explained to the patient that individual direct composite bonding (from UR4 to UL4) could help disguise the malocclusion by adding composite to create length and volume to the upper anterior and cuspid teeth.

He was informed that to achieve strength and better function, it would be necessary to remove around 1mm from the incisal edges of the lower teeth to create the required space for the composite on the palatal aspect of the upper teeth, resulting in a more stable occlusion.

Due to grinding and clenching habits, as well as challenging occlusion, porcelain veneers were not recommended due to the high risk of non-repairable veneer fracture and the additional cost.

He was informed that composite bonding could chip or break, but it could be repaired at a lower cost.

It was also explained that composite could stain due to oral flora, and maintaining excellent daily oral hygiene and regular hygienist visits would be necessary to prolong the treatment and minimise the risk of staining from chromogenic bacteria.

Additionally, the composite bonding treatment would require follow-up and maintenance. It would be recommended to have the composite polished annually to renew its shine and ensure proper function, especially if clenching and grinding are not controlled or if grinding mouthguards are not used.

In terms of the combined orthodontic-aesthetic treatment, it was thought that he would benefit from a course of orthodontic treatment. The aim of this would be to retrocline the lower anterior teeth and procline the upper anterior teeth by approximately 10 to 15 degrees to improve the overjet and correct the edge-to-edge bite.

However, due to financial constraints and time limitations of the orthodontic treatment, this option was waived by the patient, and he opted for the direct composite bonding only.

I explained to the patient the process of freehand composite bonding and advised him on how to prepare for the treatment appointment,

Figure 1: Initial presentation highlighting non-consonant smile

Figure 2: Intraoral view of initial presentation

Figure 6: Close up of upper anteriors showing damaged incisal edges

Figure 4: Upper anteriors after the palatal restoration of the incisal edges

Figure 5: Intraoral view of restorations prior to final polishing

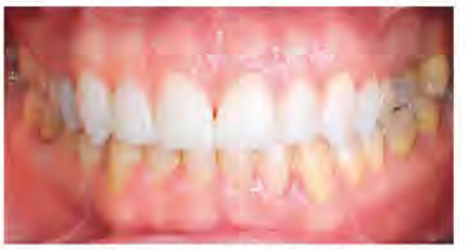

Figure 6: Intraoral facial view after polishing

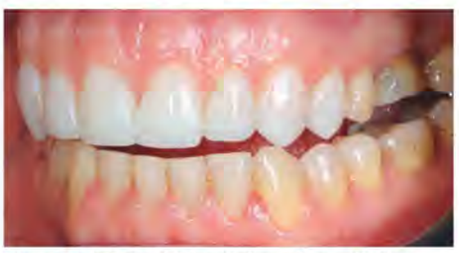

Figure 7: Intraoral lateral view after polishing

Figure 8: Final restoration of the upper anteriors after polishing

Figure 9: Final restorations with consonant smile

including having a good breakfast and wearing comfortable clothing.

I also informed him about the expected changes in the volume of his teeth and how his upper lip might feel odd against his upper teeth initially, but would improve within a few days. The patient was eager to undergo the smile transformation, and I was equally excited to deliver pleasing aesthetic results along with an improved occlusion.

Treatment provision

The technique used was freehand. As I had previously done a direct mock-up, I knew exactly how long the teeth should look to restore form and function. I made the decision to retract the lips using an Optragate soft lip cheek retractor (Ivoclar Vivadent) and to control moisture by employing relative isolation with cotton rolls, gauze, a high-volume evacuator, and a saliva ejector.

It is crucial also to have the assistance of a highly experienced dental nurse. In this case, my assistant provided invaluable help by consistently checking for moisture control and ensuring the patient's comfort at all times.

The incisal enamel edges on the upper centrals were unsupported in places, so only the supported enamel needed to be removed with a coarse Optidisc (Kerr).

The incisal edges of the lower incisors were reduced by 1.5mm with a super fine, yellow polishing bur, so that space was created for the palatal aspect of the composites on the upper anterior teeth. The enamel was cleaned with pumice and water, etched for 30 seconds with 37% phosphoric acid, and, after the enamel was washed, it received two coats of Scotchbond Universal (Solventum). I also painted a very thin layer of Pink Opaque (Cosmedent) to mask out some underlying dark stain.

It is important to be very attentive to any overflow of the bonding agent onto the gingival margin, so that any excess can be removed with a surgical suction tip and vigorous airflow, as those details make all the difference when you are finishing your veneers.

Using the extra thin Composi-Tight instrument (Garrison Dental Solutions) associated with Composite Wetting Resin (Ultradent) facilitated the positioning of the palatal shell with Z350 XT nano composite shade CT (Solventum), giving the strength needed for the area and also the translucency to mimic the enamel (Figure 4).

The intermediate layer was built up using Estelite Asteria (Tokuyama), shade A1B (body area), before the outer layer was finalised with Estelite Asteria shade WE. The spherical filler particles of Estelite Asteria guarantee easy placement and manipulation of the composite as well as outstanding polishing results (Figure 5).

The polishing of those beautiful composites must be detailed and meticulously performed. I started the polishing with a coarse red Optidisc (Kerr) to reduce the volume and length, before moving to a fine yellow diamond bur 4209 (Kerr) and a 4236F bur to help improve the cervical areas and determine areas of shadow and light.

Using Composoft Cup (Eve) polishers for smoothing, pre-polishing and polishing is one of my favourite steps. After using them you will be able to see how the light reflects off the surfaces of the teeth and how your choices of colours have gone. I usually associate the above steps with an extra round of polishing using medium and fine Diacomp Plus (Eve) polishers (Figures 6, 7 and 8). On the proximal surfaces a very sharp scalpel (number 12) is used along with Epitex Finishing Strips (GC).

At the end of this, the smile arc was now more naturally consonant with the central incisors' edges creating a positive curve for the smile (Figure 9). The occlusion was checked and only minor adjustments were made. I was very glad to confirm that canine guidance and anterior guidance on protrusion were established and that the premature contact on the molars, noticed prior to treatment, was eliminated.

Case reflection and further treatment

The patient's reaction on seeing the new smile was amazing – he couldn't believe his eyes and said that he felt very comfortable with the lip and new volumes of the teeth. He said he needed no adjustment time, he was already adapted to it!

So that we could create a harmonic appearance between the upper and lower teeth, Philips Zoom! Day White tooth whitening with a concentration of 6% hydrogen peroxide was proposed for use on the lower teeth to lighten their shade.

I prefer not to provide prior tooth whitening for the teeth I will be doing veneers on, instead using pink opaquer to mask discolouration if it is needed. In this particular case, the patient had an event to attend and wanted the veneers to be done as soon as possible, so we decided to delay the tooth whitening on the lower teeth until after the veneers were completed.

The occlusion was much improved and I believe that I managed to disguise the class III edge-to-edge to a class I. It was explained to the patient that bruxism treatment is a multidisciplinary approach and dentists can only treat the side effects of it. He was encouraged to continue to exercise to improve his wellbeing and to try to live as stress-free as possible!

The patient is committed to wearing a Michigan splint every night to protect the veneers and to avoid wear and breakages of the composites.

In hindsight, I wish the patient could have afforded the perfect route, which would have been orthodontics and then composite veneering treatment, but we have to remember that not all journeys will be the perfect one. Nevertheless, they are worthy, especially as we know the patient's self-confidence and comfort are improved and the treatment was minimally invasive. We can say that we protected the teeth and transformed the person who now wears a beautiful smile! D

The question of reliable evidence

Cemal Ucer explores the factors that affect the reliability of research in dentistry

Cemal Ucer
Specialist oral surgeon

Dental professionals tend to be excellent critical thinkers, accustomed to incorporating only the most reliable evidence into their practice. Evidence-based dentistry (EBD) involves the integration of the best available research with the clinician's own knowledge, skills and experience regarding the patient's needs and preferences. Relying on substantiated, authentic and ethically-produced research is one of the cornerstones of best practice.

There are several challenges in consistently practising EBD, which can include insufficient time, and low confidence in searching for and evaluating scientific literature. The process of finding high-quality, valid evidence can be perceived as a daunting and time-consuming pursuit (Durr-e-Sadaf, 2018).

However experienced a professional may be, it can still be possible to miss the signs of flawed evidence. The consequences of integrating clinical practice based on poorly researched information could be very serious, and this should be mitigated against consistently.

Trustworthy evidence

The validity of a research study is associated with removing the likelihood of bias, misconduct or error. Validity can be internal or external.

