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References: 1. Poppolo Deus F & Ouanounou A. International Dental Journal. 2022; 72: 269-277 2. Denton G. Chlorhexidine. Chapter 15. pp. 321-336. 3. Haleon Data on File, 2024, IPSOS yearly recommendation. 4. Haleon Data on File, 2024, IPSOS. Based on average weekly recommendation.

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Dentistry

DENTAL THERAPIST NUMBERS ON THE RISE BUT TECHNICIAN SLUMP CONTINUES

The number of dental therapists on the register has risen – while dental technician numbers continue their sharp decline.

Those are the findings of new figures from the General Dental Council's (GDC) *Registration Statistical Report* for 2024.

According to the report, the GDC saw dental therapist numbers increase by 1,402 between 2023-24 – an increase of 25.3%. Dental hygienist numbers went up by 921 (a 9.6% increase) during the same period, while the total number of dental nurses went up by 3,349 (a 5.4% increase).

The number of registered dentists saw a minor increase of 2.6%, bringing the total to 46,362.

This sits in contrast to dental technicians, whose numbers declined for the fifth year running. There were 5,025 registered technicians at the end of 2024 – 10% fewer than 2020.

Progress and concerns

The figures have prompted commentators to acknowledge the opportunities and challenges facing dental professionals.

Dental therapist Imogen Fox, writing as part of *Dentistry's* National Dental Hygienist and Dental Therapist Day campaign, said: 'The progress made in expanding the role of dental therapists in the UK is remarkable. It is down to the dedication of our unions that we have more opportunity and clinical freedom than ever before.'

'To unlock the full potential of dental therapists, there are still areas that require attention. Building trust and recognition among dental colleagues, addressing pay disparities, and ensuring that dental therapists have the resources and support to operate at the full extent of their scope are critical for the continued success of the profession.'

But the warnings from the dental technician community have been much more stark.

Matt Everatt, editor-in-chief of *Laboratory*, warned of the urgent need for change to address the decline in dental technician numbers.

He said: 'This steady decline in the dental technician workforce raises serious questions about the future of dental care in the UK, and if the trend continues, we can predict a point in

which there will be no dental technicians left in the profession at all.

'Without enough skilled technicians, dentists will struggle to meet the needs of their patients, leading to longer waiting times, reduced quality of care and increased costs for patients.'

'The profession has lost an average of 157 dental technicians per year between 2008 and 2024. Without intervention, we may see the end of dental technicians in the UK – a loss that the dental profession and patients alike cannot afford.'

Changing demographics

The report also considers the demographics of professionals on the register. More than half (53%) of dentists who joined the register were UK-qualified, while 16% came through the overseas registration exam (ORE). The remaining 30% qualified outside of the UK.

Theresa Thorpe said: 'The report highlights the diversity of routes through which dental professionals are joining the register.'

NATIONAL
DENTAL
HYGIENIST
AND
DENTAL
THERAPIST
DAY
p32-38

New digital tool could 'revolutionise' dental consent

A new digital tool that promises to make the process of gaining valid consent easier, more efficient, and less stressful has launched to the profession.

Dentistry Consent – the latest practice service tool from FMC, publisher of *Dentistry* – offers practices and clinicians a fresh way to manage dental consent. The platform automates patient follow-up after the initial consultation, sending out documentation and explainer videos that help patients review the treatment in their own time.

After watching, patients complete a short series of questions to confirm their understanding of the key risks and benefits. Each step is recorded, forming a secure digital audit trail.

While the system is designed to build trust and help patients feel more confident in their

treatment, it also makes clinicians' record keeping more robust, providing better medicolegal protection in case of complaints or litigation involving consent.

Reinforcing clinical discussions

Biju Krishnan, clinical director at FMC, said: 'Gaining valid consent is fundamental to providing a high standard of dental care.'

'Many clinicians find the process challenging and stressful and it's not always easy to be sure patients have understood the risks and benefits of different treatment options. Dentistry Consent changes that: it's built around helping them to truly understand their treatment options. It's a pressure-free way to reinforce the clinical discussions that already happen in practice,

meaning patients and practices can feel more confident about the whole process.'

'Equally importantly it's also built around protecting clinicians in the event of litigation or a complaint that ends up at the GDC.'

'We want to revolutionise dental consent – it's time to make the process work better for everyone.'

New users can trial Dentistry Consent for just one pound per month for the first three months: find out more at www.dentistry.co.uk/consent.



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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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Keeping up and pushing on



Guy Hiscott
Editor's view

I am guilty, as I think we all can be from time to time, of taking things for granted.

Despite making a conscious decision to spend my life in dentistry, I can forget just how dynamic it is. And this is from someone who's found purpose in trying to effect change in our sector: I have actively sought out a life in which I get to

broadcast its successes, challenge its injustices, and shout out its newest developments from the nearest available rooftop.

I am deeply fortunate to be able to do this – and yet, every now and again, I let the routine get the best of me. I see the grind; not the progress. I get bogged down in refinements or minor setbacks, and forget about the bigger picture.

But the last few weeks have been one of those exhausting, humbling occasions where dentistry chooses to put me back in my place and remind me of just how wrong I can sometimes be.

I've covered thousands of miles this year, attending conferences and exhibitions across a range of timezones and date lines. I've had the privilege of hearing about some of the newest thinking in clinical approaches from astonishing speakers, and seeing some genuinely jaw-dropping technological innovations.

Nowhere was that more evident than at IDS in Cologne. It's hard to overstate the scale of the event. With thousands of exhibitors and tens of thousands of professionals from every corner of the globe, IDS felt like a place where the global

dental community came together – and the energy was palpable. From advances in digital workflows and diagnostic tools to materials and equipment that challenge how we think about efficiency and manufacturing in practice, at times it felt as if every booth told its own story about progression.

The conversations I had, too, reflect a growing ambition within the industry at large to do more, to do it better, and to do it with the patient experience at its heart.

That same momentum is something we've been channelling internally as well.

The launch of Dentistry Consent is something I'm particularly excited about. Despite being one of the most important aspects of clinical care, consent is an area that can be full of uncertainty, so to be part of launching a tool that addresses those issues head-on has been a thrill and a privilege.

While I'm talking about change, the addition of Xcelerator Dental – a business dedicated to helping practices grow – to our fold of professional services deserves special mention too.

In a world where competition is intensifying and patient expectations are rising, their understanding of marketing can really help practices. But what I like the most is how their philosophy aligns with our own: their focus on providing real support and keeping people at the heart of what they do mirrors our own philosophy. (And if I can learn a few new tricks from them along the way then even better, frankly.)

So yes, it has been a very busy few weeks. But every time I start feeling overwhelmed by the pace, I'm reminded – in the chaos of dental shows and the controlled panic of events and product launches – that I am deeply fortunate to work in a field that is so relentlessly dynamic.

Keeping up isn't always easy, but it's worth it.

'No future for NHS dentistry without reform'

Experts are calling for contract reform to maintain the dental workforce after a new report identified more than 5,500 unfilled NHS dental vacancies.

The *Fixing NHS Dentistry* report released by the Public Accounts Committee (PAC) last month found that there were more than 5,500 unfilled NHS positions including 2,700 dentist roles. Many of these postings had been vacant for at least 180 days. The report suggests that the root of workforce issues is an NHS dental contract that is 'not fit for purpose'. It says there is 'no future for NHS dentistry without reform' due to 'fundamental issues around the affordability of NHS work'.

The British Dental Association (BDA) presented evidence to the PAC which found that the average practice loses approximately £42 delivering a set of NHS dentures. The PAC also highlighted the huge difference between earnings for NHS and private

dentistry. It said: 'Without proper remuneration it is likely that even more will move exclusively to the private sector.'

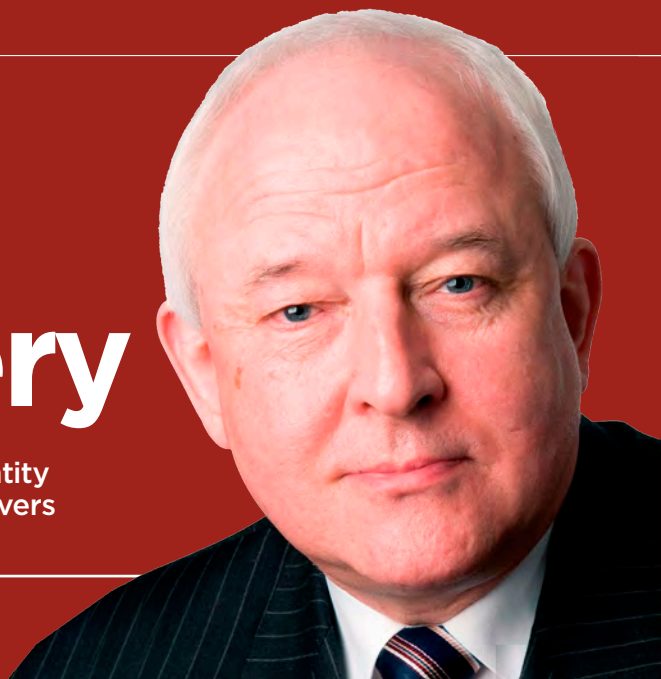
In particular, the PAC called for the government to 'rip the contract up and start again'. It added that 'fiddling around with the contract fails to address the real problem'. The Labour government has committed to fundamentally reforming the NHS contract, though no timeline has been laid out. The PAC report expresses concern over this lack of detail, stating clarity over the cost of reforming health service dentistry would be necessary.

Sir Geoffrey Clifton-Brown MP, chair of the PAC, said: 'This country is now years deep in an avalanche of harrowing stories of the impact of dentistry's system failure. It is utterly disgraceful that, in the 21st century, some Britons have been forced to remove their own teeth.'

Sex, the city and the surgery

Whoever would have guessed that a debate on gender identity would have such resonance for dentistry? Kevin Lewis uncovers some unexpected lessons for us to consider

Kevin Lewis | Consultant editor



“ Last month's landmark ruling in the Supreme Court on the sensitive question of legal gender ie what is and isn't a 'woman' in the eyes of the law, has unexpected parallels for dentistry. The recent ruling was specifically in relation to the correct interpretation of sex and gender in the context of the Equality Act, of course, but its practical tentacles have spread much wider than that and opened up a much wider debate.

The parallels to which I refer are topical questions like what is or isn't a 'dentist', what is or isn't 'dentistry', and why most university degree courses still cling to the somewhat historic description of 'dental surgery'. Which invites the further question of what is or isn't 'surgery'. Rather like the debate on gender, we all thought we knew the meaning of these terms but perhaps it's time for a rethink?

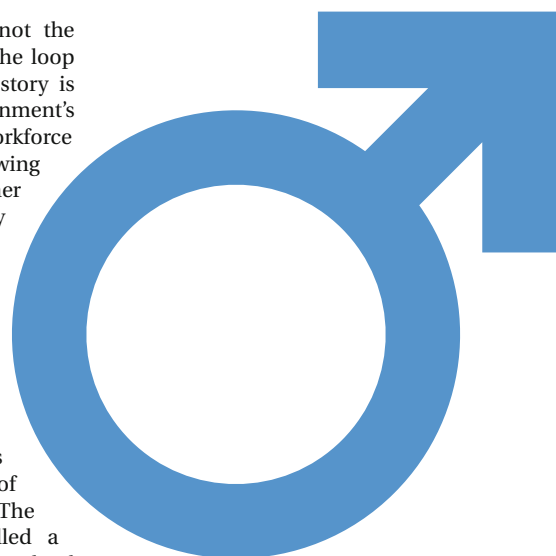
A fundamental aspect of that rethink is the GDC's ongoing review of its Scope of Practice guidance – which started way back in 2019 and in the intervening years has included stakeholder virtual workshops, online events, independent research, formal consultations and other kinds of virtual activity. It even resulted in the emergence of a draft of a revised guidance, and a consultation on that, but latterly the drawbridge has been raised, discussions have been happening covertly and never seeing the light of day in the public record of the Council's regulatory work, and an eerie silence on the

subject has descended. Whether or not the Council members have been kept in the loop is anyone's guess. This never-ending story is unhealthily bound up with the government's ambitions for addressing the dental workforce crisis, and unsurprisingly there are growing suspicions of government and other external interference in a supposedly independent regulatory process.

The irony of all this intrigue is that while all this nefarious activity is designed to lay the ground for individuals to widen their scope of practice (with little or no checks or quality assurance by the GDC, it appears), other factors are at work which result in individual registrants shrinking or limiting their scope of practice – especially in the NHS. The calamitous UDA system has de-skilled a large slice of the dental workforce in England and Wales, who allegedly have convinced themselves that they can no longer carry out many of the things they were trained to do during their years at dental school. Complex restorative work and endodontics, along with minor oral surgery have since 2006 become opt-out aspects of a dentist's scope of practice (SOP) – and seemingly with the GDC's blessing given the wording of both the existing and draft revised SOP guidance.

