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References: 1. Gittins A, et al. Efficacy of a Stannous Fluoride Toothpaste Stabilized With K+ and Polyphosphates (SNAP) on Immediate Tooth Sensitivity Relief. J Dent Res. 2022;101(Spec Iss A):0512. 2. Hu D, et al. Stannous Fluoride vs Regular Fluoride Dentifrice in Plaque and Gingivitis Reduction. J Dent Res. 2022;101(Spec Iss A):0514.

PROFESSIONAL  
— ORAL HEALTH —

# Dentistry

## HEADLINE SPEAKER ANNOUNCED!

Ash Jones, the personal branding guru behind Steven Bartlett and Gary Neville's explosive social media success, has joined the North of England Dentistry show as headline speaker!

Ash's marketing masterclass will share the insights that helped the leaders of some of the world's biggest companies turbo charge their personal profiles – all completely free to visitors.

This power hour will lift the lid on the principles behind great personal branding, sharing practical hints and tips anyone can take away and use. Whether you're looking to expand your profile to attract more patients, find more referrals or even establish yourself as a key opinion leader, Ash's insights will help you grow.

Ash is a globally respected pioneer in the world of personal branding. Starting his career at Steven Bartlett's Manchester-based agency Social Chain, he went on to set up his own agency Great Influence in 2018. He counts Huel founder Julian Hearn, Pretty Little Thing CEO Umar Kamani and Warehouse Project co-founder Sacha Lord among his clients.

Leanna Ellis, FMC events director, said: 'I'm so excited to have Ash at the North of England Dentistry Show! We know that personal branding is something people are keen to understand better, so we've introduced it to the Hot Topics Theatre to give attendees the tools to boost their own brand.'

'Ash has worked with some incredible names, such as Gary Neville and Stephen Bartlett – some of the biggest names out there – and I can't wait for him to share his insights in a way that will truly benefit our delegates.'

Turn to page 22 to discover everything on offer at the 2025 North of England Dentistry Show!

# ASH JONES

## LAST CHANCE

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## Dental students to provide free urgent care

More urgent dental appointments and free dental clinics are among some of the measures being taken to tackle the NHS dental crisis.

Plymouth will see the opening of a new clinic where dental students will provide free care to patients who have struggled to access NHS dentistry. Drawn from the University of Plymouth's Peninsula Dental School, final year dental students will work alongside specialists to provide the treatment.

Day appointments will be available for people who experienced pain, infection and also trauma.

Over the coming months, and subject to planning permission being granted, it will be renovated through a £5 million project. After the revamp, this will be home to the new Peninsula Dental Education Practice.

According to Peninsula, the new practice will go some way to filling the huge demand for dental care in Plymouth. The area is

experiencing long waiting lists across all NHS providers and a lack of practitioners to meet the demand.

Robert Witton is a professor of community dentistry and chief executive of Peninsula Dental Social Enterprise (PDSE). He said: 'It could also transform the lives of the extra people we are able to treat, with the real possibility that many of them have been waiting months or even years to see a dentist.'

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## Contacts...

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FMC, Hertford House, Farm Close, Shenley, Hertfordshire WD7 9AB  
Tel: 01923 851777 Fax: 01923 851778 Email: info@fmc.co.uk

### Editorial team

Editor: **Guy Hiscott** [guy.hiscott@fmc.co.uk](mailto:guy.hiscott@fmc.co.uk) 01923 851754

Deputy editor: **Heather Grimes** [heather.grimes@fmc.co.uk](mailto:heather.grimes@fmc.co.uk) 01923 851777

Sub-editor: **Rowan Thomas** [rowan.thomas@fmc.co.uk](mailto:rowan.thomas@fmc.co.uk) 01923 851750

Content contributors: **Siobhan Hiscott, Gaby Bissett, Lucy Veal**

Consultant editor: **Kevin Lewis**

### Editorial advisory board

**Chinwe Akuonu** BSc BDS

**Shivana Anand** BDS

**Hassan Asad** MChD/BChD Oral Science BSc MFDS RCS (Edin)

**Sir Paul Beresford** MP BDS

**Claire Berry** BSc

**Robert Chaffe** BDS

**Nick Collier** MA

**Rhona Eskander** BDS MJDF

**Mark Haswell** BDS MSc

**Tony Kilcoyne** BDS LDS RCS MGDS RCS DipClinHyp FGDP(UK)

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**Shivani Patel** BDS MFDS RCSP MSc IMOrth RCPS FDS RCS RICD

**Chris Potts** BDS MFGDP(UK)

**Victoria Sampson** BDS

**Nishma Sharma** BDS

**Harry Shiers** BDS MSc (implant surgery) MGDS MFDS

### Design and production team

Production manager:

**K-Marcelyne McCalla** [k-marcelyne.mccalla@fmc.co.uk](mailto:k-marcelyne.mccalla@fmc.co.uk)

Designer: **Glenn Baxter**

### Advertising team

**Tim Molony** [tim.molony@fmc.co.uk](mailto:tim.molony@fmc.co.uk) 07595 282680

**Ivana Perkins** [ivana.perkins@fmc.co.uk](mailto:ivana.perkins@fmc.co.uk) 07760 887016

### 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](mailto:guy.hiscott@fmc.co.uk).

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# The healing power of community, connection... and argument



**Guy Hiscott**  
Editor's view

We all know that human connection and interaction are some of the most important things for our wellbeing – and yet, amidst the frantic pace of working life, I think it's easier than ever to deprioritise that connection.

Even in my natural working environment (an office rather than a practice), I can be surrounded by people yet lose myself to spreadsheets, emails and the ever-present 'to-do list' – inevitably going far too long without taking the time to genuinely check in and connect with those around me. Though my working circumstances are different, I'm confident I'm not alone in this!

Pair those challenges with the long nights and interminable staying power of January, and it's easy to see why things like 'Blue Monday' have such a powerful allure.

But last month I was given a timely reminder of the power of human connection (and gave my January a lift in the process), when I was privileged enough to host the Future of Dentistry Summit.

We brought in guests from all walks of dental life, and the energy in the room was tangible as they shared their hopes, dreams, fears and frustrations.

There's no surprise in that, of course: whenever I find time to step back and discuss

the bigger picture, it's always a valuable experience. What I had forgotten about this process is that the disagreements are sometimes the most inspiring part!

With such a range of attendees, from practice owners to dental students, we found a host of different opinions, formed by completely different experiences. And yes, these opposing world views clashed at times during the evening.

But, for the most part, they were shared – and challenged – in an environment of respect and safety.

In a world that seems hell-bent on celebrating polarisation and division, watching this unfold was an honour. I can do nothing but thank our guests (and our table hosts, pulled from the ranks of FMC's content team) for their openness and honesty.

It goes to show that it can be done: we just have to make the effort to remember how.

And yes, we discussed the typical issues: we lamented the familiar challenges of the NHS and recruiting the right people. We agreed, sadly, that so much work is needed around scopes of practice, and training, and achieving better representation.

But there's also much to look forward to, with consensus about the scope of the opportunities on the horizon, whether they're powered by technology, collaboration or something else.

As this event reminds me every time we hold it, while the future is an undiscovered country, it's rich with the potential to be a beautiful one.

## More than 1,300 dentists registered in UK in the last year

The General Dental Council (GDC) has released its annual registration figures, which show that the number of dentists registered in the UK has increased by 3%. There were 45,580 dentists on the register once removals had taken place. This is an increase of 1,371 dentists or 3.1% from last year. The registration numbers have been increasing steadily for the past five years.

The number of dentists who did not renew

their registration was significantly lower than in 2024, at 793 compared to 1,004. This was also the lowest figure in the past five years.

In 2025, 1.7% of dentists did not renew their registration. The percentage has previously ranged between 2.3% and 2.9% since 2021. Reasons for removal include voluntary removal, non-payment of the annual retention fee (ARF), retirement and notifications of death.

# A rose by any other name?

When is a patient not a patient? And how much does it matter? Kevin Lewis revisits the myths and controversies of a recurring healthcare debate

Kevin Lewis | Consultant editor



“ Medical paternalism – conveniently summarised as ‘doctor knows best’ – was rooted in an age where the workings of the human body were something of a mystery for most members of society. Attitudes changed progressively, fuelled by the empowering arrival first of consumerism and after that, the internet. And just as the world of healthcare decided that doctors may not know best after all, UK dentists decided that they preferred to be called doctors anyway and the GDC eventually agreed. We can learn a lot from taking a second look at what was happening in the intervening years.

The dinner which traditionally forms part of the Annual Conference of Local Dental Committees has had some very special moments over the years, especially when politicians accepted an invitation to be the after-dinner speaker. Anyone who was present at the time will remember the occasion in the late 1980s when Edwina Currie, then a junior health minister, mounted a full-frontal assault on what

she saw as the dental profession's elitist and paternalistic mindset and its unwillingness to embrace consumerism. To drive her point home, she continually used the word ‘customer’ rather than ‘patient’ throughout her speech and let's just say she failed to read the room when things were getting out of hand. The speech didn't go down well at all while the message sank like a stone. An invite to speak at the LDC Conference Dinner has since been the stuff of legend in civil service and DHSC circles.

Different occupations describe their ‘customers’ in a variety of ways; ‘guests’ for some, ‘clients’ for others and ‘punters’ for a few. In the world of selling, potential customers are simply – if cynically – reduced to ‘prospects’. They are all consumers, of course, but (call me old-fashioned) I like to think that there is a particular kind of ‘specialness’ implied into the use of the term ‘patient’ in healthcare. It implies all of those professional and ethical characteristics and values like putting the patient's interests before our own, respect, care and concern for a patient's wellbeing, and so on. Healthcare professionals

have ethical obligations to a ‘patient’ which go far beyond the requirements of the average ‘consumer’ transaction in the high street – and that is what Edwina missed when delivering her diatribe.

## The extra mile

One needs to look no further than the GDC's ‘Standards’ guidance to appreciate how much further a dentist must go in their dealings with members of the public, compared to a typical high street customer-business interaction. This guidance confusingly refers to a ‘member of the public’ one moment, and a ‘patient’ the next moment, and one could be forgiven for thinking that members of the public perhaps don't metamorphose into ‘patients’ until the moment they seek or receive dental care and treatment. But on closer inspection, the guidance doesn't support an interpretation that continues that



“ I like to think that there is a particular kind of ‘specialness’ implied into the use of the term ‘patient’ in healthcare. It implies all of those professional and ethical characteristics and values like putting the patient’s interests before our own, respect, care and concern for a patient’s wellbeing

logical distinction and consequently, one must interpret these terms flexibly and inclusively. At least the GDC has resisted any pressure to and favour the term ‘customer’ over the term ‘patient’ so let’s be thankful for that.

A recent chance interaction with a longstanding colleague in New Zealand has reminded me that almost 10 years ago I wrote an article which touched on this same theme, in which I commented that it is interesting that you won’t hear patients saying: ‘There were four other consumers in the doctor’s waiting room when I arrived for my appointment.’ Is it too much to hope, then, that patients themselves place a value on the special relationship that exists when you entrust your bodily wellbeing to a third party simply because they are a healthcare professional? Put simply, if undergoing a surgical procedure, would you prefer to feel like a customer/consumer as the general anaesthetic starts to take effect, or like a patient?

I do accept that some patients, at least, do behave increasingly like consumers when it suits them to. Not least because the Consumer Protection Act and all the regulations made under it, apply to dentistry just as much as to any other transaction. On a daily basis, even the most supine of consumers are being urged to find out about their rights, and to stand up for them. For the past 35 years up to and including this very week I have been privileged enough to have witnessed the shifting currents of the things that dental patients/consumers tend to complain about. The COVID-19 pandemic spawned some examples which were unique to that time, but there are many enduring themes too. The ‘you promised me I would look like a film star’ variety covers a range of restorative dentistry and prosthodontics, tooth whitening, and increasingly these days, aligner orthodontics – and arguing that Goofy and Bugs Bunny were both film stars won’t help your defence any more than it did in the old days when Walt Disney himself was a lad. Then there is the ‘you refused to offer me NHS treatment solely because [insert protected characteristic here]’ type of complaint. A

particular kind of self-inflicted wound is seen when an irate patient approaches the reception desk clutching a dog-eared ‘Six Month Smiles’ leaflet in one hand, and brandishing a calendar in the other hand marked up to show the passage of 183 days or more since the start of treatment.

There are some misconceptions surrounding the increasingly prevalent view that patients are simply consumers of healthcare, behaving just as they do when acting as consumers outside the healthcare environment.

I see an irony in the fact that many of the same clinicians who actively resent the exchanging of the time-honoured term ‘patient’ for the apparently fashionable terms ‘client’, ‘customer’ or ‘consumer’, still go about promoting their own services and/or their practice in a very ‘transactional’ way, often reducing specific types of treatment to mere commodities.

### Lessons from business

It was Harry Gordon Selfridge, the legendary retailer and creator of the iconic Selfridges store in London’s Oxford Street, who coined the phrase, ‘The customer is always right’. But I was always more attracted to the observation of Gordon Bethune, the saviour of Continental Airlines (which later became part of today’s United Airlines), when he disagreed and pointed out that the customer is very often wrong, and as a result Selfridge’s strapline was wrong too.

Indeed, Bethune went on to explain his thinking in that a blind deference to every customer’s demands and behaviour – however excessive – is dangerous, and not fair to a company’s employees because they will sometimes encounter unreasonable and excessively demanding and rude people and they need to be able to trust their boss or manager to support them appropriately.

Some customers will disrupt and damage your business, and destroy staff morale, and continually seeking to humour and placate them is not fair to all the other, reasonable customers. Ultimately, happy and well-motivated staff will

help to deliver outstanding customer service if they feel valued and supported.

We all know there is an NHS treatment backlog and after a recent experience I am starting to understand why it exists. I should probably apologise in advance for having made it worse. Filling out a hospital registration form these days has become a long, complex and time-consuming task requiring a lot of thought. I had sailed through the name, address and phone number section and paused only to note with some puzzlement the ‘I would rather not say’ option alongside the ‘date of birth’ box. The range of options in the ‘gender’ and ‘sexual orientation’ section was something of an education leaving me feeling that I may have been missing out all these years. But what really caused all the problems was my answer to the question about how I identify myself, and how I wanted to be addressed. Naturally, I answered ‘patient’, on the rationale explained above.

Q87 asked me whether I would like the services of an interpreter when completing the registration form and/or receiving treatment. I thought fleetingly that Q87 was a little late in the day to be asking that question, but after trying out a few of the impressive array of options I eventually settled on Serbo-Croat because she was the most helpful in explaining the gender and sexual orientation questions and anyway, she drew some very helpful pictures for me, which threw some light on things I had clearly misunderstood first time around.

Whether or not a skilled interpreter could help us all to make sense of modern healthcare terminology remains to be seen. But it does occur to me that NHS managers are missing a trick; those queuing in ambulances on the approach roads to A&E could surely be called ‘passengers’, those parked on trolleys in A&E could be reclassified as ‘passengers in transit’ and only when a bed is found for them in a ward would they formally become recognised as ‘patients’ and therefore included in the performance data and waiting list targets. Problem sorted. Next problem please, Wes. **D**

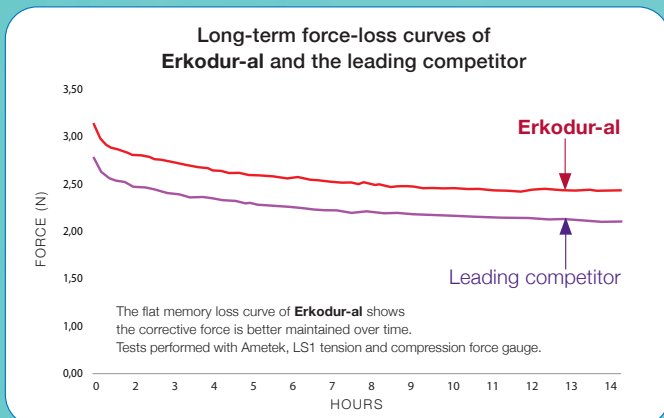
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## Pay increase for NHS dentists dubbed 'inadequate'

A pay uplift of 4.64% for NHS dentists in England has been confirmed, as experts warn that this represents a 'pay cut' in real terms.

This is despite the recommendation of a 6% increase by the Doctors and Dentists Review Body last year. The pay rise will be backdated to April 2024.

The British Dental Association (BDA) said this would amount to a 'significant funding cut' as rising costs had not been accounted for. The association described the 1.68% allocated to practice expenses as 'inadequate' when compared to an estimated 9.2% dental inflation rate. Utilities were estimated to have increased by 10% since last year, with laboratory and staffing costs also rising by 16.5% and 15% respectively.

Health secretary Wes Streeting pledged to improve dental access, telling MPs: 'NHS dentistry is at death's door.'

Shawn Charlwood, chair of the BDA's General Dental Practice Committee, said: 'Wes Streeting recognised NHS dentistry is at death's door. Handing dentists a pay cut after record breaking delays won't change that prognosis. These cuts will come at a high price in goodwill that is now in short supply.'

The BDA added: 'This short-sighted approach will only accelerate the exodus from

NHS dentistry. Many providers are already delivering NHS care at a financial loss, having to cross-subsidise loss-making NHS activity with private work. Further pressure will come in April via the huge increases in overheads delivered by the recent budget. There is still no clarity on what mitigations will be offered.'

### 6% pay rise for Welsh dentists

Described as 'a complete break from precedent', on 21 January health and social care secretary Jeremy Miles addressed a letter to NHS dental contract holders announcing a pay uplift for Welsh NHS dentists. It said the 6% pay rise was dependant on the following conditions:

1. Every non-orthodontic dental contract holder to repeat the antimicrobial audit undertaken in 2023/24, compare with previous findings and discuss with practice staff to improve antibiotic prescribing. This should be completed by the end of June 2025
2. All dental contract holders to fully participate with the Welsh National Workforce Reporting System (WNWRS) including updates at least quarterly
3. Contract holders to record patient NHS numbers on forms submitted to NHS Business Services Authority. Patients must be asked for their NHS number and appointment reminders should instruct patients to have their NHS numbers available
4. All practice held waiting lists are to be transferred to the Dental Access Portal by the end of June 2025.

The British Dental Association (BDA) said the 6% increase 'still translates into a pay cut' as it fails to account for 'the soaring costs of delivering NHS care'.

Russell Gidney, chair of the BDA's Welsh General Dental Practice Committee (WGDPC), said this was 'a spectacular display of bad faith from the Welsh government'.



## Rakhee Patel appointed deputy chief dental officer for England

Dentist and clinical lecturer Rakhee Patel will take up the post of deputy chief dental officer (CDO) for England. She will work alongside CDO for England Jason Wong and Nick Barker, who is also acting as a deputy CDO.

Rakhee is a senior clinical lecturer and honorary consultant at King's College London. She is also dental clinical lead for North Central London Integrated Care Board.

Her previous roles have included consultant in dental public health for NHS England in

London and general, community and hospital dentistry.

Clinically, Rakhee has specialised in gerodontology and domiciliary care. In 2023, she was awarded a PhD in health services research, undertaking one of the first dental clinical trials for care home residents. Representatives of the dental profession have offered congratulations to Rakhee as she takes on the new role.

## NEWS IN BRIEF

### Dysbiosis linked to mouth cancer

A new study links disruptions to the oral microbiome to the development of mouth cancer.



### 500 CQC inspection reports 'stuck'



The Care Quality Commission (CQC) said there were roughly 500 inspection reports in its IT systems that now cannot be retrieved.

### Green tea to treat oral mucositis

An adhesive derived from green tea has shown promise as a treatment for oral inflammation in a new study.



### Dental administrators exhausted



A study exploring the health and wellbeing of dental practice managers and receptionists found that one in four were experiencing emotional exhaustion.

### 'NHS dentistry is at death's door'

As a petition to save NHS dentistry hits a quarter of a million signatures, experts are urging the health secretary to prioritise its reform.



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# Robot-assisted implant surgery 'significantly enhances accuracy'

Robotic dental surgery presents a 'promising advancement' in implant dentistry by reducing human error. This was the conclusion from a team of researchers at Xi'an Jiaotong University Hospital of Stomatology in China.

It follows a study that analysed the accuracy of implant placement using a robotic system – called Remebot – compared to freehand surgery.

The robotic system (r-CAIS) used was made up of a primary unit that includes a robotic

arm, a display screen and an operating system. Other components were an optical tracking device and a positioning marker.

A total of 95 implants were placed in 65 patients, of which 50 were placed in 35 patients using the Remebot robotic system and 45 implants were placed in 30 patients using freehand surgery.

Regression analysis was chosen to assess implant dimensions and positioning on accuracy.

## Results of robot-assisted surgery

The multiple linear regression analysis did not show any statistically significant influence of the predictors (jaw type, side, position, implant diameter, and length) on the platform, apical and angular deviations in the r-CAIS group.

In contrast, in the freehand group, the predictor variables jaw type, implant position, and diameter significantly influenced angular deviation. Higher angular deviations were observed in the maxilla, anterior implants and implants with a narrower diameter.

The researchers concluded: 'This study demonstrates that robotic-assisted implant surgery significantly improves implant placement accuracy compared to traditional freehand methods.'

'The innovative use of robotic technology, coupled with a robust comparative analysis and comprehensive evaluation metrics, underscores the potential of r-CAIS to enhance clinical outcomes in implant dentistry.'

'These findings provide a strong foundation for future research and clinical application of robotic systems in dental surgery.'



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# Refugee dental professionals given priority ORE access

The General Dental Council (GDC) has introduced a new policy granting priority overseas registration exam (ORE) booking access to dental professionals with refugee status.

This means candidates who provide evidence of their refugee status will receive priority access to the booking system for up to two attempts at both ORE parts. The regulator believes this will ensure they have a fair chance of completing the registration process.

Under the new policy, a dedicated booking window for refugee candidates will open two weeks before the general booking window for the April 2025 ORE sittings. The GDC expects

these priority places to represent a 'small percentage' of the overall seats.

This comes as the GDC's stakeholder engagement revealed the number of barriers refugees face during the registration process. This includes difficulty accessing documentation that verifies their qualifications and inability to return to their home countries to practise. This could lead to skill deterioration and financial inequality, according to the regulator.

As a result, the GDC hopes this new policy will address the challenges these dental professionals face when registering to practise in the UK.

## Commitment to support refugees

Stefan Czerniawski, executive director of strategy at the GDC, said: 'We recognise the distinct challenges faced by refugee dental professionals in their paths to registration. By providing priority exam access, we're helping skilled professionals restart their careers and provide much needed dental care in the UK at a time when their expertise continues to be in high demand.'

'This new policy demonstrates our commitment to supporting the integration of qualified refugee dental professionals into the workforce while ensuring all overseas-qualified dentists meet the same rigorous standards required to practice in the UK.'

To qualify for priority booking, you must have been granted refugee status by the Home Office. This includes those with:

- Refugee status under the 1951 United Nations Convention
- Humanitarian protection
- Indefinite leave to remain or enter (with refugee status)
- UK resettlement schemes, such as the Afghanistan and Ukraine schemes.



## restoration



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# ‘Ozempic face’ prompts rise in demand for cosmetic facial fillers

A dermatology group has reported a ‘significant uptick’ in cosmetic filler sales due to facial sagging caused by weight loss drug Ozempic.

Galderma clinical investigator Michael Somenek said: ‘As medication-driven weight loss becomes more prolific around the world, so do the associated impacts of facial volume loss and other unwanted cosmetic effects like shadowing and hollowness.’

Ozempic is a brand of semaglutide produced by Novo Nordisk. It works by mimicking the sensation of fullness, allowing users to eat less without experiencing hunger.

In the UK, another formulation of semaglutide called Wegovy is now prescribed by the NHS. From September 2023, the drug became available to those with a BMI over 30 and at least one related comorbidity.

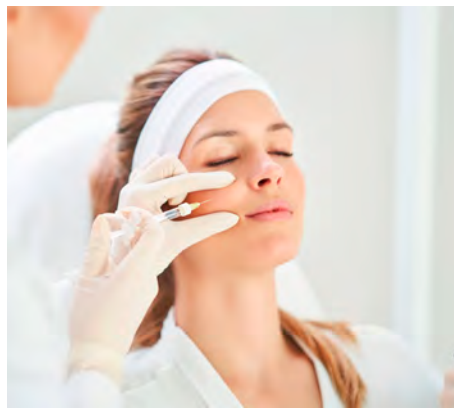
Galderma said there were several reasons for the facial changes known as ‘Ozempic face’, including loss of fat, collagen, elastin and essential nutrients such as fatty acids.

The company also proposed dermal fillers as a solution to these aesthetic concerns. It described the results as ‘improved mid-face shape and contouring along with improvements in cheek wrinkles and an overall improvement in facial appearance’.

In a study of the use of fillers to combat ‘Ozempic face’, 89% of subjects reported feeling ‘more attractive and happier with their appearance’.