Internal validity is defined as the extent to which the observed results represent the truth in the population under scrutiny, ensuring that these are not due to methodological errors. External validity references the extent to which the results of a study can be generalised to patients in daily practice, especially for the population that the sample is designed to represent.

In the hierarchy of the trustworthiness of evidence, a systematic review and meta-analysis is considered the gold standard. Randomised controlled trials (RCTs) are also considered to be level one evidence.

Cohort studies and case-control studies are given less gravitas, and case reports, animal studies, and in vitro studies are considered to be the least reliable in terms of research evidence, though some of these methods may help to illustrate data referred to in more comprehensive research.

Methodology should be consistent throughout a trial, and ethics should abide by international conventions, such as those described in the Declaration of Helsinki (World Medical Association, 2013). Inclusion and exclusion criteria should also be observed to ensure there are no additional characteristics that could create bias and interfere with the validity of the study.

For instance, inclusion criteria might specify demographic, clinical or geographic characteristics of interest. Common exclusion criteria include personal characteristics that might affect adherence to trial frameworks, or comorbidities that could influence outcomes or result in adverse effects for the patient (Simundi , 2013).

The problem of bias

Bias is any trend or deviation in data collection, analysis, interpretation and publication which carries a risk of leading to false conclusions (Simundi , 2013). Bias can be conscious or unconscious, and the effects can be far-reaching. It can affect the validity of research that might otherwise provide useful insight.

There are many examples, but a common problem is sampling bias, which can occur when the subjects of research do not reflect the population to which the research needs to be applied. This can happen when subjects are self-selecting or recruited without factoring in or declaring characteristics that may be over or under-represented in the outcome of the study.

Sampling bias can also occur when the sample size is too small to be representative of the population under scrutiny (Lambert, 2011).

Other common biases in research include classification and confounding bias. Classification bias, also known as measurement or information bias, arises from improper, inadequate, or unclear recording of individual factors affecting the quality of the process or outcome.

Confounding bias refers to a misleading association between the outcome and a factor that is not causally related to the outcome. Unlike other biases, the latter can be corrected after the study is completed (Lambert, 2011).

It is important to employ critical thinking when evaluating any clinical research, and this is certainly true of surveys. Surveys are a common research method used in medical and dental education (Phillips, 2011). However, a 2017 analysis of medical research published in 2013 found that only 35.6% of the 185 studies that included surveys met inclusion criteria in their methodology (Phillips et al, 2017).

Evidence-based practice and education

All postgraduate and standalone CPD courses at the ICE Postgraduate Institute and Hospital are developed using extensive clinical research and experience in implant dentistry. ICE is supported by the exceptional dedication and skills of expert faculty, led by eminent specialist oral surgeon, Professor Cemal Ucer and postgraduate courses are accredited by the University of Salford.

The mission of ICE is to provide evidence-based training to all members of the dental team. For example, the Advanced Certificate in Bone and Tissue Regeneration and Sinus Grafting employs the most current, gold-standard research to support predictable results.

Incorporating practices based on unreliable evidence can be harmful to patients, and affects the reputation of individual practitioners as well as the wider profession. With the right tools, clinicians can ensure they maintain awareness of what makes research valid, and that their clinical education is based on fully evidenced data. D

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FOR MORE INFORMATION, please contact Professor Ucer at **ucer@icedental.institute** or Mel Hay at **mel@mdic.co**, call **01612 371842** or visit **www.ucer-clinic.dental**.


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HTM 07-01: key changes

Navigating the updated Health Technical Memorandum 07-01: A Guide for Dental Practices

Pat Langley
Founder and chief executive of Apolline

Few would disagree that the practice of dentistry produces huge amounts of waste in the form of single-use items. This needs to change where possible and as a profession, we need guidance on how best to make these changes safely.

A good start on this comes in the form of the updated 2023 version of HTM 07-01 which replaces the previous 2013 edition and details the environmental benefits of the safe management and disposal of healthcare waste. It also presents opportunities for reducing carbon emissions related to waste management.

The updated version even has a shiny new title that focuses on making a commitment to sustainability. For the first time, *HTM 07-01: Safe and sustainable disposal of healthcare waste* introduces targets for how waste from healthcare premises is dealt with.

This article aims to provide an overview of the updated HTM 07-01, highlighting key aspects dental practices need to be aware of to maintain compliance and uphold best practices.

For those who like to do their own research, the dental section of the updated HTM 01-05 can be found in Section 5.207 of the 145-page memorandum although most of the rest of the guidance also applies to us in dentistry.

Key changes to the guidance

Environmental considerations

HTM 07-01 places considerable emphasis on sustainability. Practices are encouraged to minimise waste generation, recycle where possible, and choose disposal methods with the least environmental impact. Choosing to use digital radiography over traditional film reduces chemical waste, and using reusable instruments where safe to reduce single-use items.

Single-use items

Prioritising reusable equipment seems sensible but for many years the mantra has been to use only single-use items for a very long list of essential items, so this represents a significant change. Please see the box for a list of items that have long been considered single-use.

Much of the list of single-use items, such as needles, partially-used cartridges, gloves, scalpel blades, matrix bands, and rubber dams, must of course remain as single use.

However, a number of items have evolved to be single-use that could helpfully be replaced by sustainable alternatives. Plastic mouthwash cups spring immediately to mind. Many practices have already adopted a more sustainable solution even before the updated guidance was published.

The more difficult items to decide on are single-use plastic saliva ejectors, aspirator tips, and three-in-one syringe tips.

My personal opinion is that these could all be replaced by reusable alternatives, with aspirator tips being what is colloquially referred to as a 'no-brainer'. High-quality autoclavable aspirator tips are readily available and there is no argument I can think of for the lumen being described as too narrow for steam to penetrate during sterilisation.

The case for saliva ejectors and three-in-one syringe tips being single-use is trickier because the lumens are narrow. So, though, are the lumens in handpieces and there is no realistic suggestion that these should be single-use. I would suggest that if you can theoretically sterilise a handpiece in a vacuum autoclave, you can also sterilise reusable saliva ejectors and three-in-one syringe tips. (Of course, we don't know for sure that handpieces are sterilised effectively even in a vacuum autoclave.)

Anecdotally, HTM 01-05 is being updated and there is no doubt this is essential. We don't know when or even if this will happen, so in the meantime practices will need to make their own decisions on what to do based on both safety and environmental considerations.

Waste segregation and disposal

The updated version of HTM 07-01 states that waste from a dental practice should now only be considered as infectious if it has been generated during the treatment of a patient with a known infection. PPE, cotton wool rolls, swabs, bibs, and blood-stained tissues should now all be classified as offensive rather than hazardous unless the patient has a known infection.

Offensive waste goes into 'tiger stripe' bags, not orange bags, and the guidance also states that whole extracted teeth without amalgam should now go into offensive waste. There are issues with implementing this guidance because some waste contractors are not supplying tiger stripe bags and collection costs can be more than the costs for collecting orange bags.

However, the large elephant in the room is…. How do you know which patients have a known infection and are infectious?

We have spent decades being told that all patients should be considered infectious, so it is a considerable step to move to the position described in the updated guidance that only patients with a known infection should be regarded as posing a risk. I suspect many practices will find this a step too far and may continue to place all waste that is contaminated with bodily fluids into orange bags, despite the guidance.

Orange versus tiger stripe bags

Apart from the different waste streams contained in the orange or tiger-stripe bags, the principal difference is how the waste is ultimately disposed of after your waste disposal contractor has collected it.

Orange bags are used for infectious waste that requires treatment to render it safe. This includes waste contaminated with bodily fluids that has been generated during the treatment of a patient with a known infection. Orange bags should not include non-infectious waste.

Orange bags are sent for alternative treatment methods including autoclaving, to render the waste non-infectious. If treatment facilities are unavailable, the waste may be incinerated as a fallback option, although this is less sustainable.

Tiger stripe bags are used for non-infectious offensive waste. Tiger stripe bags should not include infectious waste. Tiger stripe bags are sent to non-hazardous landfill or energy recovery facilities (ERFs) for incineration. The use of ERFs is encouraged as a more sustainable option, allowing waste to contribute to energy generation.

Storage

All healthcare waste must be stored safely and securely prior to collection and in an area to which patients and the public have no access. Practices must ensure that waste awaiting collection cannot be accidentally accessed through carelessness, such as by storing it in a room that is supposed to be kept locked but is sometimes left open.