Thanks, but no thanks

And then there is the uncomfortable fact that most of today's graduating dentists have no appetite for spending their career treating caries and periodontal disease, and relieving pain, when they could be more gainfully occupied on cosmetic dentistry and facial aesthetics or finding minor malocclusions to shuffle with aligners. Part of the strategy (it appears) is to avoid long-term relationships with regular patients who might need treatment and ongoing maintenance, and instead to use social media to seek out lucrative one-night stands with patients who want (rather than need) specific high-ticket and usually cosmetic procedures to enhance their



Rather like the debate on gender, we all thought we knew the meaning of these terms but perhaps it's time for a rethink?

personal perception of body image.

I have made the point in previous columns that abandoning the stage of everyday 'dentistry' and leaving it unattended is not without risk for dental registrants because it is almost inevitable that a tipping point will be reached and others will arrive on stage to fill that vacuum. Almost certainly with the blessing of the government of the day.

We can learn a lot from the twists and turns that have been engaging our medical colleagues and the General Medical Council over the issue of physician associates and anaesthesia associates. In both general practice and hospital settings, exotic new species have been appearing and increasingly involved in

Surely a dental surgery should be a 'safe space' where members of the public can be assured that they are being treated by someone who is appropriately qualified, trained and competent

“The parallels to which I refer are topical questions like what is or isn’t a ‘dentist’, what is or isn’t ‘dentistry’, and why most university degree courses still cling to the somewhat historic description of ‘dental surgery’

patient care and it is little wonder that patient surveys have revealed that patients have little or no idea of who’s who or who does what these days. From the politicians’ perspective, just what the doctor ordered methinks?

The GDC is at pains to point out that its SOP guidelines set out the range of skills and competencies that registrants in each registration category should have, at the point of their (first) inclusion on the register. After that their scope of practice is likely to change reflecting further training.

The GDC is quite prescriptive in its oversight of the undergraduate curriculum up to the point of first registration, but inexplicably hands-off in its oversight of any training undertaken by individuals beyond that. And that laissez-faire approach extends across all registrant categories, leaving individuals free to decide when they are appropriately and sufficiently trained (and competent) to carry out any procedure that they fancy undertaking.

I wonder if this was explained to all those patient representative stakeholders who attended all those online/virtual workshops and other events?

Perhaps we should call in the **services of the Supreme Court to tell us the difference between a recognised education provider, and some of the illusory ‘academies’, ‘institutes’ etc**

Undergraduate

The dental schools and the degree-conferring universities beyond them are left in an increasingly strange position – training students to carry out procedures that they may well never undertake after graduation, while studiously not training them in the very procedures that the students can’t wait to get their teeth into (so to speak).

Given the cost of delivering any kind of higher education, let alone dentistry which is amongst the most costly and largely borne by taxpayers, it is an open question as to whether or not the status quo is sustainable, or even logical.

The consequences are amplified by the fact that too many new and recent graduates then get their training in these procedures – implant dentistry being foremost amongst them – from sources which have a direct commercial interest in promoting these procedures and expanding the market, and no responsibility whatsoever when things go wrong.

The fact that these courses are shorter, cheaper and less structured and challenging than more formal, recognised and reputable training programmes in the market, makes them (dangerously) more attractive to the impatient and indebted young graduate.

Perhaps we should call in the services of the Supreme Court to tell us the difference between a recognised education provider, and some of the illusory ‘academies’, ‘institutes’ etc that purport to be the direct equivalent, led by impressive-sounding professors, associate professors, visiting professors and honorary professors of educational institutions that the world has yet to hear about.

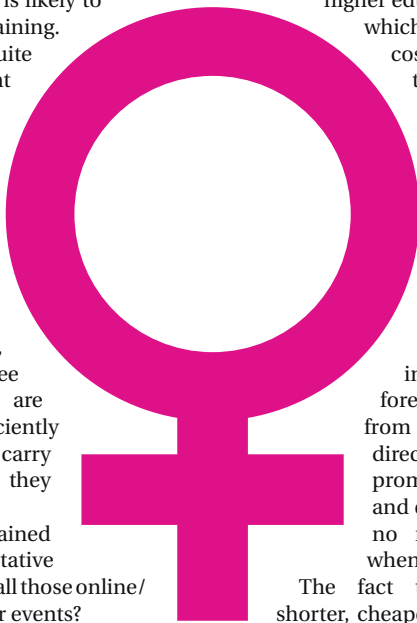
Safe spaces

A lot of the debate about sexual identity and gender has centred on the need for and desirability of so-called ‘safe spaces’. Similarly, surely a dental surgery should be a ‘safe space’ where members of the public can be assured that they are being treated by someone who is appropriately qualified, trained and competent and who is not left free to ‘big themselves up’ on social media and then attempt procedures that they are wholly unprepared to carry out and/or retrieve if things don’t go to plan.

While it is true that the GDC can step in and exercise its fitness to practise procedures after the event, that is hardly the point. And nor is it effective regulation to sit back and allow bad things to happen when with a bit more effort and application, they might have been avoided.

Girls on top

But having lured you in to this column by a title promising sex, there is a slight justification for my having done so. Back in the 1990s, 70% of registered dentists were male. The allocation of dental school places was then genetically engineered to address this imbalance, and today male dentists are in the minority, only 47% being male, against 53% female. Amongst younger age cohorts the female majority is much greater. But across other registrant categories the gender split is extreme – much more extreme than for dentists back in the 1990s. 98% of dental nurses and 94% of orthodontic therapists are female, as are 91% of hygienists and 86% of dental therapists. But at the other extreme, only 30% of dental technicians are female, and a tiny 1.5% of clinical dental technicians. I should clarify here that the calculation of 1.5% of CDTs is on a more scientific basis than Keir Starmer’s curious assertion in 2023 that: ‘99.9% of women haven’t got a penis’. How he came to that conclusion remains a mystery – and will hopefully remain so – but we are told that he now welcomes the clarity that the Supreme Court ruling has provided. I am sure we are all pleased for him. D



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The Dentistry Top 50 returns

The renowned Dentistry Top 50, the definitive list of the profession's most influential figures, is back for 2025.

Following a successful revamp – where *Dentistry* magazine took the lead in curating the list rather than relying on public voting – we're continuing this approach for 2025. While the Top 50 remains a measure of influence, it also stands as a tribute to the professionals who are shaping the future of dentistry. By moving away from public voting, we ensure the list recognises dedication, innovation, and contributions from all corners of the field, celebrating those who make a lasting impact.

Recognising impact

Selection criteria span a wide spectrum – from outstanding leadership and performance to altruism and clinical excellence. Educational influence, mentorship, and grassroots initiatives also play a significant role in shaping the list.

The panel is looking for individuals who embody innovation, determination, and a



REVEAL: June 2025

genuine commitment to transforming the dental profession. Ultimately, our goal is to celebrate those who make a meaningful difference.

While there is no public vote, we actively encourage your input; we want to hear from our readers about the people who've made a difference to their lives. Your input is crucial to ensuring the list recognises the profession, so we need your thoughts! Nominations are now open for consideration – email us at newsdesk@dentistry.co.uk to put your own heroes forward – just don't forget to let us know

what they've done to earn your vote.

The unveiling of this year's Top 50 will take place in June. Meanwhile, our panel will carefully deliberate on the nominations. Shortly after the announcement, *Dentistry* will be hosting an exclusive drinks reception in London to bring this year's movers and shakers together, giving the Top 50 the red-carpet treatment it deserves.

To submit your nominations, email newsdesk@dentistry.co.uk.

FMC announces acquisition of Xcelerator Dental

FMC, the UK's leading dental media and practice service provider, is pleased to announce the acquisition of a majority stake in Xcelerator Dental, a specialist provider of growth-focused services for dental practices.

Xcelerator Dental has distinguished itself by offering bespoke, results-driven marketing solutions that deliver sustainable growth for dental practices. Unlike traditional service providers offering standalone lead generation tools, Xcelerator Dental provides an integrated, multichannel approach that ensures practices receive the best return on their marketing efforts. Xcelerator Dental has built its reputation on delivering not just lead generation, but full-funnel marketing strategies that help practices turn interest into long-term patient relationships.

Through this acquisition, Xcelerator Dental will retain its independence under the leadership of David Nelkin, while gaining access to FMC's industry expertise and infrastructure. This combination ensures continuity for clients while enabling Xcelerator Dental to enhance and expand its offering through a trusted and strategic partnership.

By joining forces, Xcelerator Dental will complement FMC's existing services, enabling the provision of even more comprehensive support to dental practices, including its market-leading content platforms, online education, compliance and direct growth strategies.

Delivering 'real value' to UK practices

David Nelkin, CEO of Xcelerator Dental, said: 'Our mission at Xcelerator Dental has always been to help dental practices grow in ways that make a real difference to their business. We simplify that path to growth and remove marketing stress so practices can focus on exceptional patient care. We're committed to strategies that deliver clear, tangible results that go beyond typical service offerings.'

'Joining FMC amplifies our ability to fulfil this mission by connecting us to their extensive resources and industry-leading platforms, while fostering the trust and alignment that leads to lasting success.'

Craig Welling, CEO of FMC, added: 'FMC has spent 30 years supporting dental professionals, so we understand the pressures and opportunities they face. The addition of Xcelerator Dental strengthens our ability to help practices grow in a meaningful way.'

'Together, we're offering a service that goes beyond marketing, one that focuses on efficiency, scalability and, ultimately, practice success.'

This acquisition reflects FMC's ongoing focus on supporting the dental profession with practical, effective solutions that deliver real value to practices across the UK.

NEWS IN BRIEF

Man drives 1,000 miles for NHS dental care

A man from Cornwall reportedly drove for more than 10 hours for an NHS dental appointment in Scotland after searching nearby for years.



75% of academy footballers have gum disease



Academy footballers were found to be more likely to experience major dental issues and poor oral health than non-footballers at a similar age.

Climate change linked to mouth cancer

Worsening climate change has been linked to an increased risk of mouth cancer and other dental diseases by a new study.



Women in dental crisis



New research reveals how the dental access crisis is pushing women across the country to 'breaking point'.

NHS dentistry satisfaction at record low

Public dissatisfaction with dentistry is higher than with any other NHS service, with only one in five people satisfied with how it runs.



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TO READ ON!

GDC outlines its plans for the next three years

The General Dental Council (GDC) has published its 2025 Costed Corporate Plan (CCP), detailing its workplan for the next three years.

Released on 23 April, the CCP outlines what the regulator plans to do over the next three years and forecasts its income and expenditure for 2025.

The CCP sets out 29 projects for 2025-2027, 24 of which are on the 2025 workplan – 19 of these are 'flow through' projects from previous years, while five are new projects for this year.

The projects for 2025-2027 include:

- 1.1 Revise the standards for education
- 1.2 Revised international registration processes
- 1.9 Addressing sexual misconduct in the context of professionalism
- 2.1 Fitness to practise decision making guidance
- 4.5 Improving communications and support in fitness to practise
- 4.11 Case management and operational improvements in dental hearings.

The GDC's total forecast expenditure for the next three years is £141.4 million, a 0.9% increase of the agreed budget of £140.2 million. According to the regulator, this increase is due to changes in national insurance threshold and rates, which were announced after the CCP was agreed in October 2024.

2024 in review

The CCP also reviews the 2024 plan and highlights progress made, such as changes to overseas registration exam (ORE) access.

Out of 32 projects on the GDC's workplan for 2024, six were completed.

A further 19 projects remain in progress and on track for delivery in 2025 or 2026, while six of them were removed from the plan.

The CCP also highlights that the regulator processed a record number of applications in 2024 with 12,978 – an increase from 11,476 in 2023. This included 2,167 new dentists and 9,728 new DCPs being registered.

According to the 2025 CCP, the GDC is looking to improve its registration processes by modernising it and making it faster. It has identified potential improvements and operation changes, such as moving to a digital, online application process, and it hopes to progress this work in 2025.

Later this year, the GDC will open a public consultation on its proposed strategic plan for 2026-2028.



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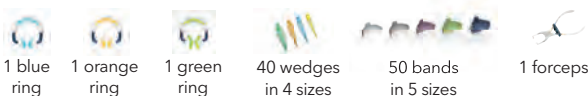
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Stress Awareness Month 2025

Stress Awareness Month is an annual event observed every April since 1992, dedicated to increasing public awareness about the causes and cures of stress. More than 50% of dentists have considered leaving the profession due to burnout and 86% of the dental community report high stress (Carequest, 2022), so it is vital that the dental community takes the effects of stress seriously.

