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‘SHOW OF UNITY’ AS PROFESSION CALLS FOR DENTAL GDC CHAIR

Representatives across the dental profession have called for a registrant to be appointed as the next General Dental Council (GDC) chair.

In an open letter to the regulator sent last month, associations and specialist societies urge that the next council chair ‘must be a registrant’.

The letter, signed by bodies representing ‘the full spectrum of the dental sector’, states: ‘We note that chair Lord Toby Harris is not seeking a second term of office. We can take some comfort that his term has not repeated the mistakes of his predecessor, Dr Bill Moyes, who left trust and confidence among registrants on the floor.’

It continues: ‘Lord Harris has left a long lead time to ensure the right process is in place for selection of a successor. We want the right person for this role, and so we are united that the next council chair must be a registrant. However, real gains made since 2021 cannot make up for lost ground.’

‘Rebuilding trust is a journey, not a final destination. We want to ensure your next chair can bring knowledge, insight, and empathy from the coalface to the task ahead.’

The British Dental Association (BDA), whose chair Eddie Crouch was one of the letter’s signatories, called the letter an ‘unprecedented show of unity [that] reflects the depth of feeling across dentistry.’

The BDA was joined by bodies from across the profession that cover nearly all of the groups regulated by the GDC – see the box out ‘Full spectrum’ for the complete list.

Fresh perspectives

Applications for the position officially closed on 24 February.

When the recruitment push first launched, the regulator said it welcomed candidates ‘who have a diverse range of backgrounds and can bring fresh perspectives and experience’. They should also share the GDC’s vision for regulation that supports the provision of safe, effective oral health care.

The GDC was also looking to fill the position of two council member positions, with the possibility of this increasing to three if a dental professional is appointed as chair.

In September 2025, Lord Toby Harris will complete his four-year term as chair, and lay council members Sheila Kumar and Anne Heal will conclude their maximum eight-year terms.

Turn to page 11 for more voices from the profession on the new GDC chair.

Full spectrum

The full list of signatories on the letter:

Eddie Crouch – chair, British Dental Association

Rhian Jones – president, British Association of Oral Surgeons

Fiona Sandom – chair, British Association of Dental Therapists

Robbie Lawson – president, British Orthodontic Society

Shiyana Eliyas – president (24-25), British Society of Prosthodontics

Simon Thackery – president, British Association of Private Dentistry

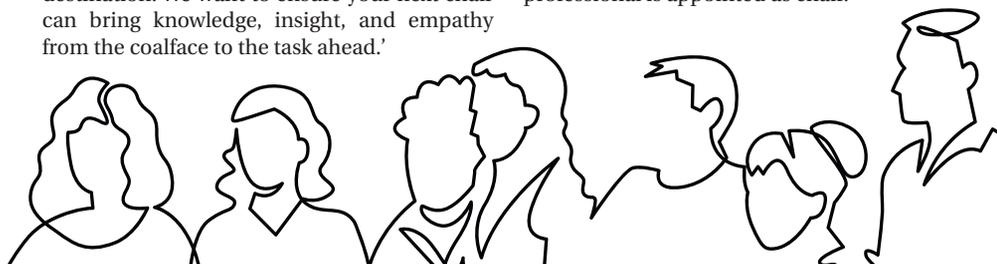
Professor Nicola West – president, British Society of Periodontology and Implant Dentistry

Deborah Bomfim – president, British Society for Restorative Dentistry

Sam Jethwa – president, British Academy of Cosmetic Dentistry

Preetee Hylton – president, British Association of Dental Nurses

Mili Doshi – chair, British Society of Gerodontology



Urgent appointment plan leaves 1.5m shortfall for patients

A government plan to deliver more urgent dental appointments will only cover a third of the actual need, the profession has warned.

The 700,000 extra urgent appointments rolled out by health minister Stephen Kinnock (see page 8) last month will leave around 1.5 million patients still without access.

In an annex to a message sent by NHS England to NHS contract holders last month, officials explained how the new appointments should be allocated.

The annex read: ‘This calculation gives a total estimate of 2.2m people each year (3.5% of the population) who are currently unable to get an NHS dentist appointment, and who have a treatment need. It is assumed that these are the people who would require urgent care appointments.’

The British Dental Association (BDA) points out that this would mean the new urgent dental appointments would only cover one third of demand – with 1.5 million people left untreated.

Shiv Pabary, chair of the BDA’s general dental practice committee, said: ‘So, it seems a new government discovered the need for urgent care, but chose just to cover a third of it.’

‘This is austerity on stilts. Rather than eliminating DIY dentistry, the treasury is ensuring we keep seeing horrors that belong in Victorian era.’

‘Ministers in England, Scotland, Wales and Northern Ireland have a moral responsibility to ensure no patient is ever left in this position.’

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

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Things can only get better - or not



Guy Hiscott
Editor's view

Round and round goes the regulatory merry go round, and where it stops.... Well, we can probably guess, can't we?

This month, it's been the turn of regulatory leadership to get its moment in the spotlight.

In the same few weeks that we've heard the righteous calls for a registrant to sit as the next chair of the General

Dental Council (GDC), more details have emerged about the ongoing disaster at Care Quality Commission (CQC) high command.

Let me quickly add my support to the idea that the GDC's next chair should come from within the ranks of the profession.

Whether there's anyone brave enough to stick their head above that particular parapet, I don't know - but I do hear on the grapevine that it's a viewpoint the GDC might not be wholly opposed to, so the letter from the associations might be well timed.

It's a no-brainer, of course, though finding someone able (not to mention willing) to balance an understanding of the profession with the careful eye of regulation is a harder task.

I'll believe it when I see it, but whatever the outcome of the GDC's recruitment drive, let's all hope it doesn't end in the unmitigated disaster that's unfolded over at the CQC's head offices.

Because I've misplaced my hopes before. In the heady days of last summer I hailed the public apology from the CQC's interim chief exec, Kate Terroni, as a 'good first step' that 'made me hope for a future in which there is a stronger sense of proportionality in dental regulation'. I may even have called the apology brave.

Called that one well, didn't I?

I don't know about you but to my mind, apologising in July, leaving post by October, and then continuing to draw a six-figure salary for that role several months later is perhaps stretching the definition of 'brave'.

Ms Terroni is not alone in this, if the figures I've seen are to be believed. *Private Eye* estimates that the former chief executive Ian Trenholm, executive director of operations Tyson Hepple and chief digital and data officer Mark Sutton, have also been given several months of follow-on pay after leaving their posts, totalling hundreds of thousands of pounds.

CQC policy allows for six months' notice when early termination occurs under redundancy - but these individuals all resigned against a backdrop of the organisation they shaped being declared 'unfit for purpose'. Wes Streeting even called it 'rotten'.

So we can wait to see what happens under the stewardship of new CQC chief exec Sir Julian Hartley, and find out which way the GDC jumps regarding its own leadership... But I hope you'll forgive if I don't hold my breath.

Dorset MPs call for more action to tackle dental crisis

All four Labour MPs representing Dorset have joined forces to urge the government to tackle the dental desert created in the county.

Jessica Toale (Bournemouth West), Lloyd Hatton (South Dorset), Neil Duncan-Jordan (Poole) and Tom Hayes (Bournemouth East) have written to health secretary Wes Streeting, outlining the extent of the dental crisis in Dorset.

The letter states that no dental practices in the county are accepting new patients at present, forcing people to travel to Southampton and Bristol for treatment or resort to DIY dentistry.

The MPs also state that nearly 60% of adults and 47% of children in Dorset have not seen an NHS dentist in the past year. The south west is currently the worst region for access to NHS dentists.

The letter states: 'NHS dentistry provision in Dorset is urgently needed, and on behalf of the people of Dorset, we would ask you to provide a



cast-iron commitment to improving provision in our area.'

The MPs have invited Streeting to meet with patients and dentists in Dorset first-hand to understand the extent of the crisis.

Toale said: 'It really shouldn't be impossible to access NHS dental care where you live, but for so many of my constituents, it is. The impact of this is significant, with children being admitted to hospital for dental issues that could've easily been prevented with access to NHS dental care.'

Carrots and sticks

Prevention and oral health promotion should be a first priority, but have always been an afterthought in NHS thinking – expected but never funded. Kevin Lewis asks why the NHS never seems to get the message

Kevin Lewis | Consultant editor



“

A lot has been said and written in recent weeks about what a satisfactory resolution of the Russia-Ukraine war might look like. I am at a slight disadvantage here, as I am

writing this column ahead of any such resolution but in the hope that one is imminent. The world had closed its eyes and sat on its hands when Russia invaded, occupied and effectively annexed Crimea a decade ago but especially since the new US president was installed, it has seemed increasingly likely that history would repeat itself in relation to the occupied territories in eastern Ukraine and Russia may yet be allowed to keep its ill-gotten gains. What this might presage for the new world order, for Taiwan, for other parts of Eastern Europe, for the Middle East (not to mention Greenland and the Panama Canal) and elsewhere is unthinkable – but nevertheless a chilling reality for us to contemplate. If ‘help yourself to whatever you fancy’ is OK for some countries, who is to say that it is bad for other countries?

Long, long ago, when my two offspring were still young, I was travelling to Ireland to speak at the annual conference of the Irish Dental Association for the very first time – a privilege that I subsequently enjoyed on several further occasions. One of those times was when one of the aforementioned offspring had grown up, graduated and was himself lecturing on the same conference programme. A treat indeed. Anyway, in the airport on my original trip to the IDA Conference my attention was drawn to a book featuring a large carrot on the front cover. It was written by a US business guru Michael LeBeouf shortly before he retired, and was called *How to Motivate People*. This chance addition to my book collection ended up teaching me a lot, and in many unexpected ways.

LeBeouf asserted that in all aspects of life you get more of whatever kind of behaviour you reward the most. This statement is often slightly misquoted as ‘the things that get rewarded and appreciated, get done’ – although that’s probably true too. But the underlying principles relating to reward apply to parenting as much as to

business management and indeed, to most of our dealings with third parties. The corollary is that when somebody acts in a way that pleases you, but you don’t show or voice your appreciation, then you have no right to expect that they will invest the same amount of time and effort next time around. And it follows that if you reward (or fail to act upon) the wrong kind of behaviour, don’t be surprised if you get more of it. The parallels with Russia’s illegal invasions of Ukraine in 2014, and again three years ago, are striking. Economic and other such sanction do demonstrate disapproval – but they don’t restore the status quo.

Behaviour

Successive governments here in the UK have used carrots and sticks in varying measure to drive the behaviour of both companies and individuals. We have seen it in the differential taxation of motor fuels, and in relation to engine sizes, to incentivise home insulation and energy efficiency, to penalise the use of fossil fuels, and in the duties on alcohol and tobacco and (next year) vapes too. Dentistry and oral health got a glimpse of it in 2018 with the introduction of a sugar tax – or more precisely, the Soft Drinks Industry Levy (SDIL) to encourage the lowering of sugar levels in soft drinks. But dentistry had been introduced to the approach from 1948 at the start of the NHS, when the government needed to persuade initially reluctant and distrustful dentists to offer NHS treatment notwithstanding the emphatic advice of the BDA not to do so. The carrot was an almost limitless supply of patients

and huge dental need, and a wholly fee-per-item system (albeit at bargain basement pricing relative to the going rate privately). At a time of post-war austerity, NHS treatment was free to all patients so there was no disincentive for them to seek treatment either. Within three years, the government was shredding the carrots and reaching for any sticks it could lay its hands on – cutting the fee scale, adding a range of terms and conditions for certain treatments, and introducing NHS patients charges for dentistry. The incentives were clearly never intended to work that well.

But the advent of the air rotor in the late 1950s and 1960s meant that dentists’ productivity and output rose exponentially and a remuneration system created for a different set of circumstances no longer made any sense in the new world – especially not to the government which again responded to successive rises in dentists’ gross earnings, with successive fee cuts – the so-called ‘treadmill effect’ of the fee formula in place at that time.



“ An incentive ceases to be an incentive at all if it is overtaken by additional costs and it is insulting that GDPs are seemingly viewed in the same light as laboratory mice

Reverse incentive

Matters had come to a head by the early 1960s and the 1964 *Tattersall Report* concluded: ‘There is no future for the profession, or indeed for general dental practice as an art and a science, in the system of remuneration as presently operated’. He was referring not just to a fee-per-item system, but one which incorporated an annual rebalancing mechanism designed (or at least, intended) to deliver an agreed target gross and net income to individual dentists. In reality, what it achieved was an outcome where the majority of GDPs earned less than the intended net income – so each year they worked harder and longer to catch up and in doing so the average gross income rose, the collective balancing mechanism kicked in and fees were cut. And so it continued...

Successive reports from Tattersall, the Dental Strategy Review Group (1981), Bloomfield and the Health Select Committee (1992/93), Options for Change (2002), Steele (2009) through to the dental recovery plan a year ago – and many other stops in between – all stressed the urgent need for a more preventive approach. But each and every time, the system continued to reward active treatment

The very idea tells us that there are some **sensible and rational people working either in general dental practice, or in the bowels of DHSC – but not both**

interventions, productivity and output/volume, rather than specifically rewarding prevention. Even the 16-year experiment with capitation (for children) 1990-2006 was clumsy in design and implementation, despite the additional one-off ‘entry payments’ and Jarman deprivation adjustments having blunted some of the disincentives to taking on children with high dental needs.

Blind spot

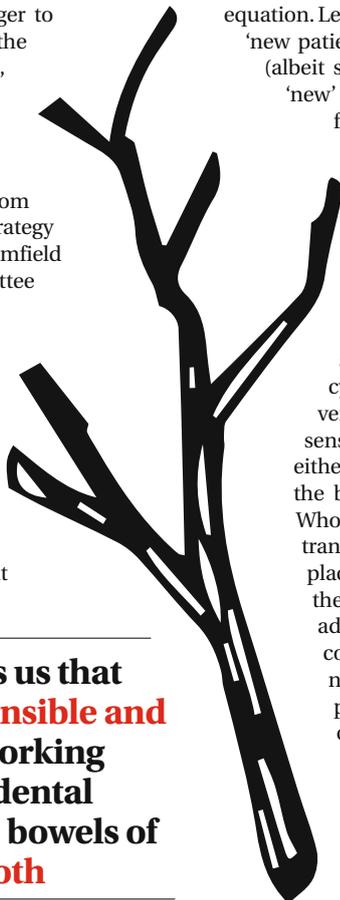
The blind spot in successive remuneration systems has been the failure to recognise and reflect the costs side of the general dental practice equation. Learning no lessons from history, the ‘new patient premium’ has been the latest (albeit stunted) carrot offered for seeing ‘new’ patients that haven’t attended for two years and need Band 1 treatment (+£15) or Band 2/3 treatment (+£50). Word has it that this incentive hasn’t delivered the anticipated transformational increase in acceptance of these groups, and the ‘bung’ may yet be withdrawn. Such an act would be an uncomfortable reminder of the cynicism of the government, but the very idea tells us that there are some sensible and rational people working either in general dental practice, or in the bowels of DHSC – but not both. Whoever would have expected a transformational effect in the first place? Meanwhile, choices made by the government are continuing to add to dental practice operating costs, with the hike in employer national insurance adding to the pain next month. An incentive ceases to be an incentive at all if it is overtaken by additional costs and it is insulting that GDPs are seemingly viewed in the same light as laboratory mice.

Tattersall spelled out the designed-in flaw in the

balancing mechanics that costs are not the same for all practices, and if he could work that out 60 years ago, one wonders why and how it can still be so difficult to grasp today. Even in the same part of the UK, in the same dental deserts, even in the same high street, you would need to incentivise practices differently to achieve the same outcome because they all start from a different position cost-wise.

In the 1960s-1980s the fee per item system rewarded and encouraged volume dentistry because it was much more cost effective and profitable to treat multiple teeth at the same sitting than place a single restoration on a single tooth. This applied to both fillings and fixed restorations and by 1986 the *Schanschieff Report* on the prevalence of unnecessary dental treatment followed a TV exposé *Drilling for Gold*. In 1990, with a fee per item system still in place for adults, registration and continuing care introduced a further incentive and just as in 1948, GDPs found the lure of ‘extra’ continuing care payments irresistible – not realising perhaps that they had been bribed with money that was already theirs in the first place, but had simply been stripped out of the fee scale and redeployed. But here again, the government got more of the kind of behaviour it had chosen to reward the most. So much more, in fact, that they hated it and started changing the rules and cutting fees within little over a year. The government’s supply of sticks seemed inexhaustible.

If the government really is as serious as it now claims to be about wanting to encourage prevention and oral health promotion, they will need to find a way to incentivise it, after 70 plus years of just expecting it while actually penalising it and preferring to reward things that are more tangible and more easily counted – like courses of treatment and treatment activity within them, and patients seen. Unfortunately, the longer the government sits on its hands, the more patients drift off to the private sector and that – for government if not for patients – is a win of sorts unless and until they are called out on the cynicism of that approach. **D**





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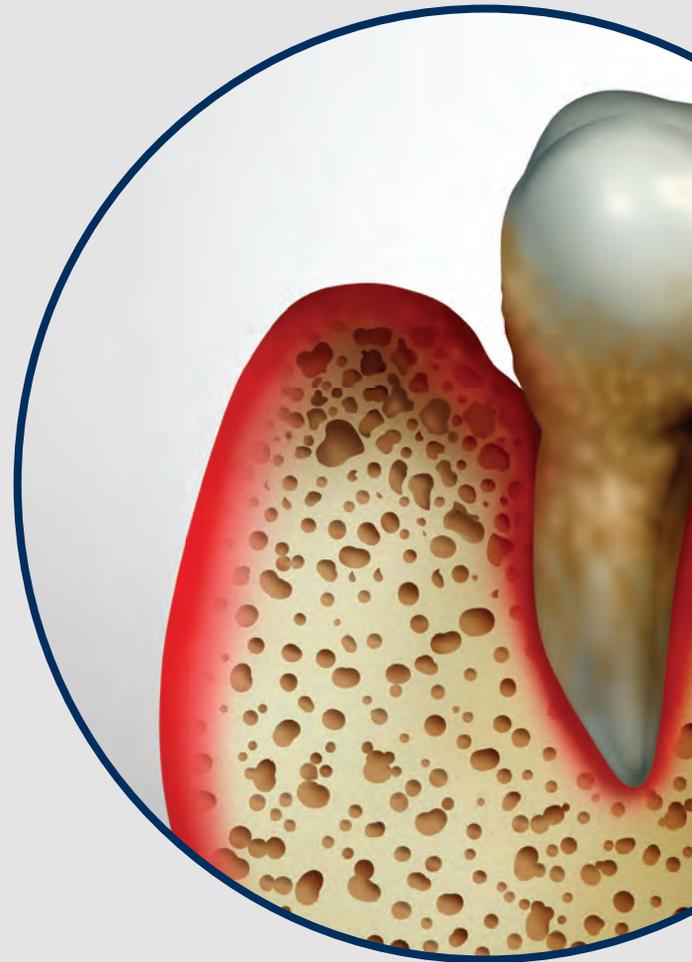
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Dental recovery plan has failed, NHS leaders admit

The previous government's proposed dental recovery plan has not been successful, NHS leaders have acknowledged.

The Public Accounts Committee (PAC) heard from senior government officials on 13 February on the progress of the plan, which was released in February last year.

One of the plan's measures, the 'golden hello' incentive, aimed to encourage dentists to work in underserved areas for one-off payments of up to £20,000. Out of a target of 240 dentists, just 39 have been appointed – the first of which was in October last year.

In addition, the introduction of mobile dental vans, another aspect of the plan, did not deliver any extra capacity.

Amanda Pritchard, NHS England chief executive, acknowledged that a recent report found the plan's modelling and calculations to be flawed. She said: 'What has become clear is that, in taking account of what the £200 million funding for the plan would buy, we have

overstated the number of new patients that that would cover.'

This is despite consistent concerns since March last year from the health committee and the British Dental Association (BDA) on the plan's modelling. However, Pritchard admitted that this 'does not change the fact that it was not a successful plan'.

NHS leaders and MPs also recognised that the NHS dental contract was the fundamental issue, with both Pritchard and Whitty agreeing that it is not fit for purpose.

Geoffrey Clifton-Brown, MP for North Cotswolds, suggested the best solution might be to rip up the existing contract and start again, which Pritchard agreed is 'exactly what we're going to need to do'. She added: 'The right answer, I think, is to consider a much more radical reshaping of dentistry in this country because it feels to us that tweaking around the edges... you can see it has made some difference, but not enough.'



Employers liable for 'Turkey teeth' sick pay

A company in Northern Ireland has been required to pay sick leave to an employee while she travelled for and recovered from a 'Turkey teeth' procedure.

Speaking to *Belfast Live*, HR and employment law specialist Dylan Loughlin said that employers could find themselves liable for sick pay during these procedures. He cited the case of a company in Northern Ireland which found that its 'generous' policy required sick pay while an employee travelled abroad for dental work.

The employee requested sick leave with a medical letter from the overseas clinic, which verified the procedure and recommended five days of recovery. The employer initially approved this request before finding out that the procedure was an elective and cosmetic

vener application.

While the company felt that sick leave should not be required as the procedure was not medically necessary, the employee argued that the terms of the sick leave policy allowed for her situation.

The policy reads: 'Time off on sick leave includes undergoing a day procedure or any other procedure by a medical practitioner which is related to your health.'

Due to the vague phrasing of the term 'related to your health', the company was obliged to pay for the sick leave.

In 2023, the Turkish Dental Association estimated that 250,000 people travel to Turkey each year for dental treatment.

NEWS IN BRIEF

UK rapper supports children's oral health

Rapper Professor Green has teamed up with the NHS to launch a competition for primary schools to encourage healthy toothbrushing habits.



Physical activity may prevent adolescents from smoking



Moderate-to-vigorous physical in childhood may prevent 60% of 13-year-olds from smoking their first cigarette, according to a new study.

One hundred patients queue for NHS dentist

A dental practice in Bristol drew a queue of more than 100 people as it announced it would be taking on more NHS patients.



Three in four employees work while unwell



Two thirds of people said they felt self-imposed pressure to continue working while ill in a survey of UK employees on the topic of workplace wellbeing.

Influencers to educate youth on vaping dangers

A new government campaign will use influencers to speak directly to 13- to 18-year-olds about vaping dangers.



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Government to roll out extra 700,000 urgent NHS dental appointments

Thousands of patients across England will be able to access urgent and emergency dental care as the government and NHS rolls out 700,000 extra urgent appointments.

Announced last week by health minister Stephen Kinnock, the move marks a commitment to a pledge made in the Labour manifesto last summer.

The extra appointments will be available from April and have been targeted at 'dental deserts' – areas where patients particularly struggle to access NHS dentists. This includes parts of the east of England, such as Norfolk and Waveney, where statistics show there are 31 NHS dentists respectively for every 100,000 people – significantly below the national average.

Each integrated care board (ICB) has been given a target of urgent appointments to roll out, based on estimated local levels of unmet need for urgent NHS care. Levels of unmet need are calculated by measures including looking at how many people tried and failed to get an NHS dentist appointment in the area.

Patients will be able to access these appointments by contacting their usual dental practice, or calling NHS 111 if they are without a regular dentist or need help out-of-hours.



'Austerity on stilts'

However, the British Dental Association (BDA) warns the new appointments will only cover one third of demand.

In an annex to a message sent by NHS England to NHS contract holders following the appointment commissioning, officials state 'this calculation gives a total estimate of 2.2m people each year (3.5% of the population) who are currently unable to get an NHS dentist appointment, and who have a treatment need. It is assumed that these are the people who would require urgent care appointments'.

Shiv Pabary, chair of the BDA's general dental practice committee, said: 'So, it seems a new government discovered the need for urgent care, but chose just to cover a third of it.'

'This is austerity on stilts.'

'Rather than eliminating DIY dentistry, the treasury is ensuring we keep seeing horrors that belong in Victorian era.'

'Ministers in England, Scotland, Wales and Northern Ireland have a moral responsibility to ensure no patient is ever left in this position.'

Lab-grown 'replacement teeth' successfully implanted into jaws

Scientists have successfully grown human-like replacement teeth in a lab setting and implanted them into the mouths of miniature pigs.

Human and porcine tooth cells were combined and grown into tooth-like structures inside samples of pig teeth.

Once mostly grown, the teeth were implanted into the jaws of pigs for two months and then removed. The researchers found that the finished teeth had developed hard layers of dentine and cementum.

While researchers have not yet created 'beautifully formed teeth', they are hopeful that the ability to do so could be within reach.

Dr Pamela Yelick is lead investigator on the project and runs the tissue bioengineering lab at Tufts University, Massachusetts.

She explained: 'We're optimistic that one day we will be able to create a functional biological tooth substitute that can get into people who need tooth replacement.'



One in five patients find their local hospital building unsafe

A recent survey reveals that almost 20% of the public said their local hospital was not a safe place to receive care in – while a further 30% did not know whether they were safe.

Of those who said their hospital was unsafe, more than one quarter (27%) were worried the roof would collapse. Another quarter (26%) were concerned about rodent and insect infestations. The most prevalent concerns were:

- Power failures – 34%
- Heating failures – 32%
- Roof collapse – 27%
- Rodent/insect infestations – 26%
- Sewage leaks or flooding – 20%.

The data was collected by Savanta on behalf of the Liberal Democrat Party, whose health and social care spokesperson Helen Morgan condemned the finding.

She said: 'It's shocking that so many patients no longer trust the buildings they rely on to get better, fearing the very walls they're treated in might crumble. Patients should only worry about their health – not whether the roof will cave in on them.'

Previous Liberal Democrat research found that there was a large backlog of high risk repairs which if not addressed could lead to serious injury or disruption to services.



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Should the next GDC chair be a registrant?

The profession has called for a registrant to be appointed as the next General Dental Council (GDC) chair in a letter from association leaders. But how do clinicians beyond those associations feel?

Mohsan Ahmad, dentist

For dental registrants to start building trust in the GDC, the only sensible choice for the new GDC chair is a current registrant. We all know the stress and anxiety created by GDC investigations, even when they are frivolous. I feel someone who experiences this day-to-day challenge, could empathise with all registrants, and would be wholly supported for the position.

The appointment of a registrant to GDC chair could be the first cog in bringing some optimism.

Alan Clarke, dentist

Having worked at the coalface, with the public, and seen the dental landscape through the

lens of a team member, registrants bring a unique, invaluable perspective. This is one that combines the practical challenges faced by the wider profession paired with a deep understanding of the public's needs and expectations.

The GDC has a critical role in upholding standards while maintaining fairness to registrants.

An environment of trust and collaboration between the regulator and the profession is wholly essential and could go a long way in mending wounds and anxieties grown in the young, and dispelling the culture of fear that has stained our industry.

The next GDC chair must not only be well-versed in the regulatory aspects of the role but also have the insight and empathy to make decisions that are both fair and informed. In my opinion, really only a registrant can truly bring the depth of understanding required to foster a harmonious and productive relationship

between the GDC and the dental profession as a whole.

Nilesh Parmar, dentist

The profession has spoken. It is imperative that the next chair of the GDC is an active dental registrant.

Dentistry has fast become one of the most demanding, stressful and draining professions in the country. We know that morale and the mental health of dental practitioners is at an all-time low. This is why we need somebody who clearly understands these pressures and is willing to make sensible, measured and progressive decisions as they steer the council forward.

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Exclusive: care minister slates 'Dickensian' childhood extraction figures

Almost 50,000 children aged 0 to 19 had a tooth extraction in NHS hospitals last financial year, according to newly-released data.

More than 30,000 of these extractions were due to a primary diagnosis of tooth decay – 62% of the total.

While the number of extractions due to tooth decay had decreased by 2% from the previous year, the total number of childhood extractions had increased by 3%.

Significant geographical disparity was also identified by the research. The highest rates of childhood extraction were found in Yorkshire and the Humber, at 454 per 100,000 zero to 19-year-olds. The lowest were in the east Midlands, at 70 per 100,000 children.

Decay-related extraction levels were 3.5 times higher in the most deprived areas compared to the least.

Tooth decay remains the most common reason for hospitalisation of children aged between five and nine.

The Department of Health and Social Care estimates that childhood tooth extraction cost the NHS £74.8 million in total during this period. For decay-related extraction, the figure was £45.8 million.

Extraction levels are a 'horror story'

Care minister Stephen Kinnock described the findings as a 'horror story' and a 'truly Dickensian state of affairs'.

Speaking to Dentistry.co.uk, he said: 'We know that poor oral health will affect children's ability to eat, learn and socialise.'

'But today's data also shows that £45 million of taxpayers hard-earned money was spent last year on removing teeth affected by decay which is almost always preventable. That equates to more than £125,000 for every day of the year.'

'We will not compromise when it comes to children's health. We will provide families with the support they need to ensure good habits continue at home, setting children up for a lifetime of good oral health to prevent problems we see far too often.'

The MP also commented on the 'disastrous state' of NHS dentistry.

He said: 'Shocking photos of patients in Bristol, queuing in the bitter winter weather, desperate to see a dentist. Patients taking matters into their own hands to take their teeth out.'

'And now, in some parts of the country, almost two-thirds of children with rotten teeth.'

Making NHS more appealing

Stephen Kinnock pledged to 'get the nation smiling once again'. He named several government plans to improve oral health and NHS dentistry.

These were:

- An extra 700,000 urgent dental appointments
- A focus on prevention through supervised toothbrushing programmes
- Reform of the NHS dental contract
- The 'golden hello' scheme offering dentists a one-off £20,000 payment to relocate to underserved areas.

The British Dental Association said: 'Progress is now urgently required on promises to reform the broken contract.'

Stephen Kinnock added: 'We will also bring forward the changes needed to reform the contract for our dentists, making NHS work more appealing to get patients the care they deserve.'



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'A strong community ethos': the hopes behind Plymouth's new training centre and free urgent dental clinic

Gaby Bissett speaks to **Robert Witton** about the new community dental practice that will help to train students – and provide much-needed urgent care to the community

Robert Witton

Chief executive, Peninsula Dental Social Enterprise (PDSE)

Gaby Bissett

Editor, Dentistry.co.uk



Gaby Bissett (GB): Why have you set up the Peninsula Dental Education Practice?

Robert Witton (RW): We first proposed the idea of a free urgent dental clinic quite a few years ago – I'd say the genesis of the project has been probably six years in the making.

The reasons were really twofold. Peninsula Dental School is one of the smallest dental schools in the country and we would like to expand dental student numbers. Having an extra clinical site gives us some extra space, and, as a result, we can accommodate more students in the future – depending on the outcome of the NHS long term workforce plan.

The other reason driving the project was the transition students go through from dental school to dental practice. We know that move is quite a significant one. Our students currently train in large dental education facilities and whilst they are some of the best in the world, they don't really resemble what a typical high street dental practice is.

The idea of the practice is that final year students will rotate through it to help them get as work ready as possible and more prepared for the realities of a practice.

The centre will operate like a practice, so it will have a slightly different tempo from the teaching clinics. We think that will be good for our students.

GB: How will the model work?

RW: There will be a mixed economy in the practice.



So alongside the dental students delivering free urgent dental care, we will also be transferring other services into the clinic.

We'll have qualified clinicians in the building. Part of the idea was to bring a multi-disciplinary team together – two general dentists seeing patients, but also a dental foundation dentist, a foundation dental therapist and a specialist oral surgery service. This is so A, it gives the best possible care to patients, but B, provides a really rich learning environment for dentists in training dentists and dental therapists.

We want to have a start to end pipeline for training. Someone could come to join us as a dental therapy or dental student, and they can potentially do their dental foundation training with us, further postgraduate dental training or even specialisation. It creates end-to-end training, crucial in a region like ours where it is hard to recruit and retain dentists. The south west is one of the slowest recovering regions post-pandemic

when it comes to dentistry. There's a register of interest for an NHS dentist, and in Plymouth city alone, there are more than 22,000 patients on that list.

At PDSE, we have a really strong community ethos. We've been driven in developing this partly by the community need, but also to focus on training dental students and the next generation of dental professionals.

GB: What makes this approach so different?

RW: Most dental schools have a dental casualty department but it tends to be in the dental hospital. This new clinic will be different – it will be a real mixed model of dental delivery right on the high street. The urgent care delivery is not that unique, but the overall design of the practice is.

A few years ago, Health Education England, just before they were disbanded, published a report called the *Advancing Dental Care* review. Within that, they proposed a model called 'centres for dental development'. This practice is not quite the same as that, but it is very similar to those ambitions in that it is trying to create outreach centres that provide the full pipeline of training.

GB: When will the centre be opened?

RW: We worked closely with the local authority to find the premises and that did take some time. Trying to find a suitable premises for 14 dental chairs in a city centre location is actually harder than it sounds. Plymouth City Council were really supportive and identified a retail unit for us.

We took over the lease of the building earlier this year, and we're just about to appoint contractors for the fit out of the practice. We hope to be open by the end of the year. **D**



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Making change

Catherine Rutland highlights the need for personal and professional development for creating positive change



CoreStrengths

Catherine Rutland
Clinical director at Denplan

There is always a need for development, particularly in our professional lives, within the businesses we work in or in the political and wider world. Without it we become stalled, and that can be a dangerous position. While we may feel we cannot do much about the wider world, there are still so many areas we can work on.

In our personal development, change

is more likely to occur slowly and not draw so much attention. It may be how we learn about ourselves, how to react to things, how to be mindful or kinder to ourselves. Most of the change will be internal and only noticeable, even to those closest to us, over a long period of time.

Professional development, especially of 'softer skills' which I like to call 'harder to learn skills', can feel like personal development at first in that there is not the same quick obvious change to your team or patients. Yet these skills are so worth developing for the benefit it will create to you and all around you.

Clinical skills development often does create an obvious change fairly quickly to those around you. In order to work at them and improve, your team around you will need to understand what areas you are developing and their role in helping you to master it!