Items that have long been considered single-use are:

- Steel burs
- Scalpel blades
- Aspirator tips
- Saliva ejectors
- Matrix bands
- Plastic impression trays
- Plastic cups
- Paper towels
- Air/water syringe tips
- Local anaesthetic needles
- Partially used local anaesthetic cartridges
- Suture needles
- Rubber dam
- Bibs
- Tray liners
- Gloves
- Polishing disks
- Endodontic instruments
- Local anaesthetic and other types of needles
- Part used local anaesthetic cartridges
- Rubber dam
- Bibs
- Tray liners
- Gloves
- Polishing disks
- Endodontic instruments (unless marked as reusable and then only reused on the same patient under strict conditions).

Conclusion and summary

The safe management of waste is an essential part of running a compliant practice. The updated guidance provides a robust framework for handling waste responsibly and safely. It is also true that it raises more questions than answers. It will likely be hotly debated for some time. D

Shape the future of infection control

Have your say: the UK's largest dental decontamination training survey is launching

FMC, the UK's leading dental publishing company, in partnership with Aura Infection Control, the nation's foremost dental decontamination specialist, is excited to announce the launch of a groundbreaking survey focused on dental decontamination training.

The survey, which also has the support of the Society of British Dental Nurses (SBDN), is set to become the most comprehensive of its kind in the UK, offering dental professionals a unique opportunity to share their insights and experiences.

Why this survey matters

The importance of decontamination in dental practices cannot be overstated. Decontamination and infection control are foundational pillars of patient safety, ensuring that all instruments and surfaces are thoroughly cleaned and sterilised. However, maintaining these high standards requires consistent, up-to-date training for all dental professionals. Despite its critical nature, decontamination training often varies across practices, making it crucial to gather data on current training methods, gaps, and areas for improvement.

This survey is designed to gather valuable feedback from dental professionals, providing a clear picture of the current landscape of decontamination training across the UK. By participating, dental staff can help highlight what is working well and identify areas where further training and resources are needed.

Deputy editor of *Dentistry*, Heather Grimes said: 'It is vital that appropriate training on decontamination and infection control is available for all members of the dental team. We are proud to partner with Aura Infection Control to understand the needs of the dental community with the aim of working towards an improved educational offering to benefit dental teams and patients alike.'

Driving positive change in decontamination practices

Effective decontamination training has a direct impact on the quality of infection control measures in dental practices. Proper training equips dental teams with the knowledge and skills required to follow best practices, use sterilisation equipment correctly, and maintain a safe environment for both patients and staff. When decontamination processes are carried out to a high standard, the risk of cross-infection is significantly reduced, leading to better overall health outcomes.

Aura Infection Control, a trusted leader in the field, has long advocated for comprehensive training programs that help dental professionals stay updated with the latest guidelines and techniques. This survey marks a major step forward in understanding the training needs of the dental industry and aims to drive improvements that will benefit practices across the country.

Aura's managing director, Laura Edgar said: 'There has been a huge increase in demand for our Decon Lead qualification since it launched a few years ago and we now have hundreds of alumni. The survey results will help the industry share best practice.'

President and executive director of the Society of British Dental Nurses, Fiona Ellwood, added: 'From a patient safety perspective, it is important that structured and time allocated specific training is scheduled and actioned for all team members.

'It should be part of induction and continued training and, for those undertaking decontamination processes, within decontamination units.'

Your voice matters

This is your chance to share your experiences and have your voice heard. Whether you are a principal dentist, dental nurse, hygienist, practice manager, or any other member of the dental team, your input is vital.

The insights gathered from this survey will be used to inform future industry-wide training programmes, create targeted resources, and ultimately enhance the standard of decontamination and infection control in dental practices.

By taking part, you are contributing to a nationwide effort to elevate the quality of dental care and ensuring that training remains a priority. With your feedback, FMC and Aura Infection Control aim to develop new training initiatives that are tailored to the needs of dental professionals, empowering them with the skills required to deliver safe, high-quality care.

A chance to win

To encourage participation, everyone who completes the survey will be entered into a draw for a chance to win one of two £50 Amazon vouchers. This small token of appreciation reflects the value we place on your time and feedback. The survey is quick and easy to complete, but the impact of your responses will be long-lasting, helping shape the future of decontamination training in the dental industry.

Join the movement towards better infection control

The launch of this survey is a call to action for the entire dental community. By taking a few minutes to share your thoughts, you are playing a crucial role in strengthening the standards of decontamination training, which in turn protects the health and safety of both patients and dental staff. This survey represents the largest effort yet to gather data on decontamination training, and your participation is key to its success.

FMC and Aura Infection Control are committed to using the findings of this survey to drive meaningful change. Together, we can identify areas for improvement, enhance training programs, and ensure that every dental professional has access to the knowledge and resources they need to maintain the highest standards of infection control.

Don't miss out on this opportunity to make a difference. Take part in the UK's largest dental decontamination training survey today, and help us pave the way for a safer, healthier future in dental care.

The survey is anonymous, and we appreciate your honesty. Only by completing this survey will the industry be able to determine the depth of the problem and devise solutions to tackle it.

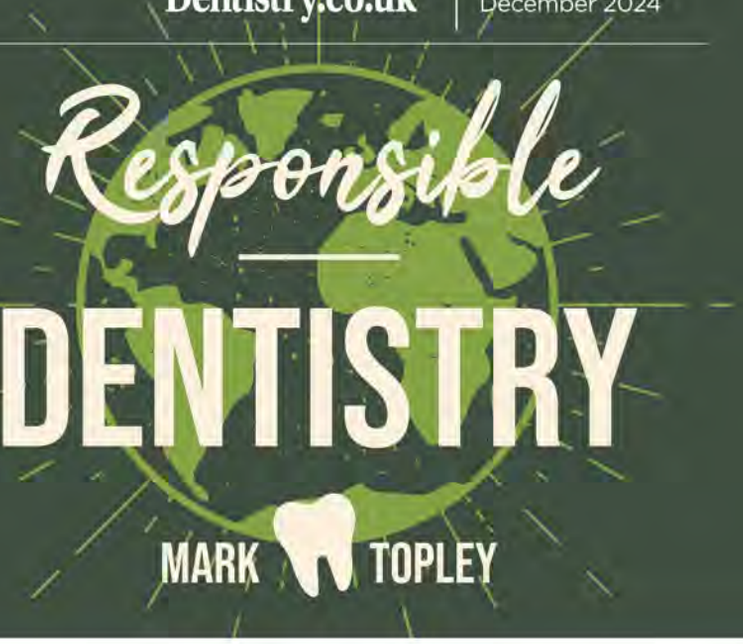
All results will be aggregated and not published individually. D

FOR MORE INFORMATION
and to access the survey, scan the QR code.

To book a free dental decontamination review visit **www.aiconline.co.uk/dental-decontamination-review**. If you would like to know more, contact Laura Edgar on **01833 630393** or email **orders@aiconline.co.uk**.

Three myths about CSR in dentistry

Mark Topley uncovers the corporate social responsibility myths and explains and why they're holding your practice back



Mark Topley
Dental CSR and ESG consultant

What comes to mind when you hear the words 'responsible dentistry' or 'corporate sustainability and responsibility'?

If you're like many in the profession, these terms might spark mixed feelings or bring to mind certain assumptions. From my 10 years of experience working with dental practices, three main myths often come up around corporate social responsibility (CSR): it's irrelevant, it's expensive, and it's just a 'nice-to-have'.

Yet, as more practices explore the impact of CSR, these myths are proving to be just that – myths. Let's break down each of these misconceptions and see how CSR is not only beneficial but essential for a successful, modern dental practice.

Myth 1: CSR is irrelevant to dentistry

It's easy to think that CSR is something reserved for big corporations with extensive resources and time to devote to global impact projects. But for dental practices, CSR isn't about tackling worldwide issues; it's about embedding values into the core of your practice and making a difference in your community. In fact, CSR is directly relevant to dentistry because it significantly affects three key areas of your practice: team recruitment and engagement, patient attraction and retention, and brand building.

Team recruitment and engagement: today's employees, especially younger professionals, are increasingly seeking workplaces that align with their values. A practice with a strong CSR approach can attract motivated, purpose-driven team members. It also helps to retain them; employees are more likely to stay with a practice where they feel their work has a broader, positive impact on the community and the environment.

Patient attraction and retention: patients are looking for care providers who reflect their own values. A dental practice that shows commitment to community and environmental responsibility sends a powerful message. This alignment helps to build trust and loyalty, making patients more likely to return and recommend your practice to others.