The aims of the month are to:

- Educate the public about the causes and effects of stress
- Promote effective stress management techniques to enhance mental health and wellbeing
- Encourage open conversations to reduce the stigma surrounding stress and mental health issues
- Provide resources and support to help individuals and organisations manage stress effectively.

This Year's Theme is #LeadWithLove and is intended to be a powerful call to action rooted in the principles of unconditional positive regard. This theme encourages us to approach ourselves and others with kindness, compassion, and acceptance, no matter the challenges we face.

Co-founder of the Breathe dental wellbeing platform, Rana Al-Falaki, said: 'Chronic stress can affect every area of our lives – mental health, physical wellbeing, relationships, career success and financial decisions. A stressed and unhappy dental team is not an effective team and this has a real effect on the bottom line. That is why the Breathe platform was created for the entire oral health community, providing a free, one-stop hub for expert guidance, support, and resources.'

Rana continued: 'If you feel like stress is dragging you away like a river, feeling out of control, find that rock that is in the river. There are always elements that we can control – our mindset, attitudes, relationships – focus and grab on to them and then work from there.'

To find out more, visit www.breathedentalwellness.org.

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A world full of words

We need to listen to how patients want to receive information, says **Catherine Rutland**



CoreStrengths

Catherine Rutland
Clinical director at Denplan

Our lives can feel full of words to read. I am of an age where I can remember a time before email. And once we all got used to communicating by email, we had to learn about social media and communication apps.

It all adds to the words we are expected to absorb each day. News comes immediately,

messages seem demanding, yet we survived quite happily before these communication tools came into being, and still provided great patient care while fulfilling our professional expectations.

I am not writing this to bemoan the loss of the old days (although it is making me wonder!) but to challenge as to whether we actually take in all these new forms of words.

I often hear that 'nobody reads anything anymore', and that is in relation to emails, and group chats, not the old-fashioned world of books and journals, although it probably applies to those as well!

Across the profession, there is a concern as to how we deliver messages. If people are not reading things, whether due to an overload of information or a myriad of other reasons, we may be storing up problems for the future.

While there is a lot we are sent that possibly can be left, and is a choice, there will be much that should be read, whether regulatory, legislative, or just a wider understanding of the profession.

Wider than that though is support. With a profession struggling with many challenges, my concern is how do we send messages that will be read by those who may be looking during times of need?

Who are looking for where to go for help and support? If we have all begun to switch off from reading, what form of communication do we need to utilise to make sure that people know that there are places and people who care.

Communication is such a critical part of our profession. We are constantly evolving how we share information through technology and learning how to deliver messages most effectively for our audiences.

Yet, through all this, we need to listen to how people want to receive information, and if that means we have to learn something new, so be it!

The three pillars of smart saving

Iain Stevenson offers sage advice to help simplify your decision-making process



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

Why don't we save more of our hard-earned money for the future? One reason could be that the sheer number of options makes it easy to delay. It's understandable – navigating financial planning and all the options available can feel overwhelming.

To simplify the process, focus on three key pillars: flexibility, tax efficiency, and risk

awareness. These principles help guide your decisions on how much to save and where to invest. Let's break them down:

Flexibility – A crucial aspect of saving is maintaining control over your money. Life is unpredictable and knowing you can adjust your contributions – whether stopping, starting, increasing, or decreasing them – offers reassurance. Additionally, considering how and when you can access funds is essential. While long-term savings are important, having the option to withdraw funds in case of an emergency provides peace of mind and encourages you to start saving sooner rather than later.

Tax efficiency – With numerous savings options available, one way to narrow them down is by evaluating tax implications. Consider how tax-efficient contributions are when you invest, what taxes may apply during the investment period, and the taxation on withdrawals. Thinking ahead about your future tax position can significantly impact your savings strategy and ensure you maximise tax benefits.

Risk awareness – Your comfort with risk should shape your investment choices. Avoid blindly following what friends or colleagues invest in, as their risk tolerance may differ from yours. Take time to understand risk versus reward and consider how potential losses could affect your future lifestyle. Balancing risk appropriately ensures your investments align with your long-term financial goals.

While other factors like fees, performance, and service matter, starting with these three pillars simplifies the decision-making process. A dental specialist financial adviser can help refine your plan, but by understanding these key elements, you can take control of your financial future with confidence.

Develop a community of kindness

Nigel Jones encourages us to carry out small acts of humanity towards one another



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

It is undeniable that the mental health of too many people within the dental profession is poor. The Dental Protection survey of 1,300 dental professionals published earlier this year came out with the shocking statistic that 57% of respondents felt their mental health is worse today than during the COVID-19 pandemic. How can that be?

The theme of this year's Mental Health Awareness week, 12-18 May, is 'community' and I make no apology for lifting the next paragraph straight from the [mentalhealth.org.uk](https://www.mentalhealth.org.uk) website.

'Being part of a safe, positive community is vital for our mental health and wellbeing. We thrive when we have strong connections with other people and supportive communities that remind us, we are not alone. Communities can provide a sense of belonging, safety, support in hard times, and give us a sense of purpose.'

In many ways that sums up perfectly what we strive to achieve with the dental practices with which we work at Practice Plan. We don't always get things right but that's our intent.

There is a blog on the [mentalhealth.org.uk](https://www.mentalhealth.org.uk) website that says: 'Importantly, a community should make you feel good about yourself, feel safe, and feel empathy towards others.' For me there is a danger that in pursuit of efficiency, cost effectiveness and lean processes, it can all become about tasks and activity, so notions of safety and empathy get lost or overlooked.

It will not take a genius to work out that uppermost in my mind as I type the above are the GDC and the NHS in its various guises. Those on the GDC register are a community. Those contracting with a particular ICB or NHS Wales, for example, are also a community. Whatever the objectives and priorities of those organisations, they are surely best achieved if those communities are viewed as safe and healthy for dental professionals.

And for my final thoughts I am indebted to Professor John Gibson of the Canmore Trust, an amazing charitable company focusing on suicide prevention and postvention. John concluded a recent podcast I recorded with him asking for us all to develop a community of kindness. That doesn't have to rely on regulatory or contract reform; it can simply be each of us grabbing moments to surprise someone with a reminder that however well-hidden it can seem at times; a sense of humanity is always there. **D**

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Behind the scenes at London Zoo

Taina Strike explains how London Zoo cares for the oral health of its animals and the most common dental issues she encounters

Taina Strike

Senior veterinary officer, Zoological Society of London (ZSL)



Dentistry magazine (DM): Please introduce yourself and your background

Taina Strike (TS): I'm Dr Taina Strike, senior veterinary officer at ZSL's conservation zoos – London and Whipsnade – where I've been working for 25 years. I'm a European Board veterinary specialist in zoological medicine, and a diplomate in zoo health management: the highest specialisation we can reach in our field.

DM: Can you give us an overview of the dental care program at London Zoo?

TS: Dental care at London Zoo is a vital part of our broader healthcare programme, tailored to the incredible variety of dentition in our animals. From the enormous second incisors of elephants to the tiny tooth combs of lemurs, each species has unique dental needs.

Herbivores like rhinos have continuously growing teeth, while carnivores like lions rely on sharp canines and our Komodo dragons naturally have iron-reinforced ziphodont dentition!

The veterinary team works closely with expert animal dentists who have the specialised skills and equipment to handle complex cases, supported by my colleagues, including Dr Stefan Saverimuttu who leads much of our dentistry work at the zoo.

DM: How do you assess an animal's oral health, and how does this differ depending on the animal?

TS: Assessing oral health in animals is challenging, as it varies greatly by species – you can't ask them all to go 'aaaaah!' Thanks to our dedicated keepers, veterinary nurses and welfare staff, some animals like lions and chimpanzees are trained through positive reinforcement to open their mouths for inspection... though it does mean facing a lion's very meaty breath!

For others, like herbivores, small oral apertures make it difficult to see their teeth, so general anaesthesia is often required for a thorough exam. However, the approach remains the same: checking for abnormalities and ensuring the teeth are functioning correctly.

The challenge lies in the diversity of what's 'normal'. Many animals have unique species adaptations including the shedding and forward progression of molars, seen in species from wallabies to manatees and elephants.

DM: Are there any animals that require more specialised care?

TS: Yes, some species do require more specialised



care, especially those that are either very large or very small. For example, the elongated incisors of elephants that we call tusks may require specialised equipment just to perform a basic dental check, due to their size.

On the other hand, small species like bush babies and lorises can also present challenges when performing more intricate procedures like endodontics. Each case is unique, and we often consult with specialists in both small and large animal dentistry to provide the best possible care.

DM: What are some of the most common dental issues you encounter?

TS: Age plays a big role – many animals live much longer in zoos than in the wild, leading to significant tooth wear which is common in rhinos. Early detection and intervention are paramount focuses for us. Adjusting diets, husbandry and monitoring helps us manage dental wear and prevent complications, ensuring animals stay as healthy as possible throughout their lives.

Being fed the correct diet in the zoo is also crucial; historically, the widespread practice of feeding primates high-sugar fruits led to dental issues. Now at London Zoo, we prioritise feeding vegetables, which reduces the incidence of calculus buildup and gingivitis.

DM: In terms of preventive care, how do you maintain the oral health of the animals?

TS: Diet selection and proactive surveillance are the most important factors. Our dedicated nutrition officer works to provide diets that mimic an animal's natural diet, which ensures optimum general health as well as encouraging natural wear of the teeth.

Many dental problems in animals are caused by reduced tooth wear and subsequent overgrowth, but by providing diets closely aligned with each species' biology, we can minimise the negative impacts diets can have on oral health.

In parallel to this, our zookeeping teams closely monitor food intake behaviours, such as changes in preferences and changes in chewing; this means they can promptly flag concerns to the veterinary team when unexpected issues arise.

DM: What's the most challenging dental case you have had to deal with?

TS: Elephant dentistry is among the trickiest due to sheer size and logistics, but white rhinos pose major challenges too. Their massive heads weigh several hundred kilograms, and their anatomy adapted to their grazing lifestyle means their mouths open only slightly. To assess their oral health, they must first be anaesthetised – no small task.

Once safely sedated, we use hydraulic apparatus and solid wooden wedges to hold their mouths open just enough to insert an oroscope and large animal dental tools; often just visualising their teeth requires hydraulic flange spreaders.

We work closely with specialist veterinary dentists for these difficult cases, finding creative solutions to access and manipulate teeth safely. The combination of size, anatomy and necessary precision makes rhino dentistry one of the most challenging but rewarding aspects of our work. **D**

Shortlist announced!

The Dentistry Awards 2025 shortlist is here – did you make the cut?

The Dentistry Awards is back at Leicester's Athena for 2025 to celebrate another year of exceptional achievements in UK dentistry!

Taking place on Friday 6 June 2025 following a season shift to summer, this unmissable evening is the highlight of the dental calendar, bringing together the industry's best and brightest.

The Dentistry Awards shine a spotlight not only on individual and team excellence, but also on the innovation, patient care and community impact that drive the profession forward.

This year's shortlist represents the very best our profession has to offer. Being named a finalist is no small feat – it's a testament to your dedication, skill and commitment to oral health. A huge congratulations to everyone who made this year's shortlist! To secure your spot at the ceremony, visit dentistry.co.uk/awards/the-dentistry-awards/ to book your tickets.