## ‘Dentists are experts in facial anatomy’

In 2023, a study found that almost one quarter (24%) of cosmetic injections in the UK are administered by dentists. A further 8% of practitioners who carry out these procedures were found to be dental nurses.



Of those represented in the study, 12% of treatments were carried out by non-healthcare ‘aestheticians’.

David Zargaran, plastic surgeon and author of the study, said: ‘There are well-documented – yet to date, unaddressed – challenges in the UK cosmetic injectables market.’

‘Without knowledge of the professional backgrounds of practitioners, we cannot adequately regulate the industry. Our research highlights that the majority of practitioners are not doctors. [They] include other healthcare professionals, as well as non-healthcare professionals such as beauticians.’

Dentist Harry Singh said: ‘Many dentists are exploring the idea of getting involved in facial aesthetics, and why not?’

‘Our patients trust us; we have empathy and have built rapport with them. Therefore we have the jump on offering facial aesthetics in a secure and controlled environment.’

‘On the clinical side of things, we regularly perform injections several times a day. We are familiar with this procedure and have mastered how to give injections with minimal discomfort. Dentists are also experts in facial anatomy and structures; we spend hours every day performing in this region.’



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# Does water fluoridation cause childhood IQ loss?

New research found 'significant inverse associations' between fluoride exposure and children's IQ scores, calling the safety of water fluoridation into question.

The study estimates that for every 1mg/l increase in urinary fluoride, a child's IQ decreases by 1.63 points. Lead author Kyla Taylor said this is a 'statistically significant association' between fluoride exposure and lowered IQ scores.

In August, the same researchers from the National Institute of Environmental Health Sciences helped to develop a US government report that determined 'with moderate confidence' that there is an association between high levels of fluoride exposure and decreased IQ.

The National Toxicology Program report focused on a fluoride concentration twice the recommended limit in water. However, the new research suggests that fluoride concentrations below 1.5mg/l (currently considered to be the safe limit by the World Health Organization) may also impact childhood IQ.

It is unclear from the study whether the currently recommended fluoridation level of 0.7mg/l was associated with adverse effects.

## Limitations

Several limitations of the study were identified by its authors. For example, they rated 52 of the 74 studies included in the review as 'low quality' with a 'high risk of bias'.

Speaking to AFP, American Dental Association representative Steven Levy said the apparent association was likely caused by 'confounding factors' such as coal pollution in China. He said: 'Almost all of the studies have been done in other settings where there are other contaminants.'

Levy also said that government policies on water fluoridation 'should not be affected by the study findings'.

Professor Grant McIntyre, dean of the Faculty of Dental Surgery at the Royal College of Surgeons of Edinburgh, said the study 'should not be regarded as providing any proof that fluoridation in water is harmful'. He said: 'On the contrary, there is overwhelming evidence to show that fluoridation has huge public health benefits.'

He continued: 'Fluoride is a naturally occurring mineral found in soil, food and drink, and also in drinking water supplies that helps restore minerals lost to acid breakdown in teeth, reduces acid production by cavity-causing bacteria, and makes it harder for these bacteria to stick to the teeth.'

'In some parts of England, local geology means the level of fluoride in public water is already at the level (1mg/l) that fluoridation schemes run at. This, one should note, is well below the World Health Organization's safety limit of 1.5mg/l.'

'Public Health England estimate that if all five-year-olds in England drinking water with 0.2mg/l of fluoride instead received fluoridated water of at least 0.7mg/l, then the number experiencing decay would fall by 17% in the least deprived areas, rising to 28% in the most deprived areas.'

'We are confident that fluoridation is safe and has significant benefits to public health in reducing tooth decay, particularly in more deprived areas. Indeed, a further benefit of water fluoridation over other approaches is that it does not rely on behaviour change, which is particularly important for children and vulnerable groups.'



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## In the spotlight

**Catherine Rutland** shines a light on the problem of attracting political attention to dentistry where needed



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**Catherine Rutland**  
Clinical director at  
Denplan

Do you ever walk or run with a head torch? Dark mornings often call for one in my neck of the woods. The dog bobs around in her pink light collar and I need a head torch to avoid falling over tree roots or stepping in something nasty!

Particularly on frosty mornings, the head torch suddenly changes the way I see the world, the glimmer and beauty

of the frost is somehow magnified. It can almost take you aback and however dark it is, brightens the morning.

The importance of the humble headtorch is that it allows you to keep moving forward and take in what is being shown to you.

### Beyond the headline

Policy and lobbying work in some ways is like trying to shine a head torch on information. Of course, you are highly unlikely to create the beauty of early morning frost! What you can do is try to change the way the MP or stakeholder you are speaking to sees the world of dentistry.

While it is great that there is so much media coverage of dentistry and the issues faced by patients and the profession, these are often only read as headlines, and headlines can lean towards the sensational. Yet we all know there is so much complexity to the issues faced by the profession that can't be captured in a headline.

### New perspective

Meeting with many new MPs in the second half of last year, I realised that they are keen to use the head torch and have it shone on dentistry. By creating different forms of communication, whether it be face to face meetings, policy papers or letters guiding them to research or evidence, all will give them a different view of the same issues.

With that different view and more understanding, they can speak to their constituents with knowledge of our profession and our challenges. They can raise concerns with their local ICBs, and they can raise relevant questions and input into parliamentary debates on dentistry and its importance in the overall health of the population.

So next time you put on a headtorch, consider how different the world looks. Note the power of shining a light on something, whether it is to provide more information as to where you go or to see a different type of beauty.

## Labour of love

Choose financial security over flowers and chocolate this Valentine's Day, says **Iain Stevenson**



MoneyTalks

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

Valentine's Day is all about showing your love and appreciation, whether through grand gestures like a romantic getaway or small acts like a bouquet of flowers.

But there's a far more meaningful way to show your care this year – ensuring your loved ones are financially protected if something were to happen to you.

As a dentist, you may enjoy a comfortable income. But even if you don't feel your earnings are large, have you considered how your loved ones would manage if your income suddenly stopped?

Even with a partner who earns well, the loss of one income can have a significant impact, as spending often increases with higher earnings.

### Bridge the gap

Many people insure their mortgages, but they often overlook the other costs of everyday life – like the weekly shop, household bills and children's activities. These ongoing expenses are just as important to protect.

Dentists who work within the NHS may receive benefits like sick pay and death-in-service pension benefits. However, with the rise of private practice, many dentists lose or reduce these benefits and fail to replace them.

Life assurance, income protection and critical illness cover can help bridge the gap, providing much-needed support during difficult times with either lump-sum payouts or monthly income.

For practice owners, it's also essential to consider how your death or serious illness could affect your business, staff and family.

Would your family receive the full value of your share of the practice? Could your business partner afford to keep the practice running? If you're unsure, it's time to put a spotlight on this area of your business planning – issues identified can be resolved with a robust legal agreement supported with tailored protection.

This Valentine's Day, prioritise your loved ones' financial security. By protecting your income, family and business, you're giving them the most meaningful gift of all: the peace of mind knowing they're taken care of.



## A new pretender to the throne?

**Nigel Jones** considers the possibility of health secretary **Wes Streeting** as a future Labour leader



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

Winston Churchill famously said: 'Politics is more dangerous than war, for in war you only get killed once.' The inference here was politicians can face multiple metaphorical 'deaths' or defeats in various forms including loss of reputation, power or public trust.

In the wake of the budget, Rachel Reeves may well have

been left hoping for some form of political reincarnation as her stock has fallen sharply and she is no longer the favourite to become the next Labour leader.

As 2024 drew to an end, the bookmakers claimed that dubious honour fell to a certain Wes Streeting, the health secretary.

### Treatment planning

Perhaps this is no surprise. Yes, there was the slight misstep in the eyes of the NHS workforce when he described the NHS as 'broken'. However, that was quickly recovered with the tweak in the language to 'broken but not beaten'. This in itself potentially demonstrated a willingness to listen and understand.

Indeed, those traits seem to be recurring themes among the feedback from those people that have interacted with the health secretary. However, at some point all that listening and understanding must translate into concrete action and therein lies the danger for a politician.

Even before electoral success was formally confirmed, Wes Streeting was at pains to manage our expectations about the challenge for Labour to make the NHS 'fit for the future'. But it was the same with the budget with rhetoric about difficult decisions filling the airwaves prior to 30 October and I'm not sure it helped Rachel Reeves that much.

The health secretary's equivalent of the budget will be the spring publication of the 10-year plan for change and modernisation within the NHS. This should act as the treatment plan for the diagnosis published by Lord Darzi last September.

Almost everyone agrees it will need to be bold and radical if the NHS is to survive and that will take courage and honesty which may not be easy when you are the bookies' favourite.



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# 'I'm using alcohol to cope'

**Sarah McKimm** offers up her practical tips and coping strategies for dental professionals who may be struggling to control their alcohol use

## THE SCENARIO

I never thought I'd be in this situation, but I'm really struggling to control my drinking. I started noticing it in the lead-up to Christmas last year. At the time, I told myself it was just the usual festive indulgence – but here I am in January, and it hasn't stopped.

2024 was a tough year for me. I'm a dental professional, and the pressure at work has been relentless, particularly due to recruitment struggles. The stress has taken a toll, and after long days at the practice, I found myself turning to alcohol just to unwind. At first, it felt harmless – a glass of wine here, a drink with colleagues there – but I think it's gone beyond that now.

I can see it affecting my sleep, my focus, and my relationships with colleagues. I'm desperate to get this under control and find other ways to unwind at the end of the day, but I don't even know where to start.

How can I break this cycle?

I understand you've had a tough year, and it sounds like the stress and pressures of work have led to using alcohol as a coping mechanism. The impact on your work and relationships, coupled with feelings of shame, has left you keen to regain control but unsure how to start – that feels like a heavy load to carry on your own.

I ask that you approach this with kindness towards yourself. It's vital to remember that many professionals in high-pressure roles like dentistry face similar challenges – you are not alone.

Stress and coping mechanisms often go hand in hand, but recognising the pattern is key to breaking it. Using alcohol as a coping strategy can have serious health risks and I'm hearing that you are already noticing the impact in both your personal and professional life.

## Alcohol triggers

Physical stress from prolonged procedures impacts the musculoskeletal system, while the constant risk of medical emergencies, meticulous adherence to GDC standards, and the looming fear of lawsuits contribute to heightened cortisol levels.

Many dental professionals sacrifice their basic needs – skipping meals, hydration and breaks – to prioritise patient care. These stressors have significant mental and physical health implications, raising the critical

question: how are you consciously managing these triggers to protect your wellbeing while maintaining professional excellence?

Ask yourself:

- What triggers my urge to drink? Is it the high pressure environment, long hours, the emotional toll of anxious patients, expectations of patient outcomes, personal circumstance?
- What needs are being met through drinking (eg relaxation, numbing emotions, social connection)?
- How does this impact my sense of self and my goals?

## The COPE technique

When you notice a trigger, try using the COPE technique:

- **Cleansing breath:** take a deep breath in through your nose for four seconds, hold it for five seconds, and exhale slowly through your mouth for six seconds. Repeat until you feel calmer
- **Observe without judgment:** be curious about what's happening. Name the emotions you're feeling – whether it's stress, sadness, anger or fear – without judging yourself for them
- **Positive self-talk:** remind yourself, 'I'm okay. I can handle this. It's okay to ask for help.' This reassurance can help you stay grounded
- **Environment:** consider where you are, who you're with, or what about the situation has triggered your response. This awareness can guide you in creating a more supportive environment.

If practised outside of emotional dysregulation/overwhelm, this exercise becomes muscle memory and can be drawn on when needed most.

## New habits

I like to think of mental hygiene in the same way you would oral hygiene. If you find yourself reaching for alcohol in the evenings, plan an alternative activity that brings you joy or relaxation. This might include:

- Taking a walk or trying a new fitness class
- Preparing a favourite meal or exploring a new recipe
- Starting a creative project or reading a book.

Cravings can be powerful, but they don't have to control you. Try substituting alcohol with something else – perhaps a favourite non-alcoholic drink, a soothing tea, or even a fun mocktail recipe. Maybe it's about reducing the number of drinks in a week rather than

sobriety. Exercise and a healthy diet can also play a significant role in reducing cravings, improving mood, and restoring energy levels.

## Seeking support

Remember, your journey is about progress, not perfection. Seeking support is a sign of strength, not failure. If you've been drinking daily for a while, stopping abruptly may not be safe. You may need professional support to reduce your intake in a way that's manageable and secure.

Consider exploring resources like Alcohol Change UK or attending a local or online support group. If your workplace offers an employee assistance program, it could provide confidential support or counselling.

Dental professionals often face unique stresses. Connecting with peer support networks specific to dental professionals can help you feel less alone.

Above all, be patient and kind to yourself. It's not about who you've been, but who you're becoming. One step at a time.

Take gentle care, Sarah. **D**



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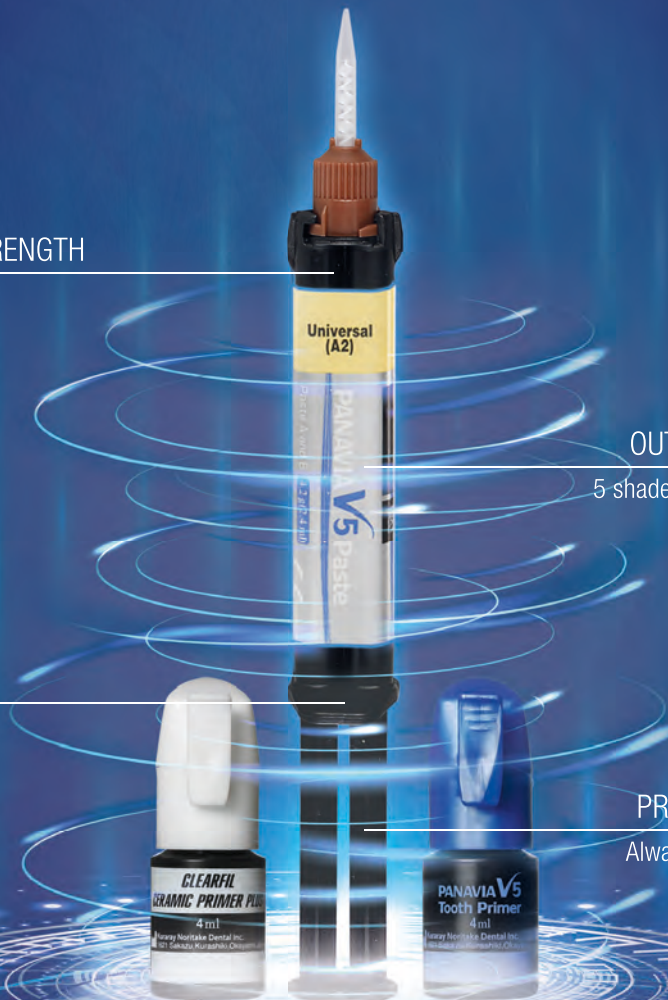
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Business Development Manager  
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E-mail: [grant.turnbull@kuraray.com](mailto:grant.turnbull@kuraray.com)

### **Helder Dos Santos**

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# Encouraging healthy habits

**Anni Seaborne** discusses the importance of engaging patients in holistic health and discussing new oral health habits

## Anni Seaborne

Head of general dentistry,  
Bupa Dental Care



Many people – 80% according to our research – don't realise just how wide-ranging the role of the dentist is; they visit the dentist only when there's a problem with their teeth. Yet we know dentists and hygienists are often the first line of defence in detecting health worries occurring elsewhere in the body that manifest in the mouth.

Here are a few unknowns that Anni Seaborne, head of general dentistry at Bupa Dental Care, has come across in her day-to-day practice that might be beneficial speaking to patients about as they start to think about making new health habits.

### Engaging patients

We know a staggering 85% of people don't believe that oral health concerns could be related to their mental health. Delving deeper, many do not realise that those who experience panic attacks or suffer from conditions like bipolar disorder often have links to poor dental health. When it comes to physical conditions, only half of people are aware of the connection between oral health and mouth cancer.

Because of this, when patients come in for an appointment and you're taking their medical history, explaining why this information matters to us is important. The same goes for queries about their lifestyle habits and medication histories.

We can identify potential risk factors by emphasising how these questions can help us assess their overall health. For example, making them aware that chronic inflammation can occur in individuals taking medications like corticosteroids or immunosuppressants.

While patients are in the waiting room, your nurse can encourage them to share how they're feeling in general, as this may provide insights into their oral health. Once they are in the chair, we should also continue to emphasise, sensitively, how much can be learned about a person's overall health through their mouth.

**Empower patients to take control of their health by providing them with as much information as possible to understand their bodies better**



For example, asking about skin rashes or joint pain can help determine whether somebody is experiencing chronic inflammation, which may also show up in the mouth. This approach highlights to patients the interconnectedness of their body and the care they need.

Explaining how seemingly unrelated health issues can connect back to their oral health is crucial for helping patients recognise the broader role of dental care and the positive impact we can have on the wider health ecosystem.

### Dental professionals' role

Patients often underestimate or simply don't understand the role the hygienist plays in their oral health. They might even treat a trip to the dentist or hygienist as an either/or situation.

So, if you're referring someone to see the hygienist, consider asking if they've seen a hygienist before and whether they have any questions. This should encourage patients to find out more. If they've not had a hygienist appointment before, then take advantage of the opportunity to explain why you're referring them and how the hygienist can play an active role in the health of their teeth and gums.

### How often to make contact

Everyone's oral health is different – there's no one-size-fits-all answer. Therefore it's even more important to have one-to-one conversations with each patient to discuss their individual needs. Breaking down their options by explaining what to do if they're in pain and what to do outside of emergencies should help clear a few things up.

Encouraging patients to visit the dentist and hygienist at least once a year is a good place to start. Those who need closer, more frequent care or who have complex problems may need to visit every six or even every three months to get on top of issues.

Explaining why they might need to return more routinely will help patients set healthy habits to support their dental care needs. Equally, if a patient is doing an excellent job with their oral hygiene, it's beneficial to let them know why you aren't referring them to a hygienist. This can motivate them to continue doing more of it.

### Key takeaways

Whether it's a short or long appointment, there's often a lot of information for patients to digest. So, giving them a summary at the end of the appointment to highlight the three main takeaways will provide actionable advice on what to prioritise in the future.

### Empowering patients

The most important thing is to empower patients to take control of their health by providing them with as much information as possible to understand their bodies better. What seems obvious to us may not be to others. The more information patients have, the more informed decisions they can make. At Bupa Dental Care, we provide both dental and health insurance services. This means we take a holistic approach to caring for our patients and our people, which supports our purpose of helping people live longer, healthier lives, and supports our teams in having lasting careers with us. **D**



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### Unmissable speakers

As you would expect, the speaker line-up is second to none. Visitors can hear from recently announced headline speaker, Ash Jones, the personal branding guru behind Steven Bartlett and Gary Neville.

During the session with Ash, he will share insights behind great personal branding, with practical hints and tips anyone can take away and use. Whether you're looking to expand your profile to attract more patients, find more referrals or even establish yourself as a KOL, this is your chance for a face-to-face with the man in the know.

In addition, you can also hear from some of the most respected names in the dental profession, including Mervyn Druian, Mark Topley, Biju Krishnan, Shaz Memon, Robbie Hughes, Kiran Shankla, Pat Langley, Alan Clarke, Kristina Vaitelyte, and many more. **D**

Register for free now at [dentistry.co.uk/shows/north-of-england-dentistry-show](https://dentistry.co.uk/shows/north-of-england-dentistry-show).

## NORTH OF ENGLAND Dentistry SHOW 2025

Venue: Manchester Central Convention Complex

Date: 8 March 2025

Opening times: 9am-4pm

More details: [dentistry.co.uk/shows/north-of-england-dentistry-show](https://dentistry.co.uk/shows/north-of-england-dentistry-show)

### Why attend?

The North of England Dentistry Show offers insightful education, a bustling exhibition hall and unrivalled networking opportunities for every member of the dental team.

Still unsure? Here's why you should sign up:

- **Free to attend** – insights, experience and teachings that don't cost a penny. Save your money – invest your time for maximum value!
- **30+ hours of lectures from more than 50 speakers** – learn from the most influential minds in dentistry and take their teachings back to elevate your practice and lab
- **The latest technology for your practice and lab** – discover the most innovative tools, tech and trends shaping the future of dentistry with 100+ exhibitors under one roof
- **Enhanced CPD sessions** – the easy, interesting way to keep on top of your GDC requirements, including lectures on recommended subjects – completely free of charge
- **Networking and connection** – build relationships that matter with colleagues and peers – and have your say on the issues of the day.



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NORTH  
OF ENGLAND  
**Dentistry**  
SHOW 2025

8 MARCH  
MANCHESTER  
CENTRAL  
CONVENTION  
COMPLEX

HEADLINE

# SPEAKER

ANNOUNCED!

# ASH JONES

The personal  
branding guru behind  
**Steven Bartlett**  
and **Gary Neville's**  
explosive social  
media success

**Dentistry**  
HOT TOPICS



RESERVE YOUR  
SPOT TODAY!



# THEATRES



TAKE THE  
PAIN OUT  
OF CPD



CONNECTING  
DENTAL  
TECHNOLOGY



POWERING  
CLINICAL  
EXCELLENCE



PRACTICE  
MANAGEMENT  
MADE SIMPLE



THE SKILLS  
DENTAL SCHOOL  
DOESN'T TEACH



PRACTICE AT  
THE CUTTING  
EDGE



EXPANDING  
CLINICAL  
UNDERSTANDING



BUILDING  
BUSINESS  
GROWTH

# Your path to implant success

A comprehensive guide to choosing the right implant dentistry course

Embarking on a journey to become a skilled implant dentist is both exciting and challenging. With a wide variety of courses and programmes available, selecting the right one is a critical step in building your expertise and confidence in this specialised field. Here's a comprehensive guide to help aspiring implant dentists choose the most suitable course for their professional goals.

## DEFINE YOUR GOALS AND LEVEL OF EXPERIENCE

Before choosing a course, it's important to assess your current knowledge and skills in implant dentistry. Are you a complete beginner, or do you already have some experience but wish to deepen your understanding? Identifying your goals – whether it's to start placing implants, enhance your surgical skills, or master advanced techniques like sinus lifts or full-arch restorations – will help narrow down your options. For beginners, introductory courses that cover the fundamentals of implant dentistry, including treatment planning, patient assessment and basic surgical techniques, are ideal. Experienced dentists might benefit more from advanced programmes focusing on complex cases and cutting-edge technology.

## LOOK FOR ACCREDITED AND RECOGNISED PROGRAMMES

Accreditation ensures that a course meets high educational standards. Look for programmes approved by reputable dental organisations or universities. Additionally,



consider whether the course provides continuing professional development (CPD) hours, which can contribute to your professional growth and compliance with regulatory requirements.

## EVALUATE THE CURRICULUM AND STRUCTURE

A well-rounded implant course should offer a comprehensive curriculum that includes both theoretical knowledge and hands-on training. Key areas to look for in the syllabus include:

- Anatomy and physiology relevant to implant placement
- Case selection and treatment planning (using radiographs and CBCT scans)
- Surgical techniques for implant placement
- Restorative aspects
- Management of complications and maintenance of implants.

Practical sessions should include supervised surgical placements, allowing participants to gain real-world experience. A course that incorporates live patient cases or mentorship opportunities can significantly enhance your learning.

## ASSESS THE FACULTY'S EXPERTISE

The quality of the instructors can make or break your learning experience. Research the credentials and experience of the teaching faculty. Are they practising clinicians with extensive expertise in implant dentistry? Do they hold fellowships or memberships in recognised implant organisations? Reading reviews or testimonials about the faculty can provide valuable insights into their teaching effectiveness.

## CONSIDER FLEXIBILITY AND ACCESSIBILITY

Dental professionals often juggle busy schedules, so choosing a course with flexible learning options is crucial. Many implant courses offer part-time or modular formats that allow you to balance your studies with work commitments. Some programmes also include online components, enabling you to complete the theoretical portions at your own pace. Additionally, check the location of the course. If travel is a concern, opt for programmes close to your practice or those offering online learning combined with periodic in-person training.

## CHECK FOR MENTORSHIP AND POST-COURSE SUPPORT

Learning doesn't end when the course is over. Post-course support can be invaluable as you begin to apply your skills in practice.

Look for programmes that provide mentorship opportunities, access to alumni networks, or ongoing training resources. Having an experienced mentor to guide you through your first cases can boost your confidence and help you navigate challenges.

## COMPARE COSTS AND VALUE FOR MONEY

Implant courses can be a significant investment, so it's essential to consider the cost-to-benefit ratio. While it might be tempting to choose the cheapest option, prioritise quality over price. A higher-priced course that offers extensive hands-on training, mentorship, and a strong reputation may deliver greater long-term value than a less comprehensive programme.