Wider development

When you begin wider business development, the importance of everyone involved understanding the reasoning becomes essential. All businesses need to develop in order to adjust with the times and continue to survive. That development may be forced, through regulation or legislation, yet often it will be choice, and driven by fulfilling plans and strategy for the future.

Within all of these scenarios, the importance of your reasoning for the development will help or hinder that road. If you don't believe in why you need to do it, the impact you wish to create, either to yourself or to those around you, is unlikely to materialise.

We may have ticked a box, maybe to fit our personal development plan, yet does it excite us and do we finish feeling like we have grown?

So if you are thinking about developing any area of your life, it is worth finding an area that you feel purposeful about, or possibly even passionate about! If you need people to support you, make sure they understand your purpose and then can share in the positive outcomes of your development.

Time for your financial check-up

Iain Stevenson explains why dental professionals should care for their own finances as well as they look after patients' teeth



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

As a dental professional, you are well aware of the importance of regular check-ups for maintaining long-term health. The same principle applies to your financial planning.

In the ever-changing landscape of tax laws and financial regulations, a yearly review ensures your financial provisions align with your goals,

providing peace of mind and control – just like a dental appointment helps prevent future problems.

Some aspects of financial planning have become more complex. The UK tax system continues to evolve, directly impacting the decisions you make today for your future. What was the best decision for you last year may no longer be the optimal choice, especially as new legislation comes into play.

Inheritance tax

A notable example is the proposed change to inheritance tax (IHT) in last year's autumn budget announcement. Currently, pensions are exempt from IHT, but the new proposal suggests that from 6 April 2027 pensions may no longer receive this exemption.

While this change is not yet confirmed, its potential impact on those with estates valued above £325,000 could be significant. It's worth being aware that the IHT threshold can increase to £500,000 but only to include residential property, commonly known as the 'main residence' band.

Pensions have long been a tax-efficient method of saving for retirement, but if this legislation is passed, it would mean that larger estates – including pension funds – may be subject to IHT. For dentists with substantial pension savings, this shift could necessitate a reassessment of their financial strategy.

Just as no two dental patients are the same, financial planning is unique to each individual. That's why it's crucial to review your financial plans annually with a specialist financial adviser who understands the nuances of a career in dentistry, ideally before the end of the tax year on 5 April.

A proactive approach ensures you're doing everything you can to protect your financial future and that of your family – no matter what changes come your way.

A fresh start

The new financial year is the perfect time for a reset, says **Nigel Jones**



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

April is fast approaching and with it, the opportunity for some new financial year's resolutions.

OK, I accept that might sound trite especially as the concept of resolutions lacks credibility in the eyes of many.

However, according to an article at the end of last year by Ivo Vlaev, professor of behavioural science at Warwick

University, new year's resolutions represent more than just a fleeting tradition and can be a powerful opportunity for self-reflection and intentional growth. Indeed, recent studies have shown that six months into the year, some 46% of us are still working on our resolutions.

The article by Professor Vlaev highlights that the transition to a new year is a psychological milestone that symbolises a clean slate.

He goes on to say that the 'fresh start effect' can motivate individuals to leave behind old habits and adopt new ones, providing a sense of renewal and empowerment that allows people to instil positive changes that might otherwise feel daunting.

Renewal and empowerment

I would argue that a sense of renewal and empowerment is exactly what most NHS dentists are looking for especially after what was, very likely, an exhausting and stressful few months that squeezed out any good intentions signalled in January.

What they might also need is a sense of hope but if they are expecting that to come from the new Labour government, it might be a long wait as the promised cavalry seems to be riding to the aid of other parts of the NHS rather than dentistry.

But here I'll return to quoting from Professor Vlaev's article which talks about how, at their core, resolutions embody hope for the future, inspiring individuals to strive towards becoming their best selves.

So, as we prepare to transition into a new financial year, why not take the time for some self-reflection to help identify what truly matters to you both personally and professionally? Set some goals to give clarity and structure to the year ahead even if that involves simply exploring other ways of working. Channel your energy into your intention, not somebody else's. **D**

APRIL

01

What has changed for women in dentistry?

Catherine Rutland shares insights from two dental colleagues who have inspired her this International Women's Day

Catherine Rutland
Clinical director, Denplan



On International Women's Day 2024 I had been presenting at the North of England Dentistry Show when I was approached by a lovely lady called Ellie Rea. We started to talk, and it transpired that she was a second-year dental student at UCLAN.

After a further chat, a common thread between us appeared. Ellie qualified from Leeds in dental hygiene and dental therapy 30 years after I graduated from the same department as a dentist. Having worked in practice, she had then applied to UCLAN to study dentistry.

Ellie and I met up at Twickenham to join ladies from across dentistry in talking and watch the Red Roses play a fabulous game of rugby.

Being reminded of my early days in dentistry, it made me think and consider what, if anything, has changed for women in the profession over my career. To further widen the viewpoint, I spoke to Lianne Scott-Munden, clinical quality, complaints and risk manager at Denplan.

She entered the Royal Navy at the age of 17 to train as a dental nurse, she then spent the next 12 years in the forces. Her career pathway then went on to practice management and then to Denplan, joining my team four years ago. She now manages the side of my team that provides professional support to practices.

Change and sameness

In my conversations with both, several themes emerged alongside an awareness that while some things have changed, others have not. As three generations in dentistry spanning dental hygiene, dental therapy, dental nursing, dental student, practice management and dentistry, our strengths as women came through, and the benefit these can be to patient care and our own careers.

One of the biggest themes that became apparent was how we valued and utilised our skill sets. Having emotional intelligence and empathy felt very important as we had worked through our careers.

Most of us in the profession take on responsibility for patient care at a very young age compared to other healthcare professionals. Even as trainees or students, you are directly responsible for either supporting or providing patient care. Being able to interpret patients body language, communicate well, show care and compassion all need to be learnt quickly and put into action.

Flexibility

All of us felt that the flexibility that dentistry can provide was a very positive reason for being part of the profession. While Lianne and I had thought about the benefits of this with children, Ellie raised work-life balance and taking time in the week for life admin so you could enjoy your weekends.

This is a generational shift, and a good one when we consider the levels of mental health and morale issues within the profession.

Although Ellie is still early in her career, she has already shown the opportunity for career choices within the profession. Each of us will take our own path, and many of us could not have ever foreseen where our career path would take us.

Lianne and I have both altered and shifted our paths many times, yet we always move in a direction where we can build on our professional experience, stick to our values and utilise them in the best way we can. To have this opportunity and still remain in the profession is such a positive.

Inspiration

Over time, one thing I have seen, and I talked to Lianne and Ellie about, is the importance of other women who inspire you in the profession. I have always been inspired by other women, yet in my early years, it was often from afar. Opportunities to meet or communicate were not so easy as they are now. I do feel the combination of ease of reaching out to people and also how widely women in dentistry are talked about is such a great thing.

We are different, and the challenges we face are different. While many parts of your career can be supported by a great mentor of any gender, other parts may require someone who has gone through the same challenges and can truly empathise.

Feeling the positive as we talked, and realising so much is unchanged, it gives me hope. These two wonderful ladies started from different points to me in the profession yet feel the same about why we work in dentistry. Seeing them strive to continue to develop and making sure women in dentistry have a voice is in my view one of the greatest ways to create change. **D**

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Image and insecurity

Zoe Buontempo explores the impact of social media on female patients' dental choices

Zoe Buontempo
Associate dentist



It is almost impossible to walk past a high street dental practice and not notice adverts for cosmetic dentistry filling their windows. From whitening to full mouth rehabilitation the spectrum of elective interventions is vast but the quality of treatment delivered can be greatly variable.

Social media is one of the forces driving the market for cosmetic treatment, particularly for women who are spending more time on social media than male counterparts across all age groups.

It is likely that the fashion industry, which continues to perpetuate unhealthy narratives around women's health and beauty, has a trickledown effect into what women are consuming on social media.

Ofcom found that platforms can become a dangerous place for young women who are exposed to content 'stigmatising certain body types, content promoting excessive exercise... and eating disorder related content'.

Countless influencers have posted to their millions of followers how they have achieved their 'look', and their smiles are no exception. Gifted and discounted treatments including orthodontic treatment, veneers and facial injectables are posted with direct links to the treating clinician.

As women seek to embody these heavily filtered personas our waiting rooms are likely to be filled with those seeking similar cosmetic enhancement.

Beauty standards

Studies have shown that self-esteem, self-confidence and social engagement can all increase following cosmetic dental treatment. No one can argue against how good it feels to like what you see in the mirror and to be able to help our patients achieve this can be incredibly rewarding.

However, patients can attend asking for a 'perfect' or 'permanent' solution to their perceived aesthetic shortfall. As we should all be aware nothing in dentistry is 'perfect' or 'permanent' and promising to achieve this will lead to inevitable disappointment for both parties, clinician burnout and/or complaints.

So, what happens when women can't reach this self-imposed but societally encouraged beauty standard? If accessing dental care is challenging or the price point too high, where do they go? What if they are living with body dysmorphia and no treatment would ever reach the desired end-result?

'Turkey teeth'

The default answer would be that there is little to stop any determined dental 'consumer' from hopping on a plane and returning through customs with 'Turkey teeth' to declare.

Some patients return from their trip with a well-executed, new and improved smile as well as a tan. However so many come back with poorly contoured restorations, impossible to clean, heavily prepared and often sequentially de-vitalising teeth.

Patients are left in pain with nowhere to turn beyond overstretched NHS emergency appointments as follow-up care with the treating clinician is not an option.

Whilst it is easy to blame the 'Turkey teeth' trend on *Love Island*, the Kardashians and overseas clinics, it is important to remember the beginning of this article. UK dental practices are filled with clear aligner providers, bleaching Black Friday deals and facial aesthetic 'tweakments'.

It is self-evident that these treatments can be lucrative with a growing market of patients, often young women, striving for a look that is entirely unnatural.

It is crucial to recognise the warning signs of a patient presenting with body dysmorphic disorder (BDD), estimated to be between 1-2% of the population and more common in women. If BDD is missed this can lead to excessive, dangerous treatment for patients and untold pressure on the treating clinician.

Reality vs virtuality

For really young patients who have grown up immersed in the world of filters and selfies it is difficult to determine where the real world ends and virtual begins. Young girls are particularly vulnerable to the pitfalls of the online world, posting more selfies than their male counterparts, which in turn can lead to appearance anxiety, eating disorders and depression.

This may explain the more than 1,500% increase in cosmetic procedures performed on adolescent patients from 1996 to 2022 as they seek to treat their 'flaws'.

This can manifest in the dental practice from a very young age, for example with parents and patients requesting orthodontic intervention far before it is appropriate.

Serious discolouration and misalignment of the teeth is an understandable concern but this keenness to 'correct' must feed into any normal insecurity that the young patient may be feeling, as clinicians we should not prey on these vulnerabilities.

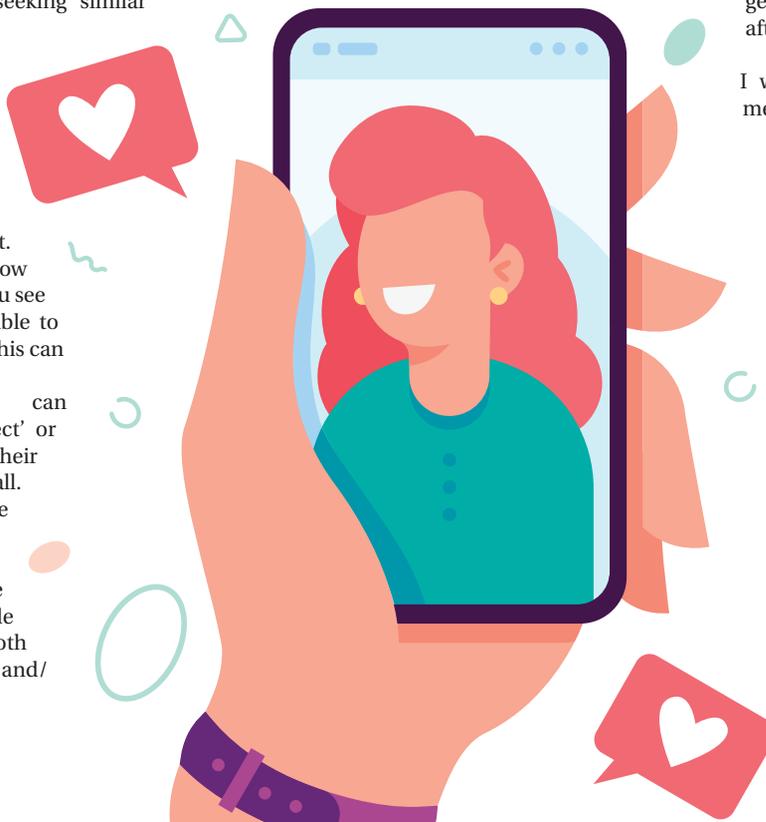
Instead we should take the opportunity to encourage and empower our patients (emphatically not consumers) to embrace their natural beauty whilst ensuring dental and general health are the priority and not an afterthought in the pursuit of 'likes'.

Like many other responsible clinicians, I wrestle with the rights and wrongs of meeting patients' aesthetic demands when, first and foremost, I am a healthcare provider...

We are encouraged by the GDC to put patients' best interests first, and whilst the benefit to patients self-esteem is proven, arguably we are complicit in creating an artificial beauty standard by advertising, providing and celebrating cosmetic improvement.

Is our public health message diluted when we deliver oral hygiene instruction and diet advice to an impressionable young patient with a massive poster for cosmetic treatment on the wall behind us?

There is a certainly a place for cosmetic procedures within dentistry, but surely one could argue that its pursuit should not compromise long-term oral health. **D**



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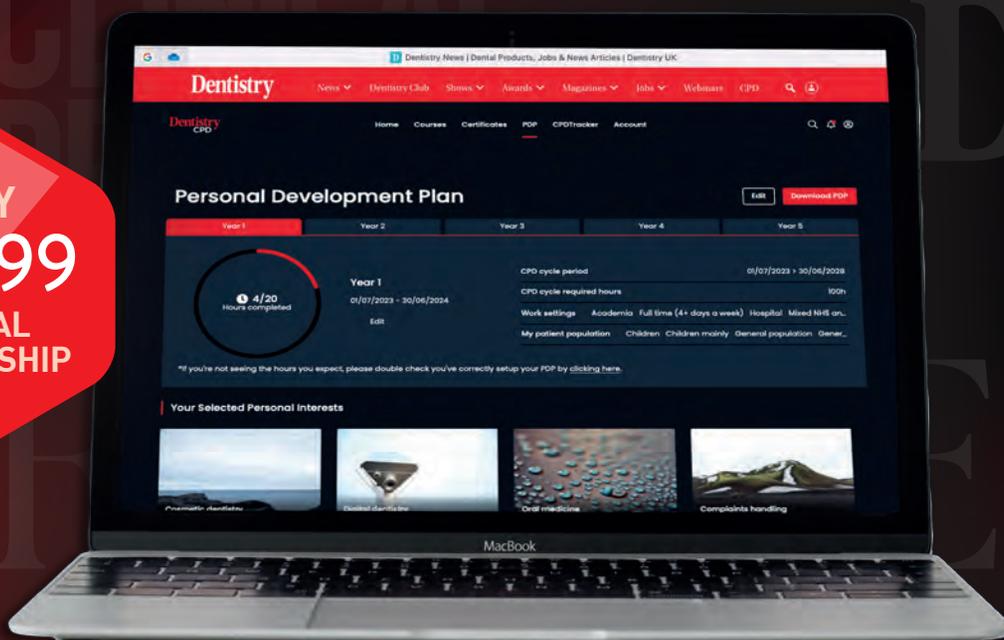
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Dentistry Awards 2025: last chance to enter!

With just days left to enter the **Dentistry Awards**, here's everything you need to know about dentistry's biggest party

The Dentistry Awards is set to return to Leicester's Athena this summer to celebrate another year of outstanding dentistry. The ceremony on 6 June 2025 is the highlight of the dental calendar and an event you won't want to miss!

But the entry deadline is fast approaching – all submissions must be received by Wednesday 19 March to be in with a chance of winning.

Let's take a look at why you should enter, the categories available and how to submit your entry.

Why enter?

The Dentistry Awards is the biggest dental awards ceremony in the UK. Over the years it has become extremely well-respected within the profession, representing the highest standards the UK dental sector has to offer. Winning an award can have huge benefits for you and your dental business.

1. Attracting patients

Patients are more likely to choose a practice that has been publicly recognised for excellent care. Even being nominated for an award provides vital exposure, cementing your reputation as a first-class practice among patients and the profession alike.

2. Recruitment

When deciding where to work, dental professionals are much more likely to apply for positions at award-winning practices. Dental recruitment has become a huge challenge in recent years – it pays to stand out as an employer.

3. Team morale

We all know that dentistry can be underappreciated, but recognising your team's hard work is essential for morale. Attending the Dentistry Awards together is a fantastic team building opportunity. If you go on to win an award, employees will want to stay at a high-quality practice that recognises their efforts.

Dentistry

AWARDS 2025

Entry deadline: Wednesday 19 March
Ceremony date: Friday 6 June
Venue: The Athena, Leicester

For more information and to enter, visit dentistry.co.uk/awards/the-dentistry-awards/.

The categories

The first step is to decide which category or categories you would like to enter for. For 2025, the categories are:

- Sustainable Dental Business Award
- Team of the Year
- Patient Care
- Practice of the Year
- Young Dentist
- Team Members: nurses, hygienists, therapists, technicians, clinical dental technicians, practice managers, receptionists and apprentices
- Dental Laboratory of the Year
- Philips' Rising Star
- Website of the Year.

More information about the categories and their criteria is available in the entry guide, available at dentistry.co.uk/awards/the-dentistry-awards/.

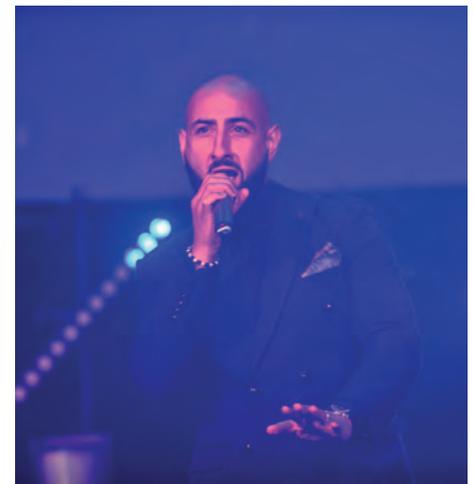
How to enter

Entering couldn't be easier! Head to dentistry.co.uk/awards/the-dentistry-awards/ to register. Add your details and select your categories. You will then receive an email saying that you are able to submit an entry.

For each category, write 750 words explaining how you or your practice fulfils the criteria provided in the entry guide. Remember to make sure you've addressed all of the criteria, even if you're not as strong on some of them.

To submit your completed entry, click 'enter now', fill out the online form and upload your entry. This is now the only way to submit.

The entry deadline is Wednesday 19 March 2025. If you have any queries or are struggling with your entry, the FMC awards team are more than happy to provide support. Get in touch by contacting awards@fmc.co.uk. **D**



'I'm worried I'm a bad dentist'

Sarah McKimm considers a case of imposter syndrome and how newly-qualified dental professionals can reframe their anxieties

THE SCENARIO

I am a recent dental graduate and am six months into my first job as a foundation dentist. I was really excited to start but it's proving really difficult, and I am constantly questioning whether I'm even good enough to be here. I worry that my patients and colleagues see through me and realise that I'm not as competent as I should be.

What makes it worse is seeing my old classmates posting about their successes within the profession on social media, with some even working with big industry names. I can't help but compare myself. They look so confident, like they've got everything figured out, while I'm just trying to get through the day without making mistakes.

Logically, I know I can do it but I'm at the point where I'm not even sure I should stay working in dentistry.

I can hear just how isolated and tough this feels for you and it's brave of you to reach out and own these real fears.

Logically, you know you are capable. You graduated, passed your exams, and earned your place in this profession. But emotionally, you struggle to believe it. Many new dentists and dental care professionals experience these same fears and doubts, but we don't talk about them enough.

Imposter syndrome is common, especially in high-achieving professions like dentistry. It whispers that you're not good enough, that you don't measure up, that any success you have is just luck. But where does that voice come from? Let us be curious about these feelings together.

Negative thoughts

Many of us have internalised external expectations – those 'shoulds' that tell us we ought to have everything figured out by now. But whose voice is setting that standard?

Social media amplifies this pressure, showing only the highlight reels of others' successes while concealing their struggles. You scroll through your feed and see your former classmates celebrating their achievements, working alongside industry leaders, and projecting an image of unwavering confidence.

Meanwhile, you feel like you're just trying to get through the day without making mistakes. The comparisons are inevitable, but they only serve to fuel your imposter syndrome. It's easy to compare yourself to their polished moments rather

than meeting yourself where you are, in your own journey. It makes sense that you're feeling overwhelmed. The transition from dental school to practice is overwhelming. In university, you were supported, guided, and given the luxury of time to refine your skills on phantom heads with no real risk. It was a safe and controlled space.

You've moved from the structured environment of dental school into a fast-paced profession where every decision carries real weight, every procedure is on a real patient and every mistake can feel monumental.

Imposter syndrome thrives on negative thoughts that feel true, but they are just perceptions, not facts. Using a cognitive behavioural therapy (CBT) technique called thought challenging, you can break the cycle of self-doubt and reframe your thinking.

Step 1: identify the negative thought

When imposter syndrome kicks in, pay attention to the thought running through your mind. Common ones might be:

- 'I'm not good enough to be doing this.'
- 'Everyone else knows what they're doing except me.'
- 'What if my patients or colleagues find out I'm not as competent as they think?'

Step 2: gather evidence for and against

Ask yourself:

- What evidence do I have that this thought is 100% true?
 - Have I passed my training and gained qualifications?
 - Have I successfully treated patients?
 - Have colleagues or mentors given me positive feedback?
- Now, ask: What evidence do I have that this thought is not true?
- I wouldn't be in this role if I weren't qualified
 - Everyone has moments of doubt, even experienced dentists
 - Learning is a lifelong process – mistakes and growth are normal.

Step 3: reframe the thought

Instead of: 'I'm not good enough.'

Try: 'I am skilled, qualified, and constantly improving. Perfection is not the goal – safe, compassionate care is.'

Instead of: 'I don't know as much as my colleagues.'

Try: 'I bring fresh knowledge and perspectives that benefit both my patients and team.'

Step 4: take action

When self-doubt creeps in, do something that

reinforces your competence. You could reflect on positive feedback from patients or colleagues, remind yourself of a difficult case you managed well or talk this through with a trusted mentor or supportive colleague.

If you struggle with a specific treatment or procedure, consider shadowing an experienced colleague or extending appointment times to reduce stress. Regaining control can make challenging situations more manageable.

Reframing

To those just starting out – whether you're a newly qualified dentist, a trainee nurse, or transitioning into a new role – please know that your worth is not measured by how much you know right now.

You bring fresh knowledge, current ideas, and innovative thinking that help shape modern practice. Your perspective is valuable, not only to your patients but to the entire dental team around you. Your journey isn't about perfection – it's about progress. And trust me, one day, you'll look back and realise just how far you've come.

Take gentle care, Sarah. **D**



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Storms on all fronts

Policy-makers must address the unforgiving dentolegal weather if they want to resolve the crisis in NHS dental provision, says **John Makin**

John Makin
Head of the DDU



Winter storms often bring reports of affected communities who've just managed to get back on their feet after a deluge.

That feeling of constantly battling against the elements is one that plenty in the dental community can identify with right now. It's not just the challenge of an unworkable contract (which is hopefully set for imminent reform), gaps in the workforce, the frustration of not being able to meet the level of patient need or negative coverage in the media. Another issue is the adverse climate caused by the rising tide of dento-legal pressures: costly negligence claims, an inevitable increase in complaints from unhappy patients and an outdated regulatory system.

We are still waiting for the government to take

the practical steps which would improve the dento-legal situation. Regrettably, the legislative timetable seems to be slipping for action on disproportionate legal costs in lower value dental claims. Nor is there any sign of the Section 60 Order that will allow the GDC to reform the creaking fitness to practise system.

GDC's timeliness turmoil

We were disappointed to read that the GDC has been found to have failed once again to meet the standard for the timeliness of fitness to practise cases in the Professional Standards Authority (PSA) annual report. While there was a slight overall reduction in the total number of older cases, the GDC now has more cases older than 156 weeks than at any time in the last three review periods.

This lengthy and stressful investigation process itself amounts to a sanction, even when there is no adverse finding. And while only a minority of

dental professionals are ever subject to an FtP investigation, the regulator must be careful not to make things more challenging.

For example, those cases that reach a panel hearing will from April be held remotely by default, meaning those wanting an in-person hearing have the added stress of making a case for this at the outset.

Seeking shelter

I've never met a practitioner who disputes the need for professional accountability, but the current perception is of a system unfairly stacked against them. It's no surprise that many dental professionals have chosen to prioritise their own wellbeing in recent years by taking steps to reduce their workload or even leaving the profession they once enjoyed. I want 2025 to be the year that policy-makers recognise the damage that repeated storms have inflicted on morale and provide effective shelter. **D**

Jana Denzel: 'Why I left *The Apprentice*'

Lucy Veal speaks to **Jana Denzel**, a candidate on this year's series of *The Apprentice*, about why he decided to leave the show

Lucy Veal

Deputy editor, Dentistry.co.uk



What inspired you to join *The Apprentice*?

I decided to go on the show because I saw a dentist on it last year, and before last year I think I last watched the show about a dozen years ago when I was in high school. I used to watch it after school, and it looked really fun.

I thought would be a great way to go on the show to get some publicity. I've just opened up my new business, Denstudio, and I thought it would be a great way to get more patients in. And speaking to Paul from last year, I know that he and his brother have got lots of patients from the back of it, so I thought, hey, let's go in, have fun and see what we can do.

How has the experience been so far?

My experience has been great. I think this year is quite a bit different from last year. Last year was a little bit older, a little bit more mature. This year, it's got to do a lot more with entertainment.

So far, we've had three weeks, and in those three weeks I've been voted on a lot of websites that I'm one of the favourites to win. So, on that side, it's good. I just hoped I had a little bit more airtime than you see me so far.

Why did you decide to leave the show?

As I said, from the start, I came on the show to have fun. I wanted to have a really good experience, and it has been. It's been an amazing experience, being able to travel to Austria, make a pop star and a discount buying task.

I just felt that from episode one, two and three, I was doing all of these great deals that you see small, little clips of, but it

never really lands in the boardroom. And I just didn't think I got the praise I wanted from Lord Sugar. I just felt like maybe he didn't see me as someone he wanted to invest in. And that's how I read it after episode three.

So, from then onwards I thought, you know what? I think there are people over here that want it more than I do. I just didn't think it would be appropriate for me to carry on staying.

Of course, as a dentist you always have to respect your profession and put it in a good light. So when I thought things on the show might not have been so professional for me, I decided it's important to put dentistry first, and that's why I took a step back.

Knowing what you know now, would you have done anything differently?

If you are tuned in, you'll see this season is a lot different to last season. Last season was a bit older, a bit more mature. This season, they've definitely spiced it up. It's been compared to *Love Island* quite a lot, so I can see that it's a lot more entertaining.

I think if I was to play it smart, instead of trying to be all prim and proper, I would have just been a bit more entertaining. You know, said some wild offers going in there that would have probably got me a bit more screen time, and just been a bit silly with it.

I thought I was going on more of a business show, but it's a TV show for entertainment and I was a bit naive in that sense. So, I would have just made myself a bit more entertaining and funnier.

Why is it important for dentistry to have this representation?

I think it's a good thing for me to represent the profession. Up to episode three, you do see me being proper, but I think it's also important for the profession to make sure that we have a fun side to it as well – to show our personalities and have a laugh.

I got told that this year, from one of the producers, they had more dentists audition to be part of the show than they have ever had. I was surprised by it, but knowing how well Paul did last year, I can imagine those people would want to go on and get that same spotlight.

I think it's been positive, and I just hope that people enjoyed watching me on the show. **D**



‘This has changed my whole life’

Lucy Veal visits a **Dentaid** dental unit to witness firsthand the transformative care they provide to vulnerable communities

Lucy Veal

Deputy editor, Dentistry.co.uk



‘This has changed my whole life.’ These were the words of just one of many patients whose suffering was relieved by Dentaid The Dental Charity during my visit to its mobile dental unit. On this day, Dentaid was visiting Maidstone Day Centre, a service providing support to countless vulnerable men and women who have experienced homelessness in the local area.

The patient, Nathan, said he couldn’t believe how this one day had made such a difference to his life. ‘I’ve been homeless for a little bit now. I lost my job and I lost my flat in the same time, basically, and I got anxiety and depression from it all. I started drinking, and that’s why I’m here today.’

Nathan continued: ‘I had loads of pain – every day, basically – from a tooth. It was pulsating through my whole body all the time, and it was just so painful.’

‘This has changed my whole life, basically, for me now. I’m so happy about it, it’s so good. I can’t believe it.’

Increasing need

Nathan’s touching reaction to receiving critical dental care from Dentaid encapsulated the energy of the entire day. And his story is just one of thousands made possible by Dentaid’s ongoing efforts to provide essential dental care to those in need.

Alongside people experiencing homelessness, the charity travels across the country to visit refugees, cancer patients, survivors of abuse, families in poverty, people recovering from addiction, and communities with limited access to dental care. In 2024 alone, Dentaid ran 896 clinics across the UK, providing care to 6,786 people and offering 27,108 treatments.

Andy Evans, Dentaid CEO, explained: ‘The need is massive. And to give you an illustration, over the next year, we’re expecting to do 1,100 clinics. So, there’s been a massive increase in what we’re doing.’

Dentaid has existed for nearly 30 years, providing dental care not only in the UK, but overseas, too.

‘The reason that we set these clinics up is that actually these patients have different lives, so they’re struggling with many things,’ Andy told me. ‘Even just thinking about where they’re going to sleep at night might not occur to you



and me – we just walk in and go to our bedrooms, but these guys might be in temporary housing, they might have just come out of prison, so they need a little bit more handholding.’

He continued: ‘By providing these clinics, we’re able to help them through the process. We provide a medical history within a building that they’re used to, within a setting that’s non-threatening, because many dental practices can seem quite daunting to somebody who’s got mental health problems, hasn’t been seen by dentists, or is really concerned by the way their teeth look. So, by taking the service to them, it really makes a massive difference to them.’

‘I absolutely love the work that I do, and I think it’s really important that, when we’re in the privileged position we are, that we can give something back to society’



'I can smile again!'

On this particular day, the volunteer dentist providing the treatments within the dental unit was Robert Banks. He explained that the patients they usually treat have been suffering from toothache, pain and broken teeth, and sadly most of them require extractions.

'They're often very vulnerable and they need to be treated gently, just like we do with all of our patients, really,' he said.

Robert first got involved with Dentaid during the height of the Syrian civil war, working at refugee camps out in places like Thessaloniki and Lesbos. 'It's important to me, personally, to be able to give something back.'

'I've had a good time in the dental profession. I absolutely love the work that I do, and I think it's really important that, when we're in the privileged position we are, that we can give something back to society as well.'

Amanda, another one of the patients Robert treated that day, had been through a difficult period in her life. When asked about her story, she shared: 'I'm here because I was homeless after the breakdown of a very long relationship. I just need to move on, get my life back on track properly.'



To her, access to this dental service is nothing short of 'invaluable'. Having noticed her waiting anxiously for her turn to see Robert, seeing her reaction afterward was incredibly moving. Looking overjoyed, she told us, 'I can smile again!'

Similarly, 22-year-old Tyler was grateful for Dentaid's services that day, having suffered from dental pain for a while and not knowing what to do. He said: 'This clinic means a lot. The help that it gives to other people and myself – it's taken a massive weight off my shoulders stress-wise and everything. The people are very kind, very caring.'

Vital funding

Dentaid's life-changing work wouldn't be possible without vital funding. The dental unit vehicles allow the charity to provide crucial dental care across vulnerable communities, but they don't come cheap.

Andy said: 'Funding is always a struggle, so the more funding we have, the more that we can do. Running these lorries isn't cheap and they are very technically difficult units to keep running, requiring a lot of personnel, so that's a really big challenge.'

During my visit, Septodont was the generous supporter of the dental unit in use – and all those used across the south east – and their funding covers more than just the vehicles themselves.

Mike Cann, Septodont managing director, told me: 'Septodont has supported Dentaid financially, we've provided the truck, we've provided a lot of their materials – certainly everything that we produce – and we provide a home for them in the Maidstone area, so the truck is parked at our office.'

'Their staff, which we help fund, use our office space and have really become part of the Septodont Maidstone team, which has been great.'

Without this crucial funding, Dentaid could not provide this life-changing dental treatment to those who need it most. When I asked Mike what it means to Septodont to be able to give back, he said: 'It means a lot. We want to work with our communities, we want to work with the dental profession.'

'All of the dental professionals who volunteer their time are able to do that because of materials and equipment which has been donated through dental companies. And we're really proud that Septodont has been a big part of that here in the Kent area, particularly.'

Rewarding and impactful

As well as finding funding, one of Dentaid's biggest challenges is recruiting volunteers. As clinic supervisor Ria Wickham explained: 'We're always looking for volunteers to come on board and help us.'

'These patients aren't turning to normal methods of pain relief to treat their pain. By relieving their pain, we can also help them from going to a higher-level drug dependency. So, you're doing a massive, massive job by helping them.'

She continued: 'I tell every volunteer that comes on board that I love doing this job more than any other job I've done in dentistry, and I am so passionate about doing this job.'

The feeling you get from helping people with the skills that we have in dentistry is just amazing. These guys are so grateful for everything that we give. I get tearful just talking about it!

This sentiment was shared by Robert, who believes everyone should get involved with work like this as it's both rewarding and great for widening your career.

'You get such a different range of people coming in, and you have to constantly be thinking about, not only the patient in front of you, but how you're going to manage the treatment that you're doing in sometimes very difficult circumstances with people who are challenging.'