Brand building: CSR enhances your reputation and brand in a way that traditional advertising can't. A strong CSR programme distinguishes your practice from others, showcasing you as an authentic, caring, and forward-thinking practice.

CSR isn't just relevant; it's transformative. Embracing CSR can set your practice apart in a competitive field and make a genuine, lasting impact.

Myth 2: CSR is expensive

The idea that CSR is costly keeps many practices from exploring its benefits. But let's take a closer look: CSR can actually save you money and even generate additional income.

Cost savings: implementing sustainable practices like energy efficiency, waste reduction, and resource conservation can lead to substantial savings over time. For example, using energy-efficient lighting and appliances or reducing paper usage can significantly cut down operational costs.

Increased income: CSR can also bring in additional income by boosting your practice's reputation and trustworthiness. Patients are increasingly looking for providers who care about the environment and the community, and they're more likely to support businesses that align with these values. By positioning your practice as a responsible, community-minded choice, you're not only doing good but also enhancing your appeal to a broader patient base.

Community partnerships and support: a practice with a visible, genuine commitment to CSR may also benefit from partnerships or funding opportunities within the community. Local organisations, schools, or councils often appreciate and support businesses that share their values, opening up new avenues for collaboration and mutual support.

Far from being a drain on resources, CSR has the potential to lower costs and generate income. By being a responsible business, you're investing in your practice's growth and sustainability.

Myth 3: CSR is a 'nice-to-have'

Some view CSR as a bonus rather than an essential element of a well-run practice. However, recent changes in regulatory perspectives are shifting this view. The Care Quality Commission (CQC) in England is beginning to embed community and sustainability values within its quality standards. While there's currently no punitive measure for practices without CSR in place, the emphasis on these areas suggests that a well-led and safe practice will be expected to embrace them in the future.

CQC's quality standards: the CQC's quality statements now incorporate both community and sustainability as part of what defines a 'well-led' and 'safe' practice. This shows a clear direction of travel; while CSR may still be optional, it's becoming increasingly recognised as a marker of a high-quality practice. Practices that embed CSR into their operations now will be better prepared as these expectations continue to develop.

Setting a cultural standard: by adopting CSR as a core part of your practice now, you're positioning yourself ahead of the curve. You're not only meeting the evolving standards of the CQC but also setting a powerful example for your team and patients, reinforcing the kind of culture that's attractive to both.

It's time to rethink CSR in dentistry. It's not irrelevant, expensive, or merely a nice-to-have – it's a powerful tool that can boost and build your practice in meaningful ways. A well-planned CSR approach can boost team engagement, attract values-driven patients, and prepare you for the evolving expectations of the CQC. D

If these insights have changed the way you think about CSR, explore more resources and tips on how to integrate it into your practice at www.responsibledentistry.co.uk.

PRACTICE PRINCIPLES

Reflecting on 2024: progress and milestones in dental care

Polly Bhambra reflects on an eventful year in dentistry

Polly Bhambra
Practice principal
Treetops Dental Surgery

As 2024 draws to a close, I find myself reflecting on the dental profession's pivotal moments this year. It has been a year of growth, resilience, and innovation, underscoring the immense dedication of dental professionals to improving patient care.

Looking back, it's clear that dentistry has taken significant strides in clinical practice, patient engagement, and public health awareness. These serve as a testament to our profession's ability to adapt and thrive, even in the face of challenges.

Raising the bar in clinical excellence

The emphasis on evidence-based care has remained at the forefront of dentistry this year. A key highlight has been the broader adoption of digital dentistry technologies, which continue to transform the way we diagnose and treat patients. From intraoral scanners improving treatment precision to 3D printing creating bespoke dental solutions, standards of care are being redefined.

At Treetops Dental Surgery, we have embraced these innovations, for both clinical advantages and the positive impact on patient care. Patients increasingly value efficiency and precision, and integrating these tools into our workflows has allowed us to meet and exceed their expectations.

Moreover, 2024 has seen a strengthened focus on preventive care. Campaigns such as Mouth Cancer Action Month have gained wider traction, bringing vital public health messages to the forefront. Raising awareness about early detection and regular dental visits has been a cornerstone of our work this year. It's encouraging to see more patients taking these messages to heart, creating a more health-conscious population.

Professional challenges

The dental profession has also faced its share of challenges, particularly regarding workforce shortages and the increasing demand for services.

The introduction of flexible working initiatives and professional development opportunities for dental hygienists and dental therapists has been a positive step forward.

These efforts not only support career progression but also improve the retention of skilled professionals in the industry.

As a practice principal, I have seen first-hand how vital it is to foster a supportive and collaborative working environment. Investing in staff wellbeing, training, and development has been key to balancing provision of quality care with navigating the demands of a busy practice.

Key moments in 2024

The past year has been rich in milestones for the dental community. Notably, the 75th anniversary of the British Society of Dental Hygiene and Therapy (BSDHT) provided a unique opportunity to celebrate the contributions of dental hygienists and dental therapists. Events throughout the year shone a spotlight on the integral role these professionals play in promoting health and preventing disease.

Another significant moment was the publication of new guidelines on antibiotic stewardship in dentistry.

These highlight the profession's commitment to tackling antimicrobial resistance, an issue of global importance. It is crucial that we continue to educate ourselves and our patients about the responsible use of antibiotics, ensuring they remain effective for future generations.

The Oral Health Conference (OHC), hosted by BSDHT, was another standout event. Bringing together professionals from across the country, it provided a platform for sharing knowledge, exploring new ideas, and fostering connections. Such gatherings remind us of the value of collaboration in driving the profession forward.

Trust and patient engagement

In 2024, the focus on trust between dental professionals and patients has been more important than ever.

Patients today are increasingly well-informed and seek transparency in their care.

From clear communication about treatment options to prioritising patient comfort, practices that place trust at the centre of their ethos are leading the way.

This year, we at Treetops Dental Surgery worked to strengthen our connection with the local community. By engaging in outreach initiatives, and offering complimentary oral health checks during national campaigns, we have sought to make dental care more accessible and relatable.

Looking ahead

While 2024 has been a year of significant progress, it also serves as a reminder of the work that remains to be done. Addressing inequalities in oral health access continues to be a priority, particularly for vulnerable populations.

As we move into 2025, I believe it is our collective responsibility to advocate for policies that bridge these gaps and ensure everyone can benefit from excellent dental care.

The increasing prominence of sustainable practices in dentistry is another area poised for growth. From reducing single-use plastics to adopting greener technologies, the industry has begun taking steps towards environmental responsibility. It's exciting to think about the innovations we may soon see in this space.

The resilience, dedication, and ingenuity of dental professionals have not only advanced our field but have also reinforced our crucial role in supporting wider health outcomes. It has been a privilege to contribute to these efforts. I look forward to continuing to champion excellence, build trust, and embrace new opportunities to grow and inspire the next generation of dental professionals. Here's to another year of progress, collaboration, and unwavering commitment to patient care. Let us carry the momentum of 2024 into 2025, striving to make an even greater impact on the lives we touch every day. D

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

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Unlocking new possibilities

Georgina Vero shares her personal career journey and explores the current opportunities for dental therapists

Georgina Vero
Dental therapist

Pursuing further study as a dental therapist has been a journey that has enriched my career, expanded my horizons, and deepened my knowledge, and I'd love to share my insights with you.

With opportunities growing for dental therapists in the UK, I have found that every step in my academic and professional development has unlocked new possibilities, some that I never thought would be possible when I graduated from the University of Manchester in 2005, like writing this feature column – but here we are!

When I graduated as a dental therapist with a BSc Hons in 2005, the third ever cohort to have graduated from Manchester, I hadn't really thought much past clinical practice. At that time, in my world, career opportunities for dental therapists were much limited to community-based posts or general practice.

Fast forward 20 years and so much growth and change have occurred within the profession.

I have now completed a master's (MSc), alongside holding various roles on my professional journey such as: honorary lecturer, clinical trials assessor, journal editor for the BADT, educational QA assessor, and a dental clinical training and education lead for a private healthcare provider. I've experienced first-hand how advanced study and educational involvement can elevate our profession and the numerous career pathways open to us as dental therapists.

I've experienced first-hand how advanced study and educational involvement can elevate our profession and the numerous career pathways open to us

A passion for teaching

The decision to pursue an MSc was one that had never really occurred to me back in 2005, as options were limited. In my late 30s I had to question my judgement at times. Was an MSc really the thing I needed to do now at this stage of my career when I had experienced dental therapy in some many of its beautiful formats? The answer was yes, yes it was. I loved my professional title and at the time I was splitting my working week between private practice and clinical lecturing. I just knew I wanted to do more, learn more and be the best I could be for my patients. Also, for my students, our next generation of dentists and dental therapists. The question was which path do I take?