Patient Care

Ireland

- Ace Braces Orthodontics
- North Down Implant and Orthodontic Clinic
- Smile Hub Dental Clinic

Scotland

- Cherrybank Dental Spa
- Dentistry on the Square
- The Gentle Touch, Kelso
- Hamilton Dental Centre
- Haus of Dentistry
- The Hollies Dental Practice
- Links Dental Practice
- Ocean Orthodontic Clinic
- Ohh! Oral Health Hygienist
- Queen's Drive Dental
- Scottish Centre for Excellence in Dentistry
- Tooth Doctor

North East

- Bupa Dental Care Hornchurch
- Gayathiri R Balasubramaniam
- Impressions Dental Care
- Joseph Family Dental Care
- Mydentist Durham
- Pearl Dental Queensbury
- The Smile Designers
- Taylored Dental Care
- Vici Dental Leeds

North West

- Baycliff Dental & Implant Surgery
- The Dental Hygiene Studio
- Dr Rez Dental
- Holly House Dental Practice
- Smile Stylist Manchester
- The Waterside Dental Clinic
- Wishdental

Midlands

- Avenue Dental
- The Dental Barns
- Halesowen Dental
- Hermitage Dental Practice
- Shiraz Endodontic Practice
- Skintique Beautiful Smiles
- The Whitehouse Dental Practice
- Zenith Dental Clinic

South West and Wales

- Cyncoed Dental Practice
- Evolve Dentistry
- Hereford Dental Implant Clinic
- Inspired Dental Care Exeter
- Larkham House Dental Practice
- Narberth Dental Health Practice
- Smiles Better Abergavenny
- Wyndham House Dental Practice

South East

- Adelaide House Dental Practice
- Biggleswade Dental Centre
- Brocklehurst Dental Practice
- Causeway & Blackhorse Way Dental Practice
- Centre of Dental Excellence
- Egham Dental Care
- Emicare Dental & Spa Centre
- Hampshire Dentists
- The Hartley Clinic
- Iconic Smiles
- Kingston Dental Clinic
- Love Teeth Dental
- Park Street Dental Clinic
- Pine Dental & Aesthetics
- The Rickmansworth Clinic
- Smile Dental Centre
- Thorpe Lea Dental
- Well:o Dental Wellness
- The Wessex Dental Specialist Centre

Dentistry
AWARDS 2025

ATHENA
LEICESTER

London

- Denstudio
- Douglas Miller Dental Practice
- Dr Mali Dental Clinic
- Greenwich Dental Health
- Kai Dental
- Siha Dental | Facial
- Ten Dental
- Woodhouse Dental Practice

Dental Nurse

North

- Nicole Buckley
- Christopher Bustard
- Noor ul ain Chaudhry
- Heather Clement
- Vanessa Croden
- Tiegan Dixon
- Morgan Duncan
- Kelly Hamill
- Susan Kessell
- Phoebe Kirkbride
- Emilie Charlotte Martin
- Aimee McGhee
- Mediah Mohsin
- Jenna Scoular
- Katie Smith
- Sophie Smithson

South

- Zainab Akhtar
- Denisa Ciloti
- Lorna Cullum
- Lisa Hilton
- Demi Peach
- Brittany Pittham
- Winnie Pleece-Drake
- Joanna Richards
- Amy Scarbro
- Lydia Smith
- Rachael Squires
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London

- Mihaela Marian
- Nicoleta Mihai
- Daniela Ndreca
- Kerri Alison O'Donoghue
- Rebecca Silver

Dental Hygienist

North

- Jacqui Armstrong
- Symran Chandarana
- Lauren Chipman
- Jillian Crossley
- Claire Duffy
- Jules Fisher
- Poppy Irvine
- Kirsty Ives
- Lily Moffatt

South

- Javeria Anwar
- Alison Craig
- Sarah Gauvin
- Sarah Hardie
- Louise Minkler
- Justine Ping

London

- Mareih Hashemi
- Hiba Tayiba Malik
- Neha Naomi
- Sejal Patel
- Shakhnoza Tosheva

Dental Therapist

North

- Neringa Babusis
- Anne Marie Connolly
- Gemma Cowen
- Natalie Fitzpatrick
- Rachael Hartley
- Jagjit Malhi
- Michaela Robinson
- Aashish (Aash) Udayabhanu

South

- Stacie Chanel de Klerk
- Shannon Flack
- Amrit Kaur
- Bukola Ogunyemi
- Amy Mesilio Peralta
- Chrystal Sharp
- Esme Stewart

Dental Technician

- Deepa Bharakhda
- Edward Day

Clinical Dental Technician

- Craig Mark Broughton
- Harley Leslie Dearing
- Matthew Varley

Practice Manager

North

- Ahmed Abdou
- Dora Akinjagunla
- Charlotte Armitage
- Susan Christie
- Sacha Hughes
- Lorraine Johnson
- Jenny Jones
- Valeria Pirlog
- Amanda Reast
- Lauren Toms
- Clare Torrie

Midlands

- David Drew
- Patrycja Galonzka
- Claire Hower
- Lamia Murray
- Chloe Phillips

South

- Maiara Ban
- Beth Hawkins
- Weronika Korkosz
- Alex McWhirter
- Clare Mills
- Michael Santos
- Leah Seaton
- Rachael Squires
- Lauren Tritton

Receptionist

- Dani Barton
- Christine Bonanno
- Shauna Rebecca Church
- Leanne Hemingway
- Katie Holt
- Erin Lawton
- Elaine McCloskey
- Shenaya Menezes
- Jolene Nurse
- Zoe Parr

Apprentice

- Grace Brindle
- Alice Corrigan
- Clara Vallejos Lopez
- Siham Muhiaddin
- Joanna Richards
- Scarlett Turner
- Lydia Wood

Young Dentist

Scotland and Northern Ireland

- Olivia Arthur
- Anthony Dagnall
- Matthieu Dash
- John Paul Delaney
- Christopher Jordan
- Sam Lockhart
- Mary Catherine O'Dolan
- Rebecca Reid
- Michael Rowland
- Adam Shahzad

North West

- Arnold Gangaidzo
- Surbin Gong
- Ben Gregory
- Roshanay Javed
- Alexanne Martin
- Jennifer McElhinney
- Stewart McLean
- Zuhair Patel
- Mahesh Popat
- Jack Roberts
- Awaz Sharief
- Adam Stanley
- Rhys Ward

North East

- Paul Midha
- Qurat-UI (Annie) Ain
- Sumia Hussain
- Saief Mahmoud
- Zain Remy
- Stephanie Robinson

South West and Wales

- Marco Cascone
- Shivam Divani
- Lily Ferreira
- Chloe Harrington-Taylor
- Bikram Narang
- Abbas Rizvi
- Kouthar Salih
- Riaz Sharif
- Laurie Stumper



Midlands

- Farrah Butt
- Hamish Joshi
- Hassan Kanani
- Janice Lim
- Harsha Mane
- Anna Najran
- Nakul Rajani
- Simon Rana
- Sammy Singh Sarai
- Nitin Sharma
- Keely Thorne
- Kathryn Webster

South East

- Anthony Ajayi
- Ventsi Dobrev
- Caroline Dahye Hong
- Sawan Kotecha
- Kishan Lakhani
- Zara Malik
- Hemel Mandalia
- Karolina Michalak
- Dailson Monteiro
- Fadheelah Nadeem
- Tarun Singh Nagpal
- Asha Parmar
- Shree Patel
- Sonia Rajput
- Elyssia Yannoulis
- Tahir Zaidi

London

- Chiara Burgio
- Azhar Chauhan
- Zoltan Csikos
- Simmi Daryani
- Jana Denzel
- Ameen Furat
- Ash Kalra
- Nikhil Kanani
- Keshav Kapoor
- Sarina Kiani
- Pavandeep Mahal
- Ajay Mehta
- Anne-Marie Mercer
- Luca Nigrelli
- Victoria Ojetunde
- Vishal Raichura
- Fatima Rashid
- Jennifer Rawes
- Arthie Samuelli

Dental Laboratory of the Year

- Dynasty Denture Solutions
- Rahnama Dental Laboratory
- Remo Dental Laboratory
- S4S London Dental Laboratory
- Smile Hub Dental Clinic

Website of the Year

North

- Carisbrook Dental
- The Denture Spa
- Dr Rez Dental
- Freedom Dental
- Hampton Dental Care
- Kempston Dental Practice
- Leeds City Dental Care
- Liverpool Smile Studio
- Parkfield Dental Practice
- Scottish Denture Clinic
- Smile Hub Dental Clinic
- Vici Dental Leeds

Midlands

- Allsopp & Associates Dental Practice
- Allsopp Smiles
- Belwell Dental
- Everysmile Leicester
- Four Oaks Dental Practice
- Halesowen Dental
- Hermitage Dental Practice
- Skintique Beautiful Smiles
- Stella Dental
- The Whitehouse Dental Practice

South

- Centre of Dental Excellence
- Crescent Dental
- Ferry Dental
- Floss and Smile
- Hollyhedge Dental
- Inspired Dental Care Exeter
- Kings Green Dental
- Laffan Dental Care
- Larkham House Dental Practice
- Reading Dental Spa
- Thames Street Dental

London

- Chingford Smile
- Denstudio
- Dental Smiles London
- Dr Mali Dental Clinic
- Envy Smile
- Mouth 9 Elms
- Muswell Hill Smile Dental & Orthodontics
- My E20 Dentist

- Optimal Dental Health
- Park Royal Dental Clinic
- Siha Dental Facial
- Sonria Dental Clinic
- Treehouse Dental
- VDental Smile Studio

Philips Rising Star

North

- Karan Ahir
- Lauren Chipman
- Gemma Cowen
- Kendra Smith
- Jarmima Uddin
- Helen Webster

South

- Javeria Anwar
- Kristina Bricaitė
- Yashana Byfield
- Lewis Dearsley
- Fadheelah Nadeem
- Abbas Rizvi
- Darsh Thacker

Sustainable Dental Business

North

- Dr Rez Dental
- Greenacre Orthodontic Practice
- Henley Dental
- Joseph Family Dental Care
- Ohh! Oral Health Hygienist
- Shiraz Endodontic Practice
- Smile Hub Dental Clinic

South

- GCG Dental Practice
- Grosvenor House Orthodontic Practice
- Iconic Smiles
- Narberth Dental Health Practice
- Reading Dental Spa
- Serio Dental
- South Wales Specialist Oral Surgery and Dental Implant Centre

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- Ace Braces Orthodontics
- Smile Hub Dental Clinic

Scotland

- Cherrybank Dental Spa
- Croy Dental
- Dentistry @ Century House
- Dentistry @ No3
- Dentistry on the Clyde
- Dentistry on the Square
- The Gentle Touch, Kelso
- Hamilton Dental Centre
- Haus of Dentistry
- Ocean Drive Dental Care
- Ohh! Oral Health Hygienist
- Orchard Road Dental Practice
- Scottish Centre for Excellence in Dentistry
- St Andrews Dental Care
- Tooth Doctor

North

- Baycliff Dental & Implant Surgery
- The Dental Hygiene Studio
- Dr Rez Dental
- Holly House Dental Practice
- Lismore House Dental Practice
- Mola Dental
- Mydentist Durham
- S4S Team Locum Dental Agency
- Salford Dental Practice
- Smile Stylist Manchester
- Taylored Dental Care
- The Waterside Dental Clinic
- Wishdental

South West and Wales

- Colwyn Bay's Eirlys Dental Practice
- Evolve Dentistry
- Hereford Dental Implant Clinic
- Inspired Dental Care Exeter
- Larkham House Dental Practice
- Springfield Dental
- Thornbury Dental Wellness Clinic
- Wistaria House Dental

Midlands

- All Saints Dental Clinic
- Avenue Dental
- Beech House Smile Clinic
- Church Street Dental Practice
- City Dental Practice Nottingham
- Codsall Dental Practice

- Community Dental Services CIC
- Nottinghamshire Special Care Hospital GA team
- Everysmile Leicester
- Helix House Orthodontics
- Hermitage Denta Practice
- Knighton Dental & Cosmetic Clinic
- Shiraz Endodontic Practice
- Skintique Beautiful Smiles
- Worcester Street Dental Practice

South East

- Adelaide House Dental Practice
- Ash Lane Dental Suite
- Billericay Dental Care
- The Briars Dental Centre Team
- Causeway & Blackhorse Way Dental Practice
- Cobbins Brook Smile Clinic
- Cuffley Smile Clinic
- Denbigh House Dental Practice
- The Dental Centre Chichester
- Harrow Smile Clinic
- Hydean Dental Practice
- Iconic Smiles
- Kalon Dental
- Kingston Dental Clinic
- Love Teeth Dental
- Mydentist Uxbridge
- Red Lodge Dental Surgery
- Staffa Lodge Smile Clinic
- Watford Smile Clinic
- Watford Smiles
- Wembley Dentistry & Orthodontics

London

- Apex Dental Care
- Balham Smile Clinic
- Denstudio
- Douglas Miller Dental Practice
- Hendon Dental
- Kings College Hospital Community Oral Health Promotion Team, London
- Serio Dental
- Siha Dental | Facial
- Ten Dental
- Wisdom Dental
- Woodhouse Dental Practice

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- Montrose Dental Care
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- Queen's Drive Dental
- St Andrews Dental Care
- Sunrise Dental Clinic

North East

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- Taylored Dental Care
- Vici Dental Leeds

North West

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South West and Wales

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'A big step forward'

This year's **Black Dental Network Excellence Conference 2025** shows why the group is only going to get bigger and better, writes Gaby Bissett

Gaby Bissett

Editor, Dentistry.co.uk



Taking place at The Lowry Hotel in Manchester on Saturday 5 April, the sun was beaming down on the city as I made my way to the Black Dental Network's Excellence Conference 2025.

But the rare early April sunshine had no bearing on the attendance of the day, which was packed with clinicians, from fresh graduates to experienced specialists. What stood out this year, however, was the jump in student numbers, all keen to throw themselves into the day's offerings.