## SEEK FEEDBACK AND RECOMMENDATIONS

Speak to colleagues, mentors, or peers who have completed implant courses. Their first-hand experiences can provide valuable insights into the quality of a programme, its strengths, and areas for improvement. Online reviews and forums can also help you gauge the reputation of a course.

## EXPLORE OPPORTUNITIES FOR PROGRESSION

As implant dentistry is a constantly evolving field, it's worth choosing a programme that allows for progression. Some courses are part of a series that leads to advanced certifications or qualifications, such as a diploma or master's degree in implant dentistry. This can provide a clear pathway for continuous professional development.

Choosing the right implant course is a significant decision that will shape your career in dentistry. By taking the time to define your goals, research your options, and evaluate each programme's strengths, you can find a course that meets your needs and sets you on the path to success. Remember, investing in high-quality education is an investment in your future as a skilled and confident implant dentist. **D**

If you are an aspiring implant dentist, register for this free webinar (one hour's CPD) from VSSAcademy. 'Implant maintenance and top tips for aspiring implant dentists' with Dr Fadi Barrak and Dr Carl Horton on 26 March 2025 at 7pm.

Start your journey to excellence with VSSAcademy!



# MSc in Clinical Implantology

2 Years, Part-time | England & Wales -  
Scotland & N.Ireland | September 2025



# MSc in Endodontology

2 Years, Part-time | Preston | September 2025

No need to  
worry about  
finding your  
own patients

✓ 15 days of supervised patient treatment with patients provided in training centres located across the UK

No need to  
take time  
off work

✓ Focus on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner

No extra  
costs or  
planning

✓ Hybrid part-time learning allows minimal disruption to your practice

✓ Hands-on training at UCLan's state-of-the-art phantom head facility (*exclusive to Endodontology*)

✓ Includes CBCT training (fufils UK requirement)

✓ Hands-on surgical training on fresh cadaver heads (*exclusive to Clinical Implantology*)

# Why attend the Aesthetic Dentistry Tour?

Southern Cross Dental introduces its Aesthetic Dentistry Tour, from the renowned speakers who will appear to the hands-on workshops on offer

Attending the Aesthetic Dentistry Tour offers an opportunity to enhance your skills and practice offerings. Participants will gain valuable insights into our innovative clear aligner system, Trioclear, and the align and restore technique, which can significantly improve patient outcomes.

The hands-on workshop will allow attendees to master the composite injection technique, ensuring they stay at the forefront of dental aesthetics. Additionally, learning about the cutting-edge concept of zirconia veneers, Zirneers, will equip dentists with the knowledge to offer advanced restorative options.

Finally, testing various scanner models from leading brands like Medit, 3Shape, and Eletra, will provide practical experience with the latest technology, ultimately enhancing their service delivery and patient satisfaction.

## THE SPEAKERS

Rich is a highly qualified and experienced dental technician who has presented many technical courses on composite layering and associated techniques. Richard has worked for GC UK Ltd for 19 years and regularly presents hands-on courses for dentists throughout the UK and Ireland.



As a skilled crown and bridge technician Rich is cognisant of the layering techniques that provide optimum aesthetics and these skills he readily transfers to the composite injection technique where he has been responsible for developing the 'layering technique', providing state of the art aesthetics using composite.

Roeland began his dental career in 1993 at the Kuleuver dental lab. From 200 to 2006 he was the technical and trainin manager for GC Europe.



After starting his own laboratory in 2006, he remained a freelance trainer and KOL for GC.

Rejoining GC as a product manager in 2018, he now heads product management at Modern Dental Europe since February 2020 and is a specialist in the Zirneer product.

The Zirneer product offers a highly aesthetic restoration in that has a Lithium disilicate micro-layer applied on the fitting surface to enhance adhesion of the restoration.

David graduated BDS (Edin) from the faculty of medicine of the University of Edinburgh with distinction in conservative and prosthetic dentistry in 1985.



In 1993 he was awarded his diploma in general dental practice (UK) by the Royal College of Surgeons in London and in 2003 gained his master of clinical dentistry degree in fixed and removable prosthodontics (MCLinDent) through the King's College Dental Institute – University of London.

He has provided training over the past three years on the composite injection technique in the successful online hands-on course, and regularly uses composite injection to treat wear cases in his referral-based prosthodontic practice.

Nathan graduated with a BSc (Hons) in microbiology from Queens University Belfast in 2010.



His working career began in medical diagnostics in roles which spanned across six continents before he joined Southern Cross Dental laboratory almost a decade ago.

In 2022, Nathan started to work more closely on Trioclear, our global clear aligner system, and is now the Trioclear national manager for the UK and Ireland.

This involves guiding and supporting general dentists as they become more confident prescribers of clear aligner therapy and learn how to utilise Trioclear as a pre-restorative tool to improve outcomes.



- 'Align and Restore' Technique with Trioclear™ Aligner System - Case Study
- Hands-on course on the Composite Injection Technique for treatment of tooth-wear and composite
- Lunch and refreshments
- "NEW" Concept in Zirconia Veneers – ZIRNEERS
- Q&A session
- We will have a range of scanners for you to try from leading brands such as 3Shape, Medit and ELETRA.



## ABOUT SCD

SCD leads the way in providing high quality dental products and services to dental industry professionals.

Established in 2003, SCD has grown to become one of the largest dental laboratories in the United Kingdom and Ireland with locations in Leeds (UK), Dundalk (Republic of Ireland) and Dungannon (Northern Ireland).

We continue to innovate and evolve in order to meet our commitment to providing reliable, quality and fairly priced products to keep your patients smiling.

We follow developments within the dental industry closely and maintain close contacts with universities and dental clinics worldwide.

This facilitates our provision of conventional state-of-the-art dental technology alongside digital workflows which we hope will contribute to more predictable clinical results and less chairside time for the dentist.

- Over 20 years of experience
- Over 500,000 cases completed to date
- We work with over 1,200 dentists. **D**





# Join us at our Dentist Hands-On TrioClear™ Course at

CARTON HOUSE  
A FAIRMONT MANAGED HOTEL 

**When: Friday 28th February 2025**

**Where: Carton House**  
Carton Demense, Maynooth, Co Kildare, Ireland

**Education Time:** 9am-1pm | **Relaxation Time:** 2pm-5pm

**Ticket Price: €250/£200\***



*\*Complimentary 1-hour group golf lesson with a professional or spa treatment after lunch in the afternoon.*

TrioClear™ is delighted to invite dental professionals AND their dental nurses to our new education event for 2025.

This clinician-led and hands-on course is aimed at helping dentists who would like to incorporate our world-class and affordable clear aligner system into their practice.

Furthermore, a **Dental Nurse Course** will be ran in parallel which will provide information on how to best support a dentist who is prescribing clear aligner therapy to their patients.

**\*3.5 CPD Points Awarded for this Course**

**DENTISTS REGISTER HERE:**



LET YOUR SMILE SHINE

# Occlusion – why does it matter?

Tom Bereznicki offers an opportunity for early career dentists to mitigate occlusally-related failure

**Tom Bereznicki**

Dentist with a registered special interest in restorative dentistry



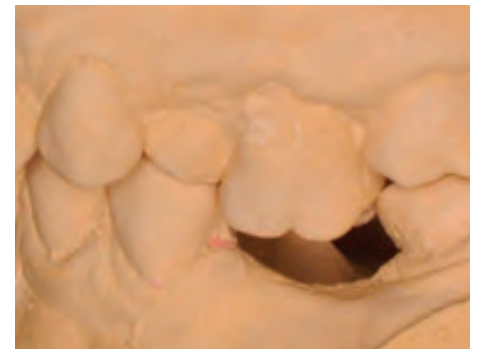
The modern undergraduate curriculum allows very little time for occlusion to be covered as a topic. Through my experience of teaching younger dentists, I have noticed in recent years that when I ask what the clinical occlusal examination findings are, the reply often comes back with an orthodontic classification. Few early career dentists are aware of the importance of studying not just the static occlusion, but the dynamic one too.

With the odd exceptions such as anterior open bites and skeletal Class 3s, patients' occlusal schemes should adhere to the basic principles of occlusion, not just when providing complex multiple indirect restorations and treatment of wear cases, but also simpler single indirect restorations, and most importantly, the long-term maintenance of intact healthy dentitions.

In more than 40 years of practice, I have seen many cases of occlusally-related failure, highlighting the importance of paying due consideration to the occlusal scheme in treatment planning. The cases illustrated here draw attention to some common examples of occlusally-related failure.

## EXPERT LINE-UP

I will be addressing occlusally-related failure cases like these in the opening session at the



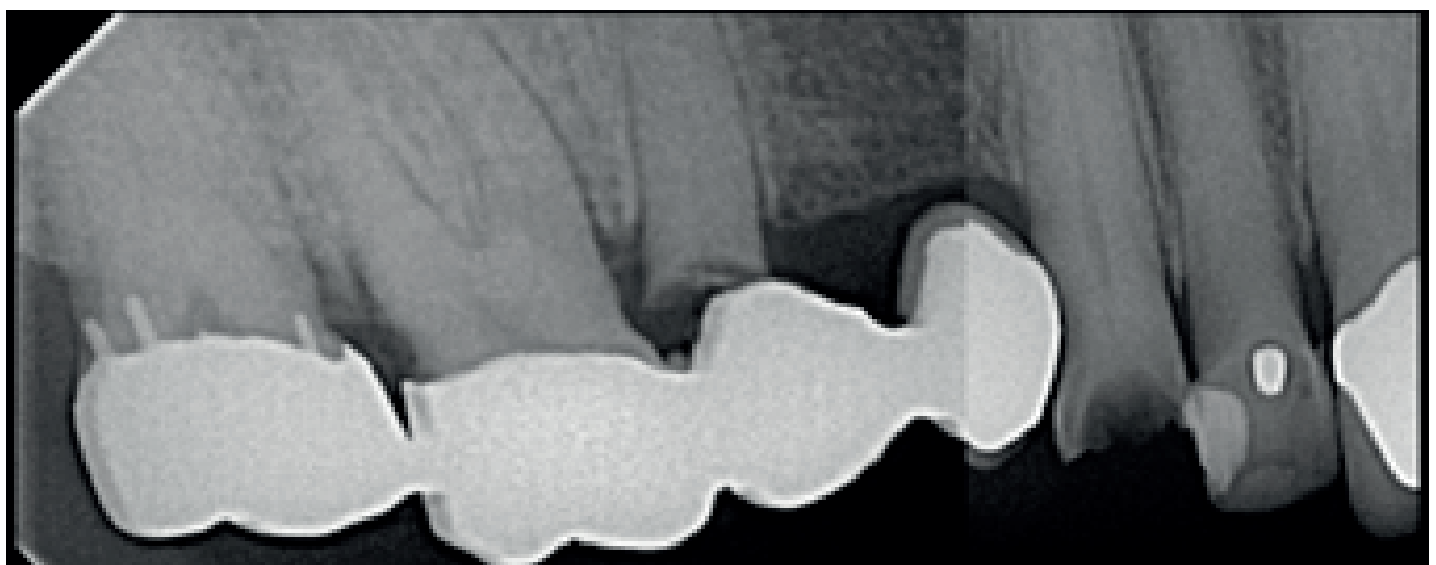
**Figures 1 and 2:** To avoid occlusal derangement, the extracted tooth should have been replaced as soon after extraction as possible



**Figure 3:** Failure to investigate the crack when it first appeared

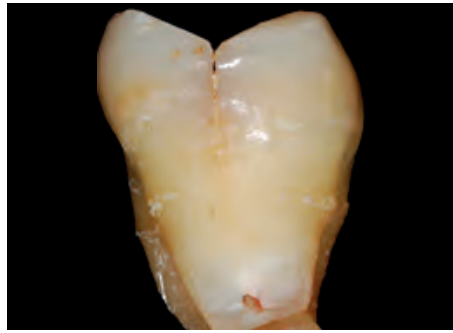
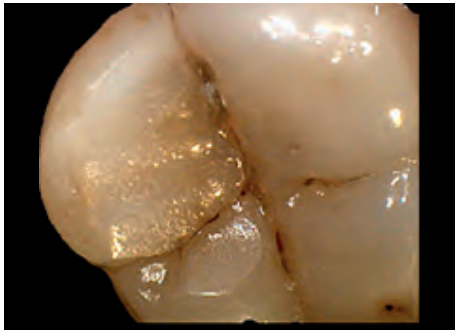


**Figure 4:** Now the tooth needs to be extracted



**Figure 5:** Correct dynamic mandibular excursions when fitting fixed restorations to help prevent failure especially with cantilever designs





**Figures 6 and 7:** Missing the telltale signs of unwanted wear, seen here as wear facets, can lead to root fracture

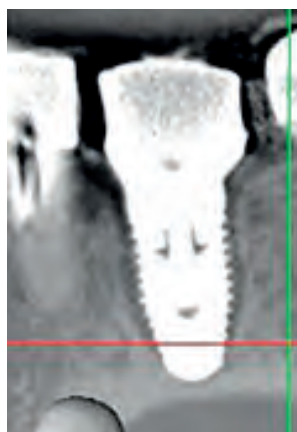
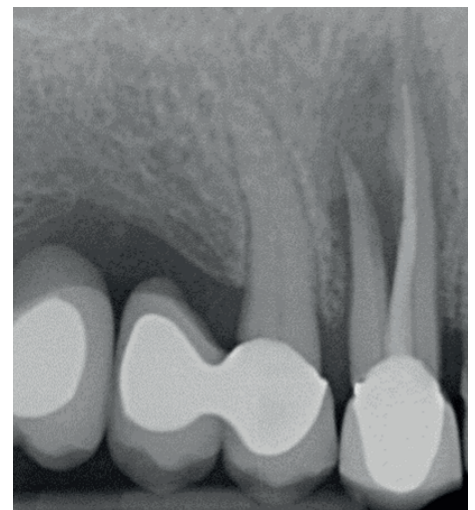


**Figures 8 and 9:** Spotting early signs of unwanted occlusal wear helps prevent extensive treatment at a later date



**Figures 10 and 11:** Failure to check excursive mandibular excursions, especially when fitting restorations, can result in loss of canine guidance and restorative failure

**Figures 12 and 13:** In bruxers, veneer failure can also frequently be seen as fracture of the porcelain in the gingival third of the restoration



**Figures 16-18:** Although titanium is extremely hard, it is not unbreakable. If occlusal forces are not refined, fracture or associated non-perimplantitis bone loss can lead to failure

**Figures 14 and 15:** Over instrumentation during root canal therapy weakens the root making it susceptible to fracture particularly when acting as a cantilever abutment

Introduction to Occlusion Symposium for Early Career Dentists, which takes place on Saturday 5 April 2025 in London.

I will be joined by a fantastic line-up of experts: Professor Paul Tipton, Dr Ken Harris, Dr Tif Qureshi, Dr Shiraz Khan and Dr Koray Feran. Through a series of lectures, they will examine the five basic principles of occlusion in detail and how they can support the placement of successful, long-term restorations.

The symposium is open to dental professionals who qualified from 2019 to 2023 and we have set the fee at £75 so that it is accessible to dentists in the early stages of their career. Information will also be available on a range of postgraduate courses which cover aspects of occlusion in greater depth, for those who wish to extend their knowledge further. **D**

For more information and to book your place at the Introduction to Occlusion Symposium for Early Career Dentists, visit [bit.ly/occlusion-symposium](http://bit.ly/occlusion-symposium).

# Sign up today!

Register for the **British Dental Conference & Dentistry Show (BDCDS) 2025**.  
Mark the date in your calendar!

The British Dental Conference & Dentistry Show (BDCDS) makes a welcome return this year at the NEC Birmingham on 16-17 May 2025. In association with the British Dental Association, the highly anticipated event promises to be an unmissable gathering for all dental practitioners seeking to enhance their practice and personal development, expand their network, and learn more about cutting-edge products and services.

Following on from the footsteps of the phenomenal Dentistry Show London, the event promises to be bigger and better than ever – providing an unparalleled exploration of the latest innovations in dental technology and practice, as well as the best treatments available for patients. Bringing together the entire dental community for personal and professional development, the must-attend event is the UK's largest dental show and not to be missed. Sign up today to receive exclusive updates and news in the lead up to May.

## Industry leading exhibitors

More than 400 exhibitors, including top dental brands and suppliers, will be showcasing a wide range of new and innovative products, plus advanced technologies, equipment and services to help attendees enhance their dental practices. From key technology providers to training course organisers and companies providing state-of-the-art dental care units and scanners, there's something for everyone.

With the floor set to be abuzz with trends, there is no better place to celebrate dynamism and creativity as well as giving valuable insights into the industry's future. Within the fast-paced dentistry environment, it is critical to be one step ahead and BDCDS allows you to see hundreds, if not thousands of new products under one roof. Speak face-to-face with exhibitors about innovations of interest and leave empowered and inspired.

Leading and innovative brands will be making a return including Agilio Software, Align Technology, the BDA, Listerine, Colgate, Kent Brushes, NHS Dental Services and lots more. Many will be offering demonstrations showcasing the latest products they have on offer – get hands on, learn a new skill, theory or technique by seeing it in action. Attendees will also have the opportunity to benefit from some exclusive show offers and discounts.

## Enhanced CPD

For those looking to gain enhanced CPD, the event is irrefutable. 11 show theatres will host a series of insightful seminars and workshops and are set to be buzzing with delegates listening to the most relevant and applicable hot topics. Every dental team member will be catered for with all core clinical areas covered as well as the most topical and current subjects affecting daily practice – ideal for personal development as well



as benefiting your entire team.

From the popular BDA Theatre which will host thought-provoking presentations from dentistry's leading innovators and thinkers to the BACD Aesthetic & Digital Dentist Theatre providing a comprehensive overview of the latest treatment solutions in the world of aesthetic and digital dentistry, and the Dental Business Theatre, there's a host of talks helping you gain a finger on the pulse and equipping you with essential knowledge and insights. Don't miss the Speciality Interest Theatre which will also be making a comeback in 2025 as well as many other popular show theatres.

Up to 12 enhanced CPD hours will be available across the two days and planning is key to make the most out of your visit. 150 free eCPD hours are also available for all attendees, with BDCDS proving itself to be the hub of excellence and knowledge once again.

Senior show manager Leanne Brown comments: 'Every year we aim to raise the bar for the dental industry and the 2025 show is set to be our best yet. There is no better place to come together as a team to learn, educate and inspire each other. BDCDS is set to provide a platform for dentistry to continue to excel throughout 2025 and beyond – ensuring better oral care for all.'

## Internationally renowned speakers

BDCDS doesn't just attract top quality UK personalities, names from across the globe will be heading to Birmingham to share their insight and expert knowledge. Over 200 speakers will take to the stage to delight and inspire, guaranteeing you hear the latest discoveries and insights to improve your own skills.

Speakers will be covering issues and trends affecting the whole dental community and can help you find solutions to issues you're facing in practice.

Last year the biggest and most accomplished names took part and 2025 promises to build on this, providing exceptional quality to the conference programme.

Keep your eyes peeled for a well-known business guru to be announced soon...

## Unparalleled networking

As well as listening to inspiring speakers, the show offers an unparalleled networking opportunity – allowing you to meet and network with colleagues and friends plus make new connections.

The 'who's who' of dentistry will be in attendance and dental experts, fellow practitioners and key opinion leaders will be on hand to share experiences, engage in meaningful conversations and discuss emerging trends as well as potential challenges in the dental field.

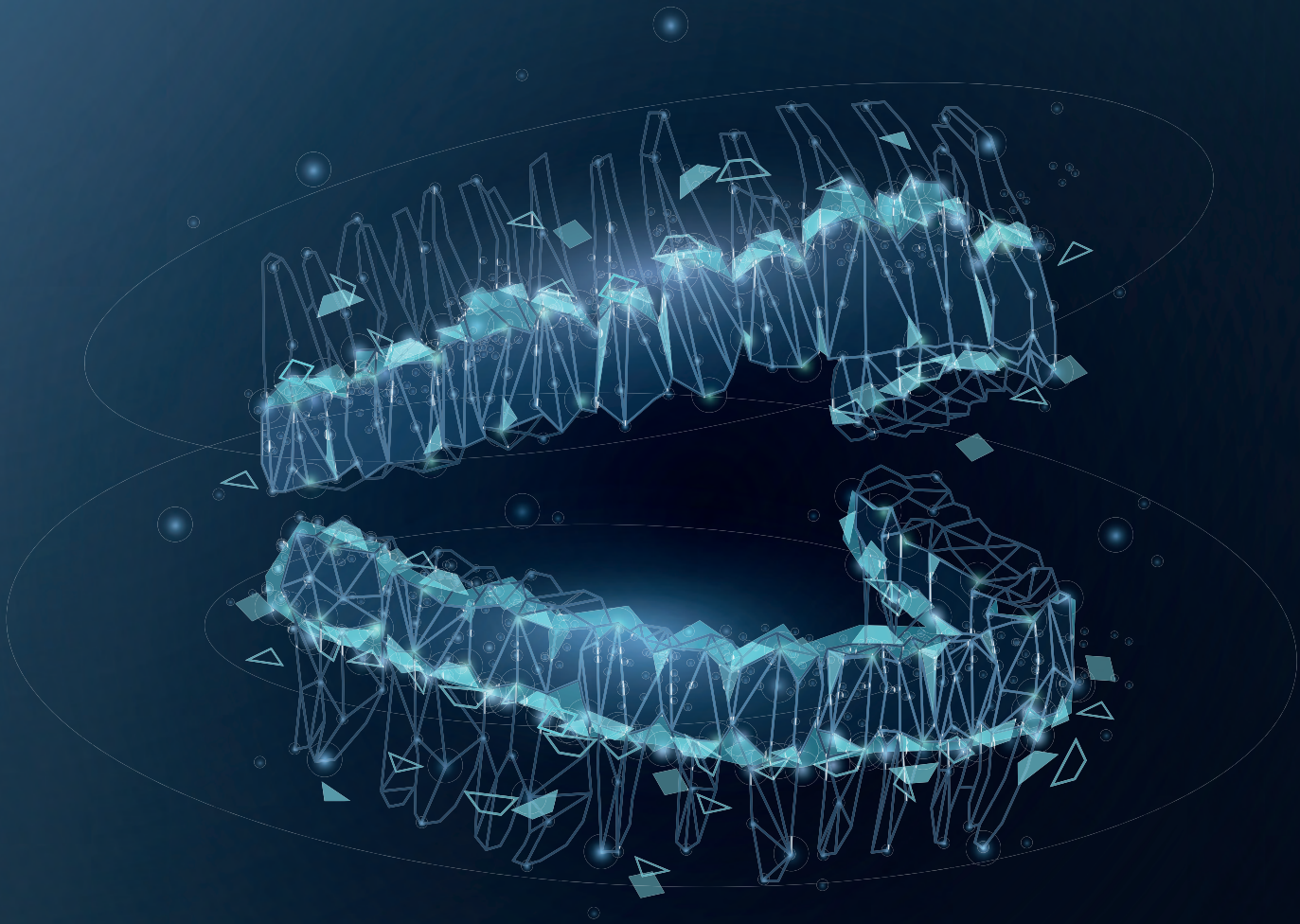
Nothing beats seeing people in person and the event allows everyone to congregate in one place to connect and debate latest developments plus hot topics and subjects dominating the news agenda. From the use of artificial intelligence, to the growth of cosmetic dentistry and teledentistry, to the priorities of the new government and beyond, the floor will be abuzz with inspiring discussions from aspirational personalities.

In addition to visiting the networking lounges and exchanging knowledge on the show floor, look out for events taking place at stands throughout the event and connect with attendees, exhibitors and speakers ahead of and during the event via the Dentistry Shows Event App.

Brown adds: 'We're really excited about opening our doors once again. BDCDS really is an event for every dental professional – whether you want to gain enhanced CPD, find solutions for issues you're facing in practice or buy revolutionary equipment, you will leave BDCDS with a whole new outlook.'

'Make sure you block out the date in your calendar, sign up and stay tuned for more exciting developments coming in early 2025.'

For more information and to register for free, visit [birmingham.dentistryshow.co.uk](http://birmingham.dentistryshow.co.uk) as well as following [@dentistryshowCS](https://www.instagram.com/dentistryshowCS) on Instagram to receive updates and exciting news about what 2025 has in store.



## More bite.

The British Dental Conference & Dentistry Show is the definitive event for dental professionals who lead, not follow. With 400+ exhibitors, 11 theatres, and 200+ expert speakers, this is where bold ideas meet unstoppable action. Step up, seize the innovations shaping the future, and bring more bite to your practice.