There are now many advanced courses offered by private providers and several MSc programs in the UK that cater to dental therapists looking to expand their clinical, academic, or managerial expertise. As an overview, these programmes often focus on areas like advanced clinical practice, restorative dental therapy, and preventive dentistry.

My passion however lay in a desire for teaching. My teaching roles have been some of the most fulfilling experiences of my career. Engaging with students, guiding them through clinical complexities, and watching them develop their skills and confidence is both inspiring and humbling.

I've come to appreciate the dual role of educator as both a guide and a learner – with each interaction bringing fresh perspectives and insights that enrich my own practice. To further understand the fundamentals of teaching and learning my decision was made, I decided to undertake my MSc in Dental Education at the University of Central Lancashire (UClan.)

The MSc was structured as part-time study over three years. This allowed me to fit it in well around my existing professional and personal commitments. It equipped me with insights into curriculum design, student/learner engagement, and assessment, all of which are invaluable for educators. Beyond the theoretical knowledge, the programme gave me a platform to perform my own primary research and develop innovative approaches to teaching. I was able to explore the gap between academic concepts and practical, real-world applications. I could then share this research and insight with the profession, which is something I still have to pinch myself at – is this really me? Did I do that? Many happy tears along the way have been shed!

Was it easy? No! Did I have a crash course in Harvard referencing? Yes! Was it worth it? Absolutely.

What next?

The possibilities for dental therapists are now limitless. PhD? Practice owner? Public health dentistry? Funded research opportunities? Programme director?

Reflecting on my personal journey, I'm constantly reminded of the potential we have as dental therapists to make a profound difference, not only in clinical practice but also as educators and leaders. For dental therapists considering further study, I can wholeheartedly recommend it to enhance your understanding, broaden your career options, and deepen your impact on the profession.

With each new challenge, I've grown not only as a clinician but also as a mentor and advocate for dental therapy. And, in an ever-evolving profession, the importance of continuous learning and self-improvement cannot be overstated. Embracing further study has not only shaped my career but also reinforced the value we as dental therapists bring to the world of dentistry, and long may that continue. What are you waiting for? D

Some of the current MSc options available include:

1. University of Portsmouth – MSc in Advanced Restorative Dental Therapy: this program is specifically tailored for dental therapists and focuses on advancing restorative skills, with a mix of clinical, theoretical, and research-based training
2. University of Kent – MSc in Advanced and Specialist Healthcare (Advanced Dental Clinical Practice): this program is designed for dental professionals, including dental therapists, and focuses on a broad range of advanced clinical practices and patient management strategies
3. Teesside University – MSc in Dental therapy: this program is specifically designed for dental hygienists wishing to develop into the scope of an independent practitioner working in the scope of practice of a dental therapist
4. University of Essex – MSc in Advanced Periodontal Practice: this program is designed for dental hygienists and therapists who are seeking advanced skills in periodontology, providing a foundation in both non-surgical and surgical treatment approaches. The program emphasises clinical proficiency and evidence-based practice, with flexible study options to accommodate working professionals
5. UCLan – MSc Dental Education: the University of Central Lancashire (UCLan) offers an MSc in Dental Education. The course is designed to enhance skills in educational theory, curriculum design, and teaching methodologies for dental professionals. It supports career advancement in academia, training, and leadership within dental education.

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Invaluable investment

Sam Jethwa discusses the power of mentorship

British Academy of Cosmetic Dentistry

SAM JETHWA
PRESIDENT BRITISH ACADEMY OF COSMETIC DENTISTRY (BACD)

Education to achieve progression is non-optional for dentists who wish to survive in the profession today. This can occur every day in practice. For example, when we see new patients, approach a complex case or discuss clinical situations with peers.

For more formal skill development, we often turn to training courses that promise to give us the capabilities to complete specific treatment techniques or use certain products or technologies.

However, this is not the be all and end all that we might hope it is. Learning the fundamentals of a new skill is only the beginning and it is certainly not where our learning stops. In my opinion, finding a good mentor is more important than attending course after course.

Too often I see colleagues choose training courses based on the best marketing, rather than those that offer the greatest value.

They end up spending lots of their hard-earned cash hoping to acquire advanced new skills they can implement immediately in practice after just two days of listening to or watching an expert in the field. As we all know, this is rarely the reality.

A short course is typically not enough to give any clinician the knowledge and confidence to treat patients safely and effectively from the outset.

Dentists who find good mentors get ahead in their careers, while those who don't get left behind. This makes finding mentorship an essential investment for every dentist's future

The result is disillusion in the postgraduate dental education system and concern over any further investment of time or money into self-development.

Of course, this will be detrimental to a dentist's career progression and satisfaction, so it's important that more effective alternatives are utilised. This is where mentoring can be a very powerful tool.

Learn from experience

Whether a clinician intends to complete a course or not, finding a mentor who can provide bespoke support and case advice is invaluable.

Their experience is crucial in ensuring that you can safely apply new skills in practice, all the while optimising the quality of patient care you deliver. They can also offer guidance on new materials and technologies, ensuring you invest wisely in your future.

Working with a more experienced practitioner who embodies the kind of dentist you want to be can transform both your personal and professional life.

It can give you the inspiration and motivation you need to change how you practise dentistry for the better. Your mentor can also share precious insight into their own career journey, helping you to fast track your development for greater rewards in a shorter period of time.

If you knew you could achieve everything you aspired to in the next two years, how much would you be willing to invest?

The reality is that mentorship frees us from the impending disappointment that solely attending dental courses can create. It allows us to be taught by the people doing clinical dentistry and not just those selling courses.

Dentists who find good mentors get ahead in their careers – while those who don't get left behind.

This makes finding mentorship an essential investment for every dentist's future and could be the saviour that many dentists don't know they need. D

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THE ORALCLES
— Dental hygienists and dental therapists

Ambition, action and advocacy

Rhiannon Jones shares her vision for a brighter future for dental hygienists and dental therapists

Rhiannon Jones
President, British Society of Dental Hygiene and Therapy (BSDHT)

As I step into my exciting new role, I feel a profound sense of purpose. My mission over the coming years is clear: to promote health, prevent disease and support our profession. These principles will guide my work as I tackle the challenges we face, foster greater collaboration and strive to elevate the role of dental hygienists and dental therapists within the wider healthcare landscape.

I am acutely aware that my tenure begins at a critical time for dentistry in the UK. Inequalities in oral healthcare are more apparent than ever, and it is my hope to bring about meaningful change. We are a passionate group of clinicians with the skills to prevent and treat dental diseases, but the path we tread is not always an easy one.

I believe we must work together, building relationships with policymakers and key stakeholders, to ensure our voices are heard when decisions about the future of care are made.

Reducing inequality

One of the most pressing concerns in oral healthcare is the stark inequality in access to care. Many people cannot, will not, or do not, seek dental treatment, leaving them vulnerable to preventable diseases. Tackling these disparities requires us to embrace prevention as the foundation of everything we do.

Prevention is not just about addressing oral health issues before they arise – it is about meeting people where they are and supporting them to take charge of their oral health. Let's not wait until they get gingivitis.

It is our role to help people understand why they need to clean every surface of every tooth every day and to guide them in doing so. The focus should shift from 'scale and polish' procedures to comprehensive and empathetic patient-centred care.

Programmes like our grassroots First Smiles initiative, along with talks at local groups such as the Women's Institute, Brownies and Scouts, aim to bring this level of education and care to underserved populations.

To enhance these efforts, I hope to establish a formal network of volunteers supported with training and resources. This initiative will enable more members to engage with their communities confidently, further extending our reach and impact.

Collaboration

I believe we must also work closely with other healthcare professionals to address the growing evidence linking oral and general health. Conditions like cardiovascular disease and diabetes are increasingly being associated with oral bacteria, and it is vital that we play our part in helping patients understand these connections.

For me, this is about taking a holistic approach to health. Our role as dental hygienists and dental therapists goes beyond treating teeth – we are advocates for overall wellbeing. The job satisfaction that comes from disease prevention is immeasurable, and patients value it when they understand its importance.

Our patients deserve to be made aware that oral bacteria could contribute to general health issues or vice versa. It is our primary role to promote health in a holistic way. I want every patient to leave our care with the knowledge and confidence to protect their health, both oral and general, over the long term.