'It's something I absolutely love doing, and I get so much out of it. I think I get far more out of it than I put into it.' **D**

If you are interested in volunteering any of your time to helping Dentaid give back to vulnerable communities, visit www.dentaid.org/volunteer-in-the-uk.

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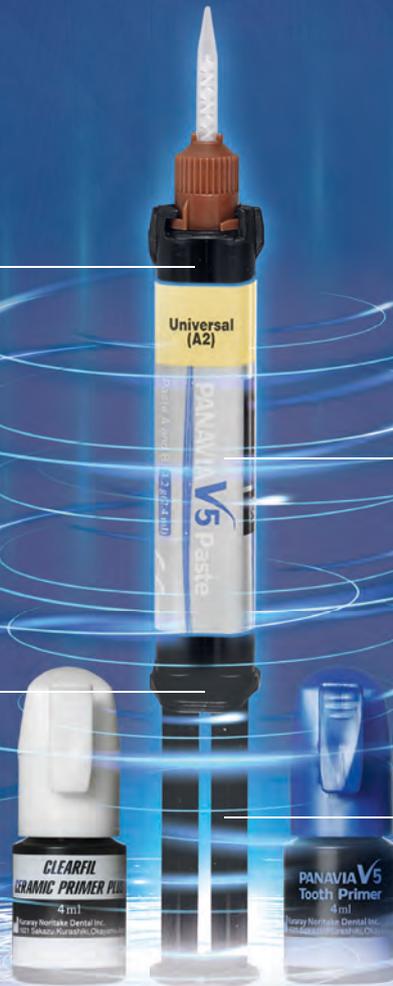
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A changing dental landscape

Gaby Bissett hears from some of dentistry's biggest players at the Dental Health Is... Live conference

Gaby Bissett

Editor, Dentistry.co.uk



Coming together as part of its inaugural Dental Health Is... Live conference, Bupa Dental Care welcomed an exciting panel of dentistry's leaders to explore the topics and challenges that shape the profession's future.

Taking place on 17 January, each expert offered a unique insight into the evolving landscape of patient care.

Chaired by Dentistry.co.uk editor Gaby Bissett, the thought leaders included:

- Mark Allan, general manager for Bupa Dental Care
- Dr Neil Sikka, director of dentistry at Bupa Dental Care
- Louise Harvey, commercial director for Bupa Dental Care
- Dirk Rolf Gieselmann, founder and CEO at Dentognostics
- Colin Campbell, dentist and specialist in oral surgery
- Liz Heath, consultant and healthcare market expert for Laing Buisson
- Miguel Stanley, founder and CEO of White Clinic.

Mark Allan opened the discussion by saying: 'At Bupa Dental Care, we have been busy over the past couple of years building momentum and positioning the business for future growth in both the UK and the Republic of Ireland.

'Our conference marks a pivotal moment in the next stage of our journey. We recognise that while there are many exciting opportunities ahead, we also face challenges that are affecting the entire sector. As we look towards the next five years, we are eager to realise those opportunities.'

In part one of two, we look at what was discussed around dentistry's funding and finances – and potential long-term solutions.

'Our collective psyche as a nation when it comes to private healthcare is: "It's okay because the NHS does that." There is a resistance in paying for some parts of healthcare in the UK but I do see that landscape changing'
– Liz Heath



Funding and potential solutions

From patient understanding of private dental care to dental insurance and self-pay treatments, the panel sat down for a future-focused conversation around the changing face of patient care, looking at the current market and future perspectives, and exploring what needs to change and adapt.

Liz Heath kicked off the conversation, explaining how she sees dentistry as much about the people as the treatments: 'The factors driving a change in the dental landscape are very much associated with the NHS landscape.

'This is either pushing or encouraging people to think about different choices. These will inevitably be through insured dentistry or self-pay, or going completely private.

'Relationships in dentistry are very different to those in private general healthcare, because you have a long-term relationship with that individual. I think it's about people and building relationships as much as it is about delivering treatments.'

Patient perceptions were identified as crucial to changing patient attitudes towards treatment costs.

'Patient perceptions have changed a lot,' said Neil Sikka.

'If we think about the way that people always used to think about going to the dentist – it was along the lines of knowing the pain that's going to ensue as a result.

'I think we've become better in terms of

'New materials and technology have enabled dental professionals to deliver a much better experience for patients. As a result, I think people are willing to pay for this – they are starting to understand what they're getting for their money'
– Neil Sikka

our chairside manner, and new materials and technology have enabled us to deliver a much better experience for patients. As a result, I think people are willing to pay for this – they are starting to understand what they're getting for their money.'

What is dentistry?

From employer funding to self-pay, Louise Harvey considered the methods of funding available. 'I've come from the employer funding market, which has played a really big role in changing a lot of where private dentistry is going.

'We see that very clearly in what we see at Bupa and how dental is perceived as a benefit for employees. It's right at the top of what

people want to see as part of their package, as an employee. I believe that's played a really fundamental role.'

Miguel Stanley suggested that to offer these workable employee benefits, the profession needs an understanding of what dentistry is.

'You firstly have to ask, what is dentistry? What problem is it solving? What is a dentist? The number of things a dentist can do is overwhelming.

'I think we need to understand what the problems are that dentistry is solving. We need to educate patients to understand there's different tiers to their problems—basic dentistry, middle-level dentistry and comprehensive, complex dentistry. I think we as a profession also need to understand our work better – what is dentistry as a whole?'

Of those UK patients who said they had received private care or a mix of private and NHS care in 2024, just over two-fifths (42%) reported that they had only started having private dental treatment in the past three years.

Most who had made this move to private treatment had not done so because of a preference for private dental care but rather as a result of difficulties accessing NHS care.

Signs of potential

Colin Campbell suggested that the amount of patients actively opting for private dental care is changing and that, for many, it has to offer more than just access. He said: 'The amount of patients willing to pay for private treatment is changing.

'Those who are reluctant to pay are those who want more value when they are paying for treatment. It's not enough to go through the same door to the same dentist at the same time – they're buying more than access.'

Mark Allan identified a growing trend among employers surrounding the importance of dental care and staff wellbeing: 'One of the reasons dental insurance has increased in popularity in the UK is that employers understand the opportunity.

'For example, an employer can offer coverage to 1,000 employees, knowing that some will have excellent oral health, while others may not, and some may not require any dental work at all.

'Employers often start this journey by recognising a hiring disadvantage: "No one can find a dentist, and I've just lost talent to another organisation that offers a health benefits

'The future for dentistry promises to be an exciting one with a significant opportunity for the industry to take on a greater role in overall health. Enhancing patient experience and maintaining high clinical standards are essential, as is empowering our people'
– Mark Allan



Introducing the Dental Health Is... Live conference

In January, Bupa Dental Care held its first-ever Dental Health Is... Live conference, welcoming more than 1,000 clinicians and practice managers.

Delegates travelled from its network across the UK and Republic of Ireland to explore the future of patient care and connection between oral and overall health.

At the heart of the conference was a visionary panel led by Dr Neil Sikka, director of dentistry at Bupa Dental Care. He was joined by a line-up of world-leading dental and healthcare market experts, including Dr Dirk Rolf-Gieselmann, Dr Miguel Stanley, Liz Heath, Jac Clark and Dr Colin Campbell, who discussed the evolving role of dentistry in whole-body health.

package with dental cover, so I'd better provide it." That's where the conversation often begins.

'If you're a savvy HR director, you may notice and address employee absences. Understanding the importance of overall health and dental care and ensuring your employees prioritise prevention before cure becomes vital. This represents a different approach, and we are already seeing signs of its potential.'

Self-pay sector

Liz Heath suggested that the desire for timely care has characterised dental care over the last few years – and is continuing to do so.

'In private healthcare generally, the self-pay journey has been a part of the landscape for as long as I've been around, and it has fluctuated over time,' she said.

'Currently, it accounts for about 25% to 28% of the funding source for typical private hospitals or private healthcare organisations. Private medical insurance (PMI) remains the strongest source.

'Over the last 10 years – and partly due to the pandemic, though not entirely – there has been a significant growth in demand for self-pay. This trend is linked to two key demographic groups: the older generation, who may not be able to afford treatment or no longer have PMI due to leaving an organisation that provided it, but who are accustomed to private healthcare. But also the younger generation, who prioritise immediacy – "I want something done and I want it done now." They want quick solutions.

'If they visit a practice website, they want to see upfront pricing and payment options, such as £150 on 0% interest over 10 months.

They want immediate responses, such as a call back or a live chat option, and to have the appointment at a time that's convenient for them.

'This willingness to pay and this shift in attitudes can be seen across all demographics. In fact, the biggest growth in self-pay within the private healthcare sector is among 30- to 45-year-olds. Many in this group are motivated by the desire for timely care and the offering of interest-free financing.'

For Liz, the NHS and free healthcare in the UK has played a part in the misunderstanding of private dental care, and the reluctance of some people to pay for it – but she sees this changing.

She added: 'Our collective psyche as a nation when it comes to private healthcare is: "It's okay because the NHS does that." But actually we've been paying for optical care. We pay for our pets. There is a resistance in paying for some parts of healthcare in the UK but I do see that landscape changing.'

Mark believes the future of dentistry is bright – with patient experience and staff empowerment at the forefront. He said: 'The future for dentistry promises to be an exciting one with a significant opportunity for the industry to take on a greater role in overall health.

'Enhancing patient experience and maintaining high clinical standards are essential, as is empowering our people.' **D**

Stay tuned for part two in April's edition of *Dentistry*.

Dental Practice Accelerator: final reflections

As the Dental Practice Accelerator draws to a close, **Hannan** and **Daniel Saleem** reflect on an extraordinary journey of growth, learning, and transformation

At the start of the Dental Practice Accelerator Programme, Hannan and Daniel were seeking clarity and direction. Their goal was to establish a clear roadmap for the growth and improvement of their practice. They hoped to gain actionable steps from seasoned mentors – Justin Leigh, Sandeep Kumar, Sameer Patel and Shaz Memon – uncovering the ‘secret sauce’ behind their successes. And that’s exactly what they achieved; a framework of insights and strategies that have enabled them to envision the future of their practice with newfound clarity.

Overcoming challenges

Like any transformative journey, the programme posed its fair share of challenges. Hannan and Daniel had to balance the demands of scaling their business while maintaining day-to-day operations. They faced the complexities of expanding chairtime, managing resources, and renegotiating staff expectations without disrupting patient care. These challenges were particularly pronounced in the context of adapting an existing practice rather than starting from scratch. As Hannan explained, they had to ‘unpack’ entrenched issues and ‘repack’ them into a sustainable, efficient structure.

The journey of overcoming these hurdles was anchored in transparent communication, strong leadership, and a culture of constant improvement. The programme mentors – Justin, Sandeep, Sameer and Shaz – played

a vital role in reshaping their approach to leadership and management. Insights from these experts enabled Hannan and Daniel to focus on their priorities, engage their team, and build a practice rooted in shared values. The emphasis on feedback – both from patients and the team – emerged as a key driver in navigating changes successfully.

Biggest wins

Reflecting on their accomplishments, Hannan and Daniel highlighted their strongest wins – increased patient engagement, team cohesion, newfound clarity, and an aligned direction for their practice. They’ve built a fantastic team and instilled a culture of growth and accountability. Additionally, their practice’s transformation has gained external recognition, as they became finalists for Most Improved Practice – London at the 2024 Private Dentistry Awards.

‘Our biggest win? Clarity,’ Daniel affirmed. ‘We now have a clear vision of where we’re heading, and that’s an invaluable outcome.’

The mentors

The programme’s mentors became pivotal figures in Hannan and Daniel’s journey, offering expertise and inspiration across multiple facets of their business and personal growth.

Described as a game-changer, Justin Leigh’s lessons fundamentally altered how Hannan approaches team management and leadership: ‘Justin has completely changed my leadership approach. I find that the team are much more engaged. I’ve been able to get them to become more accountable and also hold me accountable at the same time. The guidance and advice that he provides me around the business, has also really helped me in my day-to-day life, and really changed who I am.’

A guiding light in marketing and patient engagement, Shaz Memon’s advice revolutionised their approach to reaching and interacting with their audience. Daniel explained: ‘Shaz is an absolute pillar of the dental industry. The way he thinks about businesses within the dental industry is unlike anyone I’ve ever



Innovations and growth: the highlights

The practice has embraced significant changes, including:

- **Technology integration:** The adoption of the iTero Scanner has revolutionised workflows, creating a more interactive and engaging patient experience
- **Brand overhaul:** From the logo to the website, the rebranding captures the essence of their family’s journey and vision
- **Operational excellence:** Streamlined processes and clearly defined roles have empowered their team, enhanced customer service, and freed up time to focus on growth
- **Patient-centred care:** A renewed emphasis on patient relationships has deepened trust and loyalty, earning heartfelt praise from long-term clients.





seen. His ideas, and his ability to come up with strategies is phenomenal, and he gives us really actionable and impressive advice that we've used in some of our marketing, our website, and even just the way we interact with patients. It's really changed the game for us.'

Sandeep Kumar's knack for prioritising and streamlining operations empowered the Saleems to tackle challenges head-on and focus on what truly mattered. Hannan said: 'The way I've seen Sandeep operate his business and his network is really impressive. It's definitely something I aspire to be. He has this really good approach of whittling down the problems to the key priorities and then pushing me to focus on those. Before this programme I would get lost in the weeds but Sandeep really helped me knuckle down on what I really needed to focus on and what the main priorities were.'

With his commitment to delivering outstanding dental care in a harmonious working environment, Sameer Patel inspired Hannan and Daniel to balance business growth with their core mission of exceptional patient outcomes. Daniel: 'Samir is a fantastic leader and dentist, his ability to create a culture within his team that is high achieving and to motivate them, I think that's really something that we would love to rub off on us and we can start instilling in our team as well.'

Surprises along the way

One of the most unexpected yet rewarding aspects of the programme was the sense of community within the dental world. Daniel expressed his astonishment at the openness and generosity of other professionals in sharing their expertise and experiences: 'What really stood out was the willingness of everyone to help each other succeed. It didn't feel competitive; it felt collaborative,' Daniel remarked.

This spirit of collaboration and mutual encouragement was a revelation, transforming the often-perceived competitive industry into a supportive network. Through the programme,

they connected with peers, FMC, Align, and other key players, widening their horizons and establishing lasting relationships. This camaraderie has reshaped their view of the profession, transforming competition into collective empowerment.

Building on a legacy

Hannan and Daniel's journey is deeply connected to their family's legacy. Their story spans decades – a tale of resilience that began with their parents' dream and continues to inspire today. In 2010, their parents took the courageous step of opening a squat practice in what was once a convenience store. 'It was a massive risk,' Hannan recounts, 'but it was the start of something extraordinary.'

Building upon their parents' work, Hannan and Daniel have embarked on a mission to transform and modernise the practice. The Dental Practice Accelerator programme has played a pivotal role in this evolution, equipping them with tools, strategies, and a newfound sense of direction.

One of the most significant updates has been in the practice's branding and identity. Rather than outsourcing to external firms, Daniel took it upon himself to create a brand that reflects the heart of their story. 'Our family's journey is embedded in every aspect of the practice,' he explains. This authenticity resonates deeply with their patients, many of whom have remained loyal for over 14 years – some even traveling from distant locations to continue receiving care at London Dental Centre.

A vision transformed

Hannan and Daniel entered the Dental Practice Accelerator Programme with a desire for clarity and hope for stability. They sought actionable insights from mentors and hoped to unveil the strategies that could set their business apart. This aspiration was met and exceeded, as the programme provided them not only with strategic guidance but also with the confidence to dream bigger than they had before.

The mentors have been integral to this transformation. Justin's leadership guidance has not only shaped how Daniel manages his team but also influenced his interactions with family and friends. 'Justin has changed my life,' Hannan says, 'from how I handle difficult conversations to fostering engagement both personally and professionally.' Shaz's marketing expertise, Sandeep's operational insights, and Sameer's clinical excellence have all contributed to a practice that is more efficient, innovative, and patient-focused than ever before.

Now, they aim of boundless growth – adding more chairs, onboarding new staff, and expanding their reach. While the journey ahead involves continuous acceleration, they are confident in their ability to steer the practice toward even greater heights. 'Previously, our vision was to simply stabilise the practice,' said Daniel. 'Through this process, we've completely reimaged what we can achieve.'

A year of growth

Reflecting on the past year, it's clear that the Dental Practice Accelerator programme has been an invaluable experience. Hannan and Daniel have not only achieved their initial goal of clarity and actionable steps but also discovered the power of community and the resilience needed to overcome operational hurdles.

As the programme concludes, they are excited to carry forward the lessons learned, the relationships built, and the vision solidified. Hannan concluded: 'All my expectations have been exceeded. The position we are in now is completely different to where we were when we started and it fills me with joy. I'm also very grateful for the team at Align for how much support they've given me, and also to the mentors, Shaz, Justin, Sandeep and Sameer, have been completely instrumental to the practice's development and my personal development. It's been a really life-changing experience.' **D**

Why your gums matter for your overall health

Caitlin Miller explains why you should engage patients in gum health conversations

Caitlin Miller

Head of hygiene and therapy,
Bupa Dental Care



We're often told to take care of our teeth when growing up, but what about our gums? Many people don't realise that gum health also plays an important role in overall health.

Caitlin Miller, head of hygiene and therapy at Bupa Dental Care, explains why talking to patients about the evolving role of dentistry in whole-body health can help them rethink oral health as they know it.

The oral-systemic link

With increasing evidence showing links between changes in the oral microbiome and changes in overall health, now is an ideal time to talk to patients about what this means for them. But what should we be telling them?

As health professionals, we know that gum disease can impact the entire body, yet some patients aren't aware that signs visible in their mouths could signal broader health concerns or exacerbate existing conditions. Others might recognise that their oral health is significant, but they may not fully grasp its importance.

The key message for clinicians is not to assume that everyone is aware of the connections, and to assess each patient's knowledge and understanding of how oral health supports whole-body health.

For instance, while someone may realise the need to brush their teeth more frequently due



to having diabetes, they might not understand the reasons behind it. So, find out if they're aware how fluctuating blood sugar levels can impact their gums, and vice versa.

Ask if they have discussed their health with a GP or a diabetes nurse to ensure they understand the ongoing support available to them. And encourage them to see us like any other healthcare professional and visit regularly so that we can monitor their oral health.

By taking them on this journey, we can help provide the support they may need in future.

Engaging patients in the chair

Regular visits to the dentist or hygienist mean we can continually bring this into conversation with patients each time they're in the chair.

There's no better place for these discussions than face-to-face, where we can unpack the complexities, answer any questions they may have, and tailor advice to suit their individual needs.

The goal is to make sure patients leave their appointments with a greater understanding of the holistic role we play in their overall wellbeing and the wider healthcare eco-system.

Here are some top tips to share with patients for maintaining good gum health:

- Don't forget to clean in between your teeth using interdental brushes – they're a must for reaching the areas that your brush cannot,

removing plaque that could otherwise cause decay

- Brush twice a day for two minutes with a fluoride toothpaste
- Spit, don't rinse, after brushing, as rinsing will wash away the fluoride benefits from your toothpaste
- Visit your dentist and hygienist for regular check-ups
- Know the signs of gum disease – if your gums bleed when you brush, or are red and swollen, it's time to get them checked out by your dentist or hygienist and really enhance your oral hygiene routine
- Consider your diet and lifestyle choices – not smoking or vaping, getting regular exercise, and maintaining a healthy diet all help reduce your risk of health complications, both in your mouth and beyond
- Be open with your dentist and hygienist about any wider health concerns you may have. This openness allows us to provide the best care possible
- When it comes to taking care of your oral health, think of it as a way to care for your whole body. Your mouth and body work together as a team, so give them both the attention they deserve. Remember that a healthy smile contributes to your overall wellbeing.

At Bupa Dental Care, we believe in taking a holistic approach to health, with both dental care and health insurance services to care for our patients and our people, supporting them to live longer, healthier, happier lives. **D**



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Demystifying zygomatic implants

Vladimir Garcia Lozada explains the history and benefits of zygomatic implants in the atrophic maxilla

Vladimir Garcia Lozada

Consultant specialist in oral and maxillofacial implant dentistry



Since the inception of zygomatic implants (ZIs) in 1998 for the rehabilitation of the atrophic maxilla with the ad modum Bränemark protocol to the present, there has been a significant journey of over 20 years of use and advancements.

These implants have proven to be an efficient and predictable therapeutic option for rehabilitation of patients with severe maxillary bone resorptions, demonstrating high success rates according to various studies.

They offer multiple advantages for patients suffering maxillary atrophy, enabling rehabilitation while reducing treatment time and morbidity associated with extensive or large reconstructive bone grafts procedures, restoring function and aesthetics, and marked improvement in quality of life.

This treatment modality has undergone various surgical approaches, refined to enhance protocol efficiency and prevent complications, thereby optimising success rates. Critical anatomical, biological, biomechanical, and biofunctional factors inherent to this procedure are carefully considered (Garcia-Lozada, 2023).

Techniques and approaches

In the late 1990s the classic ad modum Bränemark ZIs technique involved a single implant placement in each zygomatic bone (one bilaterally) positioned very palatally, and splinted alongside to two to four conventional implants in the premaxilla (anterior region).

In 2003, Bothur and Balshi published articles on the 'use of multiple zygomatic implants' for patients without adequate anterior and posterior maxillary bone, paving the way for research and development of complete maxillary bone insufficiency cases, including both anterior and posterior maxilla regions.

The quadzygoma or zygozoma quadruple approach (quad ZIs), involving four zygomatic implants placement, where two ZIs are placed bilaterally in each zygomatic bone and then splinted, provided an effective solution for patients presenting complete maxillary bone insufficiency, as well as the unilateral approach that use a single ZI in one zygomatic bone splinted to conventional implants (Garcia-Lozada 2018).

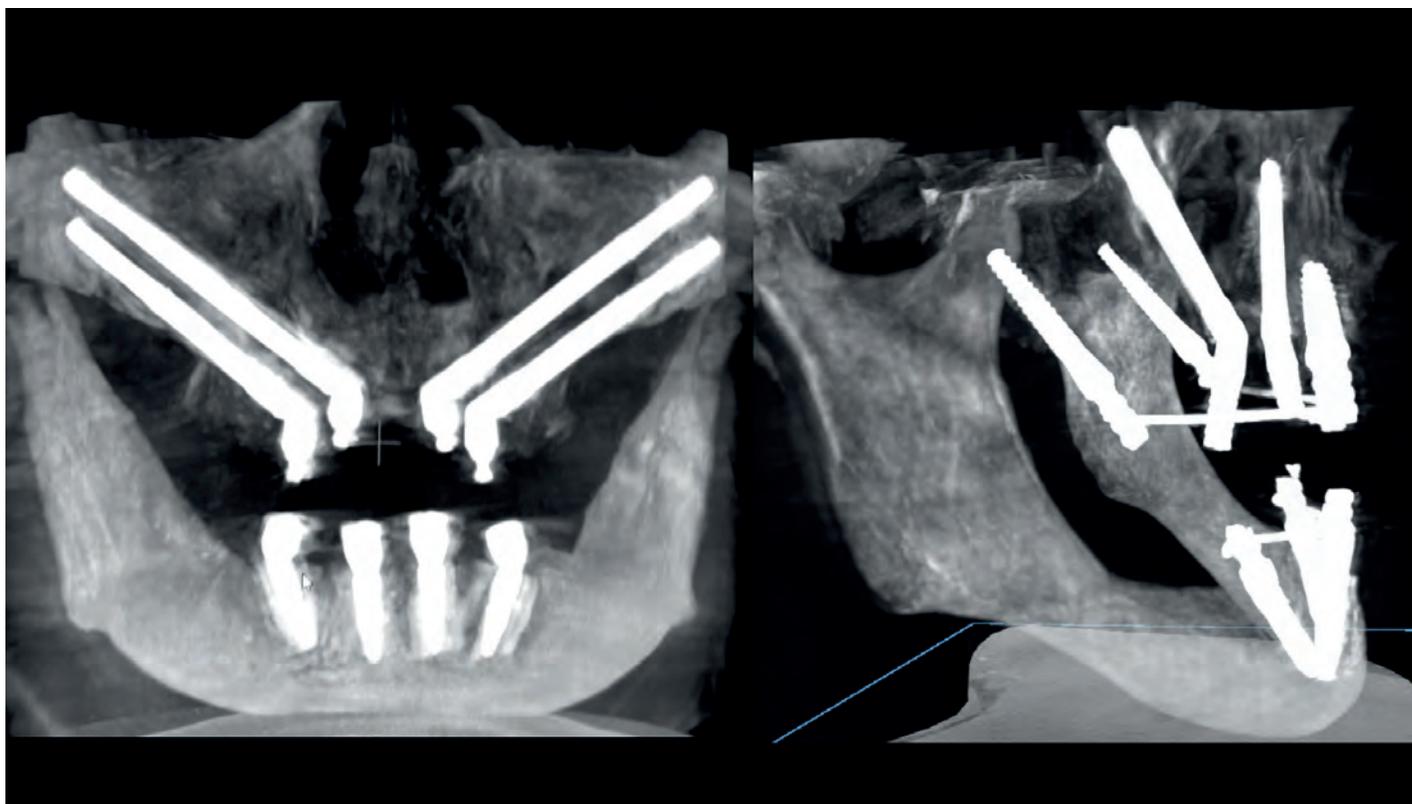
From the initial ad modum Bränemark protocol in 1998, new approaches emerged to improve and optimise the technique, including:

- Slot technique (Stella & Warner, 2000)
- Exteriorised approach (Migliorança, 2006)

- Extrasinus approach (Aparicio, 2006)
- Extramaxillary approach (Maló, 2008)
- Extrasinus path (Chow, 2010).

Despite these contributions, a clear consensus on selecting the optimal approach for each case was lacking until 2011, when Aparicio published the ZAGA classification (zygomatic anatomy-guided approach). This holistic anatomy-based classification, as well as prosthetic requirements, established guidelines for ZIs trajectory placement optimisation and became a global reference consensus, further solidified in 2012 with the textbook *Zygomatic Implants – The Anatomy-Guided Approach (ZAGA)*.

Mastering this technique demands rigorous, meticulous and continuous learning. Even more so for those who perform this protocol with respect to the patient's safety



Planning and tools

Digital technologies play an essential role in ZIs surgery planning and execution. These include panoramic radiographs, TC scanners and CBCT, virtual planning software, 3D-printed stereolithographic models, static bone-supported guides, modular or stackable guides for immediate-loading prosthesis, dynamic intraoperative navigation systems like a GPS (real-time tracking) and robotic implant surgery.

Certainly we will be seeing in the near future more artificial intelligence (AI) tools. However, operator experience and skills remain crucial to perform this sensitive and more complex surgical technique.

Teeth in a day

Immediate loading concept or 'teeth in a day' on zygomatic implants has proven a highly effective protocol, supported by extensive studies. Bedrossian and Chow pioneered this approach in 2006, followed by Duarte (2007) as well as Davó and Kuabara (2010).

For both cases, a classical approach was used with two ZIs splinted with conventional implants and Quad ZIs with four ZIs splinted, enabling patients to acquire fixed provisional prosthesis the same day of ZIs surgery, reducing treatment time and recovering function, aesthetics with quality-of-life improvement.

Biomechanics in ZIs procedures is related to

an optimal implant distribution on the maxillary arch as well as the correct prosthesis passive fit and distribution of the occlusal forces and loads.

Depending on the case, additional support can be achieved with conventional implant placements in the anterior region (premaxilla) or in the posterior region with tuberosity-pterygoid implants, enhancing the anterior-posterior spread to minimise cantilevers. A rigid, screw-retained prosthesis with passive fit and balanced occlusion is critical for long-term success.

Zygomatic implant design

Another factor to take into consideration for the refinement of this technique is the implant design. Just as the evolution of approaches and techniques has been presented among many other factors to improve this protocol, the ZIs designs have also evolved over the time in terms of their macrogeometry, treatment surface, and prosthetic connection.

Therefore, the ZIs can be classified in terms of design into three zones: apical zone, intermediate zone and coronal zone. Depending on the ZIs system used, we can use these zones to observe and find the greatest differences and similarities between the various existing systems.

It should be noted that depending on the particular case to be treated, there may be designs that favour better biological and functional behaviour, combined with the approach applied,

the surgical prevention measures carried out and the adequate prosthetic execution (García-Lozada 2023).

Complications

Potential complications may include rhinosinusitis (linked to intrasinus trajectories) and vestibular dehiscence (associated with extramaxillary paths). Preventive measures to avoid these common complications involve knowledge and skills set, meticulous planning, incision design, ZIs design selection, tissues preservation, ZIs path or trajectory and adjunct techniques like pediculated connective tissue grafts, and buccal fat pad covering, among others.

Continuous refinement is guided by success criteria such as Aparicio's ZIs success criteria (2011), the ORIS success criteria (2020), and ZIs Critical Zones (2021), alongside complication management protocols (Bedrossian, 2018).

Over my exciting journey using and teaching the ZI concept as a globally extended technique, contributing through publications, training and mentoring remains deeply motivating. Mastering this technique demands rigorous, meticulous and continuous learning. Even more so for those who perform this protocol systematically with respect to the patients' safety and their predictable rehabilitation, with the know-how in prevention and management of complications. **D**

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First VST course arrives in May!

Book now to secure your place

Trycare are delighted to announce that Dr Abdelsalam Elaskary, founder of Vestibular Socket Therapy (VST), will be bringing his internationally popular VST One Day Hands-on Workshop to the UK for the first time on Saturday 10 May 2025. There are only 20 places available so early booking is recommended to ensure you secure your place!

An event not to be missed, Dr Elaskary's unique one-day programme of presentations and hands-on workshop focuses on the most recent and updated implant protocols, in particular VST which allows treatment of fresh extraction sites with immediate placement that reliably delivers optimised outcomes even in the absence of labial walls. Special emphasis will be on managing and optimising regenerative outcomes in the aesthetic zone.

Advantages of VST and the Six Day Protocol

VST is an extensively scientifically validated surgical technique invented by Dr Elaskary and employed by many leading implantologists worldwide. It enables treatment of a wide range of socket varieties suffering from complete loss of their labial plates. This unique technique allows immediate placement in severely defective sockets and offers a protocol to place immediate implants in sockets with active infection via Dr Elaskary's Six Day Protocol. Thanks to minimised intra-operative surgical trauma with less complicated surgical intervention, it saves treatment time and minimises the number of interventions. This innovative surgical approach reduces post-extraction socket collapse and the need for long-term provisional restoration, and provides predictable aesthetic outcomes.



Dr Abdelsalam Elaskary

Dr Elaskary graduated in dental science at the University of Alexandria in 1986 and implantology at the University of Frankfurt in 1993. In 1993 he also graduated from the Periodontics Department at Tufts University in Boston, Massachusetts, US.

Dr Elaskary subsequently obtained his Masters in dental implantology at the Periodontics Department at the Health and Science Center of San Antonio, Texas, US, in 1994.

He is the founder of the Vestibular Socket Therapy treatment and the owner of the Elaskary & Associates clinic and educational institute located in Alexandria, Egypt.

Formerly assistant clinical professor at the University of Florida, Jacksonville, US, from 2000 to 2005, Dr Elaskary is currently visiting lecturer at the Dental School of the Implantology Department at the University of New York, US.

He is president of the Arab Society of Oral Implantology (ASOI) in Cairo, Egypt, and has authored three books in the field of dental implantology and oral reconstruction, which have been translated into several international languages. Dr Elaskary has also authored many articles in the field of implant dentistry.

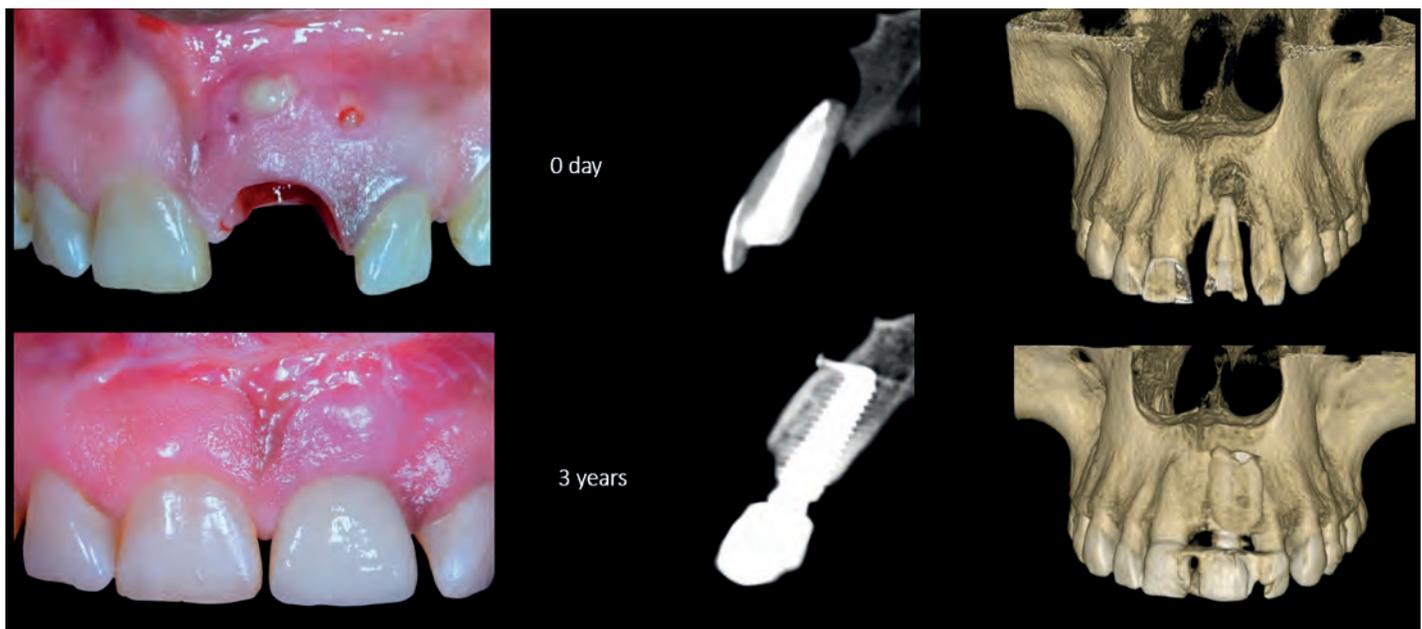


VST One Day Hands-on Workshop

Hosted by Trycare at the Royal Leonardo Hotel, Tower Bridge, London, on 10 May 2025, successful applicants will have the opportunity to learn everything they need to know in order to place immediate implants in the absence of labial bone using Vestibular Socket Therapy. With 6.5 hours CPD with Learning Outcome C the course fee is just £795 including VAT.