**REGISTER NOW**  
[birmingham.dentistryshow.co.uk](http://birmingham.dentistryshow.co.uk)

**FREE FOR DENTAL PROFESSIONALS**  
**CO-LOCATED WITH DENTAL TECHNOLOGY SHOWCASE**



British Dental Conference &  
**Dentistry Show**  
Birmingham  
16-17 May 2025 | NEC

In collaboration with

**BDA**  
British Dental Association

## Shaping our future

The **PortmanDentex** Leadership Conference provided a platform for empowering clinicians and colleagues to take themselves and their practices to the next level

On 3 December 2024, over 500 clinicians and colleagues from across the PortmanDentex network gathered at the Hilton Metropole in Birmingham for the Shaping Our Future Leadership Conference. The day was a celebration of progress, values, and the unwavering commitment to care for people, clinical excellence and business growth. It was a time to reflect on the achievements of the past year, engage with one another, and look ahead to the opportunities and challenges that lay before the organisation and the dental sector as a whole.

At its core, the conference highlighted how PortmanDentex has successfully balanced being a purpose-driven business whilst delivering robust sustainable growth. From inspiring keynote addresses from leaders within the PortmanDentex group and guest speakers, including Baroness Sue Campbell, to interactive clinical development sessions, the event underscored how the business's values – rooted in celebrating individuality, growing together and aiming higher – continue to fuel its expansion while keeping its people and patients at the heart of everything it does.

### One team, one purpose

The conference opened with an address from Sam Waley-Cohen, group CEO and founder of PortmanDentex. He reflected on the merger that created PortmanDentex as a single unified organisation – a milestone that solidified the company's shared purpose of enabling better health and happiness across lifetimes.

'One year on from the merger, it is clear that we are now one company, with a shared purpose and strong values,' Sam stated. The spirit of unity was palpable in the conference room, as colleagues from different parts of the business celebrated their collective journey.

Despite the challenges that come naturally

with process of merging two businesses, Sam shared how the business successfully grew by 9% last year. This has allowed PortmanDentex to reinvest in its people through training and growth opportunities for colleagues and clinicians, pay rises and bonuses for colleagues, as well as further investments in clinical excellence and patient care. For Sam, the message was clear: 'The goal is to lead change, aim higher, and be the best dental group in the world.'

This was the rallying cry for the day, emphasising that success is measured not just by financial metrics, but by the positive impact the organisation has on its people and the quality of care it provides to patients.

### Leading from within

A highlight of the conference was the address by Rebecca Sadler, newly appointed chief clinical officer and practising dentist, who has been with PortmanDentex since its early days. Rebecca's practice was the very first to be acquired by Portman Dental Care 16 years ago. Her practice's growth from a single location to a thriving 14-surgery business is powerful proof of the company's commitment to clinical excellence.

Rebecca's long-standing journey with the organisation reflects not only her personal growth but also the company's dedication to empowering its clinicians. Rebecca's story is a testament to the opportunities PortmanDentex provides for growth and leadership and her role is a reminder of

how the company nurtures long-term talent and enables clinical leaders to take on pivotal roles in shaping the future of dental care. It also reflects the company's deep understanding of the value of clinical leadership in driving the business forward.

Louise Oates, the newly appointed chief operating officer, shared her inspiring career journey, having started as a dental nurse and rising to one of the highest leadership positions in the company. Her story was a powerful reminder of how personal drive and passion, coupled with a culture of support and development such as that within PortmanDentex, allows people to reach their full potential.

Her words underscored the company's commitment to its core value of 'growing together' and fostering a supportive environment where every colleague is encouraged to take ownership of their career development.

The theme of empowerment resonated throughout the day, exemplified by these two remarkable women who have carved successful careers in dentistry through their own drive and determination, which was inspirational to all in attendance.

### A vision for the future

Another key message from the conference came from Owen James, managing director UK and Ireland. Owen spoke of the challenges and opportunities that lie ahead in an ever-changing world – one that is volatile,

Louise Oates, chief operating officer



Rebecca Sadler, chief clinical officer



### 2024 business achievements

- Overall business growth of 9%
- 2.3m smiles looked after and 2.5m appointments carried out
- The group achieved an all-time high NPS of 85 with 127,000 patients sharing their experience
- 55 educational sessions as part of the PortmanDentex Clear Aligner Programme
- Over 44 industry awards nominations across our clinicians, colleagues and practices.

### Key investments

- Investment in best-in-class solutions across all areas of the business - Oracle (people and finance), FollowApp (patient experience), Radar (clinical compliance), SmartRecruiters (talent recruitment)
- Three diversity, equality and inclusion communities built - Pride, Menopause and Mental Health Champions, with more to come, the next being Neurodiversity
- A new central service platform has been rolled out (FreshService) which allows for continuous improvement of service delivery to practices (CSAT).

uncertain, complex, and ambiguous. In the face of these challenges, Owen emphasised the importance of adaptability, highlighting that PortmanDentex's ability to evolve and support its clinicians and colleagues will be crucial to its continued success.

'It's not about change for change's sake,' Owen stated. 'We need to continue to evolve to counter external factors and capture new opportunities and fulfil the potential that we know we have as a business. The focus will remain on supporting our clinicians and colleagues by investing in new systems and processes, best-in-class technology, our practice estate, and importantly, our people - through their pay, development, and training.'

It's clear to see that patients and care are very much at the heart of the business. Owen explained: 'The business growth that we've seen and that we want to continue to build on



then translates into ultimately the thousands of transformative experiences that we deliver for our patients week in, week out. That's really exciting and really what we're all here to do.'

Owen also highlighted that PortmanDentex is at an 'inflection point' following the merger: 'We're one team, one business, one brand and we are in a place where we can build on that foundation and take it forward.'

'Twelve months from now,' Owen said, 'I want to see continued growth, deeper



Left: Sam Waley-Cohen, group CEO and founder, Right: Owen James, managing director UK and Ireland

engagement with our clinicians, and greater progression within our practices and support teams.'

### A varied programme

The day also offered networking opportunities with colleagues as well as suppliers in the exhibition hall, inspiring clinical sessions and interactive practice manager sessions.

Delegates were treated to a rousing keynote speech from Baroness Sue Campbell who shared insights from her experience as chairman of UK Sport and director of women's football with the Football Association where she played a pivotal role with the success of the Lionesses.

The afternoon saw an insightful wellbeing and mental resilience talk with Dr Mahrukh Khwaja who discussed various steps that can be implemented in dental practices to nurture a culture that allows employees to flourish.

### A purpose-led future

It was clear that the Shaping Our Future Leadership Conference was not just an event to celebrate past success but also to set the tone for the future.

As the day drew to a close, guests were excited to attend the gala dinner and awards ceremony, an inspiring evening that recognised the incredible talent within the PortmanDentex group. Through the insights shared on the day, and the fantastic atmosphere in the room, it became evident that PortmanDentex is focused on sustainable growth that aligns with its core values of clinical excellence, care for people, and investment in the future.

Excited to join the journey? For careers: [recruitment@portmandentex.com](mailto:recruitment@portmandentex.com), clinical opportunities: [clinicalevents@portmandentex.com](mailto:clinicalevents@portmandentex.com) or if you're thinking about selling your practice: [acquisitions@portmandentex.com](mailto:acquisitions@portmandentex.com). Visit [portmandentex.com](http://portmandentex.com) for more.



Baroness Sue Campbell

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# Take back control of your practice.

“Since making the move to private practice I’ve been enjoying my dentistry so much more. I’m finally doing the dentistry I love.”

Shil Shah : Dentist

There have been some events and changes over the past few years that have made the lives of NHS dentists much harder than they used to be. The pandemic, energy prices soaring because of the war in Ukraine, and let’s not get started on the Truss/Kwateng budget! All these things have conspired to have an adverse effect on NHS practices, causing their owners increasing levels of stress and anxiety.

It’s not getting any better either as the new minimum wage and the increase in Employer’s National Insurance will kick in from April. While private practices can pass on some of these additional costs by increasing their prices, that option isn’t available to NHS practices.

Despite all these difficulties there are still some NHS practice owners who believe they face insurmountable barriers to making the move to private practice. At Practice Plan, we believe that while some of the things that cause concern may well have been a barrier in the past, times have changed and that’s no longer the case.

## Not enough patients – be reassured

This is an understandable concern. If you don’t have enough patients on the books, you won’t make enough money to survive. Makes sense. However, our experience is this barrier has almost totally disappeared, for a number of reasons.

When you hand back an NHS contract, you’re no longer subject to a UDA target, so you can work at a slower pace. You have the freedom to spend more time with your patients which means you’ll need to see fewer of them. In reality, when you move to private dentistry you need to lose some patients as you simply won’t have the time to see them all!

Dentists provide a very personal service, so patients tend to stick with ones they like and trust. As long as you have a good relationship with your patients, they’re going to want to stay with you.

These days, it’s difficult to avoid seeing reports of areas where patients cannot get access to a dentist. So, if they have been coming to see you regularly, your patients are likely to remain with your practice as there may not be another NHS practice for them to go to.

## My team won’t like it – be prepared

If you decide to make the move it’s important you have your team onboard. They’ll be the ones explaining the reasons to your patients why you’ve chosen to hand back your contract, so they need to understand them too.

Be honest with your team as to why you’re doing it. There may be some staff members who are very wedded to the NHS and who may not agree with handing back the contract. Share your reasons with them and give them the opportunity to air their concerns and to feel heard and acknowledged.

In some of the practices we’ve helped recently, it’s been the team pushing the owner to make the change as they’ve wanted a better working environment. You may be pleasantly surprised at how your team reacts.

## I’d feel guilty – be creative

Many dentists feel emotionally attached to having an NHS contract. They view it as a way of giving back to society and the idea of leaving troubles their conscience. However, making a contribution to your local community doesn’t have to stop when you leave the NHS. There are plenty of private dentists who manage to make a difference to people in difficult circumstances.

As a private dental practitioner, you set your own charges and no longer have to worry about NHS charging rules. So, if you wanted to charge someone a lower fee, or nothing at all, you’re free to do just that. It’s your business, so you’re in control.

Some dentists choose to volunteer with charities at home or abroad. Others go and work in a prison one day a month. There are

so many ways you can give back as a dentist.

Arguably, without the demands of an NHS contract you have more time to be able to do this kind of thing. If you want to continue to give back when you sever your ties with the NHS, you just need to think a bit wider and more creatively.

## I’m worried I’m not good enough – be confident

Sadly, this is a concern we hear all too often. However, it is perfectly understandable as leaving the NHS can be a scary prospect.

Dentists are sometimes worried that their patients will suddenly have impossibly high expectations when they move to private dentistry and that they’ll be unable to meet them. They fear they’ll expect a lot more now that they’re paying private fees for their treatment. That’s probably true but their expectations are more likely to be focussed on their experience in the practice, rather than your dentistry.

After all, it’s possible they’ll be the same patients you were treating on the NHS. So, if they were happy with your standard of dentistry then, they will be happy with you when you make the move. There really aren’t huge differences between the majority of NHS and private practitioners. You will have gone through dental school just the same as any UK private dentist. Some may have chosen to go on courses to gain new skills for their private practice and, as a private dentist, you’ll have time to do the same, if you wish.

Freed from the constraints of your NHS contract you’ll be able to take your career in whichever direction you choose. Usually, the main difference between an NHS dentist and one who works in private practice is how fulfilled they feel. You are good enough to be a private dentist. Don’t let self-doubt, or any of the others points here, be a barrier to you having the fulfilling career you deserve.



Anju with her Regional Support Manager, Josie.

“When my private fees were set I did doubt if I was worth it. But I quickly realised that I’d become used to being paid so little for what I was delivering under the NHS contract. We offered a good NHS service, as many do, and were the victims of our own success.”

Anju Jairath, Dentist at Allestree Dental Practice

# Lectures on digital full dentures

**Zirkonzahn** shares the details of its upcoming lecture tour in Dublin and Belfast on 4 and 6 March

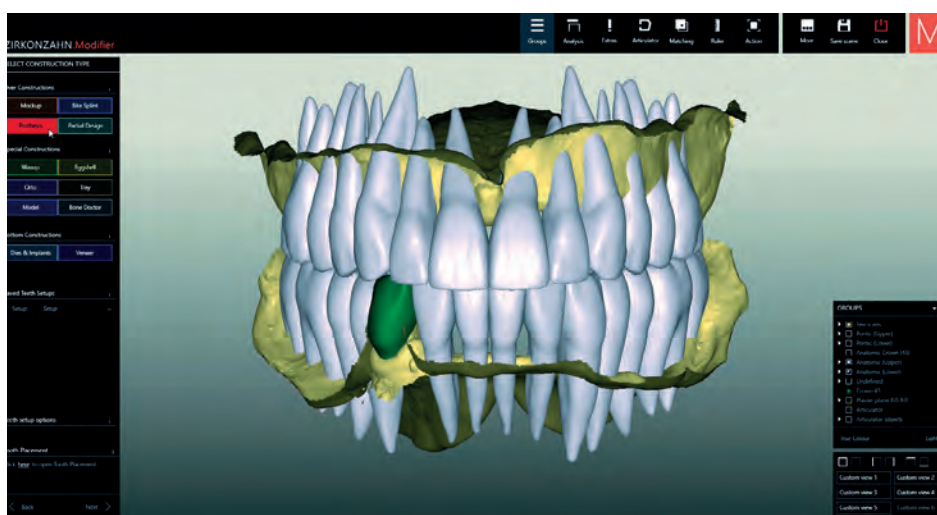
The dental company Zirkonzahn (South Tyrol, Italy) has announced its 2025 'High-Tech meets Handicraft – Optimisation of the Digital Workflow for the Fabrication of Full Dentures' lecture tour will be coming to Dublin and Belfast on 4 and 6 March, offering dental professionals state-of-the-art methods and techniques for the creation of functional and aesthetically pleasing full dentures as an alternative to implant-supported prostheses.

**State-of-the-art methods and techniques for the creation of functional and aesthetically pleasing full dentures as an alternative to implant-supported prostheses**

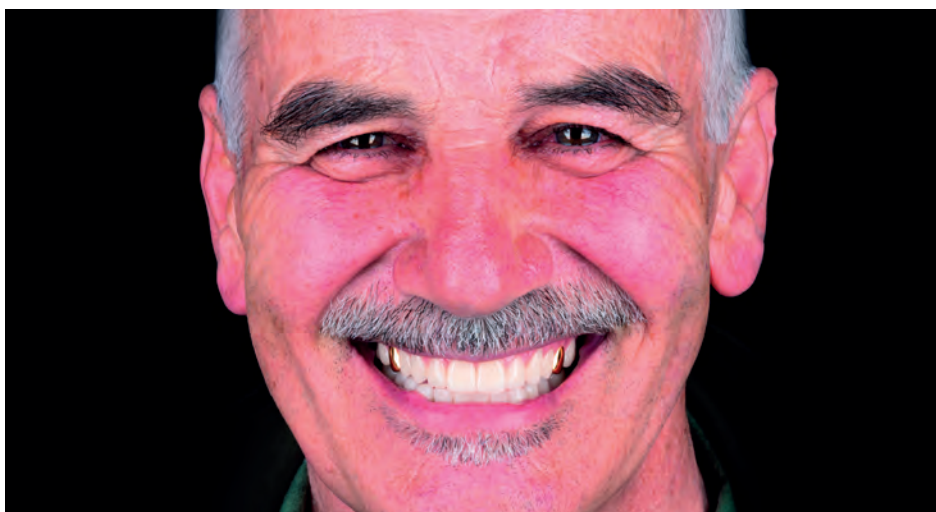
## Tailored approaches

Indeed, even if minimally invasive procedures are becoming increasingly important, there are still patients who need a complete restoration after total tooth loss. MDT Alessandro Cucchiario will guide participants through the challenges faced when creating a full denture with 28 teeth, considering the different initial patient situations: whether the patient is edentulous or wearing existing prostheses in good or poor condition, the lecture will provide insights into the tailored approaches needed for optimal results.

The process of creating high-quality dentures also involves digital technologies and correct materials. For this reason, the lecture will introduce two new particularly biocompatible PMMA-based resins which feature an extremely low residual monomer concentration and will demonstrate how digital solutions with automated set-up functions can simplify tooth placement and gingiva creation, ensuring an efficient, accurate and optimised workflow. Furthermore, participants will benefit from hands-on demonstrations of bonding teeth to denture bases using an innovative protocol based on the principle of cold welding.



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# Is your practice keeping pace?

**Working Feedback** explains how principal dentist Lalit went from a tech dinosaur to Google review devotee in one month

In 34 years of business, The Field End Dental Clinic had collected 51 online patient reviews. So, by his own admission, principal dentist Lalit knew it was time to embrace technology and move with the times. Working Feedback proved to be the perfect solution (and a whole lot simpler than he expected!).

- Gathered 97 Google reviews in the space of just three months
- Jumped from an average of 0.7 (nearly one per month) to 25 Google reviews a month
- Effortlessly increased the practice's Google star rating from 4.3 to 4.8.

## The story

Lalitkumar Patel is an absolutely outstanding dentist but, in his own words, not the best when it comes to technology. His practice, The Field End Dental Clinic, had collected less than two online reviews per year (yep, you read that right!) since they first started treating patients more than three decades ago.

Despite describing himself as a 'tech dinosaur', Lalit decided to look into Working Feedback through his Software of Excellence integration, be open minded to new technology and, if it was the right fit, commit to growing his practice in the digital age. The results were revolutionary – hundreds of new reviews, significantly happier patients and more motivated staff. Lalit, you're a dinosaur no longer!

## The struggle

It was a family skiing holiday that showed Lalit the issues with his feedback collection. His daughter had booked all the restaurants ahead of the trip – but how could she possibly know what was good? They'd never been before! 'Online reviews,' she said – and Lalit realised it's the same for dentistry. He'd been behind the times for far too long.

Quite simply, technology was not part of the feedback process at Lalit's practice. Patients would be asked off-the-cuff if they wanted to leave feedback and there was no easy way for them to share their thoughts. The website was lying dormant and the social media presence was non-existent.

## The strategy

Working Feedback knew the first step had to be focused on helping Lalit feel comfortable with its technology. Through the Software of Excellence integration, Lalit was able to understand the solution and create automated feedback requests sent after every appointment. Through his dashboard, he could see data on every review – who sent it, what treatment they had and even how to leave a reply. When the CQC asked for proof of practice performance, Lalit could easily export the data and demonstrate his reviews. Game changer!

## The solution

Remember those 51 reviews in 34 years? That was the old Lalit. Now, The Field End Dental Clinic has almost 270 Google reviews – an average of 25 Google reviews per month since partnering with Working Feedback!

Competitors haven't had any reviews in three months but Field End is getting one every single day, with their Google star rating rising from 4.3 to 4.8 as a result. Whether it's through greater brand exposure, staff morale or patient satisfaction – embracing technology has put the practice on a massive upward trajectory. For the first time, Lalit feels comfortable and confident with an online, digital and cutting-edge feedback solution.

### The Field End Dental Clinic saw these results with Working Feedback, and you can too!

- Introduced an automated software solution through Software of Excellence that makes collecting patient feedback easy
- Boosted brand exposure by improving the quantity and quality of online patient reviews – instantly connected to Google and the practice website
- Demonstrated practice performance to the CQC by easily exporting detailed data on impartial patient reviews (and sharing it with staff to boost morale!).

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# Evolve with AI-driven dentistry

Discover how AI helped practice owner **Dr Kunal Rai** evolve beyond the NHS model of dentistry

**Dr Kunal Rai**  
Practice owner



When Dr Kunal acquired his first dental practice in 2023, he inherited more than a patient list. The Leeds practice operated exclusively under the predictable – but limiting – NHS model. In exchange for steady income and a robust patient volume, the arrangement requires practices to operate on a slender profit margin.

Procedures like root canals and crowns barely broke even. Staff costs were rising. Investments in cutting-edge technology? Out of the question. Meanwhile, legacy challenges like appointment scheduling, short consultation times and limitations on treatment plans hampered workflow.

For a young dentist with aspirations for growth, innovation, and quality patient care, the old-school model presented a strategic dilemma. To elevate patient care and grow his business, he would have to invest in providing better care for fewer patients. To do that, Dr Kunal onboarded Pearl's Second Opinion.

## At a glance: Dr Kunal's practice

- 1,000+ patients annually
- Four-chair practice
- Transitioned from 100% NHS to mixed model.

## High patient volume

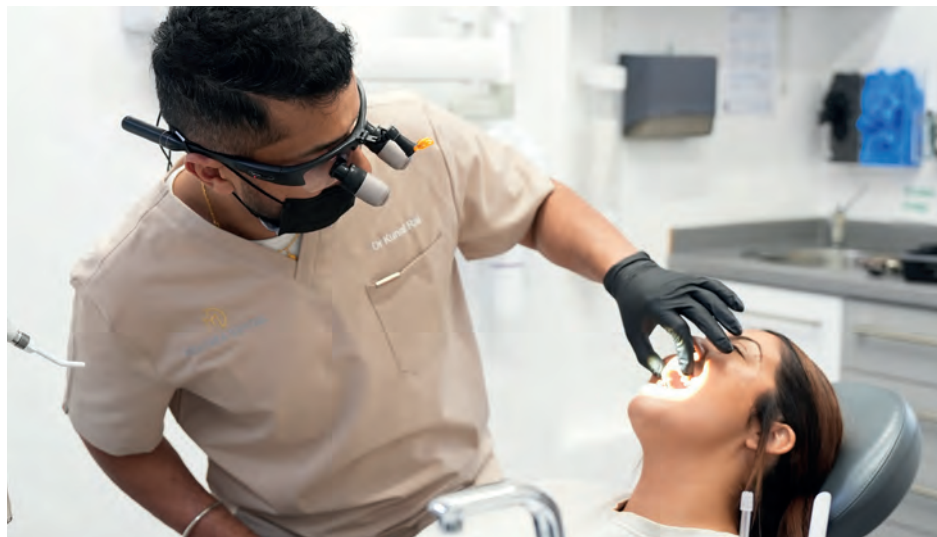
Initially, Dr Kunal found Pearl AI helpful in maintaining diagnostic consistency and workflow efficiency while managing the NHS model's high patient volume. Before Pearl AI, he spent precious minutes examining traditional black and white X-rays with magnifying glasses. That workflow executed at an arduous pace led to tired eyes and diagnostic fatigue.

'Depending on the day or the time – in the morning you are fresh, but after lunch you might be tired or distracted – you can miss things,' said Dr Kunal.

He said Pearl's AI-powered diagnostic tools provide much-needed support: 'It's a second set of eyes,' he said.

Pearl AI identifies areas of concern with precision, reducing variability and providing clinicians with an unbiased perspective. For high-volume practices, this consistency is invaluable – it saves time and eliminates the guesswork that can leave patients doubting their treatment plans.

'With Pearl AI, my patients leave confident, not confused. We're all working from the same page,



and that's the foundation of trust and quality care,' Dr Kunal said.

## Redefining dental care

Dr Kunal's shift from NHS contracts to a more patient-centric model wasn't just about financial viability – it was about redefining dental care. At the heart of this transformation was Pearl's Second Opinion, an AI-powered diagnostic tool that revolutionised how patients understood their treatment options.

The practice's evolution began with a simple, yet powerful, approach: using Pearl AI to show patients visual evidence of their dental issues and potential improvements. Many NHS patients still had silver amalgam fillings, which were functional but conspicuous. Pearl AI's colourful, intuitive visualisations helped Dr Kunal to convince them to upgrade to more attractive and durable white composite fillings.

Pearl AI showed patients not only where the decay was located and how deep it went. 'I would tell them: "This is going to be 30% of your tooth's surface. Is [the silver filling] going to be something that affects your confidence?"' Dr Kunal said.

The results were compelling. Initially, associates used Pearl AI on an optional basis, but after making its use mandatory, treatment acceptance surged. Pearl AI surfaced old treatment needs, and nearly half of patients who had previously declined care opted for treatment after seeing Pearl AI's visual evidence. About 75% of them chose premium upgrades, generating significant revenue.

## A springboard for growth

This newfound profitability enabled Dr Kunal to reinvest in state-of-the-art technology, such

## Results

- 48% increase in treatment acceptance
- 75% of patients opted for premium upgrades
- 64% more revenue per filling with upgraded treatment.

as CBCT scanners for precise imaging and the Invisalign system for orthodontic care. These enhancements not only improved diagnostic accuracy but also bolstered patient trust, creating a virtuous cycle of elevated care and business growth.

With Pearl AI, patients no longer felt they were being sold treatments – they felt informed and empowered, confident in their choices and in the quality of care they received.

From emergency patients becoming loyal regulars to long-time patients marvelling at the new level of transparency, the practice's shift to private care was as much about fostering trust as it was about delivering spotless smiles.

Additionally, the new Pearl AI-enabled treatments boosted the practice's reputation and the team's job satisfaction.

'It isn't just about financial sustainability; it's about feeling respected,' said Dr Kunal. 'Under the NHS model, respect can sometimes feel lacking.'

'However, when patients pay for their treatments, they value and respect the care you provide.'

**TO LEARN MORE ABOUT** about the power of AI in dentistry, visit [hellopearl.com/getdemo](https://hellopearl.com/getdemo).