Empowering the profession

For many of us, the challenges extend beyond clinical practice. I regularly hear about employment and contractual issues, which can leave people feeling unsupported or undervalued.

With the diverse ways in which we are employed, misunderstandings and even unfair practices can occur. I believe this often arises from a limited understanding of the skills and expertise we contribute to our roles.

Raising awareness of what we, as dental hygienists and dental therapists, are capable of is vital. Everyone should be able to work to their full scope of practice in a safe and compassionate environment where their efforts are truly valued.

Shaping the future

Advancing health, driving prevention and empowering our profession are commitments I carry with me every day. I believe in the potential of our profession to make a lasting difference, and I am determined to help us achieve it.

I look forward to working alongside you all during my tenure. Together, we can create a future where dental hygienists and dental therapists are recognised for the vital role we play in healthcare, and where every patient has the opportunity to live a healthier life. D

FOR MORE INFORMATION about the BSDHT, visit **www.bsdht.org.uk.**

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High performance and reliable clinical results

Markus Thomas Firla shares his clinical experience with the universal adhesive Beautibond Xtreme

Markus Thomas Firla
Dentist

As one of the dental professionals advising Shofu Germany, Markus Thomas Firla tested the universal adhesive Beautibond Xtreme right from its launch on the German market (2023). The following article with case examples is based on the experience gained in this relatively long observation period, in which the product characteristics were evaluated in everyday clinical use.

Material properties and composition

In terms of material properties, this water-acetone-based adhesive system consists of approximately 20 units of Bis-GMA, approximately 20 units of acidic monomers, 10 units of TEGDMA, five units of a silane coupling agent and five units of photoinitiators, indicated in percent by weight, and other ingredients. The formulation is free of filler particles and HEMA, so its viscosity is very low, but nevertheless highly convenient in practical use, which extremely simplifies adhesive application and allows users to air-thin the adhesive film to a thickness of only 5µm on all materials. As a one-bottle adhesive, Beautibond Xtreme also contains special ingredients, such as the newly developed ARS (Acid Resistant Silane coupling agent), designed to ensure not only the long-term storage stability of the agents contained in one bottle as such, but also the long-term effectiveness of the different ingredients in initiating adhesive bonding of dental materials to each other and to the tooth structure.

Figure 1a: Thanks to its outstanding physical properties, Beautibond Xtreme can be safely and accurately dispensed in precise doses from the easy-to-use dispenser bottle. According to the manufacturer, one 5 ml bottle delivers up to 220 drops

Figure 1b: Beautibond Xtreme, bottle 5 ml

Application and light-curing

Beautibond Xtreme can be applied using a small brush or a microbrush, the latter being preferable in the author's experience, since it is easier to control.

When using Beautibond Xtreme in the self-etch mode, the adhesive liquid is thoroughly applied to all surfaces to be bonded, and the water contained is immediately removed using a gentle air blow for approximately three seconds. Then a strong air blow is used on all surfaces to ensure the lowest possible adhesive film thickness of 5µm. Directly afterwards, the adhesive needs to be light-cured for at least 10 seconds with conventional curing lights, or five seconds with LED lights. In clinical practice, it is important that when using the selective-etch and/or total-etch techniques, Beautibond Xtreme should be rubbed into the enamel and/or dentine not just for a short time, but for 20 seconds.

Indications and applications

The wide range of applications of Beautibond Xtreme absolutely justifies the term 'universal adhesive'.

Its strong bonds to various dental materials and to enamel and dentine, its greatly simplified application technique and handling, and its low technique sensitivity make it a really helpful product, allowing dental professionals to easily and successfully perform procedures such as:

- Direct restorations with light-cured composites
- Repair of fractured restorations with light-cured composites
- Adhesive post cementations and core build-ups
- Cementation of indirect restorations with light or dual-cured composites
- Sealing of tooth surfaces (cavities or abutment teeth) for indirect restorations.

The following three case examples from everyday practice will illustrate what makes this adhesive system an indispensable clinical solution for a predictably successful use of dental adhesive technology.

Example case 1

Probably every dental practitioner has experienced this: an emergency that does not fit in with working hours, with the 'motivating time pressure' of having to carry out the entire treatment as quickly as possible, but of course with the expected quality. And all that topped off by the fact that the treatment has to be completed without the help of a chairside assistant.

This was the case when a patient (and friend) appeared before my practice opened in the morning. He asked me to please work really quickly, since a very important appointment

Figure 3: An 'emergency' – early in the morning, before the opening hours of my practice, a patient presented with an incisor fractured at last night's dinner. The patient needed quick, yet dependable help, because to make matters worse, he also had an urgent appointment coming up. The solution: a direct adhesive composite restoration with reliable materials

Figure 4: The fractured surfaces were slightly roughened using a diamond bur to additionally strengthen the adhesive bond, and then immediately pretreated with Beautibond Xtreme adhesive for 20 seconds. The cavity was not acid-etched before, due to time reasons and the lack of chairside assistance

Figure 5: The cavity after easy thinning of the Beautibond Xtreme adhesive film to a thickness of only 5µm and light-curing for only 10 seconds. Thanks to its filler- and HEMA-free, water-acetone-based formulation, the adhesive features an extremely easy-to-handle viscosity, without any risk of unwelcome and detrimental pooling of adhesive liquid residues

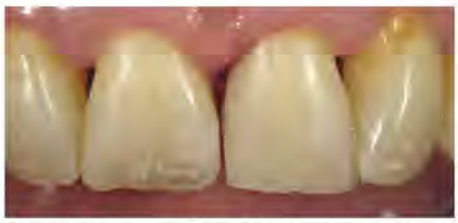

Figure 6: The monochromatic restoration created using the low-shrinkage composite material Beautifil II LS (shade B2). Since the patient wished to have this restoration replaced by a crown later on, he did not mind the suboptimal shape of the mesial contact area, especially since the author of this article had to do the entire emergency treatment alone

Figure 7: Thanks to the obviously helpful surface tension and the excellent wettability of tooth and restorative surfaces, Beautibond Xtreme can be rubbed in very easily, precisely and economically with a microbrush, even in angled cavity areas

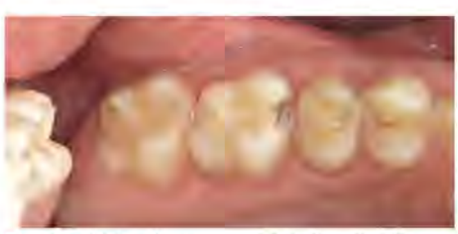

Figure 8: Not an 'emergency' this time, but the planned repair of a defective composite filling in tooth 16. I used Beautibond Xtreme here as well, because of its beneficial material properties... After all, why make a (restorative) procedure more complicated than it needs to be when using optimal materials?

that could not be postponed was coming up very soon…

In situations like this, dental practitioners definitely need materials that predictably ensure a successful procedure thanks to low technique sensitivity and high effectiveness. This is why I restored the accidentally fractured tooth 21 using Beautibond Xtreme with Beautifil II LS.

The ease of use of this universal adhesive, which delivers reliable bond strengths even without additional acid etching, greatly facilitated this treatment in the absence of an assistant. The use of the Beautifil II LS composite restorative proved equally beneficial; with its shrinkage of only 0.85% by volume and its excellent light-conducting and light-scattering behaviour, it produces very good aesthetic results, even in the case of very large, monochromatic restorations placed without using a time-consuming layering technique.

Thanks to the full and skilful cooperation of this patient and friend, and the author's decades of experience in clinical photography, the emergency treatment of tooth 21 was also successfully photo-documented. And the patient's day was saved… A cheer for materials like the ones described here!

Example case 2

Not an emergency this time, but dental business as usual. The scheduled repair of an insufficient composite filling in an upper molar was not particularly challenging; still, it should not be more complicated than absolutely necessary. I chose long-term reliable restorative materials which would ensure both a quick procedure and a high-quality end result thanks to their ease of use.

It is an 'open secret' that the user-friendliness of a product crucially influences the success of any dental treatment. Meaning not only the material properties of a dental product are crucial to long-term treatment success, but also, and importantly, the way a product is handled extraorally and especially intraorally. This is another experience that suggests using dental products that are highly effective and at the same time uncomplicated in terms of material properties and clinical technique.

To give away internal details – the author has to admit that he does not have all VITA shades in his stock of direct composite restoratives. Composites which are highly adaptive in terms of shade, such as the Beautifil II LS product line, allow users to 'concentrate' on certain shades of these composites to some extent. This is why Beautifil II LS, VITA shade A2, was used for the posterior composite restoration shown in Figure 9. The illustration clearly shows the excellent high-gloss polishability of these composites.