Attending delegates will receive one Soft Cortical Lamina and one OsteoBiol Gen-os 0.5cc free so that they can start using Vestibular Socket Therapy in their Practices straight away.

To book your place contact your local Trycare representative, visit www.trycare.co.uk or email Denise Law on events@trycare.co.uk.



Colgate® introduces a new era in Active Prevention

An enhanced range from Colgate® for dental professionals to empower patients to start their own journey to self-prevention

Dental professionals from across the UK recently attended an immersive event at Frameless in London to experience an exciting journey of discovery as Colgate® introduced a new era in Active Prevention.

The audience had the opportunity to experience the Active Prevention journey whilst hearing insights from patients, scientists, academia and the dental profession. Simon Petersen, senior vice president and general manager at Colgate, northern Europe welcomed everybody, sharing Colgate's success is built on valued, trust-based relationships with a range of partners, including the dental profession. He also highlighted that as a global brand in over two thirds of all households, Colgate's leadership position presented opportunities to enter a new era in Active Prevention.

Katie Mitchell, senior insights manager at Colgate, shared insights around what good oral care means to patients. These insights highlighted the need for an increased focus on patient empowerment through prevention with some saying they don't feel they have the knowledge or know enough to optimise their oral health at home.

A complete regime

Dr Bayardo Garcia-Godoy, senior researcher at Colgate then introduced New Colgate Total®, designed to support the dental team in extending their professional care into patients' homes. New Colgate Total® toothpaste's superior technology with uniquely* stabilised stannous fluoride formula is formulated to provide high levels of bioactive stannous**, targeting the cause of common health problems. Bayardo also highlighted the opportunity of personalised Active Prevention by the ability to recommend the New Colgate Total® Active Prevention toothpaste range as well as New Colgate Total® Active Prevention toothbrush and mouthwash to complete the regime.



Tim Newton, professor of psychology applied to dentistry at Kings College, shared the road to effective behaviour change. Tim looked at barriers to prevention and gave suggestions on how to overcome these including using GPS as an analogy to set goals; plan your route and satisfy yourself you are going the right way.

Dr Mohsan Ahmad, a GDP working predominantly in an NHS setting shared how his team gives personalised advice to create and enhance patient engagement, empowering them to start their own journey to self-prevention.

Jan Prisc, professional brand manager for Colgate brought the event to its conclusion, emphasising that there has not been a more

appropriate moment for prevention to be so crucial in supporting the oral health of the nation. Jan introduced the New Colgate Total® Active Prevention Toolkit developed by Colgate®, designed to support dental professionals help their patients with Active Prevention between visits. The toolkits, available from Colgate Oral Care Consultants includes a pre-assessment questionnaire, handheld mirror and a chairside coaching tool to help engage patients to quickly deliver personalised care, along with a £1 coupon for patients to redeem against the Colgate Total® toothpaste range at all major retailers.

The event was a huge success with great feedback including 'inspiring and insightful', 'a wonderful event that went above and beyond', great speakers and new information'.

To find out more about new Colgate Total® Active Prevention, visit www.colgateprofessional.co.uk/products/colgate-total.

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The very fine art of failure

Tony Atkins

Dental technician, department lead
at Ceramic Designs Laboratory



Over the course of my career I have witnessed an enormous evolution within dental technology, and while overall this progress has revolutionised patient care, it has brought with it a number of challenges, some obvious and some less so.

Over the last five years it has become clear that despite the fantastic stream of information available through various platforms, it was the fine art of failure that seemed to be eluding the general discourse, with so few willing to share their failings, preferring to only share their successes. Which, of course from a business point of view I understand, even from an educational point of view there is also some aspirational merit. With that being said, I've always felt that I have learned more from failure than I have success.

As a team we got together and believed that now would be a good time to put our heads above the parapet and share some of my many failings in the hope that the solutions myself and my amazing team at the laboratory had come up with, will at the very least offer aid to a broader audience or maybe even open up debate in the

pursuit of better solutions. So, over the coming months we will look at:

CAD versus CAM

What exactly do I mean by that? In short, in this digital age which we find ourselves in, whenever an anomaly occurs, whether that is fit, contacts, occlusal errors or structural defects, it is often difficult to pinpoint where the issue has occurred. Often it is attributed to the scan, which of course it can be, but aside from that could it be the design software? Or maybe it is down to some form of mechanical failure during milling. We will look at some examples, from the obvious to the more obscure.

Material failure

I think it would be best to focus on large rehab cases, in particular All on X for this section. For as long as I can remember there has been the pursuit of a one-size-fits-all restoration type, however for the time being at least that just isn't possible. We will touch on the types of materials that are suitable for certain cases, for example the use of full zirconia, taco style bridges, acrylic hybrids and peek resins looking at their limitations where functional issues such as lack of OVD, FP type, AP distance are concerned. We will look at a selection of cases that haven't gone



to plan, and in order to achieve the best possible outcome, there has been a need to go back to the drawing board.

Aesthetic failure

In the third and final chapter we will look at a selection of aesthetic cases that for a number of reasons have been compromised, leading to less than desirable outcomes. However, when there is a level of acceptability, from patient expectations, communication and material selection, these cases can be a little more predictable. Aesthetic dentistry will always be a challenge but with a less is more approach we can look more closely into how despite initial failure, we have managed to overcome some really tricky cases and produce great results.

As I mentioned initially, this series isn't definitive and I think it's safe to say we are always learning and looking to find solutions. Together, I'm certain we can find many resolutions to the challenges that digital dentistry presents us with!

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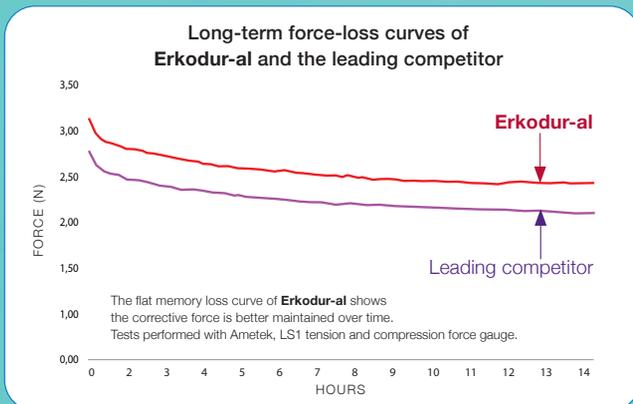
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All Med Pro expands panel of dentolegal advisers

All Med Pro introduces the three newest additions to its panel of experienced dentolegal experts

All Med Pro is thrilled to announce the expansion of its Dentolegal Advisory Panel, which now includes three highly respected and experienced professionals in the field: Brian Westbury, Ravi Rattan, and Stephen Henderson.

This strategic expansion underscores our unwavering commitment to delivering the highest level of support to dental professionals. By strengthening our panel of experts, we ensure that trusted, high-quality dentolegal advice is always accessible, empowering our clients with the guidance they need to navigate complex professional challenges with confidence.

Meet the advisors

Brian Westbury has had a distinguished career in dentistry, successfully running two dental practices. He has played a significant role in dental governance, serving as secretary for four Local Dental Committees and representing the profession on the General Dental Services Committee. Additionally, he chaired the Dentists' Health Support Trust for a decade.

With over 25 years at Dental Protection, Brian rose to the position of senior dentolegal adviser, where he was instrumental in NHS regulations and provided expert guidance to registrants facing GDC cases.

In 2019, he joined All Med Pro as a dental adviser, further strengthening his commitment to supporting dental professionals. He is also the former academic dean of the Faculty of Forensic and Legal Medicine at the Royal College of Physicians. Holding degrees in dentistry, law, and psychology, Brian brings a wealth of knowledge and expertise to his role.

Dr Ravi Rattan is a highly accomplished dentist who has been a practice principal and owner since the 1990s. He has made significant contributions as a dental adviser

and clinical lead for NHSE England and has extensive experience as a dentolegal adviser. He also serves as a guest lecturer for various dental universities across Europe, sharing his knowledge with future dental professionals.

Ravi was recently made a Fellow of the College of Dentistry in recognition of his accomplishments within dentistry, having previously been awarded MFLM in recognition of his expertise in the dentolegal field.

Stephen Henderson qualified in London in 1984 and later earned a Master's degree in medical law (LLM) from Cardiff in 2005. After working in hospital practice, he established himself in private practice in Oxford while also serving as a visiting specialist in oral surgery until March 2020.

With 25 years of experience in dentolegal advisory roles, he began his career at Dental Protection before moving to MDDUS, where he served as head of the dental division until mid-2023.

Since then, Stephen has worked independently as a dental adviser, focusing on lecturing, writing, and providing expert witness reports.

Unparalleled support

'We are delighted to welcome Brian, Ravi, and Stephen to our growing panel of dentolegal advisers,' said Adam O'Keeffe, one of the founders and directors at All Med Pro. 'Their collective experience and industry recognition reinforce our position as a leading provider of dental indemnity insurance, offering unparalleled support to our clients.'

This expansion comes as part of All Med Pro's ongoing efforts to enhance its services and provide exceptional value to dental professionals, from sole practitioners to large practices.

Enhanced Dental Indemnity Insurance

We are also thrilled to introduce our Enhanced Dental Indemnity Insurance, offering an exclusive opportunity to join thousands of UK members who benefit from our comprehensive coverage and exceptional support.

Our new 18-month policy option brings exclusive benefits, fewer renewals, multi-year price security, and comprehensive coverage that includes continual and retrospective protection. Members also enjoy free advisory support, dento-legal expertise, regulatory and



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For more information about our dentolegal advisers or the services All Med Pro provides, scan the QR code, visit www.allmedpro.co.uk or contact info@allmed.co.uk or 0203 757 6950.



About All Med Pro

Founded in 2011, All Med Pro is a specialist insurance provider made up of a team of experts, offering diligent, impartial, and transparent advice to dental, medical and healthcare professionals. All Med Pro believes that a blended approach delivers the best combined solution for its policyholders. Bringing together the best in insurance underwriting, legal experts, clinical experts and risk management, it provides clients with a 360° support service.



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CASE STUDIES

Proximal initial carious lesion interpreted with AI

BEFORE



Courtesy of Dr. Michael Failer

AFTER 1 YEAR



Early caries, seen as a White Spot Lesion, in the aesthetic zone

BEFORE



Data on file

AFTER 1 MONTH



These results may not be typical. Individual results may vary.

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

The independent dental market: motivations and impact

Joel Mannix

Head of dental, Christie & Co



In recent years, the independent dental market has been an increasingly significant force in shaping the UK dental sector. With first-time buyers, existing owners, and small groups accounting for over 80% of dental practice sales in 2024, the independent segment has driven activity and dominated the transactional landscape. This article explores the motivations behind this trend, its impact, and the re-emergence of corporate appetite in 2025.

Motivations

1. Security

Taking the step to own a dental practice can provide the security of income and the autonomy to make key decisions that align with professional values and vision.

This control extends through various aspects of ownership, ranging from financial and operational decision-making to eco-credentials and sustainability in practice, and the adoption of new technologies and efficiencies.

In owning a practice, dentists can positively impact not just those financial and business outcomes, but also far wider in protecting the planet and operating in ways that reflect their personal commitment to innovation and operational excellence.

2. Financial incentives

Despite economic challenges, the financial potential of owning a practice remains attractive. Independently-owned practices will often achieve proportionately higher margins of profit when compared with larger-scale, associate-led practices. The ability to directly benefit from the financial success of their practice will commonly motivate many

prospective buyers into exploring routes to ownership.

3. Stabilised borrowing costs

The recent reductions in interest rates have lowered the potential costs of borrowing, making it a more appealing prospect for buyers to finance acquisitions. Banks still see dentistry as a green-light sector, with many high-street lenders eager to lend to those looking to acquire dental practices

4. Market opportunities

The increase in the number of practices brought to market in 2024 provided a wealth of opportunities for independent buyers. With an 18% rise in available practices compared with the prior year, prospective buyers had a broad range of opportunities to consider, making it an opportune time to explore the market, where that increasing market supply is expected to continue through 2025.

5. Community

Independent practice owners often have a strong connection with their local communities. This engagement fosters patient loyalty and satisfaction.

Impact on the market

The dominance of the independent sector has had several notable effects on the dental market.

The influx of independent buyers has significantly heightened competition in the market.

In 2024, sellers received an average of 4.8 offers per practice, up from 4.4 in 2023. This competitive environment has kept practice valuations robust, with practices selling for an average of 108% of their asking price. The strong activity from independent buyers has bolstered market confidence, with viewings

surging by 19% on the prior year, offers received rising by 17%, and the number of agreed deals increasing by 26%. This confidence is reflected in the overall sentiment of dental professionals, where 37% of those we asked feel positive about the market in 2025.

The average sale price of dental practices decreased by 9.6% in 2024. That is reflective of the robust activity within the independent sector, where the core volume centred around opportunities of a scale and value, suited to that segment of the market.

That ongoing activity alongside the general stabilisation of the financial landscape through 2024 has been crucial in maintaining market dynamics, where both buyers and sellers can engage in transactions with confidence and clarity.

Emerging corporate appetite

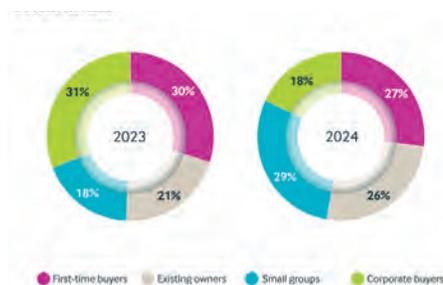
As we move through 2025, corporate appetite for dental practices is showing signs of resurgence, largely influenced by recent interest rate cuts. The Bank of England's decision to lower interest rates to 4.5% will make borrowing more affordable, creating a favourable environment for corporate acquisitions.

Corporates are likely to continue reshaping their portfolios through mergers and disposals. The stabilised economic environment allows for more strategic decision-making, enabling corporates to focus on integrating and divesting assets effectively.

With the financial barriers to acquisition reduced, corporate buyers are expected to re-enter the market with vigour, adding a dynamic dimension to the market that complements the ongoing activity from independent buyers.

The independent dental market has played a pivotal role in shaping the UK dental sector, driven by motivations such as autonomy, financial incentives, and community engagement. This trend has increased competition, bolstered market confidence, and led to average pricing adjustments.

As we look ahead through 2025, those recent interest rate cuts and the resurgence in corporate appetite, this will no doubt add a new layer of activity to the market. With both independent and corporate buyers actively seeking opportunities, the dental market is poised for continued growth and dynamism.



Buyer profiles

Source: Business Outlook 2025, Christie & Co



Movement in the average price of assets sold, year-on-year

For a confidential discussion about your sale options, get in touch: joel.mannix@christie.com/07764 241 691.

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Dentistry
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Making the most of the new tax year

As we are coming to the end of the 2024/25 tax year, the team at **PFM** has some advice to make the most of the year ahead

First things first, you do still have some time if you were planning on making private pension contributions or purchasing new assets for these to reduce your 2024/25 tax bill. The 2024/25 tax year will be ending on 05 April 2025, after this point, any tax reducers will affect the 2025/26 tax year.

For any assets that you purchase, to be included in your 2024/25 figures, they need to be purchased (either payment made or finance agreed) and be ready to use in your business. If you are planning to wait until the end of March to buy a new asset for your business, make sure this is done a few days before to allow time for the delivery.

Likewise with making private pension contributions, you will need to speak to your financial advisor to understand the time needed before 5 April to ensure they have enough time to process the pension so that your contributions count.

2025/26 tax year – what's new?

The increase to the minimum wage, along with the increase in employer's national insurance contributions increasing from 13.8% to 15%, will impact employers. The bad news for employers does not stop there as the threshold that employers pay national insurance contributions for their staff was decreased from £9,100 to £5,000. This means

that employers will be paying a higher rate over more of an employee's salary.

The mitigation for this is that the employers' national insurance allowance has been increased from £5,000 per year to £10,500. This means that for qualifying employers the first £10,500 of employers' national insurance contributions will not be paid to HMRC.

One of the qualifying conditions for the allowance is that the majority of your work is not for a public entity e.g. the NHS. This means that the increase in employers national insurance costs, will affect NHS practices more than private practices. If the majority of your income is derived from private dentistry, it is well worth checking your entitlement, as it can save you money each month on your PAYE bill!

The other major change from the recent budget is capital gains tax rates. The basic rate of capital gains tax was increased from 30 October 2024 to 18% from 10%, with the higher rate increasing to 24%. Coming into effect from 6 April 2025 is a change to the Business Asset Disposal Relief (BADR) rules. BADR offers tax relief to qualifying individuals when they make qualifying disposals. BADR reduces the rate that you pay capital gains tax from the higher rate of capital gains tax to a lower rate. Currently the BADR rate is 10%, from 6 April 2025, this will be 14%, rising further to 18% from 6 April 2026.

Another change to look out for is the increase in the benefit in kind rate for electric cars. Previously the rate for an electric car was 2% of the cars original list price. From 6 April 2025, this will now be 3%. This rate is planned to keep rising up to 5% in 2027/28.

Trivial benefits

If you run a company, you can spend up to £50, six times a year on yourself as long as the benefits are non cash and not as a reward for work.

As with everything from HMRC there are restrictions and when planning to make the most of your allowances, we would recommend first speaking to your accountant and financial advisor to ensure you qualify for the above.

Making the most of your allowances

For 2025/26 you will have the following tax-free allowances:

Income tax
£12,570 personal allowance (restricted for adjusted net income over £100,000)

Tax-free dividend
£500 for individuals

Savings allowance
£1,000 for basic rate taxpayers
£500 for higher rate taxpayers

Capital gains
£3,000 - AEA for individuals

Inheritance tax
£3,000 - Annual exemption for individuals



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Conference programme unveiled for **British Dental Conference & Dentistry Show 2025**



The British Dental Conference & Dentistry Show (BDCDS) has announced its impressive line-up and innovative conference programme, as it makes a welcome return to the NEC Birmingham on 16-17 May. In association with the British Dental Association, the unmissable event is set to inspire and empower all dental practitioners seeking to expand their network and be at the forefront of industry developments.

Cutting-edge content

The 2025 conference programme has been carefully curated and offers a broad range of topics for every member of the dental team. With over 200 leading experts, practitioners, and industry innovators presenting across more than 150 hours of free content, delegates will gain valuable insights and access to groundbreaking research.

Attendees can benefit from up to 12 CPD hours, with 12 dynamic show theatres hosting seminars and workshops on the latest trends in clinical practice. These sessions will cover a diverse array of subjects, ideal for professionals seeking to enhance their skills and stay current with industry developments.

Exploring digital dentistry and innovations

As digital technology transforms dental practice,

BDCDS will showcase the latest innovations in areas such as AI, CAD, implant planning, 3D printing, and intraoral photogrammetry. New this year, the Digital Dentistry Theatre will feature live demonstrations and engaging sessions from the IDDA, offering hands-on opportunities for dental practitioners and technicians to explore the latest tools and best practices.

The return of popular attractions like the Specialty Interest Theatre and Enhanced CPD Theatre will provide further insight into cutting-edge techniques and refined treatment methods, ensuring attendees can stay ahead in their clinical practice.

Business and mental health support

For those navigating the complexities of managing a dental practice, the Dental Business Theatre and Practice Owners & Business Management Theatre will provide expert advice on patient retention, team management, and financial strategies. Sessions will also focus on mental health and burnout prevention, with ConfiDental announced as the official charity partner for 2025, highlighting the importance of mental wellbeing in dentistry.

Leanne Brown, senior show manager, commented: 'We are thrilled to announce our 2025 conference programme, featuring

globally renowned speakers and dynamic content for every dental professional. This year's exceptional line-up demonstrates our commitment to supporting and empowering the dental industry, and we look forward to bringing everyone together to network, learn, and grow.'

Networking and innovation showcase

With over 400 exhibitors confirmed, BDCDS will present the latest in dental technology, products, and equipment. Attendees will also enjoy unparalleled networking opportunities with dental experts, practitioners, and industry leaders, engaging in meaningful conversations and discussions on emerging trends.



For more information and to register for free, visit birmingham.dentistryshow.co.uk and follow @dentistryshowCS on Instagram for updates.

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DR ANDREW ROBINSON, DENTIST

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DR JONATHAN WESTALL, DENTIST

**WELL ORGANISED
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DR CRAIG FARRELL, DENTIST



The Female Dentist

A new network to support and inspire

Dentistry can be a rewarding and empowering industry, changing the lives of patients and looking after those at a greater risk of health complications. But dentistry can also be fast-paced, stressful and exhausting, especially when trying to juggle professional demands and personal commitments. Designed to support and inspire women in dentistry, The Female Dentist is a growing network where communication, education, events and other benefits all overlap, forming a well-connected team of dental professionals.

Its 11-strong board includes eminent industry figures who each bring something different to The Female Dentist. They are: Dr Fazeela Khan-Osborne, Jo Hunt, Dr Nicola Gore, Dr Nikita Mehta, Dr Shabnam Zai, Linzy Baker, Ezgi Demir, Dr Wajihah Basir, Dr Alga Zeldi, Nicki Rowland, and Shraddha Sheth. Whether having a passion for implantology, unmatched teaching experience, a focus on mentoring and networking, or a connection to the next generation of dental students, each board member brings a unique quality to guide professionals to higher achievements.

The Female Dentist is a platform for growth that helps create new leaders in the dental community. The core values are:

- Empowerment: harnessing your potential to work with confidence
- Collaboration: working together to innovate and drive growth in your careers
- Inclusivity: nurturing a safe environment for all to flourish in
- Continuous learning: valuing the importance of ongoing education to stay at the forefront of future changes
- Wellness: prioritising mental and emotional wellbeing for a balanced lifestyle.

Membership benefits

Becoming a member of The Female Dentist opens doors to a vast wealth of opportunities, each supporting professional and personal development. Members can access an exclusive directory of fellow professionals, such as architects or financial advisors, to get the assistance they need. This comprehensive resource allows members to contact reputable services to collaborate on projects together. Similarly, access to the membership listings

the female dentist.
for women, led by women



gives members a fast way to connect with like-minded peers, helping find others to share advice with or working together to plan a hands-on workshop or talk at an upcoming event. The listing is also a crucial conduit for finding a mentor, allowing professionals to receive the guidance needed to excel in their chosen pathway.

Keeping up to date

The Female Dentist hosts an array of webinars and podcasts. Featuring industry experts and trailblazing women, these sessions provide members with first-hand knowledge on anything from clinical advancements and business strategies to work-life balance and personal development. These recorded options allow listeners to learn in their own time, be that commuting or in a lunch break, and also familiarises them with more of the pioneering figureheads of dentistry.

The network's newsletter, a compilation of inspiring stories from fellow members and the latest industry news, trends and updates, is another great way of keeping at the forefront of dentistry. The newsletter maintains a feeling of community, allowing dental professionals to share in each other's achievements, hardships and expertise.

Combined with The Female Dentist jobs page, members will be able to find new positions that best suit their aspirations. Executive members can also advertise for their practice or find locum opportunities, ensuring quick turnarounds for practices and reducing long periods of being understaffed.

Out of office fun

Exciting events are available to members of The Female Dentist. For a balanced break of relaxed socialising, beautiful locations and insightful CPD opportunities, consider the upcoming exclusive Dental Retreat Day for Women in Dentistry, where attendees can enjoy the tranquillity of a luxury spa at Hanbury Manor, Hertfordshire. With pilates and yoga options, a delicious two-course lunch and talks from two keynote speakers, Dr Mahrukh Khwaja and Dr Shabnam Zai, this countryside escape is an unmissable way to unwind. With a busy calendar chock-full of many other events that marry CPD with peaceful environments, The Female Dentist has something for every woman – join today.

Exclusive: Women in Dentistry

Date: 1 May 2025

Time: 9am – 5pm

Venue: Hanbury Manor, Hertfordshire

Find out more and book: thefemaledentist.co.uk/events/women-in-dentistry-exclusive-event-at-hanbury-manor/

For details on membership visit thefemaledentist.co.uk/membership-benefits.

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Building a future-ready lab

Joe Ganderton, director of Remo Dental Laboratory, shares how his lab has evolved into a hub of cutting-edge technology and forward-thinking practices

Joe Ganderton

Director of Remo Dental Laboratory



Thinking back two years to when I set up Remo Dental Laboratory, it's incredible to see how much has changed in such a short time. What started as a small, traditional dental lab has quickly evolved into a hub of cutting-edge technology and forward-thinking practices.

We have since grown into a lab where digital design meets traditional craftsmanship, transforming both our work and what we can deliver.

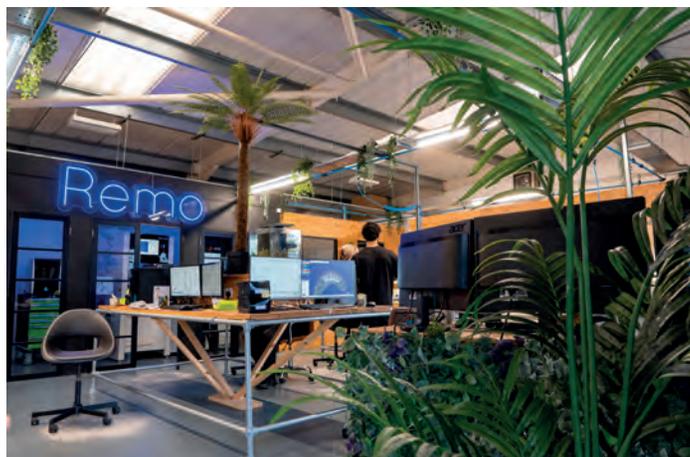
Collectively, we have seen firsthand how embracing advancements – like 3D printing, hybrid milling and digital workflows – has reshaped our lab's capabilities, enabling us to deliver faster, more precise restorations. However, I'd be lying if I were to suggest it's all been plain sailing.

The journey hasn't been easy, but every step has been worth it...

How technology is changing our craft

At the heart of our operations is cutting-edge technology. When setting up, we quickly saw the potential of technology to expand what we could offer to dental practices and patients. In an industry that's often been slow to adopt new ways of doing things, we saw an opportunity to catch ground on some of our more established contemporaries.

Dental technology was advancing rapidly, and I knew that adopting tools like 3D printing, hybrid milling, and automation could take our work to new heights.



One of the most exciting changes has been incorporating 3D printing into our workflow. 3D printing has allowed us to produce highly precise, natural-looking crowns, bridges, and guides from digital scans provided by our partner.

It has also reduced our production time and minimised material waste, allowing us to become more sustainable. Watching the positive responses from dentists and patients alike has been rewarding – it's clear that this technology is making a real difference.

High-quality work

I knew that combining traditional craftsmanship with modern digital techniques would be powerful, and hybrid milling has proven exactly that. At Remo, we use hybrid milling for zirconia restorations and complex metal frameworks, achieving a level of durability and precision that's vital for high-quality work.

This technology has allowed us to take on more complex cases and provide in-house solutions that were once impossible, ultimately reducing our reliance on external suppliers and ensuring our clients receive consistent results.

Bringing automation into the lab has been transformative, freeing up our team to focus on quality and artistry. With CAD (computer-aided design) and CAM (computer-aided manufacturing) systems, we're able to streamline repetitive tasks that used to take hours. Automation has freed up our team to focus on fine details, combining the efficiency of technology with the quality of hands-on work.

Enhancing relationships with dental practices

For me, one of the most rewarding outcomes of adopting these technologies has been the stronger relationships we've built with dental practices. New technology has allowed us to work more closely with our partners, helping deliver better outcomes.

With cloud-based platforms, we're ready to get started as soon as we receive case files and scans, making everything faster and more precise. This instant data sharing allows us to get started right away and ensures that each product is tailored precisely to the patient's needs. **D**

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The Dentistry Awards

Remo Dental Laboratory won Dental Laboratory of the Year at the 2024 Dentistry Awards, a celebration to recognise and reward excellence in dentistry, acknowledging dental professionals for their achievements and advancements.

For more information, visit www.dentistry.co.uk/awards.

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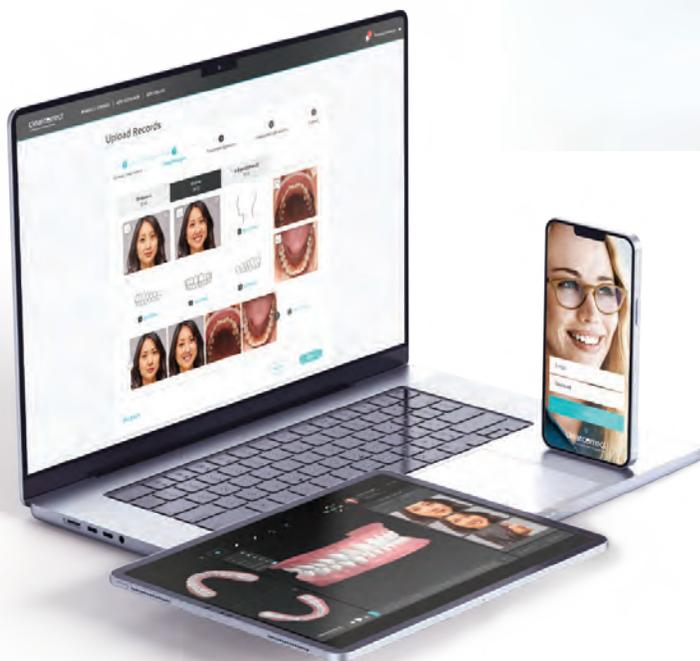
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Young Dentist

STEERING THE DEVELOPMENT
OF TOMORROW'S DENTISTS

FMC CONNECTING
DENTISTRY

THE ART OF REFLECTION

Umair Afzal shares how
your thoughts can boost
professional development

DEALING WITH COMPLAINTS

Handy hints to guide you
through effective resolution

MEET...

SIMRAN BAINS

Winner of Best Young Dentist
shares her career journey,
inspirations and top tips



'Every experience is an opportunity to grow'

Winner of Best Young Dentist at the 2024 Dentistry Awards, **Simran Bains** shares her inspirations, her career aspirations and how she finds balance

Young Dentist (YD): Why did you choose dentistry as a career path?

Simran Bains (SB): Dentistry combines my passion for healthcare with the opportunity to make a meaningful, long-term impact on people's lives. Dentistry isn't just about treating problems; it's about fostering trust, building lasting relationships, and helping patients achieve their best health and confidence. I love that this profession allows me to blend science, artistry, and compassion, creating a positive difference not just when someone is in pain, but by empowering them to maintain lifelong wellness.

YD: Can you share your career journey so far?

SB: I graduated from Manchester University in 2017 and completed dental foundation training on the Birmingham City Scheme. Following this, I worked as an oral maxillofacial SHO at a district general hospital. This role was transformative for me, as I gained invaluable surgical skills, mastered time management, and learned how to stay composed under the pressures of a fast-paced environment. These lessons have shaped my ability to handle even the most challenging situations with confidence.

I then worked in a high-needs NHS practice transitioning to private practice at Rock Dental in Wolverhampton, where I have been able to focus on restorative and cosmetic dentistry – areas I'm deeply passionate about. Over the years, I have enhanced my technical skills, especially in managing complex cases, ensuring I could meet the diverse needs of my patients. This experience reinforced the importance of adaptability and problem solving in dentistry.

The British Academy of Cosmetic Dentistry (BACD)



Simran Bains
Restorative and cosmetic dentist



has been a fundamental part of my career to date. I joined as a student representative in my third year of university. After graduation, I became part of the Young Membership Committee and my journey with the BACD continued as I joined the board of directors as the young membership chair, and recently, I've had the honour of taking on the role of membership director. This progression has given me a broader perspective on the profession, the value of mentorship, and the impact of a supportive community within dentistry.

Dentistry is a profession where we never stop learning, evolving, and growing, and I'm incredibly grateful for the opportunities I've had to contribute and make a difference.

YD: What are your favourite aspects of dentistry?

SB: One of my favourite aspects of dentistry is restorative and cosmetic work. I find it incredibly rewarding to uncover a patient's 'why' – the deeper reason behind their visit – and to help them regain their confidence and self-esteem through a healthy, beautiful smile. It's an honour to play a part in such transformative journeys, where the results are not just physical but also emotional and life changing.

I also deeply enjoy working with nervous patients. Earning their trust, building genuine relationships, and helping them overcome their fears is one of the most fulfilling parts of my job. There's something incredibly special

about seeing a once-anxious patient walk into the practice with ease or leave with a smile they're proud to show off.

YD: And your least favourite?

SB: While I truly love dentistry, one of the more challenging aspects is the fear of litigation, which was continually mentioned at university. Early on, I felt the weight of ensuring that every treatment plan, decision, and interaction was perfect. While this attention to detail is essential in providing high-quality care, the pressure can sometimes feel overwhelming, especially for new graduates navigating their early careers.

This challenge has taught me the importance of clear communication, thorough documentation, and always acting in the patient's best interest. It has also encouraged me to embrace lifelong learning and stay up to date with best practices, which ultimately makes me a better clinician. While the fear of litigation is a reality in our profession, I've learned to focus on building trust with my patients and delivering care with confidence, knowing I'm doing everything I can to provide the best outcomes.