For the first time, the conference was split into three parts – a morning of lectures, an afternoon of practical workshops and an evening gala of dancing, raffles and a celebration of Discover Dentistry 2025, part of the Black Dental Network's grassroots campaign.

Kicking off the day was Martin Wanendeya, an implant dentist with a focus on reconstructive and aesthetic dentistry. Presenting a case to the room, he had an on-stage expert panel discuss the case and the steps they would take to treat it.

As Martin said: 'What was really interesting was how the talk was structured. The panel gave their opinions, followed by a lot of discussion and questions from the audience. Only after that did I reveal what I had actually done in the case.'

'This was a really different way of engaging the audience, so that they felt that they were treating the case with me, rather than just listening to what I did. I think there are so many more learning points in this engagement.'

The same structure characterised the talk of aesthetic and cosmetic dentist Chris Orr, with delegates engaging with the case presented and the comments from the panel. This newly-introduced approach meant high audience engagement – provoking thoughtful questions, and encouraging variety and creativity in treatment planning multi-disciplinary cases.

The audience interaction did not go unnoticed. Jessica Onwubiko, a third-year dental student at the University of Manchester, said: 'I was honoured to be a student ambassador for the BDN conference 2025. From start to finish, the event was an inspiring celebration of excellence, diversity, and community within the dental profession. I particularly enjoyed the panellists' discussions on cases that nicely linked to my dental studies at university.'

'It was a successful and educational weekend and I can't wait to see what they have in store for next time.'

The morning also saw some relevant presentations from key sponsors, headlined by Bupa Dental Care as the platinum sponsor. Bupa's talk on the vital 'mouth-body connection' reinforced the idea of holistic, connected care



and set a strong tone for the day. The session also featured engaging contributions from 32co, which explored why collaboration is the future of dentistry, and Kiroku, which delved into the transformative use of AI in the field.

After a buffet lunch, the afternoon kicked off with a series of workshops, of which delegates had to choose in advance of the conference. From ridge and socket preservation facilitated by Azim Malik of Edudent Academy to the piezo technique led by Faye Donald and EMS, there was a range of breakout rooms for attendees to choose from. This move towards an afternoon of practical sessions – with a limited number of attendees in each – made the day stand out as a conference with room for individualised instruction.

The spirit of connection

While the conference wrapped up at 5pm, the delegates still had a night of celebrations ahead of them at the group's gala evening. With welcome drinks, a three-course meal, raffle and DJ, it was the perfect opportunity for the group to unwind and continue the day's conversations into the evening.

Joe Lovett, owner of Catalyst Sales and Marketing, said: 'Events like this are really, really important. Why? Because Black dentists make up around 1% of all dentists in the UK, certainly less than 2%.'

'For young Black students, they don't necessarily see dentistry as a viable career option because they don't always get to see representation. When they go to the dentist, it's often a white or Asian practitioner. The Black Dental Network is not only empowering its members, they are also empowering generations of people to see dentistry as a career option.'

T'd also add that there seems to be a

misconception that this event is just for Black dentists. There's lots of people here from all different backgrounds and parts of the UK because, ultimately, it's a really good place to learn, network and connect. And to top that off, you have fun in the evening too. It's such a positive to be a part of it.'

Dr Dammy Awe, the BDN executive chair, said: 'Beyond the educational content, what stood out most was the spirit of connection. BDN Excellence Conference is about more than CPD hours, it's about building a supportive and genuine dental community. This was on full display throughout the day, with spontaneous conversations, networking, and plenty of laughter filling every break. In fact, it was a challenge to get delegates back into the sessions; a problem we were more than happy to have!'

'A personal highlight was hearing from school leavers who attended our Discover Dentistry Grassroots event earlier this year. Their stories of how BDN has helped inspire their pursuit of a career in dentistry was heart warming.'

Having attended last year's conference too, it is clear the group is keen to evolve, grow and deliver for its members. The hands-on, practical sessions were evidence of its ability to understand how to maximise the clinical benefits for the day's delegates and consider how the conference can continue to bring value in an ever-changing dental landscape.

Dammy added: 'We'll continue to grow the network, build on this year's success, and explore smaller regional events to keep momentum and engagement going throughout the year. The future is bright and this is just the beginning!'

With the buzz of excitement never dropping in the room, for me, the conference marks a big step forward for the Black Dental Network. Looking ahead, I see it only gaining momentum. **D**

Walk & Talk 4 Dentistry

Mental health should be on your radar, says **Justin Leigh**

Justin Leigh
Founder, Focus4growth



How's your team really doing? That might feel like a confronting question to start with – but it's one that's too important to ignore.

As you read this, you'll be deep into the day-to-day reality of practice life. Clinical targets. Financial pressures. Staff changes. Patient needs. It never stops. And yet, as May marks both National Mental Health Awareness Month and National Walking Month, this is the perfect opportunity to take a breath – and take stock. Because your team's wellbeing isn't a 'nice to have', it's the foundation of a thriving, high-performing practice.

Why I'm writing this

I'm not a dentist or a practice manager. But I've worked closely with dental teams for years – coaching leaders, developing sales capability, and helping practice teams grow sustainably.

Outside of dentistry, I'm the founder of Walk & Talk 4 Men in St Neots, Cambridgeshire – an initiative that's been running for more than four years, providing safe, supportive spaces for men to connect, talk, and look after their mental health.

What started as a small group has grown into a thriving community, offering preventive support that has genuinely changed – and in some cases, saved – lives. So, when I saw how many people in the dental profession face similar pressures and isolation, it became clear: There's an urgent need to create more space for conversations in practices too. That's what led to Walk & Talk 4 Dentistry – a movement that brings the power of walking and talking into your teams, encouraging you to prioritise connection and wellbeing.

Your challenge

You know better than anyone how demanding practice life can be. Whether you're the principal, the manager, or part of the clinical team, you're often juggling high expectations, limited time, and constant decisions.

The people in your practice are likely under more pressure than they're letting on. Many push through, fearing judgment or feeling there's no time to talk. That's when issues fester, morale drops, and burnout starts to creep in.

So here's your challenge for May: Get your team outside. Go for a walk. Start a conversation. It doesn't need to be serious – it just needs to be real.

And if you're inspired to take it further, connect with others in the Walk & Talk 4 Dentistry community. You're not alone. Let's build something that lasts, together. Because when your people feel their best, they give their best, and that's the kind of practice where everyone thrives.

Start small – create big change

Supporting mental health isn't about slowing down – it's about setting your team up to perform at their best.

When people feel heard, valued, and supported, they contribute more. They collaborate better. They make better decisions. They bring energy into the room, not stress.

A simple walk together at lunch, a morning huddle that includes a mental check-in, or a monthly team 'walk and talk' session can be transformative. It's not about grand gestures – it's about showing your team that they matter.

You don't need to overhaul your entire culture overnight. Just start. Ask someone how they're doing – and really listen. Encourage breaks. Share your own challenges. Lead by example.

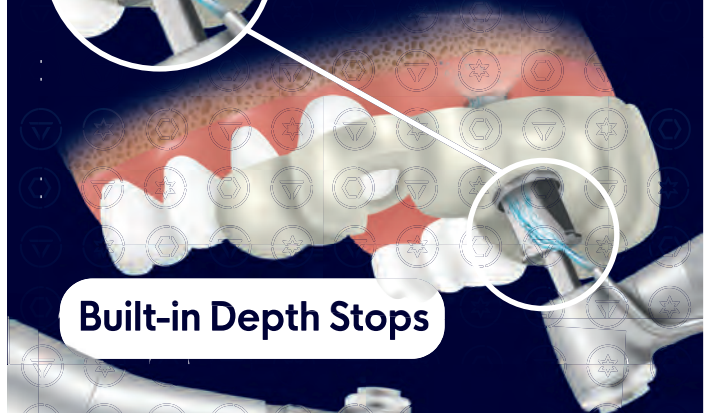
The benefits are more than anecdotal. Teams that invest in wellbeing see better retention, stronger performance, fewer sick days, and deeper team engagement. It's also one of the most authentic ways to build trust in your leadership. **D**

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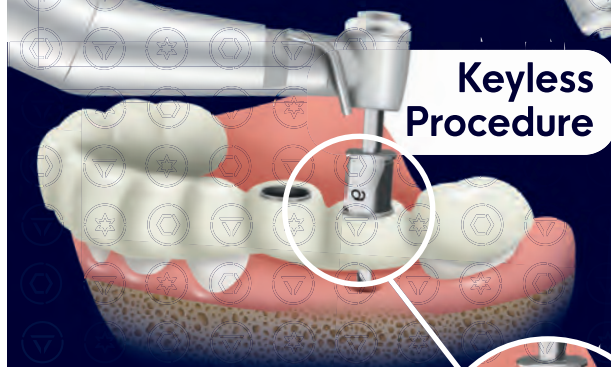
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How can we prepare the next generation?

Rowan Thomas reports back from a Dental Leadership Network meeting on the next generation of dental professionals and how best to train them

Rowan Thomas

Sub-editor, *Dentistry*



Convened by the General Dental Council (GDC), the Dental Leadership Network (DLN) met on 25 March 2025 to discuss the expectations, development and career of a new generation of dental professionals. The day featured a series of lectures, panels and networking sessions centred around trainee and newly qualified professionals.

Community-based training

One theme that recurred throughout the day's discussions was the value of community-based training, both for dental education and for improving local dental access.

Ewen McColl, head of the University of Plymouth's Peninsula Dental School, explained how his institution was utilising community-based care to train future professionals. He described this approach as a 'symbiosis', benefitting the community and the students alike.

King's College clinical tutor Roshni Karia corroborated the need for hands-on training. She said: 'The expectations of younger registrants haven't changed. They want to have capability, which is different from competence because it includes experience – we need to provide this.'

Mentoring

Another important tool for dental education identified by the speakers was mentoring. Dentist and GDC clinical advisor Mabel Saw explained that tennis professionals employ coaches and mentors, not because they are struggling, but because they want to be pushed further. She suggested that dental professionals should apply a similar approach, utilising mentorship to get the best out of young professionals at the top of their game. Postgraduate dental dean Brid Hendron agreed with this stance. She said: 'Feedback and appraisal is challenging but so important in these early years.'

However, orthodontic therapist Mel O'Keefe made the point that the benefits of mentorship must be clear for trainers as well as trainees. She



said: 'Mentoring is huge. Mentors need to know what the mentee wants and how it will benefit the practice in the long run.'

Beyond clinical competence

Ewen McColl shared some elements of dental education that go beyond clinical skills with delegates. For example, the foundational understanding of scope of practice and teamwork that is established in the first year of a BDS.

However Roshni Karia pointed out the lack of business skills taught in dental school. She said: 'The sad reality is that while we are healthcare professionals, dentists are running businesses. I would say that we need to prepare trainees for that.' Many of the event's attendees agreed that dental education does not go far enough in teaching soft skills beyond clinical competence. Brid Hendron explained the importance of skills such as communication and complaints handling – 'all the things that might not be considered dentistry but are fundamental to working in the profession'.

Catherine Rutland, clinical director at Denplan, felt that these 'soft' skills are actually the hardest to learn and teach.

Attracting the right workers

Roshni Karia suggested that dental admissions processes may not be selecting students with an aptitude for these soft skills. She asked: 'Have the school leavers with the best grades got communication skills and emotional intelligence?'

The discussion then turned to how the right people can be attracted to work in dentistry.

Kate Kerslake, chief executive of the National Examining Board for Dental Nurses (NEBDN), stressed the need to make school leavers aware of career pathways within dentistry. She said: 'We need to spread the word beyond this room. Many children don't know the opportunities that exist in dentistry.'



However, chief dental officer for Scotland Tom Ferris said he was 'perplexed' by the implication that dentistry was not already attracting the right people. He continued: 'It sounds like the dental students are really engaged, so I think we do have the right people.'

Aesthetics vs healthcare

One concern that reoccurred was whether today's early-career dental professionals prioritise aesthetics over healthcare in dentistry. Manish Prasad, clinical director at Mydentist, said: 'I see more and more young professionals discussing composite bonding with less of a focus on health. Ultimately, they do run into issues.'

However Ben Atkins, past president of the Oral Health Foundation, suggested that 'health might mean something different to different generations'. He continued: 'What does healthy actually look like? Perhaps the answer is in redefining what good looks like.'

Roshni Karia concluded: 'Aesthetics is a part of health. Fundamentally we need to put dentistry back into the whole of healthcare. Graduates want to have a stable career with earning potential and they see that in aesthetics.'

Reflection

A criticism of previous Dental Leadership Network meetings has been that little concrete action takes place as a result of the discussions.