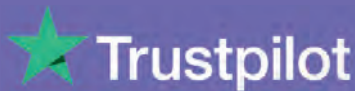
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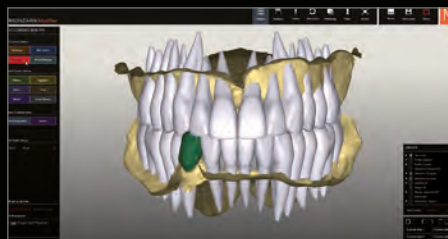
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# Discover what's on in the Laboratory Zone

Calling all dental technicians, clinical dental technicians and lab owners: the **North of England Dentistry Show** is back this March!

The North of England Dentistry Show returns to Manchester Central Convention Complex on Saturday 8 March 2025. With a new look, new energy and new flow, this year's show has been reimagined from the ground up to deliver an unparalleled experience.

More than 50 renowned speakers will present cutting-edge research, innovative techniques and practical expertise across multiple lecture theatres. Each session is CPD-verified, offering hours of certified content to help you stay up to date.

The event will showcase the latest advancements in dental technology, interactive workshops and a vibrant exhibition featuring more than 100 leading suppliers. Best of all, it's entirely free to attend.

## The Laboratory Zone

One of the show's lecture theatres is the Laboratory Zone, featuring a tailored line-up specifically designed for technicians and clinical dental technicians. Dedicated to bringing you the latest discussions and trends, this is the perfect space to learn something new and make everlasting connections with like-minded professionals.

What to expect:

- Learn from experts – with leading dental technicians in attendance, you will have an abundance of knowledge at your fingertips
- Discover the latest techniques – at FMC, we pride ourselves in having the forefront and future of dentistry present at the North of England Dentistry

Show. This is no different for our theatres – discover the latest techniques and technology for 2025

- Network with like-minded professionals – after each lecture, take the opportunity to meet the speakers, connect with peers, and build lasting relationships.
- Find out what you can expect from the confirmed speakers so far. More will be announced in the coming weeks, so stay tuned.

### Tim Jackson: Precision in prosthetics – digital dentures using design software

In this lecture, clinical dental technician and lab co-owner Tim Jackson will explore the transformative impact of digital design when producing dentures. Using 3shape design software, he will discuss how to utilise their workflows to construct high quality digital dentures, aiming to enhance patient comfort, functionality and aesthetics while streamlining the workflow for technicians.



Tim will also share how to increase efficiency and productivity within the dental lab and enhance the quality of care for patients. He hopes attendees will come away from his lecture with increased confidence and be able to recognise the advantages of digital design compared to traditional methods.

### Kristina Vaitelyte: Hack the workflow – CAD/CAM planning made smarter

Kristina Vaitelyte is an experienced digital dental technician specialising in CAD/CAM technologies for over 10 years. In this exciting session, Kristina will discuss how to unlock the full potential of your CAD/CAM workflow, diving into smart strategies that not only save you time but also boost precision and elevate the quality of your restorations.



Attendees will learn how optimising scans and designing for both function and aesthetics can streamline your process, and the crucial role dental and dental lab photography plays in enhancing communication and showcasing your work to its highest standard.

Kristina says: 'Collaboration between dentists and technicians is key to success, and I'll show you how digital tools can strengthen that partnership.'

### Alessandro Cucchiaro: Optimising the digital workflow for the fabrication of full dentures – sponsored by Zirkozahn

Specialised in CAD/CAM and digital technology, Alessandro Cucchiaro is a Zirkozahn course instructor and worldwide lecturer. His lecture will offer dental professionals state-of-the-art methods for producing functional and aesthetically pleasing full dentures as an alternative to implant-supported prostheses.



By presenting real case examples, Alessandro will guide participants through the challenges encountered when creating a full denture with 28 teeth, considering various different initial patient situations.

### Alla Leal and Riges Picaku: The artistry of morphology: crafting bespoke all-on-X solutions

Dental technicians Alla Leal and Riges Picaku will guide you through each stage of creating a full-mouth restoration all-on-X, from the initial design phase to the final result. They will share insights and best practices for delivering exceptional all-on-X restorations, including the importance of seamless communication in achieving optimal results.



Attendees will also learn how shapes are selected and customised to create bespoke designs tailored to each patient's unique needs, as well as why the green state is a crucial phase in the production process. **D**



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# Reflective practice in dentistry

**Shrina Nathwani** discusses the essential role of reflective practice and how dental professionals can apply the process to bridge the gap between theory and practice

**Shrina Nathwani**  
Consultant in oral surgery



Reflective practice has been defined as: 'The process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible' (Academy of Medical Royal Colleges, 2018).

Reflective practice is a structured process used to facilitate development of theory and practice in two ways:

1. By encouraging learning of new knowledge
2. Through exploration of existing process and information.

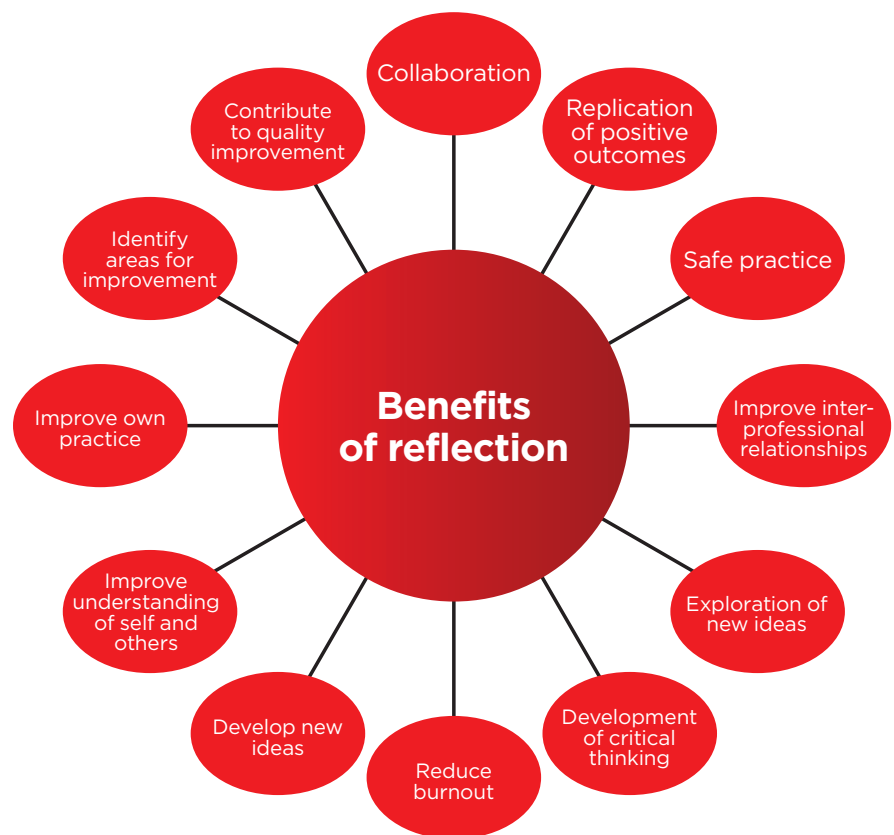
It can help practitioners bridge the gap between theory and practice, allowing access to deeper learning and answers not available through the processes of formal learning.

On a personal level, reflection and taking action to address any issues leads to personal insight, improved practice and greater professionalism. On a system wide basis, this leads to more engaged and effective staff, improved standards and better patient safety.

The benefits of reflection are various (Figure 1). Despite the well-evidenced advantages of reflective practice, it is clear that there are some inherent challenges in reflecting. These include inexperience, lack of time, motivation or support, seeking perfection or development of self-worth, as well as insecurity whether this is personal or systemic within the organisation, whereby reflective activities are seen as tick box exercises and can lack meaning if made compulsory or focus on perceived weaknesses or negative emotions only.

In dentistry, there is a natural gravitation towards the development of technical and clinical aspects of healthcare delivery. Equally, there remains a strong adherence to qualitative measures within healthcare to achieve evidence based best practice goals. However, reflective practice can also help guide best practice, identifying new areas for research, encouraging the development of new evidence and audit of existing practice (Taylor, 2010).

Learners have different preferred learning methods, and reflective processes are no different. Reflection is a personal process, and there is simply no right or wrong way to reflect appropriately, although there are considerations for the ideal conditions in which to reflect (Figure 2).



**Figure 1: The benefits of reflective practice**



**Figure 2: The conditions for reflection**

Reflections can be through dialogue, including internal dialogue, written, via blogs or vlogs, poetry and creative pursuits or photography.

### The literature of reflection

Reflection, in the context of personal learning, was first identified by Dewey in 1938 as a psychological and educational process. Dewey was concerned with the nature of reflection and the skills by which we manipulate knowledge or reprocess it towards a purpose.

Dewey identified that while we cannot learn or be taught to think, we do have to learn to think well. And so, the procedure of enquiry begins with a troublesome event or experience (known as the object of enquiry).

Dewey's approach to reflection involves:

- Generation of the process through perplexity
- A sense of goal directedness
- Notion of testing and evaluation.

Kolb's cycle of experiential learning (Figure 3) sets the process of reflection in the context of learning and the idea of learning from experience to ensure the learner progresses in their learning. The reflective part of the cycle is the core difference between whether a person repeats the same experience several times or learns from the experience in such a way that they affectively change because of it.

Donald Schön began to postulate the notion that improvement comes about through self-reflection. Reflection in action describes the response to a situation that does not accord with expectation. Essentially, it is about thinking on one's feet, being reflexive and making sense of the anomaly. It is not trial and error, as it has form and inner logic whereby the unexpected consequences of one action influences the design of the next one.

Reflection on action allows us to consider what happened and evaluate how effective the action was for building on existing knowledge.

### Reflective practice for the dental professional

'Reflective capacity is regarded by many as an essential characteristic for professional competence' (Mann, Gordon and MacLeod, 2009).

Reflective practice is part of healthcare provision and dental training and is synonymous with continuing professional development (CPD). The General Dental Council's (GDC) 2018 enhanced CPD scheme necessitates reflection following CPD activities, acknowledging the importance of reflection to assure patients that the dental professional is continuously learning. It also aids in formulating an individual's personal development plan (PDP) (General Dental Council, 2018).

Despite the increased emphasis placed on the use of reflective practice in developing the dental care professional, the skill of knowing how and when to reflect is not necessarily easily developed, especially without having the appropriate (protected) time or framework to do so effectively.

Given that reflecting from professional experiences has been suggested to be more

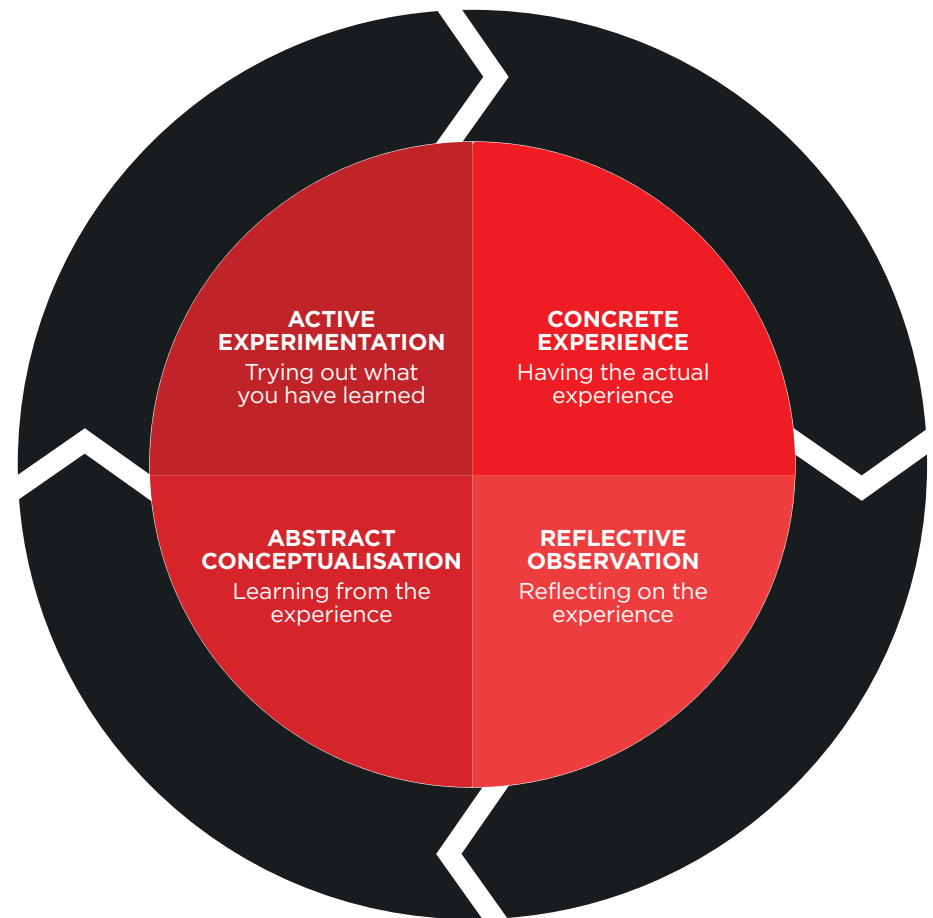


Figure 3: Kolb's cycle of experiential learning

beneficial in developing personal and professional skills than learning through formal teaching, perhaps an emphasis should be made on how to reflect in dentistry, rather than simply stipulating that it is a requirement (Jasper, 2003).

On 6 February 2018, the secretary of state for health announced a rapid policy review into gross negligence manslaughter in healthcare, chaired by Professor Sir Norman Williams. The *Williams Review*, as it is now known, was set up to consider the wider patient safety impact resulting from concerns among healthcare professionals that simple errors could result in prosecution for gross negligence manslaughter, even if they occur in the context of broader organisation and system failings.

There was concern that this fear had a negative impact on healthcare professionals being open and transparent should they be involved in an untoward event, as well as on their reflective practice, both of which are vital to learning and improving patient care.

Despite the *Williams Review* stating that 'reflective notes are far more likely to be used in support of an individual rather than against them', there continues to be mistrust amongst healthcare professionals and reservations in how healthcare professionals choose to reflect (General Dental Council, 2018).

The recommendations made in the report

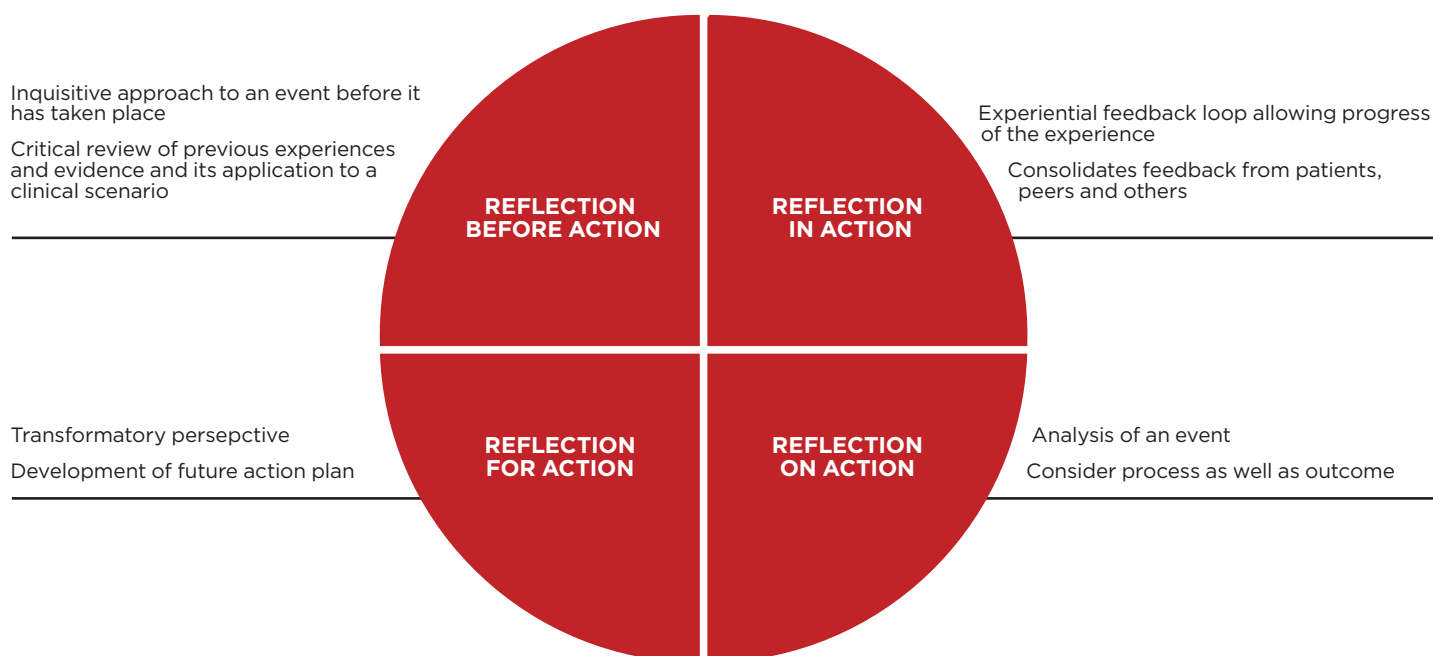
aim to support a just and learning culture in healthcare, where professionals are able to raise concerns and reflect openly on their mistakes but where those who are responsible for providing unacceptable standards of care are held to account.

The General Dental Council (GDC), General Medical Council (GMC), Nursing and Midwifery Council and six other regulators have committed publicly to the importance of reflective practice by healthcare practitioners. Of perhaps greater significance, the regulators have confirmed that professionals will never be asked to provide their personal reflective notes when investigating a fitness to practise concern about them. This commitment follows the publication of the *Hamilton Report*, commissioned by the GMC, into the law of gross negligence manslaughter and culpable homicide following the Bawa-Garba case.

The report noted that: 'In the wake of the Dr Bawa-Garba case many doctors reported unwillingness to engage in reflection for fear that their written reflections may be used against them in court or in regulatory proceedings.'

This is despite the fact that, in the Bawa-Garba case, the GMC did not request the reflective notes.

The *Hamilton Report* also recommends that



**Figure 4: A framework for reflection**

the UK and devolved legislatures consider how reflective notes could be given legal protection. This includes a potential amendment to the medical act.

However, practitioners should note that while the regulators have confirmed they will not refer to them, these notes do not benefit from legal privilege in criminal or civil proceedings.

The report acknowledges the balance between protecting reflective notes and ensuring professionals comply with their duty of candour.

### Reflective practice for the dental team

Reflective practice can be adapted for the whole dental team to enhance both personal and collective responsibility for professional development, improve performance, efficiency, safety and overall healthcare experience as well as influence clinical practice.

This can range from reflection following the management of an individual patient, personal performance, patient experience, communication and professionalism, to collaborative reflection following a learning activity or significant event.

However, the team must be wary of not falling into the trap that reflection is only following negative experiences, and by allowing for self-compassion it can be assured that reflection is not to berate unnecessarily.

Although reflection may be purposeful, it should not be inspired by confusion or a problem, but should also be used to highlight team wins, progress and positive patient feedback. Importantly, reflection should not substitute other processes required to record and escalate serious incidents.

Within a dental team, the consolidation of experiences from multiple perspectives can help us understand the links between current practice and the development of practice (Ghaye, 2011). These collaborative reflective

activities are reliant on professional trust to ensure discussion in a safe and confidential environment.

The use of daily huddles, staff meetings and team briefings (pre- and post-treatment) can promote team reflection by encouraging feedback from other members of the team. This removes hierarchical barriers, reinforcing a culture of shared learning, especially in a busy clinical environment where there are challenges of clinical and time pressures, which can impact on the ability to engage in an effective reflective process.

### Discussion

There are numerous models available to facilitate reflection, but the themes are similar across all models:

- What happened?
- Why does this matter?
- What are the next steps?

The aim of a framework (Figure 4) is to encourage critical thinking, personal, professional and collaborative development, and support provision of evidence based, safe, patient-centred care.

The combination of experience and reflection are crucial aspects of developing both practical and professional practices in healthcare delivery.

The GDC (2015) emphasises this as it expects all dental schools and training providers to support the development of 'a reflective, professional registrant', but it would be unwise to presume that dental registrants are competent in reflective practice.

Equally, enhanced CPD demands reflection following an activity, adapting a quantitative approach to qualitative, formalising the significance for lifelong learning.

It underpins professional activity and behaviours, justifying the decisions and actions undertaken by clinicians. It enables communication with patients to ensure

formulation of appropriate decision making of complex treatment plans, and with colleagues to share both good and bad experiences to reduce stress and isolation.

Reflection has been shown to demonstrate a culture of openness, empathy and compassionate care.

As dental professionals continue to face and deal with society and the need to be socially responsible, reflection also provides an outlet and an opportunity for mindfulness.

It allows for development of emotional awareness and a greater freedom to explore feelings to improve our everyday lives, not just our work lives.

Ultimately, the coordination of care and promotion of patient safety highlights the regulatory onus of reflection. It is easy to become goal focused and be unmotivated, resulting in difficulty with the reflective process and therefore bypassing it entirely. There is value in undertaking reflection early in a dental career so that, like the clinician, it can grow and develop with time.

Just as there is focus on the learner, for those in a position as dental educator, the process of reflection has its constraints.

The subjective nature of reflection, time restrictions on providing the scaffolding opportunities and thereafter the facilitation of reflection itself. It requires careful planning and implementation, with requirements of learning outcomes, instructional methods, prompts, feedback and follow-up plans.

Equally dental educators must be trained and role model the processes of reflective practice themselves, with the opportunity to reflect on their own teaching.

There continues to be a requirement of further research and development in the role of reflection in dentistry, whether this be to consider the benefits or how to overcome barriers to its effective utilisation.

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

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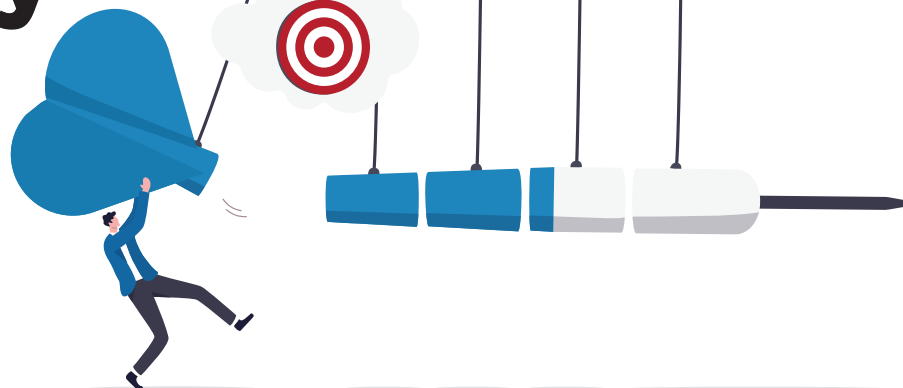


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# February refocus

**Justin Leigh** shares how to embed positive change and sustain team performance

**Justin Leigh**  
Founder, Focus4growth



As we move into February, practice teams have had a month or so to adapt to the goals, expectations, and changes set out at the start of the year.

January is a time for reflection, planning and inspiration, but by February, the real work of embedding those changes begins. Without revisiting progress and maintaining focus, even the best intentions can fade, leading to a drift back into old habits.

This month's article is all about revisiting, re-energising, and recommitting. February is the perfect time to check in with your team, evaluate progress, and ensure the positive momentum established in January doesn't lose steam.

By actively reviewing the changes and goals set last month, you can sustain long-term improvements and set your practice up for success in the months to come.

## Reflect on January's momentum

In last month's article, we explored the importance of reflecting on insights from 2024 and engaging your team to set clear goals and expectations for 2025. We discussed:

- Gathering team input to inform your plans
- Inspiring and motivating your team to do their best work
- Aligning expectations to ensure clarity and accountability.

If you didn't have the chance to fully implement these steps in January, now is the time to revisit them. And if you did, February offers the opportunity to assess progress and refine your approach. By reflecting on how the first four to six weeks of the year have gone, you can determine where adjustments are needed to stay on track.

## Step 1: evaluate progress

Start by reviewing the goals and changes you introduced in January. Consider the following:

- What's working well? Identify wins, however small, and celebrate them. Recognising success builds morale and reinforces good habits
- What hasn't gone to plan? Changes often face resistance or unforeseen challenges. It's important to uncover where and why progress may have stalled
- What habits have crept back in? Old routines are familiar and comfortable, so it's natural for some team members to revert to them.

As you evaluate, involve the team in the process. Schedule short one-to-one catch-ups with each

team member to discuss their individual progress. Ask open questions like:

- What changes have been easiest for you to adopt?
- What's been challenging?
- How can I better support you?

These conversations will provide valuable insights and show your team that their feedback matters.

## Step 2: revisit expectations

Clarity is key to sustained performance. In January, you likely set clear expectations for the year ahead, but those expectations may need a refresh.