YD: How did it feel to win Best Young Dentist at the Dentistry Awards?

SB: Winning Best Young Dentist at the Dentistry Awards felt absolutely surreal and was truly the most unexpected and rewarding moment of my career! It's such an incredible honour to have my hard work and dedication recognised.

I'm deeply thankful to my mentors, colleagues, and patients who have supported me throughout my journey. Their trust and guidance have been invaluable in helping me grow both personally and professionally.

YD: What prompted you to enter the Dentistry Awards?

SB: Honestly, it was a combination of encouragement from some of my colleagues and a bit of a 'why not?' moment. I thought it would be a great way to reflect on all the growth I've achieved along the way, but never did I think that I would win overall – that was the icing on the cake, and it still feels absolutely incredible!

YD: What are your plans for the next five years?

SB: After the Dentistry Awards, I was fortunate to receive a job offer, I'm really

looking forward to this new chapter, where I can continue to develop my skills in restorative and cosmetic dentistry, work with incredible teams, and build strong relationships with my patients. It's such an exciting opportunity to grow professionally, take on new challenges, and push myself to the next level in my career.

On a personal note, I've got some exciting holidays planned! I'm currently learning to ski – which has been a fun (and slightly humbling) adventure – and I definitely need to balance that out with a sunny holiday soon. A bit of après-ski mixed with some beach relaxation sounds like the perfect combination.

YD: How do you maintain a good work-life balance?

SB: This is definitely a work in progress for me. I'll be honest – I don't completely switch off because dentistry is such a big part of who I am. I'm always thinking about ways to improve, whether it's reflecting on cases, planning for the future, or keeping up with the latest developments in the field.

That said, I've learned that balance doesn't always mean disconnecting entirely; sometimes it's about finding fulfilment in both your work and personal life. I make time for things that help me recharge, like spending time with friends and family, planning holidays, and making sure I have little things to look forward to – like booking a sunny getaway to balance out the winter holidays.

Baking is one of my favourite ways to unwind – it helps me relax and get creative in a completely different way (check me out on Instagram at @sweettoothfairybakes!), I also love spending time with my dog, Mylo, a very entertaining three-year-old Lhasa Apso who always keeps me on my toes.

For me, it's less about switching off and more about integrating the things I love into my routine.

YD: Who is your inspiration?

SB: My biggest inspiration has always been my mum and dad. They've both instilled in me a strong work ethic and a 'can-do' attitude that's shaped who I am today. My mum's passion for hard work is truly inspiring – she's incredibly driven, determined, and never afraid to face challenges head-on. She's shown me the importance of resilience, perseverance, and always striving for excellence, no matter the circumstances.

My dad brings a calm, steady influence. His ability to stay composed, think logically, and approach situations with patience has taught me the value of balance and perspective, especially in high-pressure environments.

Together, they've always encouraged me to do everything to the best of my ability, supporting me through every step of my journey. Their belief in me has been my greatest motivation to keep pushing forward and never settle for less than my best.

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

SB: To younger dentists entering the profession, my main piece of advice is to never stop learning. Dentistry is constantly evolving, and the more you invest in developing your skills, the better equipped you'll be to provide the best care for your patients. Don't be afraid to ask questions, seek guidance from those with more experience, and be open to new techniques and technology.

It's also important to take care of your mental and physical wellbeing. Dentistry can be demanding, and it's easy to get caught up in the hustle. Make sure you're balancing your professional growth with personal time, whether that's spending time with loved ones, pursuing hobbies, or simply giving yourself space to recharge.

And lastly, build relationships with your patients. Dentistry is more than just clinical work; it's about helping people feel confident and cared for. Take the time to connect with your patients, listen to their concerns, and always aim to make a positive impact.

The journey may be challenging at times, but remember, every experience is an opportunity to grow. Keep pushing forward, stay passionate, and trust that you're making a difference. **YD**

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The art of reflection

Umair Afzal discusses how reflection can foster self-awareness, reduce burnout and enhance professional growth for young dentists

Since high school, I have pursued higher grades and juggled many extracurriculars. Looking back, I used to focus on productivity rather than seeking a deeper understanding of the world around me.

Now that I've graduated, there are plenty of patients to see and no shortage of work for us to do. Interestingly, one theme that has carried across from my time at dental school is the importance of reflection.

In this article, I'll outline why I value the time to reflect and, in turn, describe how this is helping my professional development.

Less is more

It's a familiar feeling for many of us that we spend most of our lives trying to fit in as many different tasks as possible. As we reach the end of the day, we might review the list of tasks we set out to do and realise that we haven't quite ticked off everything.

Many of us find it difficult to pinpoint why this is. The reality is that time is always working against us. Whenever we experience an enjoyable moment, time moves quickly. When we have an unpleasant moment, time seems to go slowly.

On the other hand, continuous learning is a professional expectation in dentistry. We can feel constant pressure to avoid falling behind our peers. If we decide to pause and breathe, then imposter syndrome can kick in. As a result, this forces us to question whether we are good enough or capable of achieving our goals simply because we need a break.

In addition, distractions find their way in even when caring for patients or relaxing with family. Notifications regularly go off on our devices at inconvenient times, making it easy to lose sight of what matters.



Without a doubt, it is crucial to keep up with new advancements in dentistry. However, I've increasingly found that developing a sense of self-awareness about how we spend our time is vital, especially as young dental professionals at the start of our careers.

Finding clarity

Reflection offers a lens to examine our reactions to life challenges, revealing insights into our thought patterns and decisions.

It focuses on the frameworks that shape our behaviours. Reflection encourages us to be self-aware by looking at ourselves. Stefano et al (2014) found that people who spent 15 minutes at the end of the day reflecting on their experiences performed 23% better than those who didn't. These people also feel happier and less burnt out.

For me, reflecting is our only way of slowing down time and observing our thoughts and behaviours at a particular moment. Whenever we struggle in dentistry, we will inevitably need a helping hand from someone. This helping hand often comes from mentors, colleagues or friends who guide us through challenges.

Self-awareness

Through reflection, it can also stem from within us. By considering our feelings towards an experience, we can ensure we don't miss the lessons we can learn from them.

Improving patient care requires embracing mistakes, experimenting thoughtfully, and approaching situations

with fresh perspectives. Nathwani and Martin (2020) found that dentists' reflection enhances patient outcomes.

Reflecting as a young dentist means I've felt less burnt out and better able to improve the quality of the dentistry I provide for my patients. I have sometimes felt like I am in a race to accomplish everything, and I know that I don't have it all figured out by any means.

However, the more time you spend thinking about the problems that matter to you, the better you can handle challenging situations in the future. Campbell et al (2023) explain how reflection helps young dentists develop a professional identity.

As a result, reflection helps me become more self-aware and self-knowing, making a more significant impact on others. Aligning my actions with my core values empowers me to focus my energy on what matters.

Final thoughts

By formulating different ways of thinking, I become more empathetic towards others. Whenever I put my fingers on a keyboard (such as writing articles), I often surprise myself with thoughts and feelings I didn't know I had.

Young dentists should expose themselves to diverse cases and exciting opportunities from across the industry.

Reflective writing is not for external validation. It's about recognising that a kinder and wiser version of yourself is always within reach when you need it most. **YD**



Umair Afzal
Dentist

'Who ever said success was an easy road?' Young Dentist spoke to Makyle Khan about his journey to dental school and his future career plans

Young Dentist (YD): What inspired you to pursue a career in dentistry?

Makyle Khan (MK): A career in dentistry was not something I initially envisioned for myself. My original aspiration was to become a surgeon and pursue a path in medicine. However, after gaining firsthand insight into the medical field through work experience, I realised that this career would require sacrificing something I hold dear: time with my family. The quality time I cherish with my loved ones is irreplaceable, and the prospect of not having a work-life balance was not something I wanted.

This realisation led me to explore dentistry, a profession that not only offers a healthier work-life balance but also demands a high level of skill and precision. Dentistry aligns with my desire to be in a field where there are no boundaries to career growth or knowledge. This resonates deeply with my inquisitive nature – I have always sought to push beyond my limits, continuously learn, and strive to be the best in whatever I pursue. Dentistry, with its blend of artistry, science, and patient care, provides the perfect platform for me to achieve these goals while maintaining the personal values I hold close.

YD: Were there any challenges or obstacles you faced while preparing for dental school?

MK: The journey to dental school was far from smooth, but who ever said success was an easy road? In the summer of year 12, I sat

the UCAT and received an average score – a result that, for the first time in my life, left me feeling like I wasn't the best at what I did. As someone with a competitive nature, shaped by my experiences as a sportsman, this was a humbling moment. It taught me how to handle setbacks not only in my academic life but also in my personal life. I found myself at a crossroads: should I give up on all the hard work that had brought me to this point, or should I persevere, build resilience, and move forward with faith?

Faith has always been a cornerstone of my life as a Muslim, and it guided me to choose the latter. I applied to dental school, only to face another setback: rejection. Learning to handle rejection was a pivotal lesson, one that I believe prepares you for challenges in all aspects of life. Despite the disappointment, I continued to pray and hold onto hope. While I was disheartened by multiple rejections, an interview opportunity eventually surfaced. It felt like a step closer to my dream, a glimmer of hope that my efforts were not in vain.

After the interview, the anxious wait began. Would it be an offer or another rejection? Unfortunately, it was the latter. At that moment, I felt utterly devastated. It was as if my world had collapsed. I questioned everything – my hard work, my abilities, even my self-worth. Coming from a background of high achievement, this rejection was a harsh blow, and it took time to process.

Yet, in my lowest moments, I asked myself: If I give up now, what was all this hard work for? I turned to my faith for perspective, viewing this as another test of my resilience and determination. I reminded myself that if it was meant to be, it would happen – whether through a gap

year, results day, or another path. My focus shifted to the one thing within my control: achieving the grades that would unlock the door to my future.

I poured my heart into my studies, working tirelessly to ensure I had no regrets. When results day arrived, I had achieved the grades I needed. To my immense relief and joy, I received an offer from my university – not through clearing, but through my own perseverance. The impossible had become possible. Looking back, I realised this journey was a test of my gratitude, patience, and resilience. Sometimes, things are delayed for a reason, and rejection is never a true reflection of your worth. It's simply a stepping stone on the path to something greater.

YD: What has been the most rewarding part of your dental school experience so far?

MK: Meeting various patients from all walks of life whether they have been treated by me or patients I have helped to assist in providing the best possible care.

YD: How do you balance the demands of dental school with your personal life?

MK: I have a planner where I plan my days and allocate time to my studies but also for my hobbies. My escape from the demands of being a dental student lie in the gym and the pool, as I am a competitive swimmer. It helps to forget about all the stress and allows me to relax and focus on myself. This is an important element to have and it is so easy to get drawn into becoming studious almost robotically and you burn out.

Makyle Khan
Second-year dental student at
the University of Liverpool



Your journey to dentistry doesn't have to follow a straight path – what matters is your dedication to the profession

YD: What area of dentistry are you most interested in and why?

MK: Periodontitis and implant dentistry. One of the most prevalent diseases worldwide, periodontitis has no cure and can lead to severe consequences, including tooth loss. I find the patient journey particularly rewarding, as managing an unstable periodontitis patient is a collaborative effort between clinician and patient. The challenge lies in achieving stability, and I appreciate the opportunity to guide patients through this process, improving both their oral health and overall wellbeing.

Tooth loss is often a direct consequence of periodontitis, and in severe cases, patients lose their entire dentition. Dental implants provide a life-changing solution, restoring not only function but also confidence by giving patients their smiles back. Implant dentistry also involves a high level of surgical skill, which has always intrigued me, as I initially aspired to become a surgeon. The precision and technical expertise required in implant placement further fuel my passion for this field.

YD: Do you have any specific goals after graduation?

MK: My goal is to become the best clinician I can be, ensuring that my patients have complete trust in my care and confidence in the results I deliver. Beyond clinical excellence, I aspire to become a practice owner, as I have always had a strong interest in business.

I am also a firm believer in giving back to the community and aim to contribute wherever I can. My vision for an ideal practice extends beyond

exceptional dental care – I want to create an environment that redefines the patient experience. From the moment they walk in, I want them to feel a sense of relaxation and comfort, breaking away from the traditional stereotypes of a dental practice.

Additionally, my practice would place a strong emphasis on patient-centred care, offering a luxury experience where high-quality treatment is paired with outstanding service. This would be achieved through a team that works seamlessly together, ensuring that every patient feels valued, cared for, and receives the best possible dental care.

YD: What advice would you give to someone considering a career in dentistry?

MK: For those considering a career in dentistry, take the time to reflect on your reasons and ensure that your motivation aligns with the realities of the profession. Dentistry is a highly rewarding but demanding career, so it's essential to understand what it truly entails. If possible, gain work experience in a dental setting, as this is one of the best ways to determine if it's the right path for you. If in-person experience is difficult to secure, take advantage of online dental work experience programmes to gain insight into the field.

For students in year 12, focus on adapting to sixth form and developing effective study habits to manage your workload. Strong predicted grades are crucial, so find a study approach that works for you early on.

For year 13 students with offers, remember that securing an offer is just

the first step – your final grades are what truly seal the deal. Stay disciplined and don't become complacent.

For those who face rejection, don't let it define you. If dentistry is your passion, persistence is key. A gap year is not a setback; it's an opportunity for growth. Use it wisely to strengthen your application, gain valuable experience, and develop both personally and professionally. Your journey to dentistry doesn't have to follow a straight path – what matters is your dedication to the profession.

YD: What qualities do you think are essential for a successful dentist?

MK: A successful dentist needs to be a good leader, which entails the qualities of being fair, decisive, resilient and an effective communicator. Being able to work under pressure is key, especially when managing appointment times. Furthermore, it is fundamental that you are a team player.

YD: How do you see the field of dentistry evolving in the next decade?

MK: Dentistry will become more digital based with an integration of AI technology in various areas of dentistry. It will eventually aid clinicians in diagnosing patients, labs will have AI technology to help increase the accuracy in production of prosthetics and decrease turnaround times in production of them.

To adapt to these changes it's important to enhance and maintain your skillset via CPD courses. Being an early adopter of technology as a practice owner is key. Also, associates those in practices that have adopted this technology will find themselves ahead of the curve. **YD**

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Dealing with your first complaint

Leo Briggs shares his advice for dealing with a first-time complaint as quickly and effectively as possible

Sadly, complaints are a common occurrence. If you receive one, it is important to contact your indemnity provider as soon as possible for guidance and support.

Why do complaints arise?

There are a variety of reasons why a patient may make a complaint, including being dissatisfied with treatment, a delayed diagnosis, an issue around fees or the communication/attitude of staff.

We fully understand how upsetting it can be to receive a complaint at any stage of your career, but even more so as a young dentist starting out in practice. While you may be more likely to take a complaint to heart at the beginning of your career, talking it through with more experienced colleagues and getting the early support of your indemnity provider will be hugely helpful in keeping the matter in perspective.

It is important not to react defensively to complaints. Instead try to remain calm and respond in a constructive manner, in line with the practice complaints procedure. Often a complaint handled efficiently, sympathetically, and with a willingness to listen can be all that is needed to resolve a concern.

In Standard 5.1.6 the GDC explains that a 'complaint can be an opportunity to improve your service'. We can all learn from patient feedback, be it positive or negative, as part of our ongoing learning and professional development. Remember it is good practice to share lessons learnt with all team members.

Dealing with a complaint

In Principle 5.1, the GDC states that practices should have 'an effective complaints



Leo Briggs
Deputy head at the Dental Defence Union

Complaint handling checklist

When dealing with and responding to a patient complaint, ask yourself the following questions:

- Are your responses to complaints timely, professional, measured and empathetic in tone?
- Have you offered the patient an initial discussion to try and resolve the complaint?
- Have you provided a full response to the patient?
- Have you recorded the actions taken in responding to the complaint?

procedure' which patients can understand and is readily available for them to use. It is well worth familiarising yourself with the practice complaints procedure and checking it is up to date.

The practice should keep a written record of all complaints within the complaints log and complaint correspondence and documentation should be filed separately from clinical records. Patients can complain verbally or in writing. If a patient makes a verbal complaint, spend a few minutes discussing it there and then. If there are other patients waiting and you are pushed for time, arrange a follow up to ensure the patient feels they are being listened to. If you receive a verbal complaint, you should make a written record of the complaint rather than ask the patient to put it in writing themselves, as this can risk escalating the situation. With

any complaint, reassure the patient that whatever they say will be treated sensitively and in confidence and will not prejudice their future care.

Respond effectively

A carefully worded response to a written complaint can often help prevent the complaint progressing further. Do contact your indemnity provider as soon as you are aware of any complaint for guidance on how to manage the situation for the best outcome.

Any response should address all the significant points raised by the patient and offer a suitable solution for each one.

Additionally, we advise you to consider what outcome the patient wants and if in doubt, ask them to specify the outcome they are seeking.

If the patient is clearly seeking financial compensation, contact your dental defence organisation immediately for advice. **1VD**

For more information about how the DDU can support you as you begin your career, visit www.theddu.com/join-ddu/foundation-dentist.



Limited companies: pros and cons

Seb Stracey considers whether incorporation is the right move for you as an associate dentist

The most common question I have been asked over the last year is whether an associate should set up a limited company (known as incorporation) for their associate income. This has always been a common question, but there has been a noticeable uptick in the frequency that I am being asked.

On the one hand this is surprising, as the various tax benefits, largely introduced by Gordon Brown many moons ago, have been minimised and stripped back to the point there are fewer scenarios in which you can save tax when comparing against your sole trader tax position.

However, on the other hand, the decision-making process is more complex than ever, so it is no surprise to see more dentists unsure on whether to make the change and seeking professional advice.

Why incorporate?

The main driver for setting up a limited company is to reduce your tax burden. When using a company, there are two layers of taxation.

At a corporate level, the company pays corporation tax on its profits on a sliding scale between 19%-25%. At a personal level, money is withdrawn from the company as either salary (taxed at 20%-45%) or dividends (taxed at 8.75%-39.35%).

Salaries will receive tax relief in the company, whereas dividends will not – therefore it is important to plan a remuneration strategy with your accountant, to ensure you are paid in the most tax efficient way. It is because of these nuances and variable tax rates that a limited company does not always yield tax savings



Seb Stracey
Associate, Humphrey & Co

and it is only in certain circumstances that tax can be saved.

Personal circumstances

A lot will also depend on your personal circumstances – a lower earning spouse can be a shareholder and entitled to receive dividends. If carrying out duties for the company, they could potentially be paid a salary. This could save you money as a family, if you are paying a lower effective tax rate between yourself and your spouse.

Advice also changes if you have other sources of income to consider. Essentially, there is no one size fits all approach to working out whether you would save tax and calculations need to be done with your

circumstances to determine whether it is right for you.

Many dentists will hear from colleagues, with seemingly identical work scenarios, explaining that a limited company saves them thousands of pounds. However, it may be that once you scratch the surface, there are some important

Planning is not straightforward and there can be many moving parts which need to be considered



differences that make that the case. The bottom line is you need to speak to an accountant about your situation specifically.

Opportunities

Outside of a basic comparison of tax rates, there are also other opportunities that could make a limited company attractive:

Trivial benefits

There are certain small perks that can be had with a limited company such as tax-free benefits to employees. These have to meet certain criteria, but generally this is a tax efficient way of paying employees, as it is an expense that can be paid from the company without paying personal tax.

Company cars

The general rule is that any personal use of company assets will lead to a personal tax charge. This is the case with company cars, however the size of the tax charge is

dependent on the emissions and list price of the vehicle.

Therefore, when considering a hybrid or zero emissions vehicle, there can be scope to save tax, as the company can pay for the vehicle and receive some element of tax relief, with only a small personal tax charge. As the company pays for the vehicle, it negates the need to withdraw large sums from the company personally, therefore saving personal tax.

Saving for investments

As mentioned earlier, there are two layers of taxation with companies. Corporation tax on profits can only be mitigated with allowable company expenditure. Personal tax can be reduced if money is retained in the company for a genuine reason. A common reason would be building a deposit for a practice purchase or another investment which can be held by the company.

As the company retains these funds,

they build up quicker due to not having to pay personal tax on them as they build. Therefore, if the long-term plan for an associate is to acquire a practice in the future, and this can be done via a limited company, then this can not only save tax, but also speed up the process.

Care needs to be taken in all of the above scenarios, as the planning is not straightforward and there can be many moving parts which need to be considered. Professional advice should be sought early on to discuss whether a limited company is appropriate for you, whether tax savings are possible and if they outweigh additional compliance costs and visibility on public registers. **IYD**

For more information on the above or any other accounting or taxation matter, please contact Seb Stracey on 01323 730631 or sstracey@humph.co.uk.

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DDU: by your side throughout your career

Jo-Anne Taylor explains how the DDU can guide, support and defend you throughout your career

As a DDU member, you are guaranteed to receive unrivalled expert support, practical advice and legal representation. However, DDU membership also comes with a number of other benefits including:

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We are available between 8am and 6pm Monday to Friday. For dentolegal emergencies or urgent queries the DDU can provide support 24 hours a day, 365 days a year via an out of hours emergency helpline.

Access to expert defence

During a 30-year professional career it is possible that a dentist might face a clinical negligence claim. The DDU's dentolegal advisers, claims handlers and in-house legal department have an excellent track record in representing dental professionals who are facing allegations about their clinical practice. If we are able to defend the claim, we will. We think it is vital to do this for the profession.

Associate contract reviewing service

Our dentolegal experts can advise on the wording of associate agreements, review contracts against best practice guidelines, and have access to DDU model contracts,



Jo-Anne Taylor
Dentolegal adviser, Dental Defence Union

developed with specialist dental lawyers. Before signing a contract, you may wish to take advantage of this service. Call our advice line if you have any questions about your contract.

For DDU members who need specific legal advice in a contract dispute, we have negotiated competitive rates for DDU members who need specific legal advice in contract law.

Online learning and development

The DDU website contains a wealth of practical guides, case studies and online learning modules to help you stay up to date with everything from using social media ethically to complaints handling. You can also find in-depth features,

If we are able to defend the claim, we will. We think it is vital to do this for the profession

interviews and advice line dilemmas in our online DDU Journal at www.ddujournal.theddu.com.

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



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Working with locums

Jen Upton presents a guide for clinicians to foster teamwork and efficiency while working with locum staff

Jen Upton

Marketing and people engagement director, S4S Team Ltd



In the fast-paced environment of a dental practice, teamwork is essential. As someone who has worked extensively with locum dental nurses – and as a former locum dental nurse myself – I've experienced both ends of the spectrum.

Some clinicians are supportive, approachable and team oriented. Others can be impatient, unrealistic and dismissive at times. These experiences raise an important question: what kind of clinician are you?

Teamwork

While locum nurses are there to assist, effective clinical work is built on teamwork. A dental clinician and nurse should function as a unit, communicating clearly and supporting each other throughout the day. This partnership not only ensures a smoother workflow but also upholds the high standard of care your patients deserve.

Many locum nurses may be visiting your practice for the first time. It's important to take a few moments to introduce them to your team, give a brief tour and highlight key details – such as emergency procedures and supply locations.

When locums feel welcomed and well-informed, they can work more efficiently, creating a seamless experience for both your team and your patients.

Bridging the gap

One of the most common challenges in working with locums is the natural divide that can sometimes exist between permanent staff and temporary team members. While locum nurses are there to provide short-term support, they should never feel like outsiders.

Encouraging a culture where everyone is treated as an equal member of the team, regardless of their contract type, helps to foster trust and efficiency.

Small gestures like including locums in team huddles, lunch breaks or practice-wide communications can make them feel valued and engaged. A strong, inclusive team dynamic benefits everyone, creating a smoother and more enjoyable workday.

Respect

From my experience, I can confidently say this: I would much rather have a hectic, busy day with a clinician who treats me with respect than a slow, easy day with someone who is dismissive.

We all have bad days – we're only human. Stressful procedures or difficult patients can bring out the worst in us. But taking a step back, reflecting and resetting can make all the difference.

A simple apology or a kind word after a tough moment can go a long way in strengthening your working relationship. Ask yourself: would I want to work with me?

A call to managers

For practice managers, this message applies to you as well. If a clinician's behaviour is creating challenges for the team, it's your responsibility to address it.

Fostering a healthy work environment sometimes means having difficult conversations rather than expecting staff to simply grin and bear it.

Supporting your team means ensuring that everyone – permanent and locum staff alike – feels respected and valued.

Long-term benefits

Clinicians and practice managers who take the time to integrate

locum nurses into their teams often see long-term benefits. A locum who has a positive experience at your practice is far more likely to return, reducing the need for constant retraining and onboarding.

Over time, familiar locums can become reliable assets who understand the specific workflows and expectations of your practice, making temporary staffing transitions almost seamless.

Investing in a welcoming and respectful approach today can pay dividends in the future, helping your practice run smoothly even during periods of staffing shortages.

Recipe for success

By focusing on preparation, communication and mutual respect, clinicians can create a positive and productive work environment for both locum and permanent staff. This not only leads to smoother operations but also helps maintain the high standards of care your patients expect.

So, the next time you work with a locum nurse, consider this: how can you set them – and yourself – up for success? A little kindness and effort go a long way in building a stronger, more cohesive team.

After all, in dentistry as in life, you get more out when you put more in. **D**



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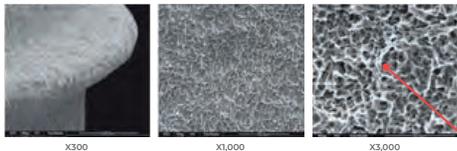
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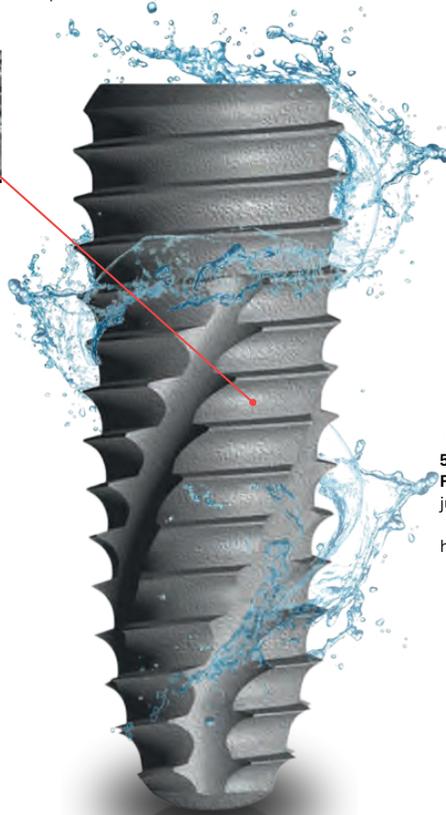
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Holistic financial planning

Carly Millan-Page describes a holistic approach as one that integrates both personal and business financial wellbeing

Carly Millan-Page

Partnership manager, Wesleyan Financial Services



Managing the financial aspects of a dental practice can be complex, especially when balancing both personal and business financial goals. For dentists, adopting a holistic approach to financial planning is crucial to ensure financial success and long-term security. But what does a holistic approach involve, and why is it so important?

A holistic approach to financial planning takes into account all aspects of a dentist's financial life – both personal and professional. This approach goes beyond just managing income and extends to planning for the future of both the individual and the practice, ensuring that both are secure and aligned with long-term goals.

This includes working with specialists in various areas such as financial planning, legal services, tax planning, practice sales, and business continuity, all tailored to the unique needs of dental professionals.

It's not just about the individual dentist; the practice itself needs to be considered. Whether you're planning for retirement, buying or selling a practice, or managing a partnership, a holistic approach ensures that every financial decision is made with a clear understanding of how it affects both personal and business finances.

Squaring the circle

When you work with a network of trusted professionals, each specialising in areas such as accountancy, law, or commercial finance, you can ensure that every part of your financial plan is well thought out and aligned with your goals.

For example, if you're a practice owner, it's

crucial to consider how unexpected events such as the death or illness of a partner would affect your business and personal finances. Having a team of professionals who specialise in these areas ensures that the plan you put in place will protect both your business and your family, even in the most challenging circumstances.

Imagine two dental practice owners who started their business a decade ago with an initial value of £300,000. Over the next 10 years, their practice has grown significantly, eventually reaching a value of £2.1 million.

With such impressive growth, it becomes increasingly important for the owners to reassess their financial plans – especially when it comes to handling potential partner buyouts in the event of illness or death.

By working with a team of specialists: commercial wealth managers to manage the practice's finances, solicitors to ensure the legal framework is solid, and accountants to address tax implications, the owners can ensure their practice is well-prepared for any unforeseen circumstances. This helps to safeguard both the business's future and the financial security of the families involved.

Collaboration

A key advantage of a holistic approach is the time and cost savings it can provide. When working with specialists who understand both the dental industry and your unique financial situation, you can expect a more seamless, efficient process.

For example, if you're buying or selling a practice, working with a network of professionals who already understand each other's processes can significantly reduce the time it takes to finalise the deal. This streamlined approach

can save you both time and money, while also ensuring that all aspects of the deal are properly managed.

Additionally, by working with professionals who specialise in dentistry, you ensure that your financial plan is tailored specifically to the needs and challenges of your profession. This reduces the risk of errors and miscommunication that can arise when non-specialists are involved, ultimately making the process smoother and more effective.

The missing puzzle piece

For many dentists, the tax year end is an important time to assess and optimise their financial situation. Dentists often consult with accountants to determine how best to manage their income for tax purposes.

One common strategy is making pension contributions to reduce taxable income, regain personal allowances, or minimise tax exposure. A specialist financial adviser can offer solutions to maximise this area.

A holistic approach ensures that these strategies are aligned with your overall financial goals, as financial advisers, accountants, and other specialists can collaborate to ensure the best advice is provided.

When professionals work together in this way, they can double-check each other's work to ensure that your financial decisions are sound and accurate. This can provide you with confidence that your financial planning is well rounded and any gaps are identified and filled. **D**

Book a conversation with a dental specialist financial adviser and get the ball rolling on how to develop your own circle of trusted specialists. Visit wesleyan.co.uk/dental or call 0808 149 9416 to get started.



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Helping patients make confident treatment decisions

Justin Leigh provides useful tips on how to reframe treatment conversations in dentistry

Justin Leigh

Founder, Focus4growth



Many dental professionals feel uneasy about discussing treatments with patients. It can sometimes feel as though you're trying to 'sell' something, which is far from the reason you got into dentistry.

But helping patients say yes to the right treatment isn't about selling – it's about guiding.

Patients often hesitate when making treatment decisions, not because they don't want the best for their oral health, but because they have questions, concerns, or fears they may not express openly. They might be unsure about the procedure, worried about discomfort, or hesitant about costs.

By shifting your approach from 'presenting treatment options' to 'leading a consultative conversation', you can help patients feel more confident in saying yes – without pressure, persuasion, or discomfort for either of you.

This is where the INSPIRe consultative sales system comes in.

A framework for ethical, patient-focused selling

The INSPIRe consultative sales system is a structured approach to patient conversations that helps dental professionals increase treatment acceptance while keeping discussions ethical, natural and patient-centred.

It follows seven key steps:

1. R – rapport building: establish trust first
2. I – insight and impact: help patients understand why treatment matters
3. N – needs discovery: uncover what's important to them
4. S – solution discussion: present treatment options in a way that resonates
5. P – proposal agreement: guide them towards a confident decision
6. I – initiate action: make the next steps easy and stress-free
7. Re – reflection: strengthen trust with follow-up and feedback.

Let's break down how each step works.

1. R – rapport building

Trust is the foundation of every patient conversation. If a patient doesn't feel comfortable with you, they are less likely to engage in an open discussion about their treatment options.

How to build rapport in practice:

- Start with a warm, natural conversation. Ask about their day, reference a previous

visit, or acknowledge a concern they raised before

- Match their communication style. If they are quiet and reserved, keep your tone calm and reassuring. If they are chatty and expressive, engage in conversation
- Listen actively. Patients want to feel heard. Recap what they share and show genuine interest.

For example, instead of saying: 'Let's get started,' begin with: 'I know you mentioned some sensitivity last time. How has that been feeling?'

Building rapport makes patients feel comfortable, valued, and more open to discussing treatments.

2. I – insight and impact

Patients often delay treatment because they don't fully grasp the long-term impact of doing nothing. This step is about providing clarity – helping them understand what could happen if they don't take action and how treatment will benefit them.

So, instead of saying: 'You need an implant,' explain: '74% of British adults have at least one missing tooth. When a missing tooth isn't replaced, the surrounding teeth start to shift, which can lead to bite issues and even bone loss over time. An implant doesn't just replace the tooth – it protects your overall oral health. Would you like to see how this works?'

By clearly connecting treatment to the patient's long-term wellbeing, they will feel more confident in making a decision.

3. N – needs discovery

Every patient has their own concerns, goals and motivations. Some want to feel more confident in their smile, others prioritise comfort and function, and some may just want the simplest and most cost-effective solution.

Instead of assuming, ask open-ended questions:

- What's the most important thing to you about your smile?
- How do you feel about your teeth in photos?
- What changes have you considered before?

By uncovering what truly matters to the patient, you can tailor your recommendations in a way that feels personal and meaningful.

4. S – solution discussion

Once you understand their needs, present treatment options in a way that resonates with them. Instead of focusing on the technical procedure, highlight the patient outcome.

- Use before and after images to show transformations
- Explain treatments in simple, non-clinical language

- Address concerns about pain, cost, or time with reassurance and options.

For example, instead of saying: 'We can fit a crown,' say: 'A crown will not only strengthen your tooth, but it will also restore its natural appearance, so you can smile with confidence at your son's wedding this year.'

This step ensures the conversation is about what the patient gains, not just what the dentist does.

5. P – proposal agreement

Rather than asking: 'Do you want to go ahead?' – which can feel like an ultimatum – use a consultative approach to help them feel in control of the decision.