Figure 9: The direct adhesive composite restoration after the final polishing step. Beautifi II LS (shade A2) and the self-etch adhesive Beautibond Xtreme permitted an absolutely relaxed restorative procedure without any compromise in quality, which met all the requirements of adhesive technology

Figure 10: Prepared tooth stump, ready for impression taking. Using only Beautibond Xtreme and acid etching, to be on the safe side, the different substrates involved – enamel, dentine, post-endodontic zirconia post and core build-up composite – were reliably and durably bonded

Example case 3

Considering its range of indications for use, Beautibond Xtreme can justly be termed a universal adhesive; it is even suitable for post cementations and core build-ups with the aid of light and self-cured composite materials.

In the clinical case shown in Figure 10, a space for a post-endodontic zirconia post was prepared in a root-filled tooth. The post space was cleaned with an ultrasonic instrument and 3% NaOCl and then dried with paper points. Both enamel and dentin were etched with 35% phosphoric acid in a timed sequence, and the post space was etched only to a depth that could still be fully accessed with a curing light. This was followed by drying with paper points and an air syringe.

Beautibond Xtreme was used following the manufacturer's instructions: Rubbing into the tooth structure for 20 seconds; removing the water from the adhesive liquid for three seconds; thinning the adhesive film to the minimum thickness of 5µm with a strong air blow; polymerising with a suitable curing light for 10 seconds and, to be on the safe side, for another 10 seconds in the post space. The prepared tooth stump was kept dry, and the zirconia post was pretreated with Beautibond Xtreme following the instructions for use.

The post was accurately cemented using the self-adhesive, dual-cured resin cement Beauticem SA, which was light-cured for 20 seconds. Next, the core was built up with Beautibond II LS, VITA shade A1, using the work steps required by adhesive technology, and finished. The preparation margin was marked with a thread prior to impression-taking for an all-ceramic crown.

Figure 11: The results of restorative procedures achieved in everyday practice are not always aesthetic masterpieces, as can easily be seen in the case of this built-up tooth 46. However, the requirements of adhesive technology do not permit any compromises in terms of clinical techniques or materials. The permanent adhesive bonds between composites and – in this example – enamel, dentine, titanium (post in the restoration) and amalgam (old residual filling left in place) must not be subject to restrictions.

Conclusion

A universal bonding system reflecting the state of the art in adhesive technology has to deliver high performance for reliable clinical results. The creation of durable bonds to almost all dental restorative materials is a must. Technique sensitivity should be as low as possible. At the same time, clinical handling should not be complicated. Based on the author's clinical experience, Shofu's Beautibond Xtreme impressively meets all these requirements. D

This article was first published in ZWP Zahnarzt Wirtschaft Praxis - 9/2024.

With Beautibond Xtreme, dental manufacturer Shofu has launched an adhesive system for almost all applications of dental adhesive technology, designed as a 'light-cured, self-etch, onebottle universal bonding system' for the clinical use of all light and self-cured composite materials.

FOR MORE INFORMATION, visit www.shofu.de.

Choosing a dental chair

A-dec shares the top five questions to ask yourself when buying a dental chair

Purchasing dental equipment is one of the most significant and costly aspects of setting up or refurbishing a dental practice. Conducting thorough research will help you invest wisely and plan according to your business goals. Here are five key questions to ask before buying core equipment to future-proof your clinic.

1. What if it fails?

When vital equipment like a dental chair fails, it can disrupt your entire day, leading to cancelled appointments and costly repairs. It's crucial to ask yourself, 'What if it fails?' before buying.

New equipment may seem reliable, but all dental equipment will eventually experience issues. Therefore, taking into consideration areas like availability of trained technicians who can work on the equipment is an important factor to take into consideration.

A-dec offers regular training courses for all technicians working with A-dec equipment. They not only assist with the installation on the equipment but also enable an effective diagnosis of faults and implementation of a solution within a timely manner.

The key to saving money isn't just about finding the lowest price but investing in products with the lowest total cost of ownership (TCO) – factoring in not only the initial cost but also future maintenance and repair expenses.

2. What will it really cost me?

TCO reflects the overall cost of ownership, including foreseeable maintenance and operating costs over the equipment's life. Reliability, maintenance and longevity are all important factors that impact the total cost of ownership and that separate superior equipment from sub-par equipment.

Some brands offer up to 20 years of service with proper maintenance. A shorter life expectancy may result in higher maintenance costs sooner.

Always ask about the warranty. Some brands offer only two years, while others like A-dec provide up to five years.

Additionally, consider the cost of consumables, such as suction hoses and filters, which can vary between brands. To compare products effectively, calculate the average annual cost of ownership by dividing the total cost by its lifespan.

A comfortable chair can help put nervous patients at ease and an open, welcoming delivery system layout improves overall flow

3. Is it future proof?

As your practice grows, expanding services is a great way to boost income. Choose equipment that supports both your current and future needs. Look for flexibility in integrating digital solutions and accommodating right- and left-handed colleagues with ambidextrous units.

High-tech equipment will need to be replaced more frequently than core items like dental chairs, so ensure that your core equipment can adapt and evolve with future advancements.

4. How will it impact my health?

Your health is crucial to your practice's success. Musculoskeletal disorders are a common issue for dental professionals, so investing in ergonomic equipment is essential to maintain a healthy working posture. Well-designed delivery systems should prioritise ergonomics.

For example, the A-dec Continental delivery system reduces handpiece pull-back, minimising fatigue. Handpieces and instruments can be easily retrieved and returned without distracting from the oral cavity, allowing for smoother, more efficient procedures.

Another point to take into consideration is the design of the dental chair which also affects your comfort. Chairs with thicker backs push you further away from the patient, requiring more forward lean and muscular exertion.

Opt for a chair like the A-dec 500 that allows for close positioning with knees tucked under for less strain and better posture.

5. What will my patients think?

Consider the patient experience when selecting new equipment. A comfortable chair can help put nervous patients at ease and an open, welcoming delivery system layout improves overall flow.

A-dec chairs are rigorously tested for durability and longevity. For example, the A-dec 500 chair underwent testing at four times its weight limit of 227kg (35.7 stone) to ensure strength and reliability. Such rigorous testing ensures your investment delivers long-lasting performance. By considering these factors, you can make informed decisions that enhance the efficiency, safety, and longevity of your dental practice. D

FOR MORE INFORMATION about A-dec, book a showroom appointment at **unitedkingdom.a-dec.com/showrooms** or email **info@a-dec.co.uk**.

Planmeca Stories from dentists

Planmeca

The Planmeca Stories video series features Planmeca dentists explaining in their own words why they chose its equipment for their formidable surgeries. Whether it's the Ultra Low Dose feature on the CBCT units or the armchair feel of the knee break chairs, each dentist has their own reason for choosing Planmeca.

If you're considering an equipment upgrade, a complete surgery refurb, or just want to learn more about digital dentistry, the Planmeca Stories series could be just what you're looking for.

The first video features Colin Campbell from the Campbell Academy in Nottingham talking about the importance of relationships and long-term support when getting his impressive, purpose-built facility up and running.

www.planmeca.com/testimonials

Implanting wisdom

Carestream Dental

Implant planning can take up a lot of chair time, impacting the patient's experience and limiting the dentist's ability to see more patients. That can change with Smop, the world's only implant planning system with true integration between laboratory and clinician.

A cloud-based planning and communication tool from Swissmeda – Carestream Dental's clinical software and services portfolio – Smop allows clinicians and laboratories to seamlessly collaborate in real time on shared cases.

It features an in-built messenger app where data and information can be easily uploaded for both parties to access, helping ensure the success of the implant.

Smop massively reduces turnaround times by safely improving accuracy and allowing clinicians to work on planning anytime, anywhere. With increased efficiency for favourable results, you can treat more patients each day.

www.carestreamdental.com

Destroying doubts

Carestream Dental

When it comes to patient diagnosis, doubt and uncertainty can decrease practitioner productivity and increase stress. This can change with the CS 8200 3D Neo Edition, an advanced CBCT scanner that will give practitioners absolute confidence in their diagnosis.

Designed by Carestream Dental with over a century of industry-leading experience, the CS 8200 3D Neo Edition gives practitioners an extended field of view that can show the full arch in just one scan.

More than that, it also offers nine other selectable fields of view and a panoramic mode that instantly delivers images with a low dose of radiation. The scanner covers all the diagnostic needs of dental practices, and does so with a sleek but simple user interface.