Use February as an opportunity to:

1. Reinforce priorities: remind the team of the goals and behaviours that matter most
2. Refine where necessary: if something isn't working as expected, adjust it. Flexibility shows that you're responsive to challenges rather than rigidly sticking to a plan
3. Reclarify roles and responsibilities: ensure everyone understands their role in achieving practice goals and how they contribute to the bigger picture.

## Step 3: re-energise and re-engage

It's easy for enthusiasm to wane after the buzz of a new year. To re-energise your team:

- Celebrate progress: even small achievements deserve recognition. Acknowledging effort and success boosts morale and motivates further improvement
- Set short-term milestones: breaking larger goals into manageable steps helps maintain focus and creates more opportunities for celebration
- Encourage team collaboration: create opportunities for team members to support and learn from each other. Peer-to-peer encouragement can be incredibly powerful.

Consider hosting a team huddle or meeting to revisit January's goals and celebrate any early wins. Use this session to remind the team why the changes are important and how they will benefit both the practice and individuals.

## Step 4: recommit to coaching

As a leader, your coaching plays a crucial role in helping your team stay on track. February is an excellent time to check in with each team member and explore what they need to succeed.

Adopt a coaching approach by asking questions that encourage reflection and self-assessment, such as:

- What progress have you made since January?
- Where do you feel most confident?
- What would you like to improve in the next month?

By involving the team in the process, you create a sense of ownership and accountability. Coaching also helps identify individual barriers and opportunities for growth, allowing you to provide tailored support.

## Step 5: embed positive habits

The key to long-term success lies in turning changes into habits. To embed new behaviours:

- Be consistent: revisit goals and expectations regularly to keep them front of mind
- Lead by example: model the behaviours you want to see in your team
- Create accountability: encourage team members to hold themselves and each other accountable for staying on track.

It's also important to remain patient. Habits take time to form, and setbacks are a natural part of the process. When challenges arise, focus on problem solving rather than blame.

## Keep the momentum going

By taking the time in February to reflect, revisit and recommit, you're setting your team up for sustained success throughout 2025. Use this month as an opportunity to check in, reset where needed and build great momentum for the months ahead.

And if you didn't get to all the January recommendations, it's not too late. Go back to last month's article, work through the steps, and use February to ensure your team is aligned, engaged and ready to deliver their best.

Dentistry is a team sport, and with the right focus and approach, you can ensure your practice thrives – not just for a month, but for the whole year ahead. **D**

If you'd like tailored advice on coaching your practice team or embedding positive change, get in touch.

Justin can help you create a plan to allow your practice reach to new heights in 2025. You can contact him here: [linktr.ee/JustinLeigh](https://linktr.ee/JustinLeigh).

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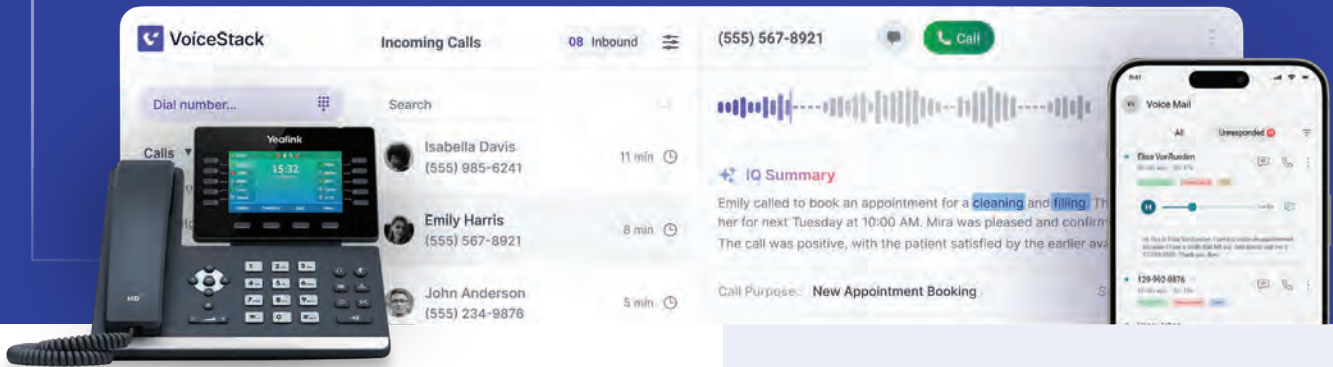
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# The perfect new patient exam

**Alan Clarke** discusses how a comprehensive approach to care can help you deliver something special to each patient

## Alan Clarke

Cosmetic dentist and owner,  
Paste Dental



In the world of comprehensive dentistry, we don't simply look at the teeth – we consider the entire picture: the airway, aesthetics, function, and structure of the dentition. Unfortunately, in UK dentistry and perhaps because of our NHS legacy, it's easy to get caught up in the 'broken teeth' mentality. Patients often walk in expecting to have their filling done that very day, and quite frankly, that's where things can go wrong.

A narrative shift is needed and quickly. We are not here to simply please our patients by doing what they expect in the moment – bold statement, I know. But hear me out...

Our role is to guide patients to exceptional dental health, not just fix their immediate issues. We're here to educate them about their oral health and lead them toward long-term solutions. We must put their wellbeing first, honour our professional commitment, and empower them with the knowledge they need to make informed decisions about their care.

So, how do we achieve this shift in narrative?

## We do dentistry differently

To truly deliver something unique, we must offer an experience so extraordinary that our patients are blown away by our expertise, care, and attention to detail. This all starts with the new patient exam, the foundation upon which every great relationship – and every great treatment plan – is built.

## The ideal new patient exam

The new patient exam is where we set the tone for comprehensive care. It's the first step in building a relationship with the patient, and every part of this exam should reflect the philosophy of looking at the whole patient, not just their teeth. Here's how we approach it:

### 1. Comprehensive dentistry approach

We begin by assessing the airway, aesthetics, function, and structure of the dentition. It's not just about fixing what's broken; it's about understanding how everything works together to create a healthy, balanced smile. This comprehensive approach allows us to provide treatments that improve both the function and appearance of the mouth, supporting long-term health and wellbeing.

### 2. The 'why' conversation

This is crucial. During the exam, we ask open-

ended questions to understand the patient's why:

- Why today?
- Why now?
- Why me at this clinic?
- What are their financial expectations?

This step goes beyond understanding their dental needs; it helps us get to the heart of what's driving them. By asking these questions, we begin building rapport and trust – critical elements in guiding them through the treatment planning process.

And here's something important: We are not here to treat everyone. Not all patients are the right fit for the care we offer, and that's absolutely fine. The quicker we recognise this, the better. I have been burnt before!

By selecting patients who align with our values and care philosophy, we ensure that we can provide the best possible treatment. Our patient filtering tool needs to be sharp. Patients must not only trust us but also value the care we provide, as they have many options available to them.

### 3. Tour of the mouth

Next, we perform a thorough examination, taking time to:

- Assess the airway and function: is the airway clear? Is the bite functioning well?
- Examine the structure of the teeth, gums, and supporting tissues
- Consider the biology of the mouth: what's the overall health of the soft and hard tissues?
- Evaluate the aesthetics: is there a desire for cosmetic improvements?

We use radiographs, scans and photographs, and now AI to capture a detailed view of the patient's oral health. This information is vital for building a co-diagnosis pathway, where both you and the patient can arrive at conclusions together.

## Co-diagnosis for conversion

Co-diagnosis is a cornerstone of comprehensive dentistry. It's not just about diagnosing; it's about educating the patient and guiding them through the process. When a patient understands what's happening in their mouth, why a treatment is needed, and the long-term benefits of the plan, they are far more likely to proceed with treatment.

Here's the key: never make a premature offer. Don't assume what the patient can or can't afford. Let them absorb the information first, and then provide treatment options that align with their goals, budget and timeframe. Being transparent and informative gives the patient the confidence to make decisions that are right for them.

The goal is not to upsell; it's to offer a clear, understandable pathway forward. When you

communicate effectively and reinforce the message across the whole team, patients feel more informed and empowered to take the next step.

## The role of the team

The role of your team cannot be overstated. Every member of the practice should be focused on adding value at every touchpoint in the patient journey. From the first phone call to the final treatment session, your team has an opportunity to positively influence the patient's experience.

- Receptionists are often the first point of contact. They can set the tone for the patient's experience, ensuring that they feel welcomed and well-informed right from the start
- Dental nurses can assist with case presentations and ensure that the patient feels at ease and confident in the treatment process
- Hygienists can provide important insights into preventive care, helping to build trust in the practice's commitment to long-term oral health.

When the team works together to add value at each stage, the patient feels it. It's not just a clinical visit – it's a holistic experience where the patient feels cared for, listened to and respected.

## Achieving your financial goals

It's important to acknowledge that growing your patient list and achieving your financial goals are closely intertwined. However, financial success doesn't come at the expense of providing excellent care. In fact, by consistently delivering high-quality care and building strong, trusting relationships, your practice will naturally grow.

As you build your reputation for providing exceptional care and ethical treatment plans, your list will grow, your patients will return and the financial results will follow. Financial success is a by-product of offering patients exactly what they need – high value treatment plans that genuinely improve their quality of life.

The new patient exam is your opportunity to provide comprehensive care that focuses on the whole patient, not just their teeth. By embracing a facially generated treatment planning approach and focusing on co-diagnosis, you can offer ethical, high-value treatment plans that put the patient's health first.

Remember, this isn't about fixing immediate issues – it's about guiding patients towards better health and long-term solutions, all while delivering an outstanding customer experience.

In doing so, you'll be able to convert high-value treatment plans – not because you've sold them, but because you've educated and empowered your patients to make the best choices for their health. **D**



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# The little things matter

**Ray Cox** explains how and why it is so important to support the investments you make in your practice

**Ray Cox**

Managing director, Medifinance



Funny isn't it how some things stick in your mind?

I must have sat through hundreds of sales motivation conferences over the years and generally ended up being decidedly underwhelmed; but I still remember one speaker making a point – albeit a fairly simple one – that has always stayed with me.

The question he posed to his audience was this: 'If you were told to get your sales up 20%, how would you go about it?'

So let me pose the same question to you. What would your first thought be? That you are going to be told to work harder and longer; or would it be that no one in his right mind is going to suggest that? Hopefully, I am in my right mind, and I'm going to pass on to you advice that if implemented will without any question increase sales and profitability. Don't hold me to 20%... it may be more, it may be less. But it will unquestionably be more on the bottom line.

**If you were told to get your sales up 20%, how would you go about it?**

## One large leap or lots of little leaps?

Dentistry has come on leaps and bounds since that conference and in today's competitive environment considerably larger sums need to be regularly invested in a dental practice for it to stay ahead. And that investment needs to be recouped.

Very simply, you need to generate more business whilst ensuring it is profitable business.

Rather than defaulting immediately to putting up your charges, think of all the little things you (and your business) can do better. It's far easier to get 1% more from 20 initiatives than 20% from one.

Don't be guilty of the all too easily made mistake of believing that if it doesn't appear on the patient's invoice it's not contributing.

Instead, hold onto the thought that marketing your practice, and marketing it well, must consider every aspect of the way you communicate with your patient.

## The little things

So let's take a look at some of those little leaps you can take:

- Whatever stage your practice is at in its development, have a written business plan. If you haven't got one, email us at the address below and we will send you our business plan template and checklist which, I promise, you will find invaluable. No

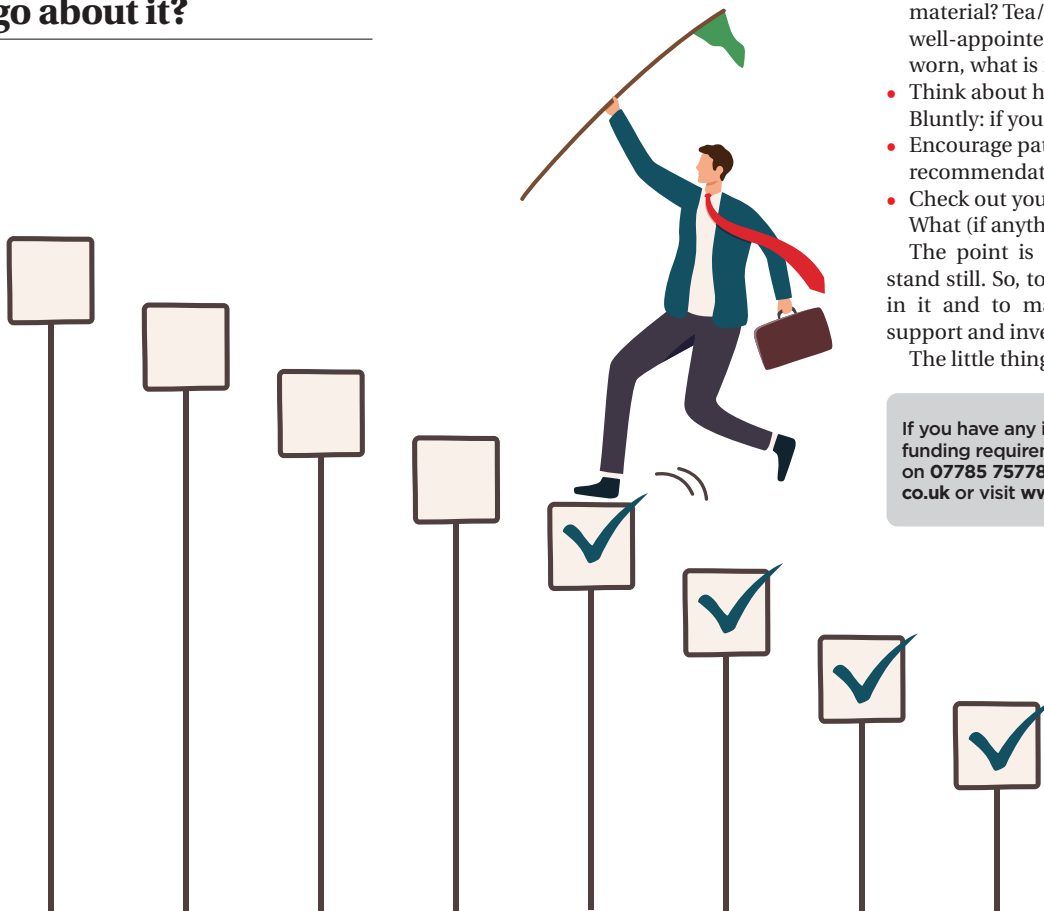
charge will be made

- Talk to your business advisers. Could they contribute more? Are you making the best use of their expertise?
- Carefully review, in conjunction with your advisers, the way in which you will invest in and fund future growth. Have a plan!
- Involve your staff and organise informal sessions to work on your business. Make this a regular event
- Ensure you have monthly management accounts, so you have your finger on the button and can make informed decisions. Hold monthly management meetings that address both the good and the bad. Don't sweep difficult decisions under the carpet
- Review your recruitment and training policies. Are you getting the best from the people you employ? Have they got clear job specifications, and do they carry them out? Do they like working with and for you?
- Take a look at your staff and patient facilities. Could they be described as excellent? Make sure they reflect the standard of dentistry you provide
- Imagine it's someone's first visit to your practice. Are parking, access and external and internal signing patient-friendly? If they're not it could be not only the first visit but the last
- Reception... Smiling, friendly welcome? Comfortable seating? Up to date reading material? Tea/coffee/water? Relaxing? Clean, well-appointed loos? If it's all a bit tired and worn, what is it saying to the patient?
- Think about holding some open days. Bluntly: if you've got it, flaunt it!
- Encourage patient feedback and recommendation
- Check out your competitors. Be honest. What (if anything) are they doing better?

The point is really this: business does not stand still. So, to be successful you must invest in it and to maximise the return you must support and invest in the investment.

The little things. They mean a lot. **D**

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



# Lead the green revolution

**Mark Topley** shares how you could step up and lead the charge for sustainability in your practice

## Mark Topley

Dental CSR and ESG consultant



We all know the world is changing, and sustainability is no longer just a nice-to-have – it's a must. And dental practice teams are ideally placed to lead this charge, but here's the thing: change doesn't happen on its own. It needs someone to step up, take the lead, and inspire others. That someone could be you...

Yes, you – whether you're a practice manager, a nurse, or part of the wider team. You have the power to influence your leaders, inspire your colleagues, and help transform your practice into a greener, smarter and more efficient operation.

**You have the power to influence your leaders, inspire your colleagues, and help transform your practice**

## Why go green?

Let's start with why this matters – not just for the planet but for your practice:

1. **Save money:** sustainable practices, like cutting energy use and reducing waste can lower operational costs. In fact, a three-surgery practice can save over £2,000 in the first year
2. **Attract patients:** more people are choosing eco-conscious businesses. Be the practice they talk about (for all the right reasons)
3. **Boost team morale:** working toward a shared, meaningful goal brings people together
4. **Stay ahead of regulations:** sustainability is gaining traction in compliance frameworks, like the CQC's updated standards.

Making the case for sustainability is about more than just doing good – it's about helping your practice thrive.

## But hang on, I'm not 'in charge'

You don't have to be the boss to lead. 'Leading up' is all about influencing those in charge by presenting ideas and solutions they can't ignore. Principals and regional managers are busy people – they need a clear case for why

going green is a smart move. That's where you come in.

Here's how to do it:

- **Get informed:** understand how sustainability impacts the practice – financially, operationally, and culturally
- **Speak their language:** present sustainability as a business opportunity, not just an environmental initiative. Talk about cost savings, patient loyalty, and team engagement
- **Come with solutions:** don't stop at pointing out problems; offer practical, achievable steps to move forward.

## Get the tools to succeed

If you're thinking: 'This sounds great, but where do I even start?' – don't worry, we've got you covered. The Certified Sustainability Advocate Course is designed for people like you.

In just two hours, you'll learn everything you need to:

- **Understand the basics:** what's a carbon footprint? How can you reduce it? You'll know the answers
- **Influence with confidence:** learn strategies for presenting your ideas and gaining leadership buy-in
- **Take action:** get templates, action plans, and real-world examples to kick-start green initiatives in your practice.

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## Imagine the impact you could make

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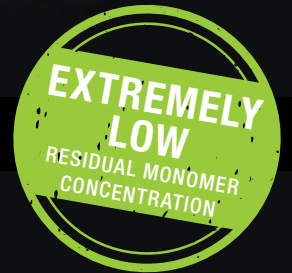
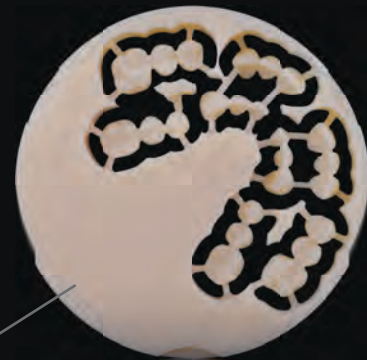
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# Top tips for running a successful dental practice

**Alex McWhirter** discusses how to run a smooth and successful dental practice that thrives

## Alex McWhirter

Practice manager, North Cardiff  
Dental & Implants



Running a dental practice smoothly and successfully is all about balancing efficient systems with compassionate leadership. I've always believed that attention to detail and a supportive team culture can make a real difference in patient care. Being awarded Practice Manager of the Year at the 2024 Dentistry Awards is something I'm incredibly proud of, and I'm grateful for the recognition of my approach to practice management.

Here, I'm excited to share some of my top tips for creating an environment where both patients and the team feel valued and motivated. These strategies have helped our practice thrive, and I hope they are useful for others, too.

### 1. Process, protocol, procedure

Every smooth-running practice needs clear, actionable processes and protocols. From the moment patients walk through the door to the completion of their care, processes should guide everyone on the team through their roles.

Start with the essentials: scheduling, patient check-in and billing, and build efficient workflows around them.

Protocols give clarity and consistency, allowing team members to deliver a seamless patient experience, even in high-stress situations. Regularly reviewing and refining these processes is vital.

### 2. Direction and purpose

Defining a clear direction and purpose keeps everyone aligned and motivated. With a shared mission, team members understand their goals and how their efforts contribute to the practice's success. Set measurable, meaningful objectives, both for the long-term and for short-term wins. For instance, if patient retention is a goal, discuss strategies to make every patient feel valued.

Regular meetings help celebrate progress and refine goals, keeping everyone engaged. A clear purpose unites the team and makes each individual feel a valued part of a shared journey.

### 3. Adapt around your team

Your team's strengths and skills are the backbone of the practice, so it's essential to work with these attributes, not against them.

Identify each member's unique abilities – whether it's a knack for calming anxious patients or strong organisational skills – and position them accordingly.

Flexibility is key; if one team member shines at specific tasks, give them room to lead in those

areas. Adapting to your team's talents fosters an environment where each person feels empowered, helping them contribute their best and enhancing overall productivity.

### 4. Delegate

Delegation is crucial in avoiding burnout and ensuring that every team member can play an active role. As tempting as it may be to stay hands-on with everything, trusting others to manage certain responsibilities enables growth – for both the team and yourself. Start with administrative tasks or patient follow-ups, where delegation won't compromise quality.

This approach encourages ownership among team members and shows them you trust their skills. In the long run, it ensures continuity and a well-rounded team that can keep the practice thriving, even when you're not there.

### 5. Know your practice inside out

A deep understanding of your practice's operations is essential for effective management. From patient demographics to the details of dental procedures, knowing these elements helps you make better decisions and foresee challenges before they arise. Regularly connecting with team members to understand their roles and any challenges they face helps you anticipate needs, resolve issues, and make informed decisions. By keeping a finger on the pulse of each area of the practice, from patient care to administrative workflows, you can lead with insight and make adjustments that benefit both staff and patients.

This proactive approach shows your team that you genuinely understand and support their work.

### 6. Continually perfect and review

The dental industry is always evolving, and so should your practice. Regular reviews of workflows, patient feedback, and team insights can reveal valuable areas for improvement.

Encourage your team to suggest adjustments to procedures that could enhance efficiency or patient satisfaction. When everyone feels comfortable contributing, the practice benefits from diverse perspectives, staying competitive and fostering a culture of continuous improvement.

### 7. Let the experts help you

Don't be afraid to bring in external expertise when needed. Whether it's consulting with financial advisors, marketing professionals, or IT specialists, these experts can streamline operations and introduce fresh insights. Leveraging outside support not only saves time but also allows the practice to maintain high standards by letting the team focus on what they do best: patient care.

Expert advice helps you keep operations sharp and provides your team with resources to thrive.

### 8. Know how and when to switch off

Both the practice manager and the team need clear boundaries to maintain a healthy work-life balance. I recommend setting dedicated 'off' times that apply to everyone, using work-exclusive communication channels like Slack instead of personal ones such as Whatsapp. Make sure notifications switch off automatically outside of working hours to respect everyone's personal time.

Identifying your own burnout point and planning leave accordingly is crucial, as well. Showing respect for personal time not only prevents burnout but also allows everyone to come back recharged, prepared to deliver high-quality care.

### 9. Don't be afraid to be human

A compassionate, 'human-first' approach goes a long way in building rapport with both patients and team members. Dental visits can be intimidating for patients, and showing empathy helps them feel at ease.

Similarly, your team benefits from a supportive atmosphere. Showing emotion doesn't make you seem weak; in fact, it demonstrates strength, reinforcing trust and approachability. When your team sees that you're human too, it creates a culture of openness and respect. Authenticity resonates and strengthens relationships all round.

### 10. Never stop learning

Continuous learning is vital in the ever-evolving field of dentistry. Stay informed, whether through courses, conferences, or peer networking.

When you embrace ongoing education, you set a strong example for the team and equip yourself with new insights to benefit the practice.

Share updates with the team, fostering a collective commitment to growth and improvement. By staying adaptable and encouraging knowledge-sharing, you inspire a practice culture that's resilient, innovative, and always striving for excellence.

### It's more than just logistics

These tips are designed to help other practice managers lead with clarity, compassion, and consistency.

Managing a dental practice is about more than just the logistics; it's about creating an environment where both patients and staff feel valued, supported, and motivated. **D**

The Dentistry Awards celebrate excellence in dental practice, recognising dental professionals for their achievements and advancements.

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# Effective recruitment

**Sarah Buxton** sets out some of the legal pitfalls of the recruitment process

## Sarah Buxton

Director and employment and HR solicitor, Buxton Coates Solicitors Limited



It's no secret that the recruitment and retention of good staff members within dentistry is one of the main problems facing dental practice owners. There is very little training provided at dental school or within the profession on how to recruit effectively.

When a team member leaves a dental practice, or you are growing your team, it is a good idea to reassess your business and make a decision about what role you actually need. For example, if you have always engaged a self-employed hygienist and they leave, you should assess whether it may be better to employ a hygienist going forward. There are numerous pros and cons to the different types of employment status. The main difference between self-employed and employed is the difference in control. As an employer you have far more control than an engager of self-employed team members.