In response to these concerns, the most recent event featured a 'key takeaways' session, designed to help the leaders reflect on the day and choose actions to take forward.

Suggested actions included defining success, writing to public health consultants or the chief dental officer for England concerns raised, and bringing stakeholders together to create a plan.

Many of the attendees hold positions of significant power in dentistry and are well placed to instigate change. **D**





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 **COLTENE**

'I feel betrayed and confused'

This month, **Sarah McKimm** responds to a reader struggling with a patient complaint and offers practical steps to manage the mental toll

THE SCENARIO

I've just received notification from the GDC that a patient has submitted a complaint about their orthodontic treatment.

What's frustrating is that the patient had voiced some concerns during one of our appointments. We sat down, discussed everything thoroughly, and I genuinely thought we'd cleared the air. They left seeming reassured, leaving me with the impression that the matter was resolved.

I can't help but feel betrayed and confused. Professionally, I know I've acted appropriately and followed all protocols. Even so, I can't stop thinking about it. My confidence has taken a hit, and it's started to affect my mental health. I'm finding myself questioning my clinical decisions. Please help me find perspective!

Dear reader,

I can only imagine how getting that notification from the GDC must have been for you when it landed. Even when you know you've done everything right and acted in the patient's best interests, a complaint like this still has the power to knock even the most confident clinician off their feet. It's especially tough when you've had an open, honest conversation with a patient, believe you handled it in the best way possible, and then find out they've still felt the need to make a formal complaint. You thought you'd both walked away from that appointment on the same page – so of course this has left you feeling blindsided. That sense of being 'betrayed' isn't an overreaction at all. It's a completely normal human response to a situation like this.

You've already shown integrity and professionalism by sitting down with your patient, listening to their concerns, and giving them time and space to talk things through. That's exactly what the GDC expects under Principle 1: Put patients' interests first and Standard 4.1: Communicate effectively. It's important to remember that doing your best doesn't always prevent a complaint. Unfortunately, even when you feel like you ticked all the right boxes you can't control how the patient feels once they've stepped away from the dental surgery.

Dentistry isn't just technical – it's personal. You invest so much of yourself into patient care, and when something like this happens, it can feel like not just your work, but your

character is being questioned. The fact that it's started to chip away at your confidence is understandable, and you are far from alone in feeling this way.

Steps you can take

Your confidence and self-belief have taken a hit and it's important to pause and ground yourself. When it comes to managing the mental toll, a few things might help you steady the ship:

1. Challenge the inner critic

Write down the thoughts that keep going around in your head – putting pen to paper can help find clarity. What if you can reframe this as a signal? Not that you failed but something about the patient experience didn't land how it needed to. The complaint may be more about the patients' unmet emotional needs than your clinical competence. If this is true then it shifts 'what did I do wrong' to 'what need wasn't understood or met?' Invite curiosity over self-judgement.

2. Grounding techniques

Anxiety pulls the brain into the past or future – bring yourself back to the here and now. Techniques like slow, deep breathing or the 5-4-3-2-1 grounding exercise (naming things you can see, hear, touch, smell, and taste) can break the cycle of rumination.

3. Professional reflection

Remind yourself of the good work you've done across your career. Make a list of patient feedback, compliments, even small moments where you made a difference. Reflect on what happened and how it aligns with GDC standards and ensure you have thorough records. Your confidence isn't gone, it's just shadowed right now by this one complaint.

4. Reach out

You don't have to sit with this on your own. Seeking support from a counsellor with an understanding of the pressures and workplace cultures of dentistry can provide a safe non-judgemental space to talk through these difficult feelings in confidence. Trusted colleagues, your dental defence organisation, and your practice's employee assistance programme (EAP) can offer practical advice and additional emotional support. Would it be helpful to check in with the nurse who was present during that appointment? Sometimes another set of eyes and ears can provide reassurance or offer insight into

how the conversation came across from a patient's point of view. Having that shared understanding can help you feel less alone in it.

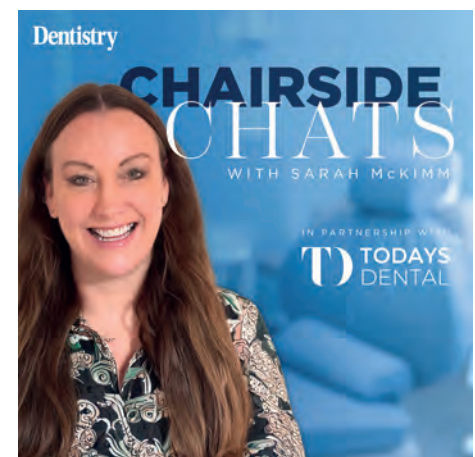
5. Nourish the person, not just the professional

Don't underestimate the power of stepping out of 'dentist mode' and into 'you mode'. Time with supportive friends, laughter, fresh air, getting outdoors, and exercise can create space for your mind to breathe. In times of stress, these simple human comforts can be as valuable as any clinical advice especially when you're feeling fragile.

Turning point

Some of the most self-aware, empathic practitioners I know didn't get that way from the easy years – they grew through exactly this kind of moment. If this experience deepens your empathy, your clarity, or your boundaries, it's not just a wound – it's a turning point.

Take gentle care, Sarah. **D**



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The power of belonging

Stevie Potter shares how a sense of belonging can make all the difference to career satisfaction and overall wellbeing in dentistry

Stevie Potter

Dentist, Bupa Dental Care Taunton



Whether on the track, in the dental surgery, or sharing her views on social media to motivate others, it's clear that Stevie Potter is passionate about the power of communities. As part of Bupa's Holistic Health series, we spoke to the dentist, entrepreneur and top triathlete.

Dentistry is a deeply rewarding career, but it also has the potential to feel isolating at times. For Stevie, this feeling was all too familiar. 'Before joining Bupa, I worked in a small independent practice, and like many clinicians, I worked hard to fit everyone else's definition of success in the profession, moving from one appointment to the next, with little time to connect with others beyond the immediate team.'

Over time, this lack of connection led to a sense of stagnation and even questioning her place in the profession. 'I found myself losing motivation. People around me were focused on achieving UDAs and had a "work hard, play hard" mentality, but I didn't feel like I was going anywhere.'

'I felt stuck in a box, not knowing how to grow personally or professionally.'

That changed when she joined Bupa. The opportunity to connect with a broader network of professionals – especially during a recent conference where over 1,000 clinicians came together – helped her rediscover her passion for dentistry. 'It showed me that dentistry isn't just about working as a self-employed associate in a surgery. We can actually contribute to something much bigger.'

Stevie's experience highlights that a sense of belonging can make all the difference to career satisfaction and overall wellbeing.

Why belonging matters

A strong sense of belonging in the workplace isn't just about feeling welcome – it benefits mental health, boosts motivation and supports professional growth. Studies in workplace psychology have shown that employees who feel connected to their team experience:

- Lower stress levels – feeling isolated can lead to higher cortisol (stress hormone) levels, whereas strong social connections act as a positive buffer against workplace stress



- Greater job satisfaction – clinicians who feel valued and supported are more engaged in their work and more likely to stay in the profession long-term
- Increased resilience – facing challenges as part of a team helps individuals feel less overwhelmed and more confident in problem-solving
- Better professional development – exposure to different perspectives and shared experiences fosters learning and growth, making dentistry feel less like a solo endeavour and more like a collaborative effort.

Creating connections

Building connections – even in small ways – can have a big impact. Here are some practical ways to improve connections:

1. Seek out professional networks

Being part of a wider organisation can provide a sense of shared purpose. Whether attending conferences, joining mentorship programs, or simply engaging in group discussions, connecting with like-minded professionals far and wide helps remind you that you're not alone in your experiences.

2. Reach out to colleagues – clinical and non-clinical

Support doesn't just come from other dentists. Practice managers, dental nurses, receptionists and even non-clinical

colleagues can offer valuable perspectives and encouragement. A simple conversation can spark new ideas and provide reassurance – even a quick chat can be invaluable.

3. Share and listen

One of the biggest frustrations many dentists face is feeling unheard. Actively engaging with peers, sharing experiences and listening to others fosters a culture of support and helps break this cycle.

4. Embrace different perspectives

Working in a collaborative environment – whether within a larger dental organisation or a well-connected independent practice – opens doors to diverse approaches in dentistry and healthcare overall. This can reinvigorate passion for the profession and help individuals find a career path that aligns with their values.

If you're feeling isolated, remember support is often closer than you think. Sometimes, all it takes is a conversation to remind you that you're part of something bigger. **D**

Stevie is a dentist at Bupa Dental Care Taunton. She's also a top triathlete and entrepreneur who is passionate about how Bupa Dental Care has supported her along the way. For more information on careers at Bupa, you can visit jobs.bupadentalcare.co.uk.

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Celebrating the invaluable contributions of hygienists and therapists

Dentistry is delighted to celebrate National Dental Hygienist and Dental Therapist Day for its second year

Last year, *Dentistry* announced the launch of a new national celebration: National Dental Hygienist and Dental Therapist Day, held annually on 1 May.

Created in association with the British Association of Dental Therapists (BADT), the British Society of Dental Hygiene and Therapy (BSDHT), and the Irish Dental Hygienists' Association (IDHA), the date marks the anniversary of the introduction of direct access legislation on 1 May 2013 – a major turning point for hygienists and therapists.

This occasion is a reminder of how far we've come and the work still ahead

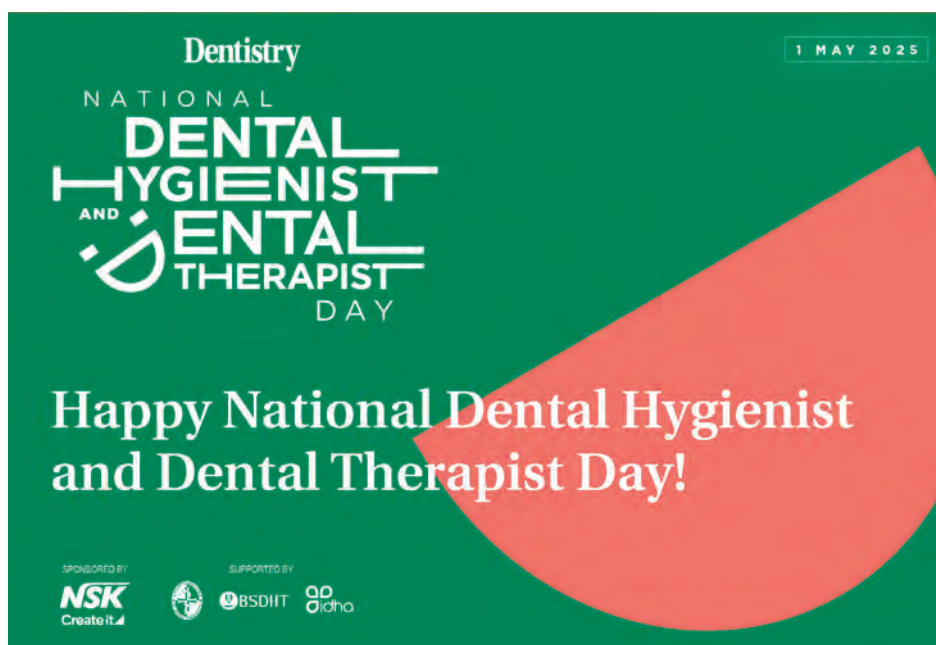
To honour this milestone and celebrate these pivotal roles, we partnered with NSK to run a campaign throughout April on Dentistry.co.uk, culminating on 1 May. The campaign spotlighted the incredible work these professionals do every day through a series of articles, from inspiring stories to expert insights.

In this issue of *Dentistry* magazine, we're delighted to bring a selection of those pieces to print. Join us in celebrating the skill and dedication of these unsung heroes of oral health! **D**

Joanne Bowles, BADT chair

'On National Dental Hygienist and Dental Therapist Day, the BADT celebrates and thanks our dedicated professionals who play a vital role in promoting and maintaining oral health and general wellbeing. Their expertise and unwavering commitment to patient care is truly commendable and their contributions are invaluable.'

'Celebrating this day brings us together as a profession and gives us the opportunity to raise public awareness of the roles we have within the dental team as well as the importance of good oral health. It is a day for dental hygienists and dental therapists to reflect, share experiences, support one another and recognise the hard work undertaken.'



Rhiannon Jones, BSDHT president

'Today is an opportunity to recognise the vital role that dental hygienists and dental therapists play in keeping mouths healthy, preventing disease, and improving lives. Every day, we provide hands-on, patient-centred care, ensuring prevention remains at the heart of dentistry. Beyond the clinic, we are educators, advocates and leaders. We raise awareness, drive change, and help communities achieve better oral and overall health.'