The pinpoint image quality of each scan will eliminate any doubt about patient diagnosis, allowing for fast and reliable consultations that both practice and patient can approve of. Do not let doubt slow down your day.

www.carestreamdental.com

Zirkonzahn's Jawaligner system

Zirkonzahn

Zirkonzahn has announced a new option for a plaster-free articulation of printed or milled models – easy to design, easy to produce!

The new Zirkonzahn Jawaligners are magnetic spacer plates which allow to fix in the articulator dental models without using plaster.

Zirkonzahn®
Human Zirconium Technology

Models are designed in the Model Maker module of the Zirkonzahn.Modifer software adding the most suitable attachments and then produced by means of the pre-configured P4000 system for 3D printing or milled with Zirkonzahn's milling units.

The Jawaligners are available in different heights permitting material saving and the articulation of models independently of their height.

Thanks to the standardised connection and the corresponding Jawaligner, models can be fixed in Zirkonzahn's PS1 articulator, GS1 plaster articulator and Mini-Arti ZS1 to simulate patient's jaw movements.

With the corresponding accessories, the Jawaligner PS1 are also compatible with all Artex articulators of 126 mm height, with Sam 2P, 2PX and 3 (not with +15 versions), as well as with Kavo Protarevo 7/9 articulators. The range of compatible articulators is constantly expanded.

www.zirkonzahn.com

Bond Apatite hands-on workshop

Augma

Augma is running a full-day bone cement hands-on workshop on Saturday 29 March 2025 at the Royal Leonardo London City hotel, Tower Bridge, London.

It will be presented by Dr Lucio Faria who has been a national and international speaker for Nobel Biocare since 2011, is a surgical master in regenerative implant dentistry and has undertaken extensive postgraduate studies in prosthodontics, bone and soft tissue grafting, and zygomatic implant surgery and rehabilitation.

Dr Faria will review four of the most common surgical protocols using Bond Apatite bone grafting cement, which sets immediately and is accompanied by minimally invasive surgical procedures that do not require a membrane.

Delegates will receive practical knowledge on how to perform socket grafting without flap reflection, lateral ridge augmentation and augmentation in the aesthetic zone.

The course includes a variety of resources, such as animated videos, recorded live surgery demonstrations and clinical videos. Evidence based data histology shows how following the surgical protocols leads to clinical success and complete bone regeneration for the patient.

The course fee is £195 plus VAT (including all course materials and refreshments), with an early bird price of £145 plus VAT before 31 January 2025.

www.augmabio.co.uk
01274 885540
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A multidisciplinary approach ADI

Specialist orthodontist Dr Telmo Iceta will be speaking at the ADI Team Congress 2024 as part of the diverse and truly comprehensive educational programme.

He says: 'Interdisciplinary work is crucial in today's dentistry. As a specialist orthodontist, I will talk about the benefits of orthodontics in achieving better long-term results in complex implant cases as part of my session at the ADI Team Congress.

'I will also discuss the use of orthodontics as a way of facilitating implant work.

'I think that we often underestimate the potential of patients' own teeth to facilitate the oral surgeon's work. In many cases, orthodontics can play a role in not only improving alignment and occlusion, but also enhancing the hard and soft tissue situation.

'This is of particular interest when treating patients who have already had some failed implant or dental work. Colleagues attending my session will be able to take away some new ideas on alternative treatment options for these patients.

'This will be my first time at the ADI Team Congress and I am looking forward to it.'

The ADI Team Congress 2025 is taking place 1-3 May at The Brighton Centre.

www.adi.org.uk

Immediate implants without labial bone Trycare

Hosted by Trycare in London on 10 May 2025, delegates will learn how using vestibular socket therapy (VST) enables reliable and optimised immediate implant placement in the absence of labial bone.

Delivered by Dr Abdelsalam Elaskary, founder of VST and a renowned international speaker, this one-day lecture and hands-on workshop focuses on the most recent and updated implant protocols, in particular VST which allows treatment of fresh extraction sites with immediate placement that reliably delivers optimised outcomes. Special emphasis will be on managing and optimising regenerative outcomes in the aesthetic zone.

VST is an extensively scientifically validated surgical technique, enabling treatment of a wide range of sockets exhibiting complete labial plate loss. It allows immediate placement in severely defective sockets and sockets with active infection.

Thanks to minimised intra-operative surgical trauma with less complicated surgical intervention, it saves treatment time and minimises the number of interventions. This innovative surgical approach reduces post-extraction socket collapse and the need for long-term provisional restoration and provides predictable aesthetic outcomes.

An early bird discount is available before 28 February 2025.

www.trycare.co.uk

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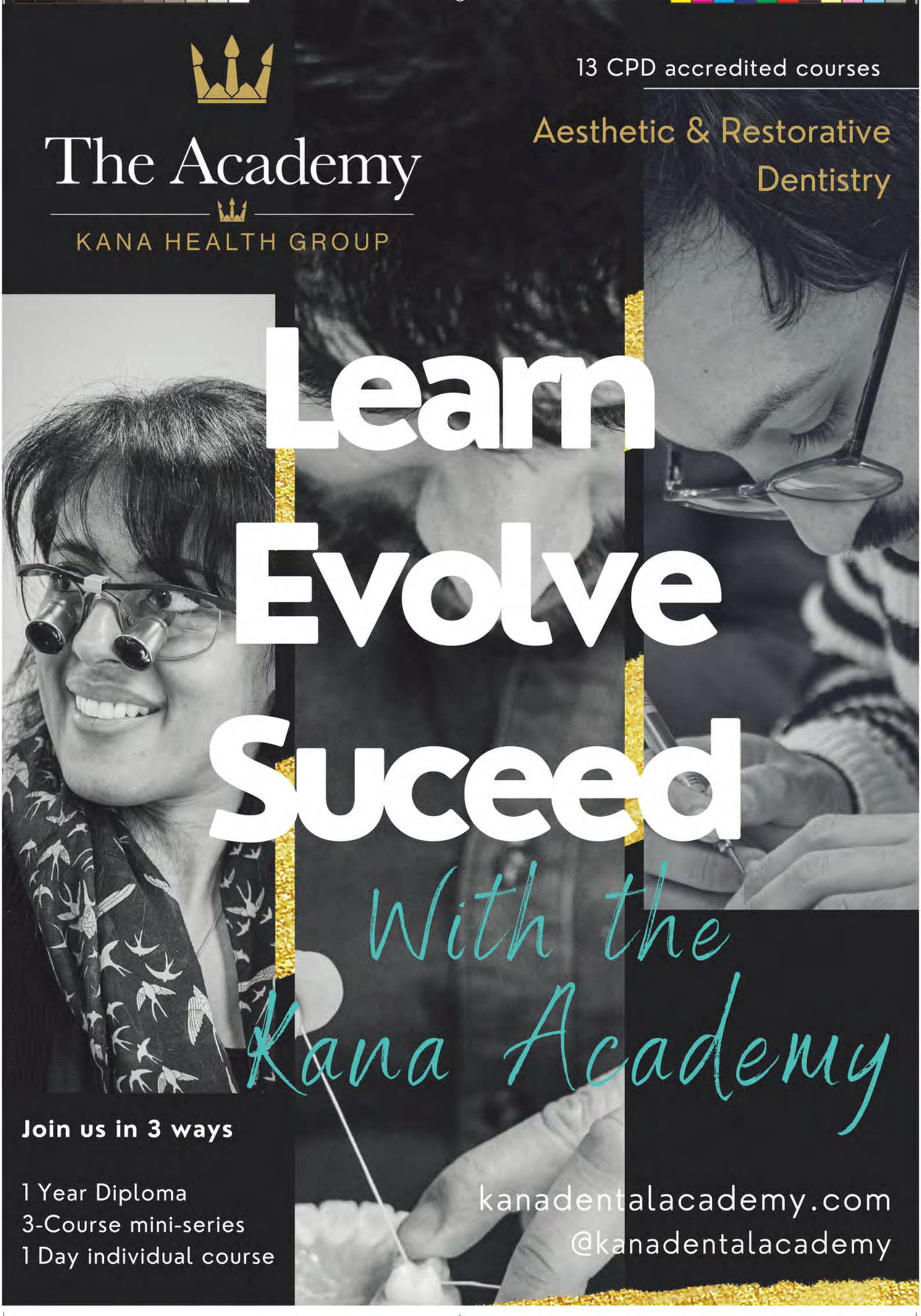
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