## Preventing discrimination

Not many practice owners are aware that a claim can be made to the employment tribunal before an employee even commences employment because of how the recruitment process is conducted. This is usually when discrimination cases are made. The discrimination legislation protects team members from being treated differently because of a protected characteristic. The nine protected characteristics are: sex, age, race, religion/belief, gender reassignment, sexual orientation, disability, marital status/civil partnership and pregnancy/maternity. It's important to note that the amount of compensation that can be awarded in those situations is unlimited so eye-watering amounts of monies can be paid out. We advise all practice owners check if they have legal expenses insurance in place. Legal expenses insurance is an insurance product whereby if you receive a claim in the employment tribunal, your legal fees, out of court settlement and any judgment awarded would be covered.

There are some interesting case studies showing where people have been tripped up during the recruitment process.

One notable case is where an individual was providing a CV in two formats. One of them was in an anglicised name and the other was in an Asian name. He was sending the same CV to various employers, and nine times out of 10, the one with the anglicised

name would be given the opportunity of an interview.

This meant he was able to go to the tribunal and say: 'Look, the CVs are exactly the same. The only reason I wasn't given an opportunity of an interview is because of my name and therefore the inference is because of my race' and he would be awarded compensation for race discrimination.

So, it's really important that practices do have recruitment policies in place and, although practices are desperate to recruit at the moment, we've still got to follow those policies and procedures to try to prevent these type of discrimination cases.

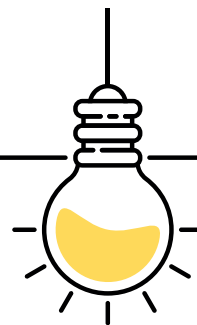
## Interview notes

Knowing how to interview people is a skill in itself. If you're trained in the recruitment process, then you know how to ask the right questions to make sure that you do get the ideal team member. You also know there are certain questions that you shouldn't ask in respect of their health or their personal issues and so on. But ultimately those who are well trained in recruitment and have experience in it will make good notes. You should keep them on file because if somebody makes a claim against you for discrimination – perhaps because they believe they didn't get the job because of their race, age, disability or so on – with any luck you will have some notes that set out why they didn't get the job. And hopefully, those notes will show they were unsuccessful because of skill, or attitude, or something along those lines.

We also advise you to keep your notes. Your GDPR policies will set out how long you keep them because, if you don't recruit that person, you will only be able to keep them on file for a certain period. But my advice would be to keep them for at least three months because that's the time limitation in which somebody has to make a claim in the employment tribunal. Please note that the limitation for these types of claims is also due to change from three months to six months, so an applicant will have a longer timeframe to bring a claim.

Currently, the court system is blocked up so potential employers don't always realise they've got a claim against them within that three-

**It's important that you don't recruit the wrong person just to fill a gap. Having the wrong person with either the wrong attitude or skill ends up being more costly and stressful in the long run.**



TOP TIP

month period. With this in mind, I suggest keeping notes a little bit longer, maybe six to 12 months. This also means if another position arises, you can revisit your notes and if a person narrowly missed getting the job, and your GDPR policy allows you, you'd be able to go back to them. So, there are several advantages to keeping your interview notes.

If you are the person that's interviewing, concentrate on what you are doing, the last thing you want to be thinking about is making notes and getting that down. It's really good to have somebody independent making those notes. And I often say as well, it doesn't necessarily have to be somebody within the team. It could be nice to get somebody external to come in with you and give you a different view on that individual. I appreciate that as a small team quite often it's difficult for two people to be out of surgery to interview for an hour. It might be good to get a colleague from elsewhere to assist you with that. **D**

Buxton Coates Solicitors acts for practice owners, managers and associates in all aspects of buying, selling and running a dental practice. Please call 0330 088 2275 for further information. They also offer training in the recruitment process and in particular the skills required to interview legally and ensure you engage the right person for you.

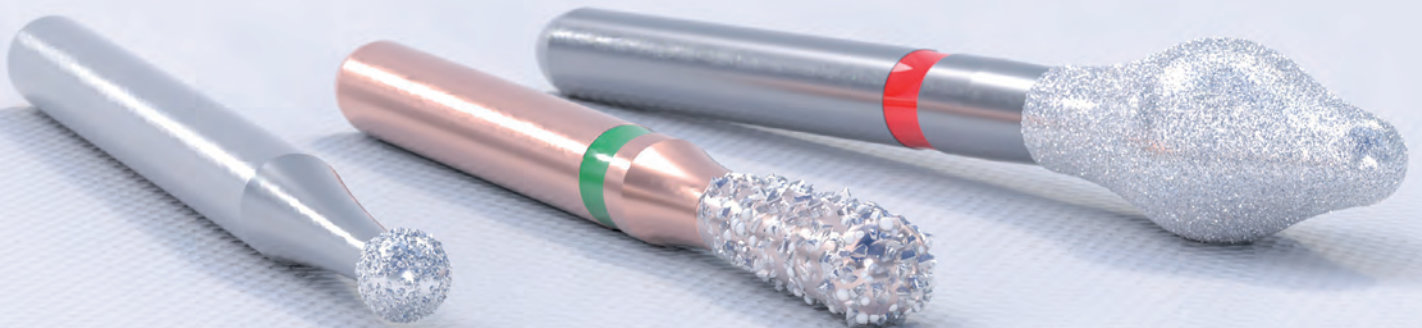






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# Four winter resolutions

While new year's resolutions rarely last, **Pat Langley** shares a few quick wins to keep your practice thriving throughout the year

## Pat Langley

Chief executive, Apolline



Despite our best intentions on 2 January, I think we all know that our resolutions rarely make it past the first week of the year!

To avoid the inevitable disappointment this brings, let's think about some things you could do differently and some things to be aware of as we move into February.

Here's a list of quick wins to consider:

### 1. Be on virus alert

It won't come as any surprise to anyone unfortunate enough to have succumbed to one of several very unpleasant viruses doing the rounds that we are living through what has imaginatively been dubbed a quademic. Seasonal flu, a resurgent COVID-19, RSV (respiratory syncytial virus), and norovirus are all currently wreaking havoc. Some poor people are unlucky enough to contract two or more of these at once.

Why is this the first item on our list of quick wins you may ask? The answer is simple: a dental team paralysed by multiple viral attacks is going to lead to cancelled days and all the inconvenience that entails, not to mention decreased productivity.

Mitigating the risks of this happening therefore counts as a quick win.

#### What does this mean in practice?

- Encourage team members with symptoms of any of these viruses to stay at home until their symptoms reduce and they no longer feel unwell. This is not always a popular suggestion if it involves not being paid for time off work. It will, however, pay dividends to the practice if it avoids a mini epidemic in the workplace because other team members become unwell and are unable to work
- Consider delaying non-urgent appointments for patients who feel unwell or who have transmissible symptoms. While this is the right thing to do for patients, it also helps mitigate the potential for spread within the practice team

- Maintain scrupulous hand hygiene. With thorough handwashing to two rounds of 'Happy Birthday' now as distant a memory as mince pies now feels, it is well-documented that scrupulous handwashing is extremely important in reducing the spread of all infectious diseases
- Ensure frequently touched surfaces throughout the practice are cleaned thoroughly and frequently according to your environmental cleaning policy
- Immunisations – consider immunisations where applicable
- Consider reintroducing some of your risk-mitigation measures from the time COVID-19 was a major threat eg FFP3 or FFP2 masks
- Cover your mouth and nose when coughing and sneezing and maintain scrupulous respiratory hygiene. Catch coughs and sneezes in a tissue and immediately dispose of used tissues into a closed bin.

### 2. Small changes as a team

We all get used to doing things the same way we've always done them and with humans often preferring to avoid change, it can be easy to get stuck in a rut.

Think about everything you do in the practice and consider what small changes you could make to your systems and processes that would make your practice run more smoothly. Include the whole team in this exercise and make it a rule that all constructive ideas have merit and should be explored. Often significant improvements can grow out of ideas that at first may sound far-fetched.

For example, ask yourselves:

- Is our recall system cost effective and efficient?
- Is our laboratory work always here when we are expecting it?
- Are all our policies up to date with a review date?
- Do we have more practice policies than we really need, or could we declutter our policies?
- Does our system for emergency cover work efficiently and effectively or could we improve on it?
- Do we have a good understanding of what our patients and staff think and how they rate us? If the answer is no, or we're not sure, consider gathering feedback and discussing it at a team meeting.

### 3. Appreciate your whole team

Every member of your team plays an important role in the smooth running of your practice.

With retention and the current difficulties with recruitment well-documented as one of the biggest concerns practices are facing, retaining good team members has never been more important.

Think about how you can show your appreciation of and to every member of your dental team.

For example, ask yourselves:

- How do we define our whole team?
- Do we include the cleaner?
- Do we regularly thank everyone for their contributions, or could we do more to show our team how much we appreciate them?

### 4. Plan your CPD for the year

Think about what you want to achieve in the coming year. Do you need to attend courses to help you develop new skills or to enhance existing skills? Dental professionals can often get stuck in a CPD rut and end up doing the same courses year after year.

Think about professional development for all team members and ask the same questions.

Think about how you will achieve blended learning. The GDC rightly places significant emphasis on a combination of different types of learning. Make sure you plan for what you will do face-to-face, what you will do online eg webinars, and what you will do as online CPD.

Will you attend any of the dental shows, which often feature free CPD lectures delivered by well-respected, credible speakers?

All in all, a lot to think about as we embark on a new year, and this is by no means an exhaustive list of things you could think about. I hope it has created some 'food for thought' to get started! **D**



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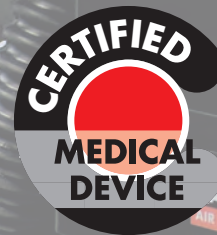
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# Crafting your career

Sam Jethwa discusses the clinical and non-clinical pillars of a successful career in cosmetic dentistry



British Academy of  
Cosmetic Dentistry

SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF  
COSMETIC DENTISTRY (BACD)



In many areas of life, you can find yourself in situations you never intended. For better or worse, it is often possible to just 'go with the flow' and see where you end up.

However, to enjoy a fulfilling and prosperous career in dentistry, a different approach is needed. To set yourself up for success in the field of cosmetic dentistry, it is essential that you plan ahead.

## Clinical skills

It goes without saying that it all starts by obtaining the clinical skills required to deliver effective, safe and ethical cosmetic dentistry to a range of patients.

It is necessary to curate a learning programme that will allow you to advance your capabilities over time, exposing you to a broad range of challenges, techniques, materials and concepts.

This will provide a comprehensive arsenal of solutions to utilise, ensuring that every patient has adequate choice of appropriate treatment options.

These skills must be constantly updated. There are frequently new materials or techniques being introduced to the market and part of building a career with longevity is remaining ahead of the curve and being ready for the next innovation in your field.

In addition, to be truly successful in cosmetic dentistry, there are many non-clinical skills needed and factors that require attention – including marketing.

**There are frequently new materials or techniques being introduced to the market and part of building a career with longevity is remaining ahead of the curve and being ready**

## Business building

While we will always try to achieve a good aesthetic result in any situation, dentists wanting to focus on treatment like smile makeovers and implant restorations, for example, will need to find the right kind of patients.

This requires a marketing strategy that will allow you to reach the patients you want with news about your services. Social media has become a significant tool, making it possible for dentists to access a massive range of patients, with algorithms tailoring content to those who are most likely to be interested. It is particularly advantageous for cosmetic dental before and after case photos, giving a visual way to present the stunning results you can achieve.

The goal is to create a community of existing, previous and potential patients who engage with your content, sharing their positive experiences and encouraging others to consider if cosmetic dentistry is right for them. Such a marketing plan overcomes the restrictions of geographical location, allowing you to engage with more people than you might otherwise have the opportunity to reach, both ethically and professionally.

Any social media activity should always be supplemented by online reviews via other platforms, which can link to your website and help to bolster your reputation for delivering high-quality care. Like any type of business, it is important to maintain marketing for your cosmetic dental services in the long term. These reviews form the foundations of a robust business that will stand the test of time.

## An investment in the future

A career in cosmetic dentistry isn't something you simply stumble across as a dentist. It is something you have to create – and it takes time, dedication and investment if you want to do it right. **D**



# Smashing the glass ceiling

**Mari Llewellyn Morgan** discusses combating isolation as a dental therapist in a rural community

**Mari Llewellyn Morgan**  
Dental therapist and BADT Wales representative



Newly qualified, eager to start my career and possibly a little arrogant that now I had my degree, I thought I knew everything. I left Cardiff and the dental hospital behind and relocated to mid Wales. Excited at the opportunity to complete a foundation year and help plug the gap in dental care in rural Wales, I was certain I had found my vocation. Being from a rural community I knew that life in the country was vastly different to the fast pace of a city, however I hadn't realised how this would impact my work.

In the first year, my enthusiasm remained at a high, although my foundation training had given me a well-needed reality check and confirmed that I did not, in fact, know everything. I had supportive mentors in my training practice as well as the other practices where I held hygiene positions, and I would visit the city once a month to take part in training days and debrief with my peers. However, once this year came to an end, I found myself feeling increasingly isolated. While

the principle and referring associates were very helpful, they could not fully empathise with what it is like to work under a restricted scope. I was the only therapist in my practices and so although the experienced hygienists could mentor me on patient management and periodontal guidance there was no real mentoring to develop my skills as a therapist. While I was able to sell my skills in the NHS setting, I did not have the knowledge to advise private practices of the benefits of utilising my full scope. Therefore, the majority of my week was spent utilising the hygiene scope only.

I decided that attending face to face CPD events would be a great way to meet other therapists and gain advice on how to approach practices about implementing skill mix successfully. Local CPD events were few and far between with the vast majority slanted towards the dentists. This meant having to travel further afield for the opportunities I was looking for. Travel, accommodation, the cost of the CPD itself and the time taken off from work as a self-employed clinician soon added up. As the bill for my enhancement rose, my enthusiasm fell and over the course of three years I had become

resigned to the fact that I had hit a glass ceiling. This was how it was going to be and if I wanted to progress, I would need to implement a career change.

## Following my heart

In 2018 I was perusing dental practices back home in North Wales on social media, absentmindedly liking their content. 'Hi Mari, how are you? I see that you're a hygiene therapist. Are you looking for a position?'

At that moment the stars aligned for me. My husband had just been made redundant and a move was on the cards. I was apprehensive because it was even further away from the city and any development opportunities that were available to me. I followed my heart rather than my head in a move that could have been completely detrimental to my career. Luckily for me this was the move that blew that glass ceiling into a million little sparkling opportunities. It just so happened that this practice had recently taken on another therapist, Fiona Sandom. Although our paths would only cross once or twice a month, she was able to introduce me to all the opportunities that were available for therapists. She twisted my arm into joining the British Association of Dental Therapists and eventually becoming the Wales representative. The association has springboarded my career through empowering me to explore different opportunities and meet multiple inspirational therapists.

Joining the association has meant always having a mentor on hand to help navigate tricky situations, whether that be through email or in face-to-face meetings. Their newsletters and journals keep me abreast of all new developments and how to navigate big changes. I can confidently travel to CPD events knowing they are of value because they come recommended by the association. It has reignited my passion and so I attend multiple dental shows and network at conferences, something I would have found too daunting to attempt previously. I have been inspired by the career paths of multiple successful therapists. My own career has taken an upturn and I have had the opportunity to advocate for therapists by providing evidence to the Welsh Assembly and meeting with MPs in Westminster. I have delivered a CPD event as part of a team and the cherry on top of all of this was gaining a position as a lecturer in my local university.

Now that I know first-hand how successful a career as a dental therapist can be, despite how agrestic your location may be, I hope to motivate my students as well as develop a supportive community locally. With a supportive network, therapists can thrive and motivate each other to reach their full potential. **D**



British Association of Dental Therapists.



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# The comedy of errors

Why patient education in dental consent is no laughing matter

**Biju Krishnan**  
Dentist



Patient education is a critical component of the informed consent process in dentistry. It ensures that patients understand their treatment options, the associated risks and benefits, and the implications of their decisions.

Let's face it: from a patient's perspective, sitting in the dental chair with your mouth propped open by what feels like a medieval torture device isn't anyone's idea of fun. Add to that a dentist brandishing sharp instruments while explaining a procedure they barely understand, and you're left wondering if you accidentally stumbled onto the set of *Marathon Man* (old reference which most of you won't get so Google it!). But there's one thing that could save this scene from spiralling into a (not so funny) comedy of errors – patient education in dental consent.

## Say 'yes' (or 'no') with confidence

Informed consent is more than a patient scribbling their signature on a piece of paper. It's a process – a two-way street where the dentist provides all the information, and the patient has the power to make an informed decision. Without patient education, consent is about as meaningful as brushing your teeth with candy floss.

Imagine a dentist mumbling jargon like 'extraction' and 'peri-apical abscess' while the patient nods nervously, pretending to understand. Fast forward to post-procedure: the patient is upset (best case scenario) because they thought they were getting a

filling, not losing a tooth. Cue lawsuits, bad reviews, and possibly a starring role in a viral Tiktok rant.

Proper education transforms these potential disasters into empowered decisions. And let's be honest, isn't it better to be known as 'Dr Informative' rather than 'Dr Surprise Dentistry'?

## Why skip the mystery?

Without patient education, dental consent becomes a game of charades – everyone is guessing, and no one is quite sure what's being communicated. But unlike party games, clear explanations can turn confusion into confidence.

Let's say a dentist casually mentions 'roots,' and the patient assumes they're discussing a gardening hobby (and by the way this really happened). The outcome? A baffled patient post-procedure, holding their jaw and muttering: 'I thought this was about tulips' – clarity and explanation are vital.

Dentists, remember: your patients didn't major in dental science. In fact, most barely understand flossing beyond 'wiggle string between teeth.' Explaining complex procedures in plain language – and maybe even using diagrams or videos – can make all the difference. And for goodness' sake, avoid sounding like a Wikipedia entry. Nobody wants a dissertation while trying to keep their saliva from drooling onto their bib.

## The pain of miscommunication

Ever had a patient say: 'I didn't know it would hurt this much!' after a procedure? This sentence translates to: 'I wasn't adequately educated about what to expect.' Cue awkward apologies and a lifetime supply of those free samples of toothpaste, which we're supposed to give out to patients but always end up taking home for our personal secret stash – don't lie, I know you all do it!

Uneducated patients may enter procedures with unrealistic expectations. Some think a crown is a sparkly accessory for their tooth, not a dull-coloured cap. Others believe 'filling' means you'll be done in five minutes, like when they're filling up their car. Thorough explanations – preferably with some humour and compassion – help manage these expectations and keep everyone on the same page.

Besides, an educated patient is more likely to follow post-procedure instructions. Want them to avoid crunchy snacks after that very large MOD (which really needs a crown but you're hoping you'll get away with it)? Explain why. If you just say: 'Don't do it,' they may interpret it as a challenge. And then you'll see them again next week, looking sheepish with a bag of caramel popcorn and lingual cusp in hand.

## Humour: the unsung hero

Dentists, let's face it: consent forms and patient education sessions can feel about as exciting as watching a slow-motion video of plaque build-up.

But sprinkle in a little humour, and suddenly you're not just a dental professional – you're the Michael McIntyre of molars!

Telling a patient: 'Don't worry, this drill isn't from B&Q' or explaining cavities as 'tiny squatters that forgot to pay rent' can turn a nerve-wracking moment into a manageable one.

Dentistry isn't a comedy club, but a little humour goes a long way in easing anxiety and making education more digestible.

Use analogies they can relate to. For example:

- Root canals are like cleaning out a blocked drain – you have to get rid of the gunk before sealing it shut
- Flossing is like vacuuming between the couch cushions. You'd be amazed at what's hiding in there – and even more amazed at how much better it feels when it's gone.

These bite-sized nuggets of wisdom stick better than dry explanations. Plus, laughter lowers stress levels, which is a win for everyone involved.

## Technology meets transparency

Gone are the days when dentists relied solely on words and crude illustrations to explain procedures.

Now, intraoral cameras, digital scans, 3D imaging and enhanced consent procedures have revolutionised patient education.

Imagine showing a patient a high-definition image of their cavity, complete with a virtual tour of their decayed molar. Suddenly, the words 'cavity filling' aren't abstract; they're tangible.

This tech-savvy transparency builds trust. Patients are more likely to consent – and stick to the plan – when they can see the problem for themselves.

## The final word

Patient education in dental consent isn't just about avoiding heart stopping letters from the GDC or boosting patient satisfaction – it's about treating people with the respect they deserve.

Nobody wants to feel like a clueless extra in their own healthcare story. By taking the time to educate, you're not only fostering trust but also creating a loyal patient base who might actually recommend you to their friends (instead of warning them to run).

So, dear dentists, let's trade the mystery for mastery. Educate your patients, make them laugh, and watch as they walk out of your practice informed, empowered, and maybe even smiling. **D**

## Tips for mastering patient education

1. **Speak their language:** avoid jargon like 'exodontia' and 'periodontal scaling' unless you're also handing out translation booklets. Use everyday terms
2. **Use visual aids:** people are visual creatures. Models, videos, and diagrams work wonders
3. **Encourage questions:** give patients the chance to ask anything, even if it's: 'Will this make me look like a chipmunk?'
4. **Check understanding:** don't just ask: 'Do you understand?' Instead, say: 'Can you explain back to me what we'll be doing today?' This ensures they actually get it
5. **Use enhanced consent apps:** these tick a lot of boxes and can save you money, time and stress
6. **Be honest but optimistic:** if a procedure will be uncomfortable, say so – but also emphasise the long-term benefits.



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# 'The right thing to do'

**Wollaton Dental Care** on reaping charity and sustainability benefits by donating waste dental metal

Since principal dentist Anna Lawson discovered Gold for Kids two years ago, she's never looked back. After becoming aware that scrap metal merchants paid dentists in exchange for their unwanted metal restorations, she says it just 'didn't feel right' to be paid for patients' scrap crowns. She knew there must be a better way – and that's when she found Gold for Kids.

Anna, who is a co-principal with her husband Simon Lawson at Wollaton Dental Care in Nottingham, says: 'We used to use the money on charity spending because we didn't feel right about it somehow. But Gold for Kids felt like the most ethical and beneficial way to dispose of our waste patient crowns. It felt like the right thing to do for us.'

'I'm not sure that all practices will be asking patients for their permission about how they want their crowns disposed of. Dentists are simply too busy and it goes by the wayside. But individuals don't want them and when you tell them about how you are donating this tiny piece of metal to charity on their behalf, they can see the collective good.'

'It is really worthwhile – and they are both surprised and delighted when we tell them how much we have raised. They think it's ingenious.'

## Giving back

The award-winning Gold for Kids charity collects unwanted crowns, bridges and other restorations to help transform the lives of underprivileged children.

Over the last seven years, the charity has raised in excess of £55,000, helping children and their families with essentials like food, clothing, shelter and providing dinners during school holidays. But it doesn't stop there. The money raised also helps cover the cost of counselling, education and training opportunities.

Anna says it's such a simple process and it doesn't take any time at all, even for the busiest of dental practices: 'Donating to Gold for Kids is an easy fundraising win because we don't have to do anything. We literally just collect the metal and send it off.'

'It has become part of our everyday, normal practice, a quiet thing that goes on in the

background and we (and our patients) are amazed when we hear how much we have raised – from doing nothing!

'When we ask patients if they would like to keep their crown, the usual response is to laugh, not realising that there's any value to it. They're not really interested in having it, so a quick mention to them about Gold for Kids and the work they do supporting children, and it goes in the pot – done!'

Since starting to collect its waste dental products in March 2023, Wollaton Dental Care has raised £3,409.60.

'As a practice we do a lot of charity work and fundraising, so this fits very well with our core ethos. And being open and honest with patients – that's who we are really.'

'It's about giving back and doing good for the community.'

## A movement for change

Nearly 30% of children are living in poverty across the UK, that's more than 4.5 million. It's impossible not to be shocked at such a stark statistic – but this figure is the ►



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driving force behind Gold for Kids, which is on a mission to eradicate childhood poverty from these shores.

Set up by husband and wife David Holmes and Leticia Casanova, of London Periodontics, Implants and Dentistry (LPID), they are asking more dental practices to join their cause.

Leticia, co-founder of the charity, which has been described as a movement for change within the dental industry, says: 'We are so grateful to Wollaton Dental Care for their continuing support and the fantastic amounts they have raised.'

'Importantly, Anna has spoken about how easy it has been to incorporate the waste metal collection into their practice. This is something that some dentists worry about. They think it will take up too much of their time, but that's simply not the case.'

'We are very proud to have raised over £55,000 since 2018 with just 30 dental practices. Just imagine what we could achieve if every practice across the UK, that's over 12,000 of them, came on board.'

'We are just scratching the surface in terms of what we can achieve to help children who are in desperate need, right now, today.'

## Gold for Kids felt like the most ethical and beneficial way to dispose of our waste patient crowns



'It's almost too simple an idea, but if we all work together, the collective impact is limitless.'

### Sustainability

Gold for Kids also aligns with sustainability trends in dentistry by turning unused gold into life-changing support for children. Recycling gold reduces the demand for new mining, supporting environmental goals while helping practices meet their corporate social responsibility (CSR) commitments in a tangible and impactful way.