'With direct access, the exemptions that allow dental hygienists and dental therapists to administer and supply prescription only medicines, and the evolving skill mix in NHS dentistry, we're shaping a more efficient, prevention-led system. Working to our full scope of practice and integrating into primary care means fewer unnecessary treatments, reduced pressure on NHS services, and improved long-term outcomes.'

'This occasion is a reminder of how far we've come and the work still ahead. We must strengthen our profession's voice, inspire the next generation, and ensure oral health is valued, accessible, and prioritised for all.'

Sviatlana Anishchuk, IDHA president

'We are delighted to celebrate another year dedicated to the incredible profession of dental hygiene. This day is not only a time for recognition, but also an opportunity to reflect on how much we have achieved as a profession and how much more we still strive to accomplish!'

'The journey has not been without its challenges. The road remains rocky, and once again, we take this moment to remind everyone that oral health is an essential part of overall wellbeing. As dental hygienists, we are on the front lines, working directly with the public to prevent oral diseases, and improve quality of life.'

'Through our dedication and persistence, we continue to make a meaningful impact on the health of our communities.'



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Unlocking the power of therapy-led care

Claire Bennett discusses the advantages and learning opportunities that come with integrating a therapy-led model into practice

Claire Bennett

Dental therapist, BSDHT honorary treasurer



As the dental profession moves away from a traditional dentist-led approach, a growing number of practices are recognising the benefits of making full use of dental therapists within their scope of practice.

This shift not only improves efficiency and enhances patient care, but also creates a more sustainable model for the future. Claire's own experience reflects this transformation, illustrating why such an evolution is increasingly valuable for modern dentistry.

What is a therapy-led approach?

A therapy-led approach places dental therapists at the forefront of patient care, enabling them to carry out examinations, diagnoses, treatment planning and restorative work within their full scope of practice. Crucially, this model is not about working in isolation, but rather thriving in a well-structured team environment where each professional plays to their strengths.

'In my practice, referrals are seamless,' explains Claire. 'I refer complex periodontal disease cases to a dentist with a special interest in periodontics, who can then refer implant cases to a dental implant surgeon. The implant surgeon, in turn, works closely with an oral surgeon. This team-led approach eliminates delays, ensuring patients receive the right treatment at the right time in a familiar setting.'

This collaborative structure extends beyond clinicians. Dental nurses, for example, can

be trained to take X-rays and intraoral scans under the prescription of the dentist, allowing clinicians to access vital diagnostic information without unnecessary delays. By leveraging the full capabilities of every team member, patient care becomes not only more efficient but also more effective.

Overcoming resistance

Despite its advantages, the transition to a therapy-led model is not without challenges. One of the biggest hurdles is internal resistance within the profession, often stemming from outdated perceptions of what dental therapists can and cannot do.

'There is still a lack of understanding about our scope of practice,' says Claire. 'This can result in therapists being booked for cases beyond their remit, such as emergency patients requiring treatment we are not qualified to provide. These situations create delays for patients and disrupt practice workflows.'

Similarly, poor triaging at reception can lead to inefficiencies. Patients requiring denture-related treatment, for instance, may be incorrectly booked with a dental therapist instead of a dentist, causing unnecessary reappointments.

The key to success lies in structured booking systems, clear communication, and ensuring that all team members – including administrative staff – fully understand the roles and capabilities of each clinician.

'The resistance we see towards dental therapists today is the same as we once saw towards dental hygienists,' Claire notes. 'Now, dental hygienists are an integral part of modern dental care. The lesson here is that our own

perceptions hold us back, not patient needs or abilities.'

Enhancing patient access

One of the strongest arguments for a therapy-led approach is its ability to improve patient accessibility and preventive care.

By allowing dental therapists to take on routine restorative work, hygiene treatment, and patient education within their scope of practice, dentists are freed up to focus on complex cases and advanced procedures. This ensures that every clinician is working to their strengths while making dental care more accessible to a broader population.

'There are talented dental therapists, just as there are talented dentists,' Claire points out. 'The key is placing the right professional in the right role at the right time, for the benefit of the patient.'

This model also fosters stronger patient engagement. Research shows that when patients receive education and preventive treatments from the entire dental team – not just the dentist – they are more likely to adopt positive oral health habits and accept recommended treatment.

'We've seen higher treatment acceptance for minimally invasive dentistry, improved patient education and stronger trust in the dental team,' she adds. 'Patients don't care about titles. They care about trust and quality care.'

Looking ahead

The future of dentistry lies in a fully integrated, team-led approach where every professional is empowered to work to their full potential. By shifting towards a therapy-led model, the profession can not only improve patient care but also build a stronger, more resilient workforce.

'The future is not dentist-led, it's team-led,' says Claire. 'By embracing the full potential of every dental professional, we can improve outcomes, reduce pressure on the workforce, and create a more sustainable, accessible and prevention-focused profession.'

National Dental Hygienist and Dental Therapist Day is celebrated on 1 May 2025. Now is the time to recognise and celebrate the vital contributions of dental hygienists and dental therapists. Their role is not just to support dentistry but also to help shape its future. **D**

Benefits for practices and the profession

For practice owners considering a shift towards a therapy-led model, the benefits are clear:

- Improved efficiency – reducing patient waiting times and optimising appointment scheduling
- Better patient outcomes – a stronger focus on prevention leads to reduced dental disease and long-term costs
- Increased practice profitability – more efficient workflows allow for better use of resources, increasing revenue potential
- Stronger teamwork – a collaborative approach reduces stress, prevents burnout and improves job satisfaction across the team.



Find out more about the British Society of Dental Hygiene and Therapy at www.bsdht.org.uk.

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Dental therapists are the future of dentistry – and here's why

Lorena Pivoda shares her thoughts on the future of dentistry – and why dental therapists are crucial to its success

Lorena Pivoda

Dental therapist and hygienist



Over the recent years I feel that the opportunities for dental therapists have become more readily available. With the overall increase in demand for dental treatment since the pandemic and the NHS being overwhelmed with ever-increasing waiting times, having a dental therapist within the dental team would help to support patients and clinicians by sharing the workload.

There has been more awareness of dental therapists and their scope of practice lately. Earlier this year leading dental clinicians were speaking publicly on BBC news about the issues with the NHS dental contract and how the backlog can be alleviated. There were discussions about how dental therapists work and their ability to help to provide a better quality and more efficient dental service within the NHS.

Dental therapists are essential to the future of dentistry, addressing several key challenges in the field. One of the most pressing issues is the limited availability of NHS appointments, particularly for the new patients seeking access to dental services. By having dental therapists available in the practices, they can conduct examinations and provide treatment under direct access within their scope of practice, helping to alleviate some of the strain on the system.

On a personal note, I have found great fulfilment in working with children through the Dental Wellness Trust, delivering oral health education and prevention programmes in schools. This hands-on involvement not only promotes effective toothbrushing but also allows dental therapists to identify early signs of both dental and non-dental issues.

By having dental therapists available in the practices, they can conduct examinations and provide treatment under direct access within their scope of practice, helping to alleviate some of the strain on the system

Increase patient intake

Beyond individual patient care, dental therapists have the potential to shape the future of dental education – whether in schools, universities, or community settings – ensuring the next generation of therapists is well-equipped to meet evolving needs.

In recent years, the role of dental therapists has gained increasing recognition and respect within the dental profession. A skilled and motivated dental therapist, confident in their ability to work within their scope, is a valuable asset to any dental team. When supported by a well-rounded portfolio, a dental therapist is not only more likely to receive treatment referrals from colleagues but also to inspire greater trust among patients, making them more inclined to book appointments directly.

Furthermore, winning industry awards not only highlights your expertise as a highly trained dental therapist, but also reinforces your credibility in providing high-quality care. It demonstrates to both colleagues and patients that you are trusted to handle a broad range of treatments with excellence.

For practice owners, integrating a dental therapist into the team can significantly benefit the practice's growth. A dental therapist can help increase patient intake and retention, streamline workflows by taking on routine tasks, and allow the dentist to focus on more complex procedures such as prosthodontics.

This results in both time saving and more efficient allocation of resources, ultimately contributing to the practice's bottom line. Additionally, dental therapists can provide valuable support in maintaining a well-rounded, patient-centred approach, offering both preventive care and treatment within their scope.

For instance, when patients come in for a routine hygiene appointment and have composite bonding, maintenance polishing can be performed to help preserve the fresh appearance and extend the longevity of the bonding. This comprehensive approach not only improves patient satisfaction but also enhances the overall success of the practice.

Another area where dental therapists can be utilised is in smile design. They can assist with trial smiles and use temporary materials within scope of practice. I would like to reach out to the societies of dental therapists to better understand the scope of work, particularly in relation to modern technologies such as CEREC (Chairside Economical Restoration of Esthetic Ceramics).

Looking at modern-day dentistry, which is continually evolving with the advancement

of technology, I see the future of dental therapists integrating tools like the Itero scanner into routine examinations and hygiene appointments. I am fortunate to work alongside supportive dental clinics and mentors who recognise the value of a dental therapist's contribution. With the Itero scanner, I can show patients a clear, visual representation of their oral health, helping them better understand their condition and the necessary steps for improvement.

'Truly rewarding'

Dental therapy and hygiene is a truly rewarding career. Personally, I find great satisfaction in seeing patients return or request to be seen exclusively by me. I value the teamwork that develops between myself and my patients, especially after hygiene or gum treatments, when they actively engage with the oral health aids I recommend and achieve exceptional results.

I also enjoy helping patients who haven't had a dental appointment in years, taking a slow and steady approach to ease them into care and help them acclimatise to the dental environment.

Another aspect of my work I find fulfilling is restorative dentistry. I appreciate the process, from assessing the cavity to working with the composite materials.

I particularly enjoy the stages of cavity preparation, using tools like the Kuraray's pink Caries Detector and the sandblaster, which allows me to provide conservative dentistry while ensuring the best outcomes for my patients.

Winning multiple dental awards has further strengthened my confidence and solidified my sense of purpose as a clinician. These achievements have inspired me to continue aligning my passion for dentistry with my professional growth, motivating me to strive for excellence in my practice. I am deeply humbled and grateful to everyone for the recognition and the milestones I've reached in my career journey.

Looking ahead, I am excited not only about my own future but also about the promising path that lies ahead for dental therapists. **D**

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

For more information on all of our awards, visit www.dentistry.co.uk/awards.

Life at the coalface

Dave Martin reflects on the decades-long journey of dental therapists in the NHS and the barriers they continue to face today

Dave Martin
Dental therapist



It was 1963 when campaigning first started for the dental therapy profession. Progression has been made from that time, with the first positive step in 1964 when it was decided that a dentist did not need to be on the premises while a dental therapist was working.

Dental therapists at that time were restricted by remit (not scope as it is today) and could only work in a hospital or community dental setting. They were restricted clinically and not permitted to administer inferior dental nerve blocks or treat the pulp in the deciduous dentition.

The General Dental Council (GDC) rejected the addition of ID blocks to the remit as far back as 1979 – it took a whopping 20 years for this to change.

Fast forward to 2001, dental therapists were permitted to treat patients in a general dental practice setting, or rather those practices that were contracted as a personal dental service. One year later, dental therapists were allowed to work in any general dental practice – whether private or NHS.

Dental therapy in general practice

Dental therapists did not rush to work in general practice, with most staying put in a hospital or community dental setting, presumably fearful that they could not work to the demands of the NHS system, but also secure in the fact they had a fixed salary without the pressures of a fee per item system.

The migration of dental therapists into general practice took years, with the addition of a dental therapist into teams being plagued with misconceptions. A prominent misconception at that time was that dental therapists could only treat children and that they were not trained to provide periodontal care. In fact, many had undertaken additional training to allow them to treat periodontal diseases and they had always been allowed to treat both adults and children.

My NHS journey

My NHS journey started in 2001. I had been working for the NHS as a dental hygienist for four years with a contract that was fee per item. I was really fortunate to graduate as a therapist when we were first permitted to work in general practice, so I took the bull by the horns and started using my restorative and exodontia skills.

Sadly, very few restorations were referred as the dentists I worked alongside had no real clue how to utilise my new skills, and there was also a reluctance to refer. Money was undoubtedly a factor, and I was told: 'You will be taking away my bread and butter.'

This was coupled with the belief that a dental therapist could not provide treatment to the same standard because 'you don't have a degree'. Ignorance was rife around the profession, but it improved – albeit at a snail's pace.

Pressure, progress, pushback

Fast forward 24 years, I'd take a guesstimate that I have restored more than 50,000 teeth. I have joined many dental teams in that time, some excellent, but many questionable.

I am left with an overwhelming sense that financial gain is the motivation for most practice owners, and that mixing healthcare with a target driven system is questionable on many levels. I have, however, always placed my sole attention to the care I provide and not the money I make.