- Which option feels like the best fit for you?
- Would you like to schedule now or would you like one of our team to follow up with you?

By presenting choices rather than directives, you empower patients to say yes on their own terms.

6. I – initiate action

Patients often delay treatment because they feel overwhelmed by the next steps. Reduce decision fatigue by making it as easy as possible to move forward.

Rather than saying: 'Let us know what you decide,' try: 'If you'd like, we can book you in now so you don't have to think about it later. Would morning or afternoon work best?'

By simplifying the process, you remove unnecessary barriers to treatment acceptance.

7. Re – reflection

After treatment discussions, follow-up is key. Patients appreciate a personal touch, and it reinforces your commitment to their care.

- Check in with patients after treatment to see how they're doing
- Encourage feedback: 'How's everything feeling? We'd love to hear your thoughts!'
- For undecided patients, agree simple follow-up: 'This is an important decision, would you like one of our team to follow-up with you next week when you've had time to reflect on it?'

This approach helps build long-term trust, stronger patient relationships, and more referrals. **D**

Justin runs training programmes that provide step-by-step guidance on consultative communication for dental professionals. To learn more about the INSPIRe course or to get a copy of the book, *Inspire, Consult, Sell*, where you can discover the INSPIRe method in greater detail, contact at justinleigh@focus4growth.co.uk.

Assessing success

Ray Cox suggests it's worth looking at what we really need to achieve what we really want

Ray Cox

Managing director, Medifinance



I've always believed that setting targets and goals for any kind of business enterprise is of key importance. It provides an essential focus and direction. But achieving targets and goals should not be mistaken for success.

Everyone defines success differently. Having said that I think most of us would agree that if we enjoy the job we do and look forward to each day, we are going a fair way to being successful. And being able to balance work with our personal lifestyle will square the circle.

Having worked with the health professions for many, many years, I know only too well that the job can impose the kind of pressures that few other vocations present. Every day you are making decisions and judgements that will impact on people's health and sometimes their lives.

In that sense your calling dictates you must be consistently successful without any regard to the stresses and demands made on you. So how do you reconcile this with enjoying the job day in, day out?

The answer is of course that you can't – not completely. But there are a good number of sensible steps you can take that will ease daily pressures, particularly if you are running your own practice.

Let's make a start.

The benefit of experience

'Good decisions come from experience. Experience comes from making bad decisions.'

Mark Twain's wise words. Here are a few tips from my own experience:

- Invest time in preparing your plan but expect the unexpected. Don't be afraid of the odd failure; building a business will always involve a certain degree of risk so, where feasible, minimise this first by testing any initiative you want to implement
- Having a working environment that not only gives you happiness but gives much the same to patients and staff is so, so important. In reality, this is the key to success. If your staff love the job they are doing they will not only do it better, they will do it with a genuine sense of loyalty which they can share with patients
- Be confident but honest with yourself. Acknowledge your areas of strengths but use the skills of others to supplement and overcome areas of weakness. Don't fall into the trap of trying to do it all. Mark Twain again (he's good on this!): 'To be great, truly great, you have to be the kind of person that makes the others around you great'
- Every so often take the time to reevaluate (with family/friends/advisers you trust), what you truly need to get you what you truly want. Remember simply achieving 'what you want' may come at a price that, in the longer term, you may regret incurring.

Funding success

I'm going to make no apologies for saying this. The two most important advisers you need, at whatever stage your practice is at in its development, are your accountant and your financial broker.

Both need to have knowledge and experience of the healthcare markets. To be of long term and sustainable value to you, they also need to buy into your aspirations from an early stage and support you on the journey. If you have chosen the right people, they will do more than help you fund success, they will make it far easier for you to achieve and maintain. This will happen because their contributions will be proactive rather than simply reactive.

Help with planning

At Medifinance we have decades of experience of working with the health professions providing business guidance and sourcing funding. As a result, we have been able to put together business planning templates that we make available to the profession free of charge and without obligation. Whatever stage you are at with your business, you will find the templates an invaluable tool. Contact me via the details below and we will send them through to you. You will find the templates will not only help you prioritise and plan but often consider and address issues you may have overlooked. **D**

To get in touch with Ray, email rcox@medifinance.co.uk or call 07785 757782.





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*Dentally Vision AI is powered by Pearl AI

To find out more about Dentally Vision AI visit dentally.com and book a demo.

STATESIDE

‘The future is together’

To kick off a new interview series with some of the most influential dentists in the world, **Alan Clarke** sits down with **Andrea Clegg** to talk smile design, patient communication and share vital advice

Alan Clarke: It is my privilege to start this new interview series with a great friend and expert cosmetic dentist, Dr Andrea Clegg. I'm so excited for this, so I want to jump right in... How do you find the world of cosmetic dentistry in 2025, particularly as a woman, someone who is making great leaps in the industry, and someone who has learned a lot during her career so far?

Andrea Clegg: I think 2025 is a great year to be a cosmetic dentist. Truly. I feel like the trends are going towards a more natural look. I think it's very approachable. Being a female in the cosmetic dentistry market initially can be a little bit difficult, but as you blossom into that role, I feel like a lot of women – who are a primary driver of the marketplace – seek that kind of woman-to-woman attention and attention to detail. So, I actually feel like it's an advantage at this point to be a female in the marketplace.

Designing smiles

Alan: Tell me about the more natural look that's coming in, which is still really refined in the way that it's done, but a different expression, rather than that brassy, shiny white aesthetic that was very much present.

Andrea: I think that women – and men too – are seeing themselves more in photos, videos, in high resolution. They're realising that they want something refined and elegant, but that isn't going to be the first thing people notice. There's definitely a shift in the marketplace, and it's going to be more about levels of translucency. Patients are becoming more educated about not wanting their teeth cut away, so minimally invasive dentistry is a big trend. They understand the collective effect a smile can bring, but they don't want that to be something that enters a room before them.

Alan: I think the key is that every smile has to be unique to the individual. As dentists, you have to have that skill set to be able to design that really appropriately for that person; it can't be an out of the box solution.

Andrea: No. One thing that I was trained to do at Beam was to address each patient individually and to look at their smile within their face, within the frames of what their natural teeth look like, and try to keep some of that DNA in there.

There's a big design element that comes in cosmetic dentistry, that's something that we specialise in, and it's about setting the mark, putting it on the teeth, and letting the patients experience that, so that they can provide feedback. It's not as much of a lab driven process, it is a dentist driven process to communicate with the lab for a better outcome.



SESSIONS

Taking the next step

Alan: What would be your advice to a young dentist who wants to take that next step, maybe starting cosmetic dentistry for the first time? What would you advise them now, at this stage, if they're scared?

Andrea: So when I was just starting out as a cosmetic dentist, there wasn't a lot of really approachable classes that I felt like I could take that were a comprehensive approach where I would feel confident in doing this by myself. I sought mentorship from many accredited American cosmetic dentistry dentists, and it allowed me to really understand this bespoke process.

Alan: I think for us, it's been really important to have mentors, to have people that you can trust, that you can ask silly questions to and not feel that you're being judged. Because it is complex and cosmetic dentistry takes time. It's really important to have the skills and the training, but also to be super relevant to understand what the trends are and actually how the market is moving, and how you brand and market yourself within the whole ecosystem that is dentistry.

Andrea: Understanding your ideal patient, understanding the marketplace, understanding the trends – all of these things are incredibly important when you're looking at this type of industry. Experience is wonderful, but also relevancy is huge and key. Well, I guess now would be a good time to talk about something that we're doing together. Alan and I are creating a curriculum called The First Veneer to help other dentists jump into that type of marketplace. It is something that we want to help dentists to try to integrate into their practice with predictability.

Telling a story

Alan: You treat a lot of high net worth and celebrity clients. You're in Nashville, country music city, and you've had to understand that relevancy from the get go. What do you feel has been a barrier within dentistry that we can help people overcome?

Andrea: The ability to tell your story; each person has an individual story that they're trying to communicate. Not everybody is the same. Every dentist has an individual technique, an identity, a practice identity, an ideal patient base. I think that there's no wrong answer in that, but it's really just about finding the narrative and how to create the expression in the marketplace where you can share how you feel on the inside with the outside world.

Alan: If we can communicate that to patients, telling our stories so they can understand who we are is vital. You're great at that.

Andrea: Thank you. I think it actually makes your life a lot easier when you put yourself out there, as scary as that sounds. These patients



are consumers, and they're viewing you and they're understanding who you are. When people approach me for a consult or to do their veneers, they've vetted me. They know that I am who I am. They understand my style, and they want to be a part of what we're creating. I feel like that's really important.

Creating value

Alan: How do you find UK dentistry? In terms of the traditional view, UK dentistry gets a bad rep and we were always taught that US dentistry is 10 years ahead, how do you find things are shifting now?

Andrea: I've observed there's a lot of composite bonding in UK dentistry. However, there's a mentality that I hear over and over from my colleagues that there's no place in the marketplace to do high end cosmetic dentistry like this because people can't afford it. But we all know that it's about creating your own market. For example, if I were to say to some of the dentists I talk to in Nashville: 'Oh, I'm going to charge this for a veneer' or 'I'm going to do these high dollar cases', they would say: 'Well, I've talked to my patients about it, and they just won't do it.' The reality is it's all about redefining what you're putting out there and putting the value behind it.

Alan: I was going to say the word value is key. It's not expensive. It's understanding how to attribute value to something.

Andrea: You want something that's going to last. You want something that will look great, and you want something that feels like you at the end of the day. I think that it's really important to look in the mirror and feel like yourself.

I think the techniques that we use in the US might be a little bit different than the UK. We definitely use some types of porcelain here in the US that are a lot thinner and a lot stronger than what we've previously been taught.

I think bringing these concepts to the

marketplace and making them mainstream is really important for the community of dentistry as a whole, so that all of us can improve the patient experience together.

I think that we've always looked at it as UK dentistry or American dentistry or Irish dentistry, or however you want to approach it, but I think the world is getting smaller. We're all watching each other's social medias. We're all seeing what each other is doing. We're seeing how we're influencing the marketplace. And I feel like the future is together.

Alan, you created a really good forum in Paste Presents for people that are doing different things and have different superpowers, if you will, to come together and build a community. I'm really excited for next year.

Advice to young dentists

Alan: Many young dentists who are starting out in cosmetic dentistry see a lot of things on Instagram, and sometimes they feel overwhelmed or they're scared that their work isn't good enough to post. What advice would you give try to dispel any fears?

Andrea: Well, I think posting your work is actually important, just even from an internal checkpoint, I'm seeing my work progress over time, and I'm being accountable for how my work is improving.

Alan: And just to wrap up, would you have any advice to a young dentist in the UK?

Andrea: I do think finding a great programme that teaches you smile design basics from the beginning to the end is important because there's a lot of things that we can learn. We all need bespoke techniques that are going to work. Dentists are often scared to try things because they're worried that they're going to fail – I think that it's really important to find reliable, repeatable systems that don't fail so that you can feel confident to do what you do.

Alan: Andrea, thank you so much. **D**

The shape of practice finances to come

To gain some clarity on how the Autumn Budget would affect dental practices, **Nigel Jones** spoke to, **Neil Richardson**. Here they set out some of the key points to consider

Nigel Jones

Director at Practice Plan



Neil Richardson

Dental regional manager at Wesleyan Financial Services



Nigel Jones (NJ): I think the dental profession's in quite a strong place at the moment. There aren't enough dentists and scarcity creates value. The profession is in a position of strength even though it doesn't feel like it at times. That does give some choices and some options for their future. So, despite some of the challenges, I remain very optimistic about the future for the dental profession in the UK. Neil, talk me through what your perception is of the key takeaways from the budget as far as NHS dentistry is concerned, please.

Neil Richardson (NR): I feel like I'm going to be a little bit of a harbinger of doom, but I just wanted to emphasise something you said – that you can take the way things are and see that as bad news, but you also need to think about the options. That's an important message for everyone.

If we start with the changes to minimum wage and how that impacts a practice in terms of staff, we're seeing the hourly rates for over-21s go up to £12.21 an hour from April. It's currently £11.44. If you assume your average practice nurse is on minimum wage, you're

looking immediately at a £1,401 increase in just salary costs straight away for a single nurse in a practice which is a 9.3% jump. So, there's a massive pay rise in comparison to inflation.

You then have the enhanced national insurance for employers as well, which comes in at the same time in April. That jumps from 13.8% to 15%. The combined impact of both these means you are adding £460 to your national insurance bill once you factor in that higher national insurance is based on a higher minimum wage as well. So, you see an increased cost of almost £1,900 per nurse, which is massive for a practice. For your average four-nurse practice, that's an almost £8,000 jump in cost for employing them, which is a big hit for any practice to take.

NJ: I guess it could have knock on effects throughout the wider team as well.

NR: Absolutely, because in any business you would expect there to be levels of experience and seniority; so, people who've been there longer being slightly higher up the pay scales. People are going to expect that differential to be maintained, so they'll want an uplift too.

One of the big difficulties in all this, particularly in England and Wales, for NHS dental practices, is that there isn't the ability to pass on the costs because it's a fixed contract value. In Scotland and Northern Ireland, where there's an uncapped system, you're able to go and do some extra NHS work to generate extra income, as long as you can find the efficiencies within the working day to do so. But in England and Wales, it's particularly tough because you're working with a fixed income.

NJ: And as you've indicated there, although there's a bit more flexibility in Scotland and Northern Ireland, it requires you to work harder to offset the increases. What other things have you picked up from the budget?

NR: Another thing that has a big impact on dentists is the capital gains tax change. That was an immediate change – literally on the day of the budget. So, the lower rate went from 10% to 18% and the higher rate from 20% to 24%. This will have an impact on sale values of practices and ultimately what somebody manages to net from the sale after tax is taken into account.

There are also changes to business asset disposal relief, which had previously been a generous relief for people selling a practice. To give a little bit of context on that, business asset disposal relief, or BADR as we sometimes hear it called, is effectively an allowance of £1million that somebody can have in a lifetime. Where previously they've had to pay 10% tax on that first £1million of a sale, that will rise in April 2025 to 14% and then rise again from April 2026 to 18%.

There aren't enough dentists and scarcity creates value. The profession is in a position of strength even though it doesn't feel like it at times. That does give some choices



Currently, when someone sells a practice the first £1million is taxed at 10%, the remainder of the sale value gets the capital gains tax rate, and typically it's the higher of the capital gains tax rates. If we think about an example of a practice that may be worth £2.5million and ignore anything else that might impact the amount of tax paid, the sale of that practice now would probably incur about £457,000 as a tax bill. In April 2025, that jumps to almost £500,000. So straight away almost £50,000 extra impact of tax. The following year it jumps again to almost £540,000. So, there's a laddering effect, a real hiking up of the tax impact on the sale of a practice. This is something you need to factor in a long way ahead in your planning for your sale because there'll be an extra tax cost, and it might impact on someone's retirement planning.

NJ: That's a really important thing, isn't it? Because particularly in dentistry, the sale of a practice and the proceeds of that sale can form an integral part of retirement planning for someone. And if you've taken a big chunk out of that, then that will need serious thought in advance, not last minute.

NR: Indeed, Nigel. I would genuinely encourage people to go and look at their options around this because the ICBs seem more open than they've ever been to considering the incorporation of NHS practices. And once you have an incorporated structure with multiple shareholders, you have a £1million allowance per shareholder. So, this gives a slightly more flexible situation in terms of avoiding some of those higher tax bands.

I'm not an accountant and I'm not giving tax guidance, but I advise anyone who knows a good specialist dental accountant that this is something to discuss with them.

NJ: In terms of other aspects of retirement planning, some of the changes around pensions, how do you see that playing out?

NR: We were very worried that there was going to be a limitation on the amount of lump sum NHS dentists were going to be able to take

from the NHS pension scheme. I'm really pleased to see that didn't happen. So that is a bit of good news around pensions.

NJ: So, just to be clear, Neil, the good news is something didn't happen rather than something did happen.

NR: Yes! The change that did happen to pensions has not been confirmed yet. It's under consultation, and it's the inclusion of pensions in people's inheritance taxable estates. There is some good news around inheritance tax, and it's that the current thresholds will be frozen till 2030. The nil rate band, and the residential nil rate band also didn't change.

We were surprised that they brought pensions and the death benefits from pension schemes into estates in theory from 6 April 2027. It doesn't include NHS dependent scheme pension, so a spouse's pension that gets left behind or a child's pension that would be left in the instance that a parent died whilst in working age. But it does impact literally your remaining pension plan, your unspent assets. We've been fielding inquiries from people who didn't have an inheritance tax problem and who suddenly may do. So, we're waiting for the results of the government consultation to see where it takes us and the implications.

NJ: My guess is there has been an assumption in a lot of people's retirement planning that as well as the financial benefits of a pension, the inheritance tax benefits of putting money into it were quite a draw. I suspect you'll tell me that it varies from person to person, it'll work for some people and not for others, but what are the sorts of alternative strategies that people might be considering now?

NR: We've come from a situation where we were telling people putting money into a pension was a great way of saving for retirement and a great way of getting tax relief. Also, under the old rules you could leave your assets without any 'death duties' to loved ones, which was a brilliant benefit.

We're now starting to have to look at people who have pensions they might not spend in their lifetime and weighing up the income tax band they might fall into if they draw money out of the pensions and compare that to the potential inheritance tax charge that they'll incur if they don't spend the

pension and trying to weigh up which one's going to be the cheapest bill.

So, it really has changed things in terms of alternative options. When I was financial planning for dentists, I always liked to try to have everything as diversified as possible. I didn't want all the eggs in one basket. And lots of advisers talk about having a nice spread of assets across several different kinds of investment opportunities and funds.

However, sometimes people miss the ability to spread out from a tax perspective. So, that's an important concept that planners need to grasp, and clients need to ask their planners to look at for them. When giving clients tax diversification and creating a wealth position diversified across as many different tax kinds as possible, there's always somewhere to go without necessarily creating a tax impact.

NJ: There was obviously an awful lot in the budget, and from your point of view, those are the key points or is there anything else?

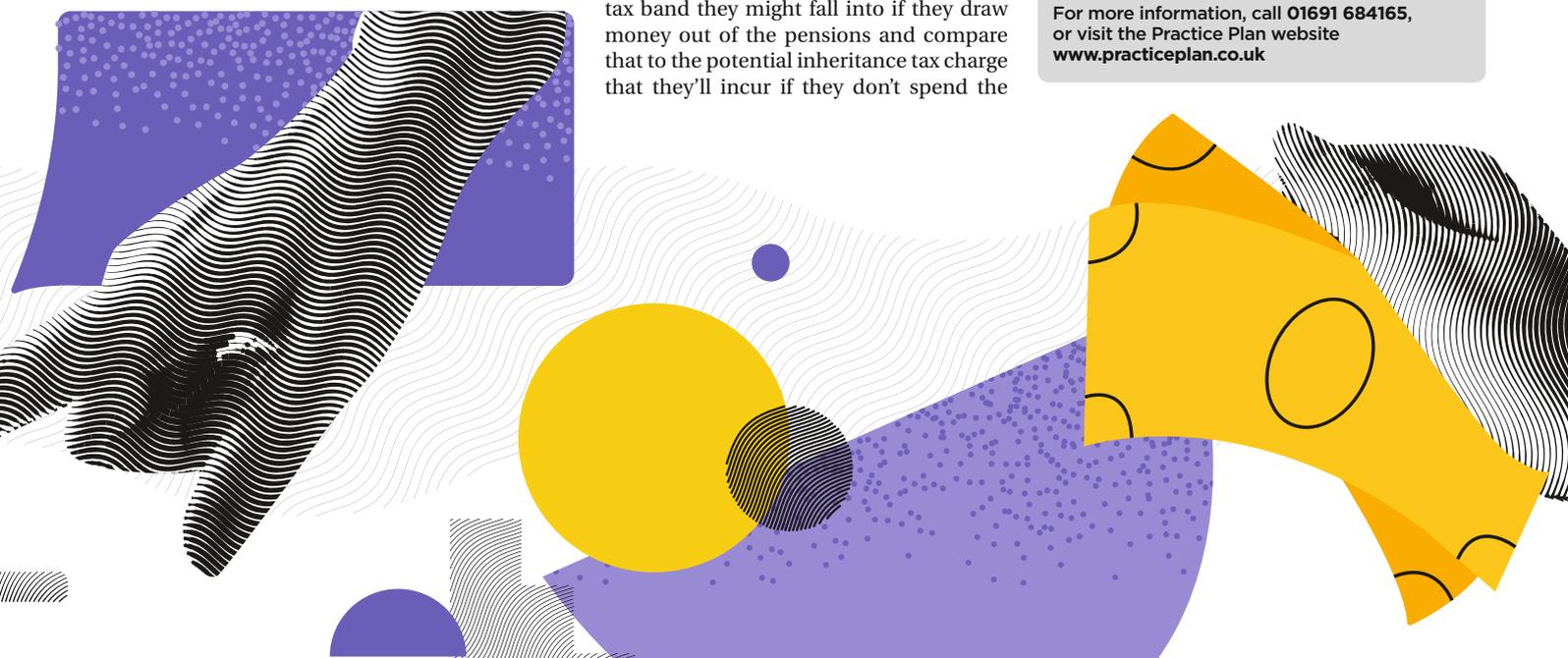
NR: They really are the key points. The only other thing is there seems to have been a bit more uncertainty about how quickly the Bank of England base rate will come down because it doesn't feel as if inflation is fully under control.

That will mean that mortgage rates stay higher for longer. For practice owners, if they have finance for buying, or buying into a practice, that's something that will stay around at an even heavier cost for them because practice finance loans will be bigger than the average mortgage. Sorry for all the bad news.

NJ: Can't be helped, Neil. Thank you for decoding everything for us. D

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A guide for dentists moving from NHS to private dentistry

Ahmad Nounu explains how upskilling, mentorship, financial considerations and building patient trust can help you successfully navigate the transition from NHS to private dentistry

Ahmad Nounu

Practice principal and clinical director of Bristol Dental Suite and Black Swan Dental Spa



In recent years, a number of dentists have made the transition from the NHS to private practice. According to an article in *The Guardian*, nearly one third of registered dentists in 2024 chose not to contribute to NHS dentistry.

The demand for private dental care is growing. Whether it's due to dissatisfaction with NHS pay scales or the desire for more control over their treatment plans, the number of dentists moving to private practice is at an all-time high. This shift highlights the growing appeal of private dentistry, which offers greater autonomy, increased earning potential, and the opportunity to build closer relationships with patients.

Understanding the challenges and how to navigate them can make all the difference for those considering this move. The first step in making this shift is realising why you want to leave the NHS system behind. It might be the desire for greater control over treatment plans, the chance to work with patients more individually, or the appeal of better earnings. Whatever the reason, knowing your motivation helps you make the right decisions as you move forward.

Choosing the right career path

Once you've established that, you'll realise there are a few career paths to consider. One option is to join an established private practice as an associate. This offers clinical experience without the added responsibility of running a business. Alternatively, becoming a specialist, perhaps in areas like implants or cosmetic dentistry, can lead to a fulfilling career with a more niche focus.

Corporate dentistry is a solid choice if you want a stable job with career progression, as it allows you to work within a private group with less risk than running your own practice. Starting your own practice could be your ultimate goal if you crave independence and a direct influence on the practice's success.

Refining your skill set for private dentistry

Moving into private practice is about more

than just choosing a job. It's about refining your skill set. In private dentistry, you'll need to go beyond the basics. You may need to upgrade your clinical skills, particularly in cosmetic dentistry, implant dentistry, or less invasive procedures.

Communication is another area where you'll have to improve. Patients paying privately expect more than just treatment; they want to understand their options and trust you. Effective patient communication is linked to higher satisfaction rates. In one study, 80% of patients stated that clear communication was a key factor in their decision to return to a practice (Ho et al, 2024). It is associated with better treatment outcomes, increased patient satisfaction and reduced complaints. Studies indicate that positive communication skills among dental professionals can enhance patient trust and treatment plan adherence.

Mentorship is also essential. As you adjust to private practice, having an experienced mentor to guide you can make a huge difference. A mentor can show you how to secure a position in a respected private practice, offer advice on patient management, and give you tips on handling business.

Building patient trust and maintaining relationships

Trust is the foundation of success in private dentistry. When patients choose to invest in private care, they're not just paying for treatment – they're paying for peace of mind, expertise, and lasting results.

Building this trust starts with genuine communication. Take time to listen, explain treatment options clearly, and address concerns thoughtfully. Your patients need to feel confident that their treatment plan isn't just a quick fix but a path to lasting oral health.

While it might be tempting to pack your schedule with as many appointments as possible, investing time in patient relationships pays off in the long run. Quality care that feels personal and unhurried builds the loyalty that keeps patients returning and recommending you to others.

Modern technology strengthens these relationships further. AI-powered diagnostics and convenient online consultations show patients you're committed to providing the most advanced, precise care. But remember:

technology should enhance the human connection, not replace it.

Financial considerations

Money is an important consideration when making the transition. Private dentistry doesn't continuously operate on the same pay system as the NHS. You'll likely face a fee-per-item or capitation system, so adjust your financial plans. While the earning potential in private practice can be much higher, it depends on your ability to attract and retain patients.

You'll also need to consider the financial commitment involved in upgrading equipment and undergoing additional training to meet the high expectations of private patients.

Promote yourself

Marketing yourself is another part of the private dentistry puzzle. Unlike NHS dentistry, you can't wait or expect patients to just walk through the door. You'll need to promote yourself actively.

Establishing a professional online presence is a good start. Social media and a strong website can help you connect with potential patients. Word of mouth is also vital, so encourage satisfied patients to leave reviews to boost you and your level of care. Networking with other professionals in the dental and healthcare fields can also help generate referrals.

Navigating the transition smoothly

Once you've developed the right skills, financial plan and mentorship support, you can confidently transition into private practice. Whichever career path you choose, prioritising patient experience, continuous learning, and effective practice management will set you up for long-term success.

Transitioning from NHS to private dentistry is rewarding, but success requires preparation and support. The Private Dental Mentor (PDM) programme equips young dentists and associates with the mentorship, training and business knowledge needed to excel in private practice right from the start. **D**

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

Ready to take control of your career? Scan the QR code to explore PDM courses and mentorship opportunities.



SCAN ME

How to get your boss to do what you want

...Without them even realising it! **Mark Topley** explains how

Mark Topley

Dental CSR and ESG consultant



Ever tried getting your boss to approve something and felt like you were talking to a brick wall? You know your idea is solid, but instead of enthusiasm, you get hesitation, a vague: 'Let's revisit this later' or worse – nothing at all.

This is especially true with sustainability. You see the benefits – cost savings, compliance, patient appeal – but if your boss sees it simply as extra work or just another expense, you're stuck before you start.

The good news? You don't need to fight harder. You just need to make your boss want to say yes. Here's how.

Step 1: speak their language

Your boss isn't ignoring you for fun. They have pressures: budgets, targets, regulations, staffing. If your sustainability idea doesn't align with what they care about, it won't be a priority.

So before you pitch, ask yourself. Does it:

- Save money?
- Improve efficiency?
- Keep us ahead of compliance?
- Attract and retain patients?

Instead of saying: 'We should switch to reusable products because it's better for the planet', say:

- 'Switching to reusables could cut our waste disposal costs by 30%'
- 'This will keep us ahead of compliance changes'
- 'Patients are asking about this – our

competitors are already doing it'.

Now, your idea is a business advantage, not just an ethical choice.

Step 2: remove the friction

If your boss sees your proposal as extra work, expect resistance.

Make saying yes effortless:

- Suggest a small test run instead of a full rollout
- Find quick wins that show fast results
- Come prepared with solutions to potential concerns.

Instead of: 'We need a whole new system to do this.' Try: 'Let's test this in one area for a month and see how it works.' Small commitments are easier to approve.

Step 3: get others on board first

Bosses listen when they hear the same message from multiple people.

How to build momentum:

- Get the dental nurses onside by showing how it makes their jobs easier
- Get the front desk involved by highlighting how patients respond positively
- Get compliance on board by showing how it future-proofs the practice.

When leadership sees widespread support, it feels like a must-do, not just your personal mission.

Step 4: position it as a win-win

By now, you've:

- Aligned your idea with leadership's priorities
- Made it easy to implement
- Gathered team support.

The final step? Position it as a success story

in the making. Instead of: 'Can we try this?' say:

'I think we have an opportunity to make a big impact with very little risk. If we implement this, we can reduce costs, improve compliance, and strengthen our reputation. I'd love to help make it happen – what do you think?' This turns your boss from a gatekeeper into a champion of the idea.

Because getting your boss to do what you want isn't about pushing – it's about positioning. And when you do it right, everybody wins.

Want to get even better at this?

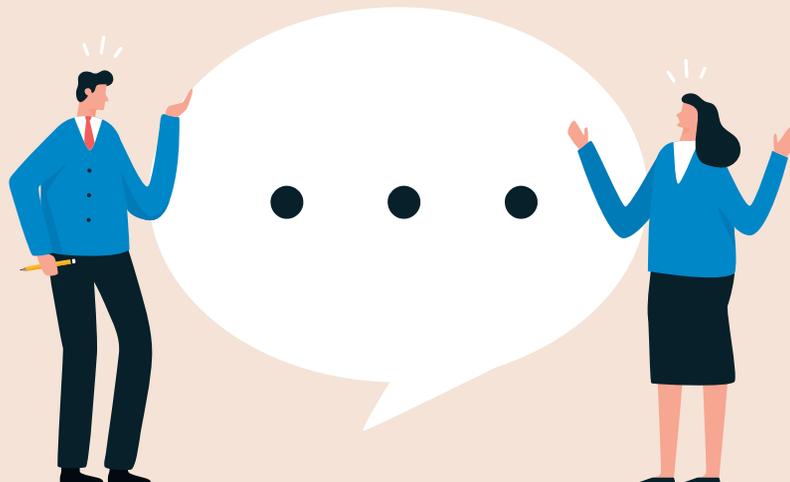
If influencing your boss (and peers) is a skill you want to master, you're not alone. Sustainability, efficiency, and workplace improvements only happen when the right people get on board. That's exactly what we teach in the Certified Sustainability Advocate Course.

This CPD-certified course gives you the skills to advocate for sustainable change without resistance, get leadership to buy into new initiatives, and use proven influence strategies that actually work.

Through video lessons, practical exercises, and ready-to-use templates, you'll learn how to position sustainability as a business advantage – something your boss wants to implement.

Plus, you'll earn CPD certification, boosting your credibility and influence in the practice. **D**

If you're ready to turn good ideas into real change, check out the Certified Sustainability Advocate Course today at gopracticegreen.com/csa.





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New neonatal care leave and pay

Sarah Buxton shares everything you need to know about these new employment rights, what they could mean for your practice, and the steps you can take to support any employees

Sarah Buxton

Director and employment and HR solicitor, Buxton Coates Solicitors Limited



For around nine years, many parents, key opinion leaders, and charitable organisations have called on the government to address allowances given to parents caring for babies in neonatal care. They have argued that the limited maternity and paternity leave available – which officially begins once a child is born – does not compensate for children born prematurely and that there should be fair pay for any additional leave parents might need.

In these circumstances, parents often spend the first few days, weeks – or even months – of their child's life in a neonatal intensive care unit (NICU) rather than settling into life at home. Most of this time is fraught with anxiety rather than joy.

In fact, 40% of NICU mothers develop postnatal depression after the experience, and over half experience anxiety and symptoms of post-traumatic stress disorder. Many argue that the maternity and paternity leave granted to parents of neonatal babies deprives them of the bonding experience that can only begin once they're healthy.

New leave and pay rights

As of 6 April 2025, thousands of working families with babies in neonatal care will be entitled to additional time off as a day one right. In addition to the standard allotted maternity and paternity leave, the new Neonatal Care Bill will grant parents of neonatal babies an additional 12 weeks with statutory neonatal pay to compensate for time spent in the NICU and caring for their new child at home.

Not all parents will receive the full additional leave and pay – this will depend on the time their baby has spent in neonatal care and will only apply if they receive neonatal care for more than seven days before they reach 28 days old.

Supporting your staff

As an employer, it is important that you provide extensive support for your team members. If any of them find themselves in such circumstances, they are less likely to leave their job due to pressure and anxiety if there is a supportive policy in place. This helps you to retain team members, which benefits your practice in the long term.