Mark Topley, chair of Gold for Kids, adds: 'Gold for Kids is the perfect blend of environmental impact and social good. It's a simple way for dental practices to support sustainability while making a real difference for children in need.'

Being part of the Gold for Kids movement has many benefits, including the recycling of waste material. Anna Lawson continues: 'Donating unwanted crowns and other waste

metals fits in perfectly with our environmental, social and governance (ESG) strategy. It would be wasteful for us not to recycle it. Who wouldn't want to do that, really?'

### Feel-good factor

Meanwhile, as part of its ambassador role, Wollaton Dental Care has leaflets and posters in the practice about Gold for Kids and regularly posts on social media about it.

'We are increasing awareness at the practice and across our social media channels. We are also getting more engagement from our patients. Feedback both in person and virtual is always positive. So, while we are donating to Gold for Kids, we are helping children and their families who need a roof over their head, food to eat or warm clothes to wear, and in return we are building awareness of our brand and our values. It's a win-win situation. We do a lot of work with charities, but Gold for Kids is by far the easiest one to do because we are just doing what we're what doing anyway.'

'In addition, any fundraising charity work makes you feel good. Everyone wants to help and having that sense of being part of something bigger is a nice thing. The fundraising we are doing is evolving more and more. It's part of our whole business ethos. But for me, the main thing about Gold for Kids is its simplicity. It doesn't make a huge difference to everyday life. It just slots in. That's the beauty of it. It's not a big deal, but it's doing such a load of good.'

### You can help

Anna urges dentists not to delay their decision to donate, like she did, for fear they didn't have the right type of metal or that it would create lots of hard work.

'You might worry that you won't have enough crowns to donate or that the charity only wants certain crowns or restorations, but that's not really the case,' she says. 'We have only donated a couple of gold crowns in the last two years and the rest have been other types of metals. Non-precious bonded crowns have a value. It might not be as big a value as gold crowns, but it's still a value and if everyone puts that together, there's an incredible compound effect.'

'This was actually a sticking point for me. So don't think what you have to offer is no good – because it absolutely is. When we hear the amounts that we're raising, we can't believe it.'

'I also thought we'd have to put the crowns through a different decontamination process, so I really asked a lot of questions before realising that we could help. Gold for Kids clarified that we just had to put them in the pot they send and the rest is organised by them – that was it – so practices may think they don't have what they want, but they have. I honestly can't recommend this enough. It's been such a beneficial thing for us to do.' **D**

Your practice can also make a huge impact in transforming the lives of underprivileged children. Get started today by requesting a welcome pack. Email [info@goldforkids.org](mailto:info@goldforkids.org) or visit [www.goldforkids.org](http://www.goldforkids.org).



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## THE ORAL CLES

— Dental hygienists and dental therapists

# Advancing care together in 2025

**Rhiannon Jones** introduces the Oral Health Summit, a collaborative endeavour by the BSDHT and the BSP, marking an exciting development in the dental calendar

### Rhiannon Jones

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



The Oral Health Summit represents a groundbreaking collaboration between the British Society of Dental Hygiene and Therapy (BSDHT) and the British Society of Periodontology and Implant Dentistry (BSP).

Conceived through discussions between Rhiannon Jones, president of the BSDHT, and professor Nicola West, president of the BSP, this event reflects their shared commitment to advancing patient care and professional development. With a clear ambition to promote health, prevent disease and support the profession, the event bridges educational gaps and fosters interdisciplinary collaboration.

By uniting the two organisations' annual conferences into a single, enhanced event, it provides a platform for dental professionals across specialties to come together, share knowledge, and address the evolving needs of the field.

Scheduled for 28 and 29 November 2025, with additional BSP workshops on 27 November, the Oral Health Summit will take place at the Edinburgh International Conference Centre. Edinburgh's central location, excellent transport links and reputation as a vibrant city, make it the ideal setting for this inaugural event.

### Meeting diverse needs

Central to the Oral Health Summit's mission is its commitment to delivering high-quality education tailored to the varied needs of dental professionals. While the event highlights advances in periodontal care, it is not exclusively period-focused. Every effort has been made to ensure the content is meaningful for all participants, reflecting a genuine consideration for the diverse needs and interests of the entire dental team. Key themes include the latest advances in periodontal

care, restorative techniques and innovations in patient management. Led by renowned speakers, the sessions will provide evidence-based insights with practical applications, empowering attendees to enhance patient care in their own practices.

### Learning and collaboration

With all that in mind, the Oral Health Summit offers a dynamic mix of plenary sessions, breakout streams and hands-on workshops. The plenary sessions will feature thought leaders in dentistry sharing their expertise on issues critical to the profession while breakout streams will allow attendees to focus on specific areas of interest, from lecture-based sessions to practical workshops tailored to individual needs. Workshops will provide hands-on opportunities for learning, enabling delegates to explore new tools and techniques in an interactive setting.

In addition to its educational focus, the event will host a large trade exhibition. Exhibitors will showcase cutting-edge products and services designed to improve efficiency and outcomes, offering practical solutions for daily practice. Engaging directly with suppliers and experts, attendees can trial equipment, gain practical experience, and build confidence in adopting innovative approaches to patient care.

### Addressing shared challenges

The Oral Health Summit's collaborative nature also highlights its focus on tackling shared challenges within the dental profession. By bringing together dental hygienists, dental therapists, periodontists and general practitioners, the event promotes interdisciplinary collaboration and a unified approach to advancing patient care. Social events, including a formal dinner and a relaxed drinks reception, provide additional opportunities to connect, fostering relationships that strengthen the profession as a whole. These informal settings complement the structured sessions, encouraging

open dialogue and the sharing of ideas that support professional development.

The emphasis on promoting health, preventing disease and supporting the profession is woven throughout the programme. This collective focus ensures delegates leave with actionable strategies, renewed enthusiasm, and the tools needed to tackle both individual and industry-wide challenges.

### Novel opportunities

In essence, what sets the Oral Health Summit apart is its holistic approach. Alongside structured sessions, the event includes novel opportunities for engagement, such as conversational-style discussions with industry leaders. These relaxed, roundtable settings encourage open dialogue and exploration of the key issues shaping dental practice today.

The event also showcases the growing emphasis on patient-centred care, highlighting how collaboration across the dental team can improve outcomes and efficiency. This focus on interdisciplinary learning is integral to the shared mission of promoting health and preventing disease. With its rich history and vibrant culture, attendees are also encouraged to explore Edinburgh during their visit.

### Act now

The Oral Health Summit represents an opportunity for dental professionals to come together, learn and shape the future of care. By fostering collaboration and sharing expertise, the event aligns perfectly with our key missions of promoting health, preventing disease and supporting the profession. **D**

Taking place in Edinburgh, why not be part of this transformative event? For further information, visit [tinyurl.com/oral-health-summit](https://tinyurl.com/oral-health-summit). Booking early is recommended to avoid disappointment.

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# How to beat your targets in 2025

**Steve Wright** explains how adding an oral healthcare range can enhance the patient experience

**Steve Wright**  
CEO of Kent Brushes



As we look ahead, many of us have set ambitious goals to improve patient experience and satisfaction as well as boost sales. For many dental practices across the country, 2024 was a strong, solid year. The challenge now is to build on this and beat fresh targets – that, for many, are ambitious and a testament to the fast-paced and dynamic nature of the business.

Increased patient retention and loyalty is vital for success in 2025. With a plethora of treatments available, enhancing the patient's experience and providing a positive journey in the lead-up to, during and after any procedure is fundamental. As part of this and to ensure that patients stay on top of their oral health during treatment, why not consider adding an oral healthcare range?

By helping patients prioritise their oral health, you can reduce treatment time and improve outcomes, allowing you to move on to other patients and meet internal goals.

Supplementing any treatment with an oral health range can have multiple benefits, not just in helping to meet targets, but is a proven tactic to boost client engagement when products are carefully selected. When implemented correctly, it can form an effective part of your marketing strategy and help build relationships with clients while contributing towards business targets and financials.

## Rewarding clients

Maintaining authenticity while being relevant and altruistic in nature is key. Recipients need to appreciate that the goodwill gesture of an oral health range is sincere and of benefit to them, even if they understand it is part of your marketing strategy.

Adding value to their patient experience goes hand-in-hand. Any complementary product should be relevant and considered with care. It should also complement your dentistry style and reflect your brand and practice ethos.

Rather than offering incentives to have treatments, there is an opportunity to have much greater impact and value via supplementing existing treatments with a well thought out range. This can contribute to a patient's overall perception of their care, and the individual clinic plus also positively reinforces their views of the industry as a whole.

Introducing an oral healthcare range that contributes towards treatment outcomes and helps maintain oral health can be highly

**The key is to offer products that add value to their dental experience and effectively benefit them long after they have walked out of the practice**

effective. The priority for all businesses must be to help patients prioritise their oral health, and anything that aids this is both practical and valuable. Products carefully selected that can actually enhance and benefit common treatments like Invisalign and other fillings and extractions are great for pre- and post-care support, helping to boost the effectiveness of the treatment and encourage greater oral hygiene and care in the long term.

## Products with consideration

Offering patients a desirable oral health kit alongside treatment is smart and effective. They can be selected to align with current treatment plans and provide tangible benefits as mentioned above.

Many brands, such as Kent Oral Care, offer practical yet stylish options that could be considered, including a whole range that encourages better oral health while looking and feeling more premium.

As well as performing exceptionally well and benefiting the patients themselves, the range also aligns with consumers' increasing sustainability and environmental concerns. Biodegradable handles are incorporated into Kent Oral Care's manual toothbrushes, and the packaging is eco-friendly and recyclable, minimising the environmental footprint of the kit. In addition, the mouthwash is designed to promote oral hygiene while minimising environmental impact – concentrated formulas reduce packaging waste, and the bottle is made from recyclable materials. The toothpaste tablets also come in a reusable glass jar, reducing plastic waste significantly.

By providing a kit like this, patients feel they are doing their bit for the environment, adding to their overall experience and perception of the clinic.

## Final thoughts

Patient retention is key to sustainable growth, and supplementing treatments with an oral health kit effectively recognises a patient's commitment. The key is to offer products that add value to their dental experience and effectively benefit them long after they have walked out of the practice door. Dental-related kits show an ethos of care and help to improve patients' oral health while building upon a satisfied patient base and reducing treatment time. With 2025 targets high on the agenda, perhaps now is the time to consider adding an oral healthcare range to your customer journey. **D**



# Long-lasting restorations and happy patients

## Minimally invasive treatment using Prettau Skin zirconia veneers: a case example

Over the last decade, minimally invasive surgery has gained a growing positive reputation. Treatments involving zero to minimal surgery are increasingly accepted in the dental field, requested by both patients and the restorative team.

The basic idea behind this treatment method is to preserve as much oral tissue as possible. And where it is not salvagable, to replace the smallest amount of tissue possible with as little surgery as possible. This results in fewer chairside appointments, as the procedures are less invasive. Another important benefit for the patient is a reduction in discomfort and stress that often goes accompanies surgical intervention. The shorter recovery phase after the treatment is beneficial for a positive patient experience.

A prerequisite for being able to perform successful minimally invasive surgery is the availability of high-quality and high-performance dental materials that are easy to use. This will guarantee satisfying outcomes, long-lasting restorations and happy patients.

### An innovative solution

With the Prettau Skin veneers, Zirkozahn offers an innovative solution for non-invasive or minimally invasive treatments. Prettau Skins are particularly thin veneers, reaching a maximum thickness of 0.2mm. They represent a thin but very stable restoration with high fitting accuracy.

Prettau Skin is intended to be fabricated with Prettau zirconia. Prettau Dispersive zirconia typologies are particularly suitable for this kind of treatment, as they already have a natural colour gradient from dentine to enamel. Zirkozahn's zirconia types generally have a good opacity effect. This makes it relatively easy for the dental technician to achieve the desired colour on the model. However, for even more patient-individual results, veneers can be further characterised with ICE Stains 3D by Enrico Steger. To select the most suitable colour, using Zirkozahn Shade Guides is recommended. If the material of the shade guide and the material used for producing the zirconia veneers are the same, the shade of the zirconia restoration matches 1:1 with the natural tooth colour of the patient. The materials needed to produce Prettau Skin are conceived, developed and tested by Zirkozahn's in-house research and development team, ensuring a smooth workflow and total compatibility of materials and products.

### Patient case

The following patient case describes the workflow for a female patient who was treated with Prettau Skin veneers by Zirkozahn.

The patient was suffering from an overbite/overjet condition and through fixing the misalignment of her teeth, she hoped to improve the aesthetics of her anterior tooth region. Together with the restorative team she opted for



With the Prettau Skin technique for creating ultra-thin Prettau zirconia veneers, patients can get a healthy smile with zero to minimal impairment of tooth substance

a minimally invasive treatment with Prettau Skin veneers.

Initially, the workflow involved minimal polishing of the proximal marginal ridges and placement of a retraction cord (000). The oral situation was then digitally acquired by intraoral scans and the facial physiognomy by means of a 3D Face Hunter facial scanner, allowing a virtual 3D reproduction and articulation of the patient.

For the selection of the most suitable zirconia shade, monolithic Prettau Dispersive zirconia sample teeth from the Zirkozahn Shade Guide Prettau Line were used, allowing the final tooth aesthetics to be previewed. For this treatment, Prettau 4 Anterior Dispersive zirconia (A1) was selected: a material characterised by high translucency, developed for the anterior region.

At this point, the tooth setup was performed in the Zirkozahn.Modifier software, selecting and individualising the most suitable morphology from the Heroes Collection virtual library. After prototype try-in on a printed model, the dental technician designed and produced a patient-specific preparation guide for the dentist, marking the areas of the teeth to be prepared for the application of the veneers. This preparation guide is a useful tool to optimise planning and communication between the dental technician and dentist, with the ultimate goal of providing the patient with the best possible care. Afterwards, the clinician proceeded with the minimally invasive preparation of the teeth using the received guides, which allowed for optimal control of the tooth tissue reduction. Subsequently, the dental technician designed the final restoration which, once milled and sintered, was characterised with ICE Stains 3D by Enrico Steger.

For cementation, the inner surface of the zirconia was treated following Zirkozahn's protocol (sandblasting with aluminium oxide, 100 microns at two bar, application of Tokuyama universal primer and Estecem II cement). **D**



In the Zirkozahn.Modifier software, patient digital articulation was performed by means of the PS1 articulator



Digital designing and placement of the veneers



Cementation of the Prettau Skin veneers made of Prettau 4 Anterior Dispersive zirconia in the patient's mouth



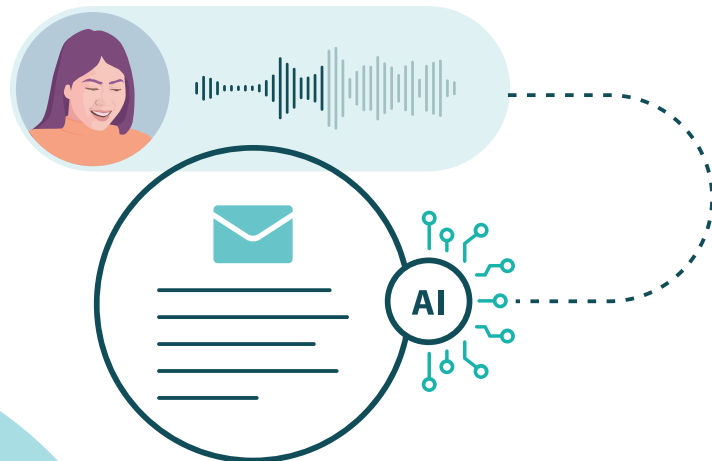
The final restoration in situ

To learn more about Prettau Skin, join Zirkozahn's two-day course in South Tyrol (Italy) and discover the entire workflow, including both clinical and technical procedures. Upcoming course dates for dentists and dental technicians will be on 10-11 April and 22-23 May 2025. Scan the QR code to see the course programme and register! Or contact Zirkozahn on +39 0474 066 680 or [carmen.ausserhofer@zirkozahn.com](mailto:carmen.ausserhofer@zirkozahn.com) or [jasmin.oberstaller@zirkozahn.com](mailto:jasmin.oberstaller@zirkozahn.com).



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# Dental practices are at risk of non-compliance

**Aura Infection Control** analyses the result of the dental decontamination training survey

Worrying issues have been uncovered in the UK's largest ever dental decontamination training survey, highlighting key areas that dental practices need to be aware of.

FMC, in partnership with Aura Infection Control, have released the results of this groundbreaking survey focused on dental decontamination and infection prevention and control training.

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

## Why this survey matters

The significance of decontamination in dental practices cannot be overstated. As a cornerstone of patient safety, effective decontamination and infection control ensure that all instruments and surfaces are meticulously cleaned and sterilised.

Achieving and maintaining these high standards, however, relies on consistent and up-to-date training for all dental professionals.

Despite its vital role, the quality and consistency of decontamination training can vary between practices, underscoring the need to gather comprehensive data on

current methods, challenges, and opportunities for improvement.

This survey has provided invaluable insights from dental professionals across the UK, offering a detailed understanding of the current state of decontamination training. Through their participation, dental teams have not only highlighted effective practices but also pinpointed areas where additional training and resources are essential to elevate standards further.

Deputy editor of *Dentistry* Heather Grimes said: 'We are pleased to share these important insights into decontamination training, and we are grateful to all of those who took the time to complete the survey. The results will help to shape future training programmes and knowledge resources available for dental professionals to maintain high standards of infection control.'

## Current knowledge and skills

Shockingly, almost a quarter of all dental practices said they do not have a dental decontamination (or IPC) lead despite it being a legal requirement of the Health and Social Care Act (2012) code of practice under criteria two.

Of those who said their practice had a decontamination lead, one in five had not had formal training.

Aura's managing director Laura Edgar said: 'These are exactly the type of people we want to help support. Without formal training, carrying that weight of responsibility must be scary. If that's you, please contact us. We



**87%**  
have a good  
knowledge of dental  
decontamination

are here to help.'

When asked about current knowledge of dental decontamination, including practical and legislative aspects, respondents were overwhelmingly positive with 87% saying they had a good knowledge. That includes 15% who said they were experts.

When it came to skills rather than knowledge there was a slight increase in confidence with 91% of respondents saying they were confident. Conversely, almost one in 10 had low or no confidence.

Despite the GDC guidelines on formal CPD and HTM 01-05, 42% of respondents had not had any formal training in specific decontamination topics such as dental unit waterline (DUWL) training in the last 12 months.

## Areas of training needed

The survey asked respondents which stage of the practice's decontamination cycle they felt was the least robust/least effective/prone to error/open to interpretation/reliant on user skill.

The largest group (42%) said handpieces, closely followed by cleaning. In third place with 33% was validation, then disinfection and finally sterilisation.

Laura commented: 'It comes as no surprise that handpieces are the weak link in the



**91%**  
are confident in  
their decontamination  
skills

**2 in 3**  
have easy access to decontamination training

decontamination cycle having highlighted this in FMC's 2023 survey. We offer a hands-on training course to help tackle this problematic topic.'

Respondents were also asked which areas they felt their practice needed more training in. The most common answer (40%) was Legionella control followed by DUWL management.

Just over half of practices said they never or rarely encounter challenges with decontamination procedures but almost one in five often or always encounter challenges.

Executive director of the Society of British Dental Nurses and the founder of Human Factors in Dentistry Group, Fiona Ellwood, commented: 'From a patient safety perspective, one in five is just too high. Challenges can be overcome if structured and time-allocated-specific training is scheduled and actioned for all team members.'

### Training format and preferences

Worryingly, just over half of respondents thought decontamination training should be conducted annually.

'That is not enough to be compliant with guidelines and regulations,' said Laura. 'There are recent and numerous CQC reports that highlight the infrequency of training as a safety issue. If any practice wants some help and guidance with training compliance all they need to do is contact us.'

### Accessibility, resources, feedback

Pleasingly, almost two thirds of respondents found access to decontamination training resources easy or very easy. However almost one in 10 found it difficult to access and the remainder were neutral.

There was good news on the resource front, with two thirds saying they always have access to up-to-date guidelines and resources on dental decontamination. A further 30% have access sometimes.

By far the most common barrier respondents faced attending or participating in decontamination training was time constraints. This barrier was highlighted by

three quarters of respondents.

Fiona added: 'Everyone can appreciate how busy the team are, but effective training can save time too over the long run, not to mention the implication of patient safety and assurance. More research is needed to better understand this.'

### Impact

Encouragingly, almost nine in 10 respondents thought additional training would improve or greatly improve their practice in terms of decontamination.

Almost two thirds said additional training in dental decontamination is helpful for their practice.

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 conducted 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 marked 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.

Laura Edgar said: 'There has been a huge increase in demand for our decon lead



**42%**  
have had no formal training in decontamination in the last year

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.'

### Your voice matters

Hundreds of respondents took part in the survey including principal dentists, dental nurses, dental hygienists, dental therapists and practice managers. They shared their experiences and made their voices heard to benefit the wider dental industry.

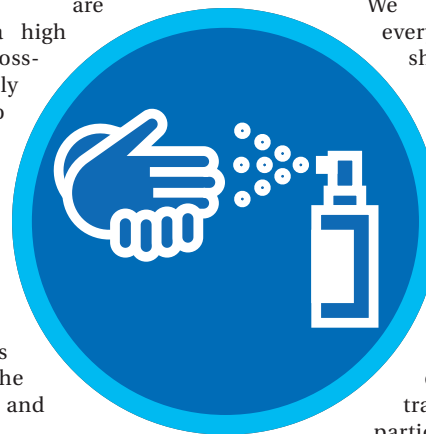
Their vital input will be used to inform future industry-wide training programmes, create targeted resources, and ultimately enhance the standard of decontamination and infection control in dental practices.

Everyone who completed the survey was entered into a draw for a chance to win one of two £50 Amazon vouchers. The winners will be announced online in the coming weeks.

We would like to thank everyone who took part for sharing their 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 has been key to its success.

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



**9 in 10** felt additional training would improve their decontamination practices

If you would like to know more about dental decontamination training, contact Laura Edgar on 01833 630393 or email [orders@aiconline.co.uk](mailto:orders@aiconline.co.uk).

To book a free dental decontamination review visit [www.aiconline.co.uk/dental-decontamination-review](http://www.aiconline.co.uk/dental-decontamination-review).

## At the forefront of implant dentistry **ADI**

In order to stay at the forefront of implant dentistry, an understanding of the equipment, technology and software on offer is essential.

The extensive trade exhibition at the ADI Team Congress 2025 is the ideal place to learn about the latest products to support your implant workflow from the people who know them best.

Additionally, expert speakers from a wide range of clinical backgrounds will discuss the latest techniques in implant dentistry to ensure you get the most up-to-date education across the three days.

The ADI Team Congress 2025 will take place from 1-3 May at The Brighton Centre.

[www.adi.org.uk](http://www.adi.org.uk)



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The brilliance of Smop lies in the preparation. With a cloud-based planning and communication tool, practitioners and technicians can actively collaborate more effectively. Through improved partnerships, clinicians can refine their treatment plans, and secure optimal results.

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## New materials for full dentures **Zirkonzahn**

With Abro Basic Multistratum and Denture Gingiva Basic Mono Pink resins, Zirkonzahn introduces new PMMA-based materials that are particularly biocompatible and health-friendly due to their low residual monomer concentration.

Abro Basic Multistratum shows a natural colour gradient from dentine to the enamel and improved material properties in terms of translucency values, flexural strength as well as fracture and abrasion resistance which make it particularly suited for the manufacture of denture teeth. However, it can also be used for long-term temporaries and various secondary and tertiary structures.

On the other hand, Denture Gingiva Basic Mono Pink is a gingiva-coloured resin with improved material properties in terms of flexural strength and fracture resistance, specifically conceived for the production of denture bases. The resin blanks are also available in Ø125mm for the manufacture of up to two denture bases in just one milling process.

The gingival area of the restorations can be then characterised individually with Gingiva-Composites. Their colour spectrum is based on the company's ICE Ceramics Tissue shades from light to dark: through the temporary, dentists and patients can get an immediate aesthetic impression of the final restoration.

[www.zirkonzahn.com](http://www.zirkonzahn.com)



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## Announcing a new partnership **Meisinger**

For nearly 30 years, Hager & Meisinger, a renowned German-based dental company, has been manufacturing Meisinger Implants, offering exceptional quality at economical prices.

In an exciting development, ICE (International Centre of Excellence), a leading dental implant training centre, has announced that it will now be using Meisinger Implants for its training programmes.

This partnership, announced in September 2024, marks a new chapter in providing top-tier education and practical experience for implant dentistry professionals.

This collaboration emphasises the commitment to delivering innovative, high-quality solutions for dental education and practice.

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[infoeurope@parkell.com](mailto:infoeurope@parkell.com)



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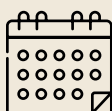
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