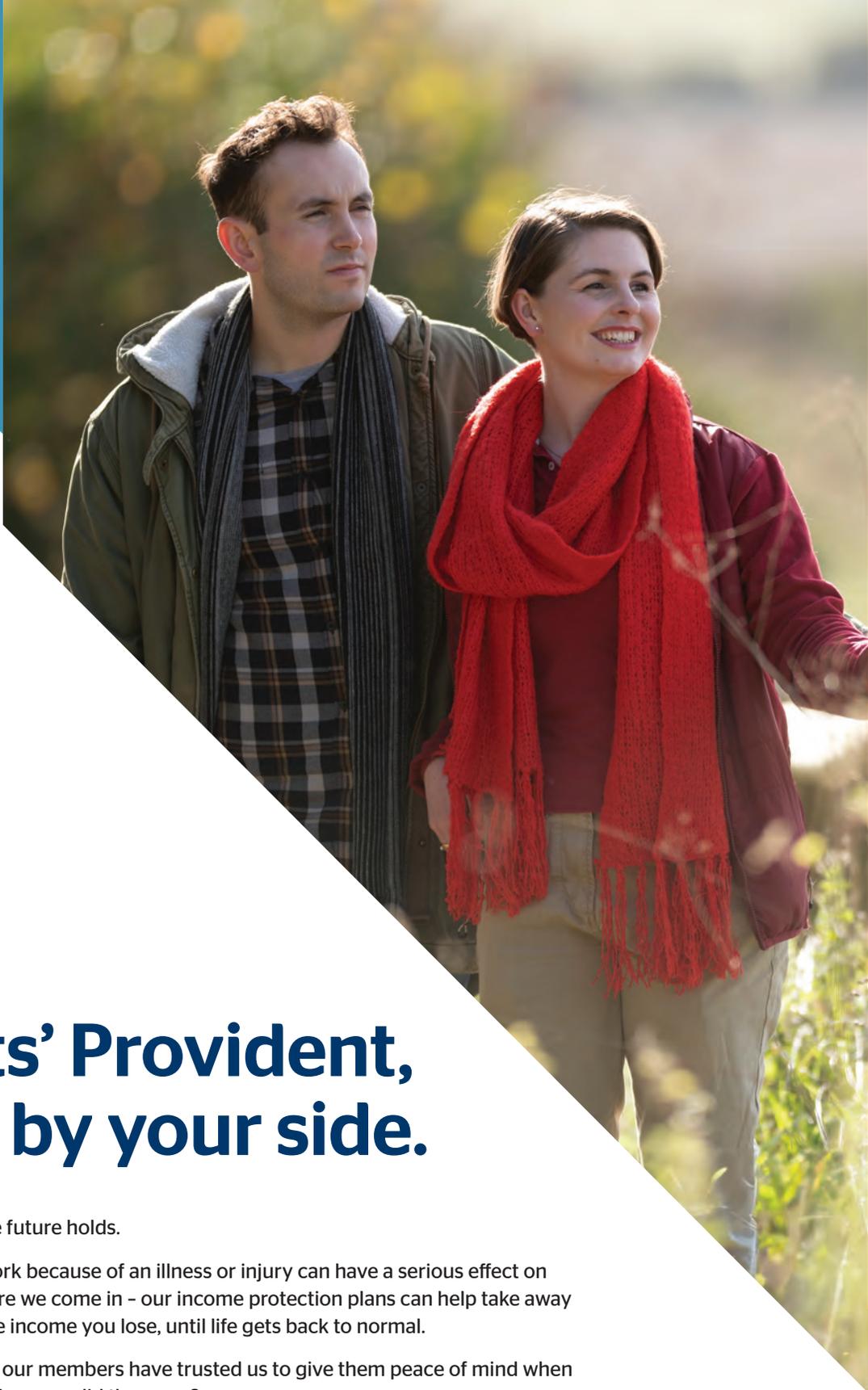


You can create your neonatal parent policy outlining the support you'll provide to employees in this situation – this should also extend to those dealing with the illness of an older child, which can be equally as testing and time consuming.

Consider the amount of paid or unpaid leave you would like to include and whether you want to consider flexible working arrangements where possible. The law sets out the minimum entitlements and you can provide much more should you want to.

Once you've established this policy, let your employees know that it exists – if they feel supported by their workplace in this testing situation, it may make it a little easier. **D**

If you would like advice about creating a neonatal parent policy that's right for your practice or needs help navigating this new legislation, please drop Sarah an email at sarah.buxton@buxtoncoates.com.



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Addressing the workforce shortfall

Mohammed Ghafoor discusses the barriers facing EU-trained dental hygienists and dental therapists

Mohammed Ghafoor
Clinical lead, Enamel Academy



The UK is currently grappling with a significant shortage of dental hygienists and dental therapists, a critical component of the workforce. These professionals play a vital role in preventive oral healthcare, yet the barriers to integrating EU-trained (European Union) practitioners are exacerbating workforce challenges.

At Enamel Academy, we are at the forefront of addressing this issue. As a provider of dental education and training, we have been inundated with inquiries from EU-trained hygienists and therapists seeking guidance and opportunities to meet the UK's regulatory requirements.

Unfortunately, despite our best efforts to support these professionals, the regulatory hurdles and lack of viable pathways to registration remain significant obstacles.

A notable issue we are seeing is that a considerable number of EU-qualified dental therapists and hygienists are unable to register with the General Dental Council (GDC) and work in their respective roles.

As a result, many of these professionals are choosing to work as trainee dental nurses instead, as they are unable to fulfil the registration criteria necessary to practice as dental therapists or hygienists in the UK.

This not only represents a missed opportunity for the UK dental sector but also affects the career progression of skilled individuals who could otherwise contribute significantly to addressing the workforce shortage.

The workforce crisis

Dental hygienists and therapists are indispensable in ensuring the health of patients by preventing and managing oral diseases. Despite this, the UK dental workforce faces severe shortages, worsened by a growing population and increasing demand for dental care.

According to the GDC, the number of dental hygienists and therapists has failed to keep pace with demand, leading to delays in treatment and increased pressure on existing practitioners.

This shortage is not just a numbers game; it has tangible effects on patient outcomes. Preventable conditions such as tooth decay and gum disease remain widespread, with implications for overall health.

Recruiting skilled professionals from other countries, especially the EU, could mitigate this crisis – yet regulatory and systemic barriers make this a complex endeavour.

Training length and scope

In the UK, becoming a dental hygienist or therapist requires rigorous training, typically through a three-year undergraduate program. This training equips practitioners with the skills needed to perform key procedures, including scaling, polishing, and administering local anaesthesia (LA).

EU counterparts however often undergo different training programs. While they acquire similar skills, the administration of LA on real patients is not universally part of their curriculum.

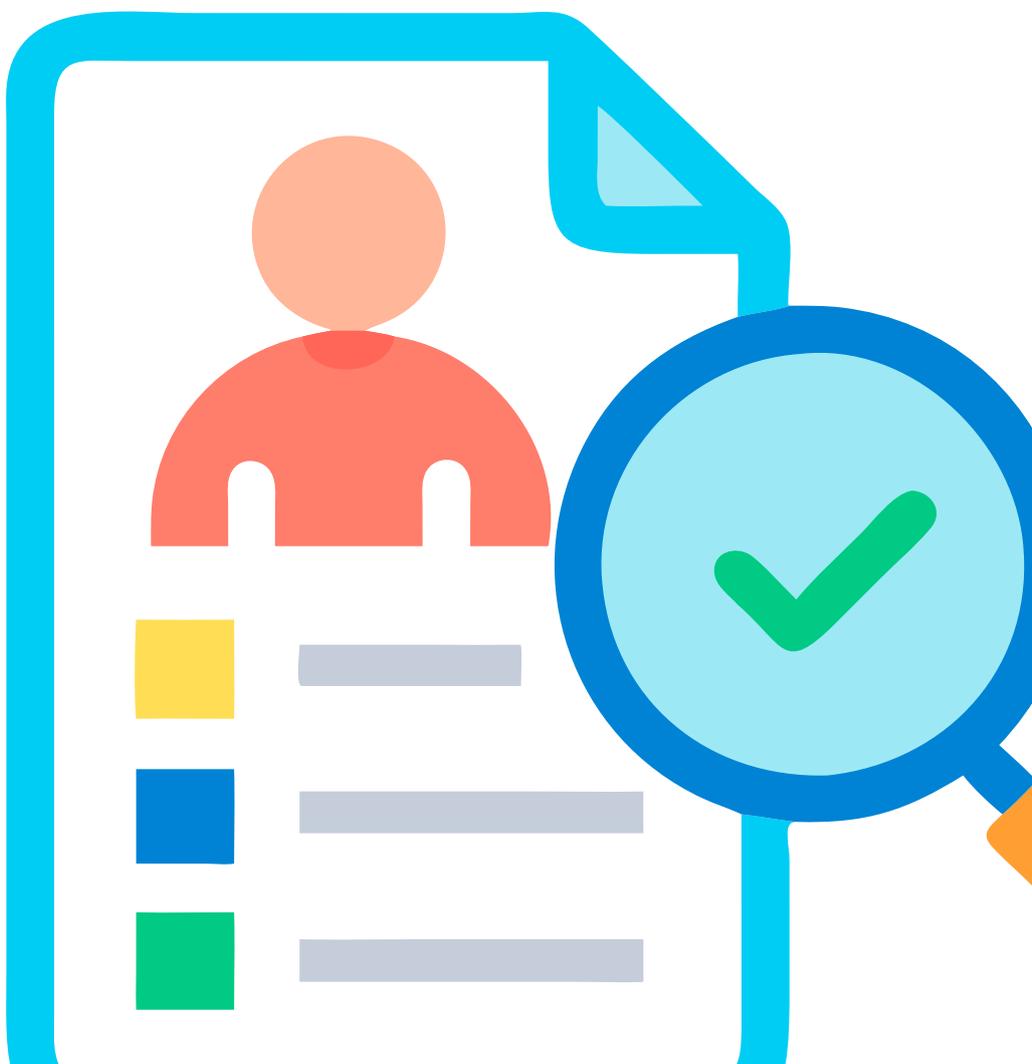
Consequently, EU-trained hygienists and therapists must demonstrate their competency in LA to meet GDC registration

requirements. This process is complicated by a stipulation that such competency must be shown on actual patients – a criterion that raises significant ethical and logistical challenges.

Barriers to registration

EU-trained professionals face a paradoxical situation. The GDC requires them to prove their ability to administer LA on real patients. However without registration these individuals cannot legally perform clinical procedures in the UK. This creates a catch-22 that prevents otherwise qualified professionals from meeting the registration criteria.

Although some candidates seek additional LA training in the UK, they often find that available courses do not meet the GDC's specific requirements. Furthermore, obtaining supervised clinical experience



without registration is not possible, as performing clinical procedures on actual patients requires GDC registration.

This situation not only deters skilled practitioners from entering the UK workforce but also represents a missed opportunity to address the current shortfall. At Enamel Academy, we have been inundated with inquiries from EU-trained hygienists and therapists seeking guidance and training opportunities to meet these requirements.

Unfortunately, we are unable to offer them a hands-on LA course as they are not GDC registered, preventing us from providing the necessary practical experience.

Regulatory complexities

The UK's withdrawal from the European Union has added layers of complexity to the registration process. While EU-trained hygienists previously benefited from streamlined recognition of qualifications, they now face stricter assessments and requirements. These changes aim to uphold high standards of care but often result in overly rigid processes that fail to account for international training variations.

The GDC's emphasis on patient safety is commendable, yet the current system inadvertently excludes skilled practitioners who could otherwise contribute to improving dental healthcare in the UK. Balancing safety with accessibility is crucial to addressing workforce gaps.

A path forward

To resolve this issue, collaborative efforts between regulatory bodies, training providers, and policymakers are essential. The following steps could help bridge the gap:

- Supervised clinical pathways: establish a framework for EU-trained hygienists to gain supervised experience administering LA in a controlled environment
- Recognition of alternative training: accept accredited LA courses that assess competency through simulations or other practical methods
- Streamlined registration processes: develop clear and flexible pathways for international professionals that account for variations in training without compromising patient safety.

The current system inadvertently excludes skilled practitioners who could otherwise contribute to improving dental healthcare in the UK

These measures would not only support the integration of skilled EU-trained professionals but also strengthen the dental workforce at a time when it is most needed.

Conclusion

The shortage of dental hygienists and therapists in the UK underscores the urgency of addressing barriers to registration for EU-trained professionals. By re-evaluating current requirements and fostering collaboration, the GDC and other stakeholders can unlock a valuable pool of talent.

At Enamel Academy, we are dedicated to supporting EU-trained hygienists and therapists in overcoming these challenges and finding pathways to contribute to the UK dental workforce. By exploring flexible solutions to training, such as supervised clinical pathways

and the recognition of alternative qualifications, we can help alleviate workforce pressures and enhance the quality and accessibility of dental care for patients across the UK.

We have reached out to the General Dental Council and eagerly await a reply, as addressing these concerns is crucial to improving the UK's dental workforce and healthcare system. **D**



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Dental consent, the law and you

Biju Krishnan breaks down the legal complexities of patient consent in dentistry

Biju Krishnan

Dentist



Ah, consent: the cornerstone of ethical practice and the one topic guaranteed to make dental professionals break out in a cold sweat.

Consent isn't just about asking: 'Can I poke around in there?' It's a legal and ethical necessity that ensures patients understand and agree to the treatment proposed.

Whether you're extracting a wisdom tooth or just taking an X-ray, consent isn't just a box to tick; it's a legal, ethical and professional minefield. So let's raise the flap on this legal beast with the finesse of a scalpel and the wit of a singing dentist.

What is consent?

In the dental world, consent isn't a simple 'yes' to treatment. It's a process, a dialogue, a mutual understanding between clinician and patient. According to the General Dental Council (GDC), valid consent must be:

1. Voluntary: no coercion, no guilt trips, and definitely no: 'It's this or dentures, mate'
2. Informed: patients need to know the what, why, how, risks and alternatives (yes, even the option of doing nothing)
3. Given by someone with capacity: if they can't understand what you're saying, it's not consent – it's confusion.

Without consent, even the gentlest scale and polish could legally be considered assault. And while dentists are trained to handle difficult patients, the courtroom isn't part of the syllabus.

Navigating capacity questions

The Mental Capacity Act 2005 (MCA) is your legal guide when dealing with patients whose capacity to consent might be in question.

The MCA: five principles

The MCA rests on five rock-solid principles, which are essentially the law's way of saying, 'Be reasonable and don't jump to conclusions.'

1. Presumption of capacity: start by assuming everyone's got their decision-making hat on until proven otherwise. It's the legal equivalent of giving them the benefit of the doubt
2. Support to make a decision: if someone's struggling, lend a hand (or a simplified explanation). Diagrams, models, enhanced consent apps and dental-themed interpretive dance are fair game if it helps
3. Ability to make unwise decisions: yes, they might want to refuse a root canal to save for

a beach holiday, and that's okay. The MCA doesn't judge bad decisions – just whether they've got the capacity to make them

4. Best interest: if they can't decide for themselves, you step in to make the call. And no, 'best interest' doesn't mean recommending the most expensive treatment plan
5. Least restrictive: go for the option that's the least heavy-handed. Essentially, don't suggest full mouth extractions and implants when a good floss and a filling will do.

The MCA's litmus test

How do you know if someone's not up to the task of deciding? The MCA lays it out with the clarity of the next generation of invisible aligners. A person is deemed unable to make their own decisions if they can't:

1. Understand the information given to them: if your explanation leaves them more confused than a patient who's just heard 'oral hygiene is essential' for the fifth time, they might lack capacity
2. Retain the information long enough to decide: if they forget the risks of a procedure before you've even finished explaining it, that's a red flag. Bonus points if they also forget your name halfway through
3. Weigh up the information to make the decision: if they can't process 'root canal vs extraction' without imagining a WWE-style fight between the two options, capacity might be lacking
4. Communicate their decision coherently (words, gestures, or even a well-timed eyebrow raise will suffice – okay, maybe not that last one).

In short, the MCA is like the referee in the dental decision-making ring: it ensures fairness, supports autonomy, and steps in when things go off the rails. All you have to do is follow the rules – and maybe brush up on your modern interpretive dance skills.

A dentist's safety net

The Bolam Test is the legal equivalent of asking your peers: 'Would you have done the same thing, or am I out here pulling teeth solo?'

Established in the 1950s, it's been the go-to standard for clinical negligence cases ever since. In essence, if a responsible body of professionals in your field would have taken the same approach as you, then congratulations: you've passed the Bolam Test and avoided the dreaded negligence label.

But don't pop the champagne yet. The Bolam Test isn't about perfection; it's about being reasonable. So, if you were trying a risky

new technique you learned from a late-night Youtube video, you might not find much support from your dental peers. On the flip side, if your decision falls in line with accepted practice, you're in safe legal waters, even if the outcome wasn't exactly sparking.

Bolam's tougher sibling

Just when you thought you were safe, along comes Bolitho v City and Hackney Health Authority (1998), Bolam's stricter and slightly less forgiving sibling. Bolitho essentially asks: 'Okay, your colleagues agree with you, but does your decision actually make sense?' Because apparently, not all professional opinions are created equal.

Bolitho is like that one friend who won't just take your word for it – they want evidence, logic and a Powerpoint presentation to back up your assertions. If the court decides that the professional opinion you relied on isn't reasonable or defensible, your Bolam shield might crack under the pressure.

The dentist's tightrope

Together, Bolam and Bolitho create a delicate balancing act for dental professionals. On one hand, you've got to ensure your actions align with what other dentists would do. On the other, you need to be ready to defend your choices with more than a shrug and a: 'Well, Bob from the practice down the road said it was fine.'

So, what's the takeaway? Stick to evidence-based practice, document everything like you're writing the next bestseller, and make sure your decisions could hold up under the scrutiny of both your peers and a courtroom full of lawyers. Oh, and maybe keep Bob's advice to yourself.

Montgomery vs Lanarkshire

Let's turn our (hopefully not waning) attention to Montgomery v Lanarkshire Health Board (2015) – the case that single-handedly turned the medical world on its head and taught us all that patients are not just passengers on the treatment train.

This landmark ruling officially ended the era of 'doctor knows best'

and ushered in a new age where the patient's right to information reigns supreme. It's like the dental version of democracy: informed patients, empowered choices, and occasionally, a healthy dose of over-Googling.

Obstetrics to dentistry

The story began in obstetrics, where a five-foot-tall woman with diabetes wasn't warned about the risks of a complicated delivery. The court decided that the doctor should have mentioned the possibility of shoulder dystocia (a rare but serious complication), even though it only had a 9-10% chance of occurring.

Obtaining consent isn't just a legal requirement; it's a cornerstone of patient trust and clinical excellence

The result? A massive shift in the legal landscape: clinicians must now disclose any risk that a reasonable patient in that situation might find significant – even if it's as rare as a hen with dentures.

So what does this mean for dentistry? Well, you can no longer just mumble something about 'a few risks' and hope your patient doesn't press for details.

Thanks to Montgomery, every patient now has the right to know if there's even the faintest chance their crown might morph into a soap opera disaster or their root canal could feel like an audition for a low-budget horror film.

It's personal now

Post-Montgomery, consent is no longer a one-size-fits-all spiel. Instead, it's a bespoke conversation tailored to the individual patient.

Use tech. Enhanced consent apps have revolutionised patient education and help take some of the burden of making sure you have explained the most relevant aspects of any given treatment.

The days of skimming over risks because 'it probably won't happen' are gone. Patients now have the right to weigh up every risk, even if it's a one-in-a-million chance of their filling somehow causing spontaneous combustion (okay, not that, but you get the idea).

The takeaway

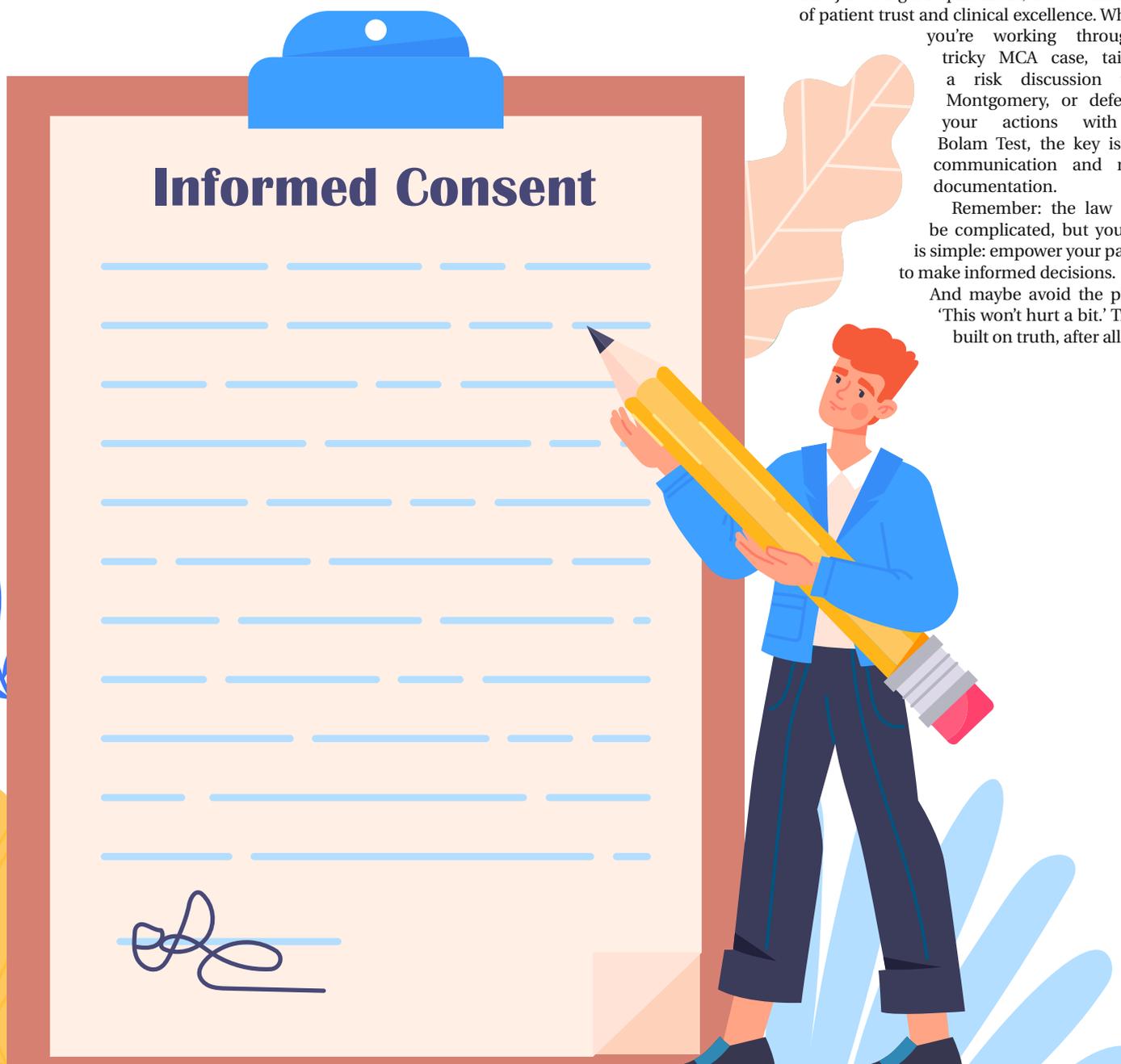
Montgomery teaches us that consent is about more than just ticking a box; it's about empowering patients to make informed choices. Sure, it means more time explaining risks, benefits and alternatives, but it also means fewer surprises for patients – and fewer lawsuits for you.

So the next time you're explaining a treatment plan, remember: it's not just about getting the patient to nod along. Thanks to Montgomery, they're the captain of their own dental ship. It's your job to be the trusty navigator, keeping them informed and ready to make the best decision for their pearly whites. Just try not to sink the ship with too much dental jargon.

As a dental professional, obtaining consent isn't just a legal requirement; it's a cornerstone of patient trust and clinical excellence. Whether you're working through a tricky MCA case, tailoring a risk discussion under Montgomery, or defending your actions with the Bolam Test, the key is clear communication and robust documentation.

Remember: the law might be complicated, but your role is simple: empower your patients to make informed decisions.

And maybe avoid the phrase: 'This won't hurt a bit.' Trust is built on truth, after all. **D**



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Periodontal claims and lessons learned

Claims involving periodontal disease can be harder to defend and are more costly to settle, explains **Leo Briggs**, but there are ways to reduce the risk

Leo Briggs

Deputy head of the DDU



More than half of the UK population are thought to have some degree of periodontal disease so it's not surprising that it's one of the most common conditions to feature in clinical negligence claims against DDU members.

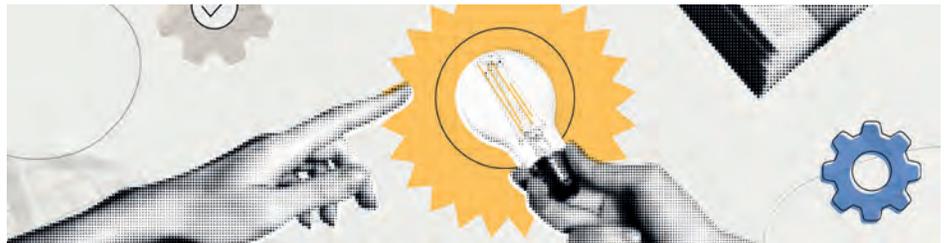
Despite a reduction in recent years – periodontal claims accounted for 5% of the total claims notified in 2023 compared with around 10% in 2017 – a higher proportion require settlement than any other type of dental claim we dealt with (64% in 2023). What's more the average cost of settling these claims tends to be higher because of the extent of harm caused by undiagnosed periodontal disease, including bone loss and wider health problems, as well as the cost of remedial treatment.

For example, we paid £85,000 to a patient with severe periodontal disease who claimed for the loss of 27 teeth, with costs of extractions, temporary dentures, bone grafting, implants and retained bridgework and crowns, as well as psychological damage. In 2023 alone, we paid out £2.2 million in both damages and the claimant's legal costs and disbursements.

Reasons for claims

Dental professionals can be vulnerable to allegations that they have not taken appropriate steps to prevent, diagnose or manage periodontal disease. Common allegations in these types of claims include:

- Failure to take BPE scores and diagnostic quality radiographs at appropriate intervals, and act upon the findings
- Failure to perform pocket charting when necessary
- Failure to inform the patient of their periodontal condition, explain what it is, the adverse impact on the dentition and consequences if it progresses
- Failure to record associated factors such as tooth mobility scores, gingival recession, gingival attachment levels, furcation involvement, presence and levels of calculus, bone levels and periapical issues
- Failure to give advice on oral hygiene, smoking cessation, diet and personal habits
- Failure to advise on and to initiate appropriate and targeted treatment and management in a timely manner
- Failure to refer to a hygienist and/or a specialist promptly when required, in line with the relevant guidance.



Other types of claims seen by the DDU include treatment having been undertaken in the presence of underlying periodontal disease or when periodontally compromised teeth are involved, fixed or removable long- or short-term orthodontics, implants, dentures, crown and bridgework or veneers.

In these cases, it's typically alleged that failure to undertake appropriate pre-treatment assessment and treatment planning, and communicate the risks with the patient led to adverse outcomes such as treatment failure and worsening of their periodontal condition.

Reducing the risk

Allegations of negligence by patients with periodontal disease are not necessarily justified and the DDU will do its best to defend and support members in this situation. At the same time, there are steps that dental professionals can take to reduce the risk of a claim and ensure they can defend their actions if necessary.

Follow national guidance

Make sure your treatment follows authoritative guidance and is evidence-based – eg, the British Society of Periodontology and Implant Dentistry's (BSP) guidance on the Basic Periodontal Examination (BPE), six-point pocket charting, radiographs and recall periods.

If it's been a while since you brushed up on your periodontal knowledge and skills, the DDU and BSP have an updated e-learning resource that covers dento-legal and clinical aspects of managing the disease, from screening and assessment to record-keeping and patient information. You can earn three hours of CPD for completing the course.

Inform the patient

Tell patients about the risks and prevention of periodontal disease as part of oral health advice and make them aware if they are at particular risk (eg they are a smoker or have diabetes) or are showing any signs of the disease.

Ensure affected patients understand the importance of their role in preventing the disease from progressing and worsening,

and what will happen if it does. Advice would usually include the need for good oral hygiene and more frequent visits to the hygienist, and smoking cessation as well as the consequences of non-compliance.

Monitor the patient's condition

If you decide the patient only requires monitoring and advice at this stage, you should still explain this to them and ensure there's a system in place to record and monitor their periodontal condition at subsequent appointments with their dentist, hygienist or therapist. Check the patient's medical history questionnaires and seek further information if needed about medical conditions and medications that can impact periodontal disease.

Keep detailed clinical records

Record your examination findings (eg BPE scores, radiograph reports, tooth mobility scores, gingival recession, gingival attachment levels, furcation involvement, presence and levels of calculus and bone); your diagnosis and recommended treatment, as well as what you discussed with the patient and their consent.

You should also record it in the records if a patient refuses your recommended treatment (eg radiographs, hygienist appointments and specialist referral), cancels or fails to attend appointments, or fails to comply with your advice.

Recognise your limits

Be prepared to offer a referral to a periodontal specialist if the patient's condition does not improve. As NHS facilities can vary, it makes sense to ensure you are aware of what arrangements are in place in your area. **D**

To learn more about the DDU's new e-learning resource in collaboration with the British Society of Periodontology and Implant Dentistry, visit the 'learn and develop' section on the DDU website: www.theddu.com/learn-and-develop.



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Demystifying occlusion

Introducing the speakers who will share their expertise at the Introduction to Occlusion Symposium

A line-up of six renowned speakers will share their expertise with delegates at a new one-day symposium for early career professionals, designed to demystify the basic principles of occlusion, which are vital for the success and longevity of restorative treatments.

The symposium takes place on Saturday 5 April in London and is organised by the Tom Bereznicki Charitable Educational Foundation, in conjunction with the College of General Dentistry, with a fee of just £75 for the day.

Delegates will also be able to access information on a range of postgraduate courses which cover aspects of occlusion in greater depth. The symposium is now open to all dental professionals, and those wishing to attend should register for a place now.

The speakers

Dr Tom Bereznicki
BDS (Edin), MFDTEd,
FCGDent, MFDSEng

Dr Tom Bereznicki is a general dental practitioner with a special interest in restorative dentistry, in particular occlusion and emergence profile. He has many years' experience of teaching on undergraduate and postgraduate programmes and is the founder of the Tom Bereznicki Charitable Educational Foundation.

'To cover the length and breadth of the subject of occlusion would in all probability take a week. In the time available we will try to deal with the basic fundamental principles involved, particularly the intraoral occlusal examination which is crucial in treatment planning.'

We know exactly what problems our colleagues have been having over the years with occlusion – stuff that you think you know but are not really sure when you are treating patients. We are going to change your lives

Professor Paul Tipton
BDS, MSc, DGDRC, Dip Rest Dent, Dip Imp Pros, Dip Pros, Dip Aesth Dent, FCGDent

Professor Paul Tipton is a specialist in prosthodontics and founder of the well-known dental academy, Tipton Training. He was a founding member of both the British Academy of Aesthetic Dentistry and the British Academy of Cosmetic Dentistry and is currently the president of the British Academy of Restorative Dentistry.

'Occlusion is the most important topic in dentistry but unfortunately not taught or taught poorly at dental schools. During my presentation I will be showing you that all you need to learn are five principles for success in your restorations and gaining control over what you do. Control leads to predictability, which leads to confidence, which leads to success.'

Dr Ken Harris
BDS, MSc, MFGDP (UK), FFGDP (UK) RCS (Eng), FCGDent, FDS RCS (Eng), BACD Fellow

Dr Ken Harris is principal of a private referral practice in Sunderland specialising in complex dental reconstruction cases. Teaching both nationally and internationally, Ken is also a tutor and examiner for the British Academy of Cosmetic Dentistry and a mentor for the Kois Centre in Seattle, of which he was the first UK graduate.

'I will explain the vagaries of centric relation. I intend to make it simple so you can use it every day in your practice and as a stepping stone into the world of occlusal reconstruction rather than the stumbling block that it currently is.'

Dr Tif Qureshi
BDS London, FCGDent, FICD

Dr Tif Qureshi is a practitioner with special interests in orthodontics and minimally invasive restorative dentistry. He is chairman and clinical director of IAS Academy, a well-known orthodontic training provider. Pioneer of the 'align, bleach, bond' concept and progressive smile design, he teaches widely using clear aligners and lectures internationally.

'Occlusion is such an important subject,



Control leads to predictability, which leads to confidence, which leads to success

maybe something a lot of younger dentists aren't too sure about, maybe it's not covered extensively at dental school, but you realise very quickly when you come out of dental school how important it's going to be for the longevity and the stability of your dentistry.'

Dr Shiraz Khan
BDS, B(Med)Sc(Hons), MJDFRCS(Eng), PG Dip, PG Cert

Dr Shiraz Khan is an aesthetic and restorative dentist with a particular focus on rehabilitation cases and addressing tooth surface loss. Practising in London, he also teaches and lectures on composite resin restorations, Icon infiltration, clinical dental photography and presentation.

'Myself and Tif are going to be talking about anterior guidance – all things function, restricted anterior envelope and dental tectonics – so essentially where the teeth lie and where that may be helpful to the occlusion or where it may inhibit the occlusion and cause other issues.'

Dr Koray Feran
BDS, MSc, FDSRCS, FCGDent, FICD

Dr Koray Feran is known for his multidisciplinary approach to complex surgical and restorative cases. He founded The London Centre for Implant and Aesthetic Dentistry and mentors and lectures on implant dentistry.

'We're going to answer everything you want to know about occlusion but were afraid to ask... We know exactly what problems our colleagues have been having over the years with occlusion – stuff that you think you know but are not really sure when you are treating patients. We are going to change your lives.' **D**

For more information and to book your place at the Introduction to Occlusion Symposium, visit bit.ly/occlusion-symposium.

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Water fluoridation - an update



Clare Burton provides a insights and evidence-based information on community water fluoridation

Clare Burton

Dental therapist, BADT council member, and an executive committee member with the British Fluoridation Society



There have been significant developments in legislation regarding community water fluoridation in the last few years, in this article I want to give a brief update as well as giving you evidence-based information, especially useful for those fluoride sceptical patients that may challenge current evidence-based practices.

What is fluoride?

Fluorides are compounds containing fluoride ions, a little like sodium chloride (common salt) contains chloride ions. It occurs naturally and is found in rocks that leach into soil and water and therefore finds itself into foods that we eat. Trace amounts of fluoride can be found in oatmeal, raisins, potatoes and canned shellfish as well as tea and coffee (as the plants take up the fluoride from the soil). All tap water in England contains some fluoride – one quarter to one third of fluoride is absorbed in the gut and stored in calcified structures ie bones and teeth, thus making it very beneficial for the prevention of dental caries. We have an aging population who are increasingly dentate, and fluoride has a significant beneficial impact on this group.

Fluoride displaces hydroxyl ions from hydroxyapatite (tooth enamel) to produce fluorapatite or fluorohydroxyapatite. Fluorapatite is less soluble in acid than hydroxyapatite, so a tooth containing fluorapatite dissolves more slowly in the low pH value found in plaque and accordingly remineralises faster in the intervals between sugar ingestion.

It's also worth noting that children absorb fluoride more efficiently than adults, as their teeth and bones are rapidly forming. Early fluoride exposure is beneficial in preventing early childhood caries, in concord with good oral hygiene and a low prevalence sugar diet. Unabsorbed fluoride is excreted in urine.

Caries and deprivation

Caries is a biofilm-mediated, sugar driven, multifactorial and preventable disease. Its effects if left untreated are pain and infection, leading to loss of sleep, difficulties eating, working and socialising, and potentially could lead to the serious condition of sepsis. Sadly, caries continues to cause distress and suffering to millions of people across the world.

Anecdotally we know that fruit, vegetables and less processed, healthier foods cost

significantly more than other less nutritional sugary foods. The cost-of-living crisis continues to add significant pressures on tight budgets, disproportionately affecting poorer families in our communities, who may have no option than to buy less nutritional, cheaper foods and therefore increasing the risk of dental caries.

It's worth noting that in 1973 the caries prevalence was a whopping 70% in five-year-olds. The most recent child dental survey for five-year-olds (2022) published the following summary: 'Children living in the most deprived areas of the country were almost three times as likely to have experience of dental decay (35.1%) as those living in the least deprived areas (13.5%). There had been a decrease in the prevalence of experience of dental decay in five-year-olds from 30.9% in 2008 to 23.3% in 2017.'

However, there was no continuation of this improvement in 2019 or in the results of this latest survey. In 2022/23 there were 31,165 hospital admissions of children to extract decayed teeth, most of which were caused by avoidable tooth decay.

The estimated cost to the NHS is £40.7 million per year, a truly shocking amount, that could be directed into preventive strategies, one of which is community water fluoridation.

Water fluoridation: a short history

Some scientists noticed that the population in a local area had a lower prevalence of caries in areas where there was a higher level of naturally occurring fluoride. This scientific evidence led to the practice of adding fluoride to an optimal level for oral health benefits. The first location to implement was in Grand Rapids, Michigan, USA in 1945. After just 10 years, the rate of cavities among children there fell more than 60%. The first scheme introduced in the UK was in Birmingham in 1964, figures from Birmingham Community Dental Health services revealed significant improvements in the years following the start of water fluoridation in the city. Between 1965 and 1981, extractions of deciduous teeth in children aged under 15 dropped from 35,000 to just over 9,000, and extractions of permanent teeth fell from around 11,000 to 3,500. General anaesthetics for tooth extractions in under-15s fell from 18,000 to 2,000, whilst emergency dental visits because of bad toothache dropped from around 10,250 to 1,500.

Other geographic areas were added in the following years (see map). In 1985 the government tried to expand water fluoridation, but the legislation was eventually diluted. There was a drive from Downing Street to

privatise water companies and the word 'must' was replaced with 'may'. It took until 2004 for this fault in the legislation to be undone, and subsequently there have not been any water fluoridation schemes implemented for some 40 years.

Today approximately only 10% of the UK population (six million people) receive artificially fluoridated water.

Since 2013, local authorities have had the responsibility (through the Water Industry Act 1991) to propose and consult on new fluoridation schemes and variations to or termination of existing schemes. Local authorities have, however, reported difficulties with the current process and there is the added complication that local authority boundaries are not coterminous with water flows. If the water supply crosses into neighbouring authorities, it requires the involvement of several authorities in the development of schemes, which may be complex and burdensome. In light of these challenges, The Health and Care Act 2022 gives the secretary of state the power to directly introduce, vary or terminate water fluoridation schemes. The revenue costs of the schemes would also transfer to the secretary of state. This allows central government to directly take responsibility for fluoridation schemes. Any future decisions on new fluoridation schemes will be subject to funding being secured.

Proposed expansion

From 25 March to 31 July 2024 a consultation was held with the proposal to request Northumbrian Water Limited (NWL) to enter into new fluoridation arrangements, extending water fluoridation in the northeast of England to reach another 1.6 million people.

The current areas receiving fluoride are:

- Parts of County Durham
- Gateshead
- Newcastle upon Tyne
- North Shields
- Wallsend
- Whitley Bay.

The proposed expansion areas are:

- Darlington
- Durham
- Gateshead
- Hartlepool
- Middlesbrough
- Newcastle
- Northumberland
- North Tyneside
- Redcar and Cleveland
- South Tyneside
- Stockton
- Sunderland.

Because of the way water is provided, there would also be some supply to neighbouring parts of Westmorland and Furness Council and north Yorkshire council areas.

The consultation allowed anyone in the country to contribute, however the opinions of the local population within the proposed area were given a higher weighting.

We are currently awaiting the publication of the consultation and expect it to be released in the near future

The World Health Organization (WHO) recommend a maximum guideline level of 1.5mg/L. This value is higher than that recommended for artificial fluoridation of water supplies for prevention of dental caries which is usually 0.5-1.0 mg/L. In the UK we fluoridate to this recommendation. The recommended levels are aimed at creating a middle ground where tooth decay is minimised, but the risk of dental fluorosis and skeletal fluorosis is too. In the UK, water fluoridation schemes add fluoride the water to a level on one part per million: to give that some perspective, it can be helpful to compare the ratio to distance. This equates to one inch in 25 miles! Such a tiny amount that provides so much preventive benefit to all.

How is water fluoridated?

Two compounds of fluoride are permitted for artificial fluoridation in the UK:

- Hexafluorosilicic acid (H₂SiF₆) – also known as fluorosilicic acid
- Disodium Hexafluorosilicate (Na₂SiF₆) – also known as sodium fluorosilicate.

Both these compounds are included in the Drinking Water Inspectorate's list of approved substances. They achieve the desired concentration of fluoride (one part

per million) reliably and safely, are specifically manufactured to exacting quality standards, and must meet Department of Environment purity specifications.

An independent report published by The Department of Health and Social Care in 2021 found that water fluoridation can substantially reduce hospital admissions for tooth extraction. If all five-year-olds with drinking water with less than 0.2 mg/l fluoride instead received at least 0.7mg/l from a fluoridation scheme, then the number experiencing caries would be lower. The decline would be 17% in the least deprived areas, rising to 28% in the most deprived, and the number of hospital admissions for tooth extractions in children and young people is estimated to reduce by 45 to 68%.

What about the negative impact?

Dental mottling (fluorosis) in mild cases is not cosmetically significant and sometimes not even visible unless the teeth are dried, other mild cases may present with white flecks, spots or lines (see picture). This is a small risk from the levels used in public health but not a uniform one in all fluoridated areas and can still affect people in non-fluoridated areas. Severe fluorosis (brown stain, rough pitted enamel) is only common in areas with very high natural fluoride levels, well above those used in public health interventions.

Dental fluorosis is a concern until age eight. After that age, the enamel of permanent teeth is already fully formed and can no longer develop spots and pits from too much fluoride.

Lower IQ scores

In 2023, higher fluoride exposures were linked to lower IQ scores, concluded researchers working for the National Institute of Environmental Health Sciences. None of the studies included in the analysis were conducted in the USA, where recommended fluoridation levels in drinking water are very low.

There has been a lot of media interest recently in the draft monologue produced by the National Toxicological Programme in the USA. This document has been widely criticised and even itself states that it should not be used when discussing water fluoridation schemes, as it related to much higher fluoride concentrations and even then, the link is not proven.

The majority of health experts echo the famous adage in medicine: 'The dose makes the poison.' Many things in large doses can be harmful, examples of this are giving supplemental oxygen in high levels to premature neonates, this can lead to a brain injury affecting the infant's neurodevelopment.

Another example is water intoxication (hyponatremia), this is a potentially fatal condition when the body's

electrolyte balance (sodium) is disrupted by excessive water consumption. This overwhelms the kidneys and left untreated could lead to a lead to seizures, brain damage, coma and death. No one would describe oxygen and water as harmful to health!

In 2021, the four chief medical officers for England, Scotland, Wales and Northern Ireland issued the following statement: 'As with all things in medicine and public health there is a balance of risk and benefit. There is unquestionably an issue with tooth decay in the UK and an entrenched inequality which needs to be addressed. Fluoridation of water can reduce this common problem. On balance, there is strong scientific evidence that water fluoridation is an effective public health intervention for reducing the prevalence of tooth decay and improving dental health equality across the UK. It should be seen as a complementary strategy, not a substitute for other effective methods of increasing fluoride use'.

Conclusion

Water fluoridation is not a substitute for good oral hygiene, regular dental check-ups and limiting sugar intake, but it has a positive effect even when those are absent.

We know that there are major issues in accessing NHS dentistry and even private dentistry can be very difficult to access in some areas of Great Britain and Northern Ireland. This means there are large areas of population not able to access the preventive care and advice that we as dental professionals are able to give. Water fluoridation schemes are advantageous as they do not require individual, or population behaviour change and can help to bridge the gap in current dental service provision by adding some extra level of protection to the public.

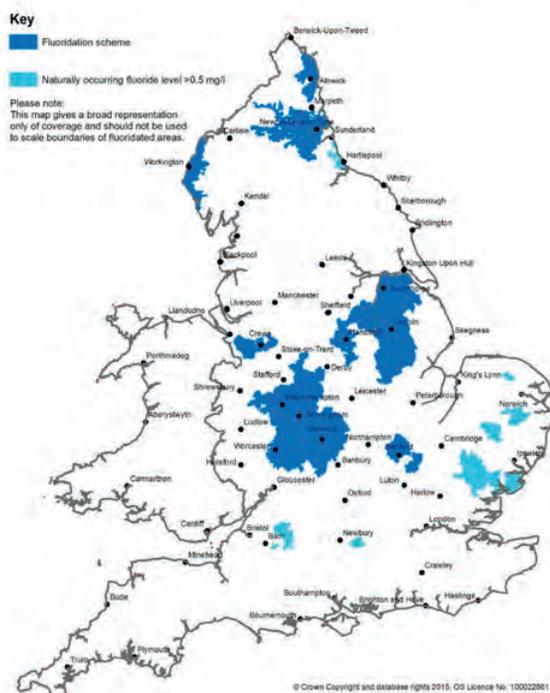
As dental professionals we have a duty to follow and provide our patients with evidence-based guidance. *Delivering Better Oral health* (DBOH) is our go-to preventive document that we use to tailor make advice to our specific patient needs. Chapter nine deals specifically with fluoride, and includes guidance on milk fluoridation, water fluoridation as well as in-surgery fluoride delivery and toothpastes.

Tailor-made diet advice focusing on the reduction in frequency of free sugars, twice daily toothbrushing with the use of fluoride toothpaste (assessed on specific caries risk) and regular dental examinations (based on National Institute for Health and Care Excellence guidelines) are gold standard recommendations for the prevention of dental caries. Community water fluoridation is a highly valuable public health measure that has the potential to reduce the gaps in health inequalities leading local populations with better oral health. **D**

For a list of references, please email newsdesk@fmc.co.uk.

For more information, please visit the British Water Fluoridation website bfsweb.org.

Areas of fluoridation schemes and of naturally occurring fluoride >0.5mg/l during 2014





THE ORAL CLES

— Dental hygienists and dental therapists

Embracing gender diversity

Rhiannon Jones speaks to **Ben Marriott** about the importance of creating an inclusive environment for both patients and colleagues

Rhiannon Jones

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



Ben Marriott

Dental hygienist



Rhiannon Jones (RJ): What are some simple, practical steps teams can take to create a more welcoming environment for transgender and nonbinary patients?

Ben Marriott (BM): Start by including pronouns on sign-up forms and ensuring that your dental software has options beyond male and female.

Educate reception staff not to assume gender based on voice or appearance and encourage them to ask open-ended questions when gathering medical histories.

Small gestures, like displaying pride or trans flags in the waiting room, can signal to trans and nonbinary patients that your practice is a safe space.

RJ: What are some common pitfalls in language dental professionals should avoid, and what inclusive language should they use instead?

BM: Common phrases like 'ladies and gentlemen' exclude nonbinary individuals. Alternatives like 'esteemed guests' or 'colleagues' are more inclusive.

About Ben

Ben Marriott (he/him) is a dental hygienist based in south Wales. He is a neurodivergent, disabled, nonbinary trans man. Ben has a keen interest in promoting diversity and inclusion within the field of dentistry and works closely with local practices and community groups to raise awareness of some of the issues facing marginalised patients and clinicians.

If you're not sure what pronouns someone uses don't be afraid to ask, but only if it's relevant and you will need to talk about them in the third person. You don't need to single out the only visibly trans person in the room and ask them their pronouns when you haven't asked anyone else.

Also, terms like 'pregnant people' or 'people with a cervix' may be seen as controversial by some. However, these terms are used in medical contexts to ensure accuracy and inclusion, rather than to erase gendered language.

It is context-dependent, and the aim is always to be both precise and respectful. Of course, if you are speaking about a pregnant woman you would refer to her as such, but if you are giving a lecture that encompasses the entirety of people with the potential to become pregnant, then the term 'pregnant people' is appropriate.

RJ: What advice do you have for dental teams navigating pronouns, legal names and medical records in a respectful way?

BM: Treat a person's gender status as confidential as any other personal information. If a patient's transgender status is relevant to their treatment, share that information with colleagues on a need-to-know basis only.

Where possible, update records with the correct name and pronouns without making unnecessary notes of old names. There is no legal requirement for practices to request evidence of name and gender change. Some local policies do still request documentary evidence of a change of name, but this should be applied uniformly, and not something that is only requested of trans patients.

RJ: Beyond patient interactions, how can dental teams create an inclusive and supportive workplace culture for transgender and gender-diverse colleagues?

BM: Fostering an inclusive workplace means respecting individuals' choices, such as names

or attire. Trans and nonbinary people are often pressured to conform to traditional ideas of professionalism.

Practices should create environments where everyone can express their identity freely. Support and educate colleagues about trans issues and speak out against transphobia when you encounter it.

RJ: What would you say to practice owners who want to prioritise inclusivity but are worried about the practicalities or costs?

BM: Many inclusivity measures don't require funding. Start by having open discussions about trans and nonbinary inclusion with your team.

Share resources or online training, and encourage everyone to think about these issues proactively, not just when a trans patient or colleague enters the practice.

There are many resources available online to help dental professionals better understand trans inclusion. Websites like Stonewall, Gendered Intelligence and Transactual provide great starting points for implementing inclusive policies and practices in your workplace.

RJ: Some clinicians may worry about 'getting it wrong' or saying the wrong thing. How can we shift the conversation from fear of mistakes to a culture of continuous learning and support?

BM: Mistakes are inevitable. The key is to apologise when you slip up, correct yourself, and move on without making a big deal of it.

Trans and nonbinary individuals can usually tell when someone is genuinely trying to learn. The focus should be on listening, reflecting and improving, rather than on the fear of making mistakes. **D**

For more information about the British Society of Dental Hygiene and Therapy (BSDHT), visit www.bscht.org.uk.

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Frank Taylor & Associates

We're all on the same side

Sam Jethwa shares how bridging the gap between principals and associates can add value and longevity to the business



British Academy of
Cosmetic Dentistry

SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF
COSMETIC DENTISTRY (BACD)



We talk a lot about community and collaboration in dentistry today. Both are essential for the delivery of exceptional patient care and professional wellbeing. However, we often see a divide between principals and dental associates. Why is that? And how can we bridge the gap that seems to exist?

When business gets in the way

It goes without saying that dental practices must be run as viable businesses. This means that principals are responsible for balancing the books across the practice, ensuring there are sufficient funds to pay all the staff, bills and other expenses.

As a principal myself, I fully apprehend the challenges that dental principals face in today's

world. However, there is a difference between effectively managing finances and being too frugal with outgoings.

There are various situations where principals count the pennies a little too much. For example, some might not pay their associates for consultations, others split lab bills unevenly, or require contributions from associates towards credit card machine fees or admin costs.

While I appreciate preservation of the business' interests and understand the need to protect the bottom line, such choices can have the opposite effect. They create a difficult environment for associates, who will likely resent their principals for the cut they take. In turn, this damages staff satisfaction and the patient experience, ultimately

harming the practice's reputation and long-term success.

Finding a new way

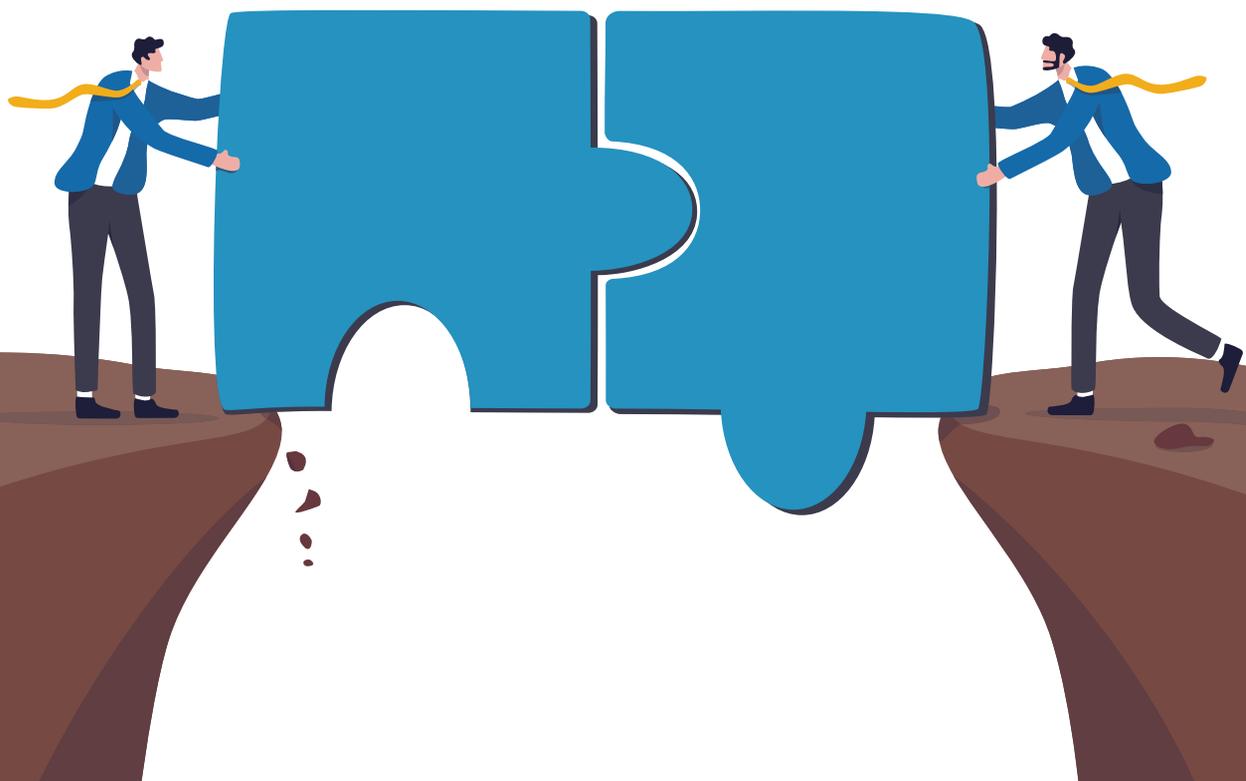
Although it might seem counterintuitive in the short term, taking less from our associates will prove far more beneficial for all over time.

The percentage they pay to the practice should cover their share of the lab bills and other expenses. But more than this, we should be nurturing associates by increasing access to training and education, supporting them administratively, and giving them the opportunities to excel from both a clinical and non-clinical perspective.

If we can achieve this, we will be working with highly skilled and motivated individuals who are more than happy to remain with the practice for several years. This builds goodwill and adds both value and longevity to the business.

Principals and associates don't have to be on opposite sides of the fence. The right approach and open communication will be advantageous for both. **D**

Although it might seem counterintuitive in the short term, taking less from our associates will prove far more beneficial for all over time



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Spring cleaning your dental chair

John Timson shares five essential maintenance tips for your dental chair

John Timson

Territory manager, central and northern England and north Wales, A-dec



Spring is the perfect time of year to give your dental chair some extra attention to help ensure it stays in tip-top condition. Proper maintenance not only keeps your practice looking clean and professional for your patients, but also helps to prevent issues, improve efficiency, and protect your investment. By following a simple routine, you can keep your dental chair running smoothly for years to come.

Let's start with our top five daily and weekly tasks that will have a major impact on your dental chair's performance.

1. Suction filter maintenance

The main suction filter on your dental chair is located at the rear of your dental chair. To empty it, lift the lid, remove the filter basket, rinse, and replace it.

- How often should I clean my suction filter? Cleaning the suction filter should be carried out daily to prevent a build-up of dirt
- How often should I replace my suction filter? The suction filter should be replaced every couple of months.

2. Spittoon valve filter maintenance

If your A-dec dental chair package has a spittoon valve, it will be located within the spittoon housing. To access it, remove the side panel and push and hold the button down (marked with either blue or yellow tape) to drain the liquid from the system. Next, twist the yellow filter to the left to remove it.

- How often should I clean my spittoon valve filter? Clean, empty and replace the filter every week to ensure the equipment is running smoothly
- How often should I replace my spittoon valve filter? You do not need to replace the spittoon valve filter.

3. HVE valve maintenance

The HVE (high volume evacuation) valve can be cleaned by removing the valve from the tube and pushing out the centre. The parts are suitable for autoclaving or can be hand-washed. To prevent the valve from stiffening or seizing, apply a small amount of A-dec silicone lubricant to the rubber O-rings if required.

- How often should I clean my HVE valve? A-dec recommends cleaning this part daily
- How often should I replace my O-rings? The O-rings are replaced on an annual service.

4. Water bottle maintenance

The water bottle is attached to the unit with a black rubber O-ring on the bracket. To ensure smooth attachment and removal, apply a small amount of silicone lubricant to keep the O-ring supple. This will help the water bottle come on and off easily.

- How often should I clean my water bottle? The water bottle should have a deep clean monthly or when required
- How often should I replace my water bottle? The water bottle is replaced on a five-year service.

5. Oil filter maintenance

Located at the rear of the delivery system, the oil filter is a piece of gauze that collects oil from the compressed air that powers your handpieces. This filter helps prevent handpieces from slowing down by ensuring proper airflow. Make sure the gauze is loose to allow air to flow through and avoid any performance issues.

- How often should I clean my oil filter? The oil filters should be cleaned weekly if the practice hand oil their handpieces and every other week if they use a handpiece oiling machine.

It's important to note A-dec recommends an annual service every 1,500 hours of use, and a larger five-year service every 7,500 hours of use.

Cleaning upholstery

Now that we've addressed the key areas to clean around your dental chair, it's time to focus on cleaning the upholstery. The right cleaning routine is essential to help maintain the condition of your dental chair upholstery and prevent issues like cracking and peeling, both of which are often caused by harsh cleaning chemicals.

To clean your chair properly at the end of every day, use warm, soapy water to remove chemical buildup and ensure the chair is completely dry afterwards to prevent moisture damage.

For quick clean-ups throughout the day, use non-alcohol wipes, followed by drying any excess dampness with a paper towel. A-dec recommends using a mild, non-ionic detergent or a cleaner free from alcohol, bleach, or ammonia.

You should pay special attention to areas that frequently come into contact with patients, such as the headrest and armrests, to ensure the removal of harmful pathogens, and maintain a sterile environment for the next patient.

Additionally, thoroughly disinfect high-touch areas used by the dentist and assistant, including instrument holders, trays, and



control panels. These hotspots for germs require regular disinfection to prevent cross-contamination.

Avoid abrasive cleaners, scrubbing pads, or other rough applicators, as these can scratch or permanently damage the surface. While infection control research shows that upholstery carries a very low risk of transferring pathogens, Occupational Safety and Health Administration (OSHA) regulations often advise some form of infection control related to upholstery. Always refer to the manufacturer's guidelines before cleaning or disinfecting your upholstery.

External factors

Even with the best cleaning routine, external factors can impact the lifespan of your dental chair's upholstery. Being aware of these elements will help you get the most out of your chair:

- Harsh chemicals (disinfectants and strong cleaning agents)
- Humidity and heat (excess moisture can lead to premature wear)
- Sharp objects and abrasive applicators
- Body oils and materials that aren't colour-safe.

By reducing exposure to these factors, you can significantly extend the life of your upholstery. When upgrading your dental equipment or starting a new practice, consult with an A-dec territory manager and dealer for expert advice on dental practice design and layout to optimise your space and extend the lifespan of your equipment.

By following these easy maintenance routines, you'll keep your dental chair in excellent condition for years to come. Not only will this help prevent costly repairs, but it will also create a comfortable, professional environment for your team and patients. **D**

For more information on A-dec dental chair maintenance, visit A-dec's website at www.unitedkingdom.a-dec.com or email uk-info@a-dec.com.



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Minimally invasive tooth preparation

Zirkonzahn announces a new course edition on 10-11 July 2025 at the Zirkonzahn Klinik DeMedici

The course about minimally invasive tooth preparation is the latest training that has been launched within The Zirkonzahn School, the extensive educational programme for dentists and dental technicians developed by the Italian company Zirkonzahn (South Tyrol). The new course focuses on the importance of a minimally invasive approach to dental treatments, combining digital and analogue workflow steps.

It is conceived for all dentists willing to practice and improve skills on minimally invasive tooth preparation for different clinical situations.

The course combines digital and analogue workflow steps

Course programme

Day 1 – 9am to 6pm

- Explanation of the importance of a minimally invasive preparation
- Step-by-step demonstration of the five tooth preparation phases to produce zirconia crowns which each participant will re-apply on their own models.

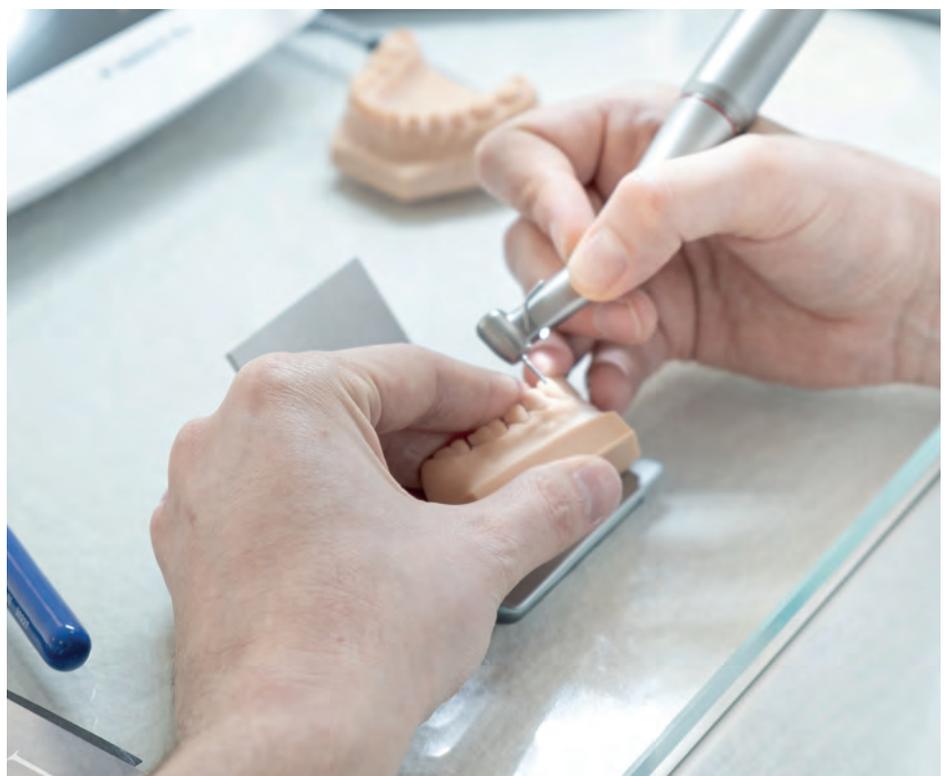
Day 2 – 9am to 6pm

- Finalisation of the preparations
- Digital scanning of the final models with the new Detection Eye intraoral scanner
- Verifying the accuracy of the preparations in the software
- Introduction to the cementation technique and demonstration
- Crown cementation on the prepared models.

The next edition of the course will be held on 10-11 July 2025 by a qualified dentist and allows a maximum of six participants. It takes place at Zirkonzahn Klinik DeMedici, one of Zirkonzahn's nine training centres located in South Tyrol (Italy), which was designed to host events focusing on interdisciplinary collaboration between clinics and laboratories. **D**

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Industry innovations

Detection Eye intraoral scanner **Zirkonzahn**

With Zirkonzahn's new Detection Eye intraoral scanner, the patient's jaw can be digitised within one minute. The choice of two different tips (standard and small) makes the impression taking more comfortable.

Lightweight and ergonomic, Detection Eye provides real-time scanning with realistic colours and clear preparation margins. Moreover, the scanning areas do not need to be pre-treated with powder, simplifying the acquisition process and allowing the user to complete the digitisation via one-button control. The scanner can also be operated via motion sensing technology. In addition, its Cart Basic with a useful drawer for perfect accessory storage can be rotated by the user as desired to reach the most ergonomic posture.

Once the data has been captured, it can be easily and quickly loaded into the Model Maker software module. The model is then transferred to the new Zirkonzahn.Slicer software. This is pre-configured for the dental workflow for a seamless and well-calibrated printing process.

At this point, the generated 3D printing data is transferred to Zirkonzahn's P4000 Printer. The large printing volume permits the simultaneous production of, for example, up to 21 Geller models or 15 full-arch models.

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

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

www.zirkonzahn.com



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Zoning in **ADI**

The ADI Team Congress is an educational haven for all members of the dental team with an interest in implant dentistry, offering a plethora of informative lectures.

Dr Cristian Dinu will be delivering a talk entitled 'Implants in the aesthetic zone – key factors for success'.

He notes: 'The talk will be useful for all, from surgeons to prosthodontists to technicians. It will navigate how bone, soft tissue and implants are pivotal factors we must consider and manage when we develop a predictable and reproducible protocol for successful treatments. We must not forget the rules of biology in our decision making.'

'I hope attendees will join me in escaping from the fear of the aesthetic zone as this will allow us to better control biological factors and obtain excellent treatment outcomes.'

The ADI Team Congress is an essential part of the implant landscape; it platforms the newest trends, technologies and possibilities in implant dentistry so that we are more successful and predictable in our work. I look forward to speaking and also catching up with some old friends!

The ADI Team Congress 2025 is taking place from 1-3 May at The Brighton Centre.

www.adi.org.uk/association_dental_implantology_congress/delegates_prices

www.adi.org.uk

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Visit A-dec at stand C31 to explore A-dec's award-winning dental chair packages, including the premium A-dec 500 chair and the entry-level A-dec 300 Core. The team will also showcase delivery systems, LED lights, dental stools, and debut new upholstery colours including serene Almond, replacing Shore, and bold vibrant Red colour, replacing Campfire.

For those unable to attend, A-dec invites customers to book a visit to one of its prestigious showrooms in Bracknell, Warrington, or Nuneaton. Discover delivery systems, dental chairs, LED lights, dental stools and much more on A-dec's stand.

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This makes the Hyflex EDM NiTi files stand out for their cutting efficiency and stress bearing qualities. They are strong and flexible. Clinicians can bend the files to improve access to even the most difficult canals and then regenerate the original shape in the autoclave. The HyFlex EDM OGSF sequence system provides an Opener, Glider, Shaper and Finisher, for fast, safe and predictable results in every case.

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Meet the board: Fiona MacKillop

ADI

Dr Fiona MacKillop focuses on periodontics and implant dentistry and has been a member of the Association of Dental Implantology (ADI) for many years. Now, as the recently elected regional rep for London, she looks ahead to an even more inclusive future:

'I have always respected how the ADI promotes implant dentistry to both those with a high level of experience and those starting out.

'This past year I have become more involved, particularly with the very exciting masterclass in March 2025: a female perspective. This Masterclass will offer a day of global female speakers from the world of implant dentistry to encourage more women into this field.' Many exciting opportunities await, with Dr MacKillop taking over the London Study Club from Professor Edwin Scher. Dr MacKillop embraces this: 'Professor Scher has certainly left some big boots to fill, but I am looking forward to new challenges and have a number of ideas in development that I am eager to share!'

For a top tip for implant dentists, Dr MacKillop highlights the important mix of enthusiasm and caution: 'Start with simple, predictable cases but always expect the unexpected.'

www.adi.org.uk

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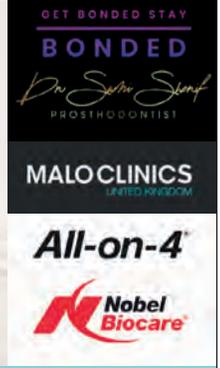
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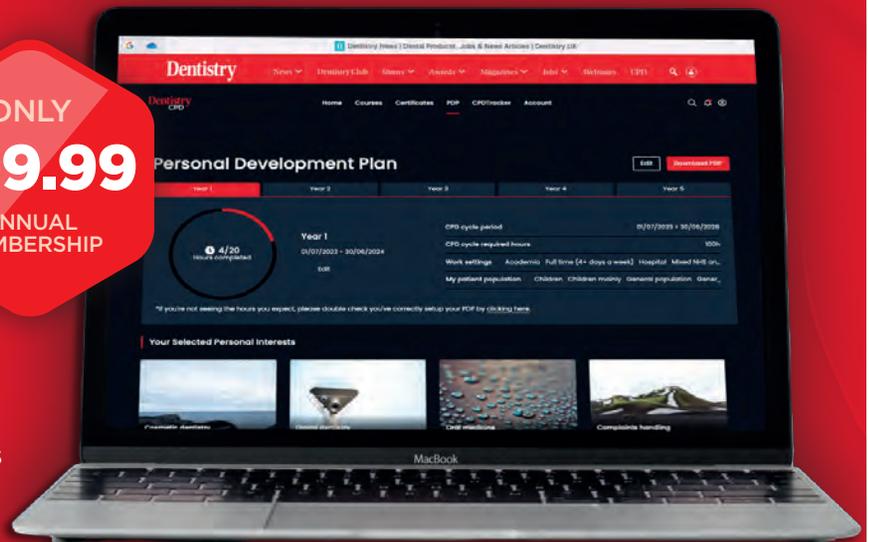
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