The workload is most definitely intense and very much dependent on the dentist referring. I could certainly write a chapter of a book on how not to refer to a dental therapist. Financial and contractual pressures recently seemed to have magnified, and it definitely feels more about delivering a contract.

Now restrictions have been lifted even further, allowing therapists to open an NHS course of treatment and to supply and administer certain medicines, though it will take some time for all training providers to catch up with equipping new graduates to be able to work more independently.

Shaping the future

The future of NHS care could be positive, but it really requires a full appreciation of the skills each team member brings to the table.

It would also be great to see dental therapists having the opportunity to upskill and provide services with an extended scope of practice.

This could be similar to the scope of dental therapists in different countries where they are extracting permanent teeth, providing partial dentures and having a greater role in pain management.

The vision of therapists being integrated into most dental teams is fast becoming a reality... but the battle for equal rights continues. **D**



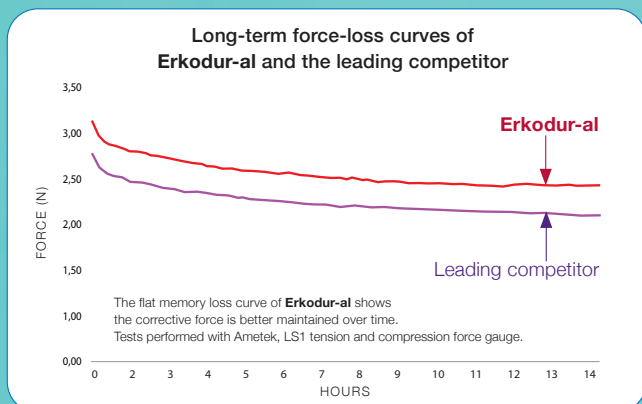
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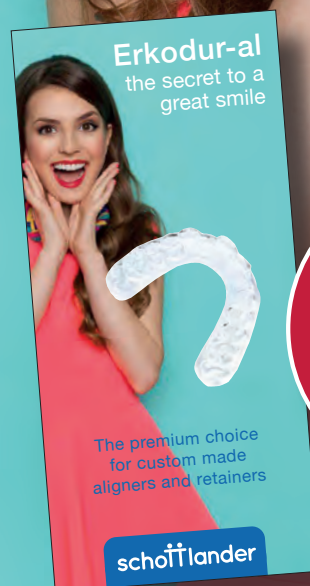
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Redefining the dental hygienist and therapist

Gaby Bissett speaks with **Caitlin Miller**, Bupa Dental Care's head of hygiene and therapy, who takes a look at the ever-evolving role and the crucial part it plays in dentistry

'I think hygienists and therapists are much more readily recognised for their vital role in delivering great patient care. We often see our patients more than the dentist, meaning we are in prime position to get a better understanding of the patient as a whole.'

For dental hygienist Caitlin Miller, the roles of dental hygienist and dental therapist have come a long way since she started her journey into dentistry.

'Traditionally, the "scale and polish" model is what would usually be associated with the role,' she says.

'They may have been tucked away in a smaller room down the practice corridor. Dental therapists were only working in community practice until not that long ago. As a result, they were not being properly utilised.'

'But now, while challenges remain, we are seeing dental hygienists and therapists train alongside dentists. Patient knowledge is changing too – they want to understand the

treatment more, they want to understand their health, they ask questions and they access online resources. All of this is contributing to a changing landscape.'

Changing language

Starting her journey as a dental nurse for her father, she decided to follow his footsteps and apply for dentistry at university. When she didn't get in, she describes only feeling relief. 'I knew then that being a dentist wasn't for me, but I did want to stay in dentistry,' she says.

'That was when I considered dental hygiene and therapy – three and a half years later, I finished with a BSc from the University of Portsmouth and have worked in a range of different settings – private, mixed, NHS – ever since.'

But in her first few years practising dental therapy, she describes coming up against 'a lot of barriers and challenges' – many of which she is helping to break down in her new role as Bupa



Dental Care's head of hygiene and therapy.

Appointed in March 2024 alongside a head of dental nursing, it is a first-of-its-kind role within the organisation. Balancing the job with two days a week in clinic, maintaining this in-practice presence was a non-negotiable for Bupa Dental Care when it came to recruiting for it.

'What is great about my role is that before it, there actually wasn't really any dedicated person looking after dental hygienists and therapists,' she says.

'When I started the role, something I heard a lot was that it was nice for dental hygienists and therapists to have someone there to look after their best interests – even if I hadn't actually done much yet! 'People felt the business had listened to them, which encourages loyalty and respect from the workforce.'

'Mark Allan, Bupa Dental Care's general manager, is continuously looking for ways to enhance the organisation and introducing thoughtful changes as a result.'

Caitlin also points out that language has a big part to play in shaping how dental hygienists and therapists are seen – both by the public and the wider team.

'The language is changing and that's

‘We consider the language that we use with the patients, the language we use with the team and the language in our notes and IT system. This is to show that dental hygienists and therapists are so much more than a scale and polish – we are an important part of the team.’

something I’m working really hard on. We consider the language that we use with the patients, the language we use with the team and the language in our notes and IT system. This is to show that dental hygienists and therapists are so much more than a scale and polish – we are an important part of the team.’

Embracing the future

Thursday 1 May marks National Dental Hygienist and Dental Therapist Day 2025, a chance to celebrate the achievements of the workforce – but also an opportunity to highlight areas for change.

‘I think the challenges faced by dental hygienists and dental therapists are a worldwide issue,’ she says.

‘Many other countries are also struggling to perfect the therapist model within practice and get peers to truly understand what dental therapists can do.

‘I also think when working in a number

of practices, it can be really hard for dental therapists and hygienists to connect.’

With a growing interest in holistic health, Caitlin has no doubt that the dental hygienist and therapist will continue to evolve.

‘I went to Portsmouth recently – where I studied – and at 9pm, there were more students in the gym than there were in the bar. Anecdotally, it’s an indication of where lots of young people’s priorities lie today,’ she says.

‘The growing conversations around the mouth-body connection means we are taking bigger leaps within dentistry as a whole. Bupa Dental Care, for example, is carrying out blood pressure testing in its dental practices because it recognises that holistic care is the future.’

Caitlin adds that dental teams are also in a prime position to pick up other conditions and diseases in patients.

‘The amount of times we have found cancer, diabetes, high blood pressure when a patient is in our chair is shocking,’ she says. **D**

Mark Allan, Bupa Dental Care general manager

‘Dental hygienists and therapists play an essential, holistic role in people’s care – not only supporting oral health but also contributing to overall wellbeing.

‘They are often the first point of contact for patients, offering preventive care, education, and reassurance. We’re proud to champion their work and ensure they are recognised as a vital part of the wider dental team.’



Grant Simleit, dental hygienist at Dental Confidence, Southampton

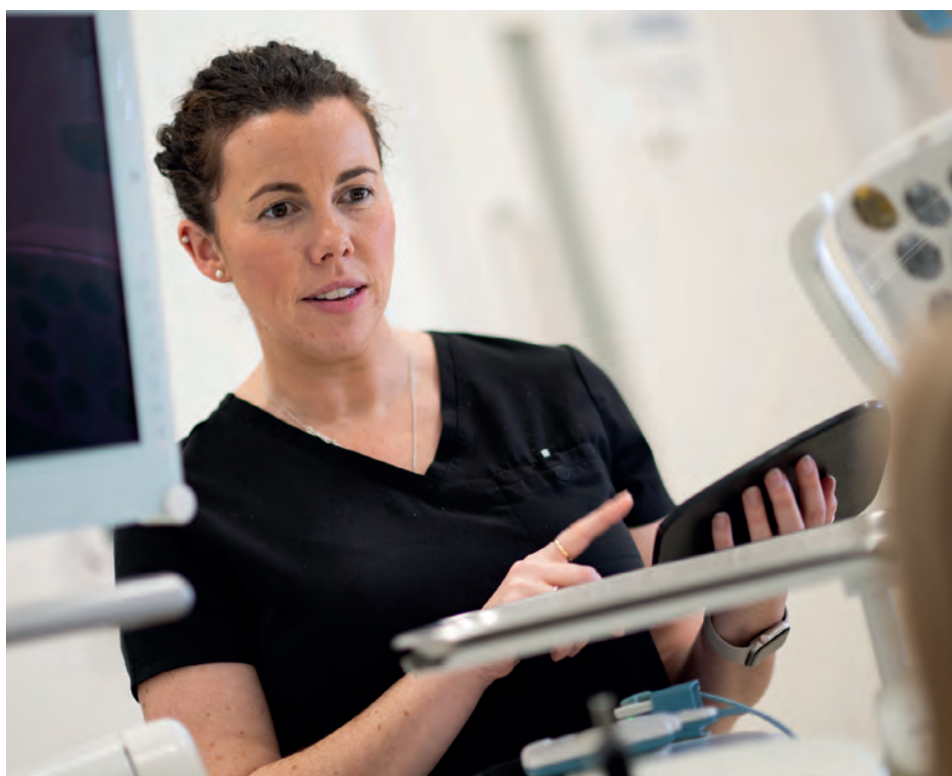
‘Dental hygienists and therapists play a critical role in the dental team. Because we see most patients far more frequently (thanks to shorter recall intervals for hygiene appointments), we’re often the first to notice any concerning changes in their oral health, which allows us to refer patients to the dentist when needed.

‘These regular visits help us establish strong relationships with patients, which builds trust and enables us to provide effective advice on plaque removal and oral hygiene. Shared care within the dental team ensures that patients receive comprehensive assessments, and it frees up the dentist’s time to focus on more complex procedures.

‘Dental therapists are also integral to the team, as they can perform restorations and other treatments for the whole family, leading to better management of the practice schedule and faster access to care.

‘With the growing demand for dental services and shortages of general dental practitioners, hygienists and therapists are essential in bridging the gap and improving access to care. Our role is critical in maintaining high-quality care and ensuring patients have timely access to treatment.’

Find out more by visiting jobs.bupadentalcare.co.uk.



Consent you can rely on

Revolutionising dental consent with clarity, confidence, and protection – meet **Dentistry Consent**

Whether it's miscommunication or simply misaligned expectations, the process of obtaining valid consent can be fraught with challenge.

But a new tool from the team behind *Dentistry* is planning to change all that.

Dentistry Consent is a digital platform designed to enhance clinical conversations, helping patients better understand their options while giving practices and clinicians peace of mind thanks to its secure, trackable documentation.

Patient-centred consent

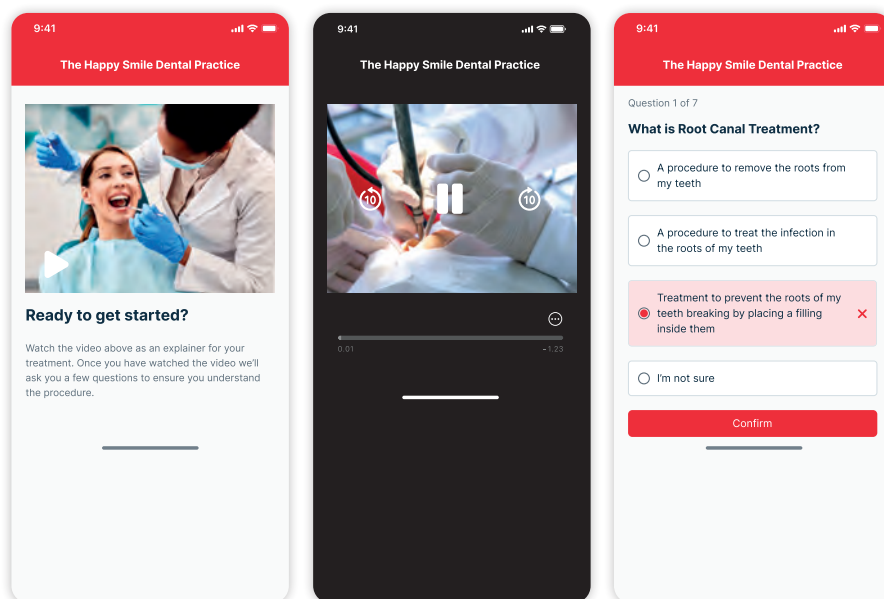
How confident are you that your patients fully understand the treatment they're consenting to?

It's a question that's becoming more pressing as dental claims rise – and increasingly, it's not poor treatment that's at fault, but poor communication. That's where Dentistry Consent steps in: a new platform that supports valid, informed patient consent by turning traditional paperwork into an ongoing, accessible, digital process with the patient at its heart.

Built by clinicians specifically for dental professionals, Dentistry Consent makes it easy to reinforce your in-practice conversations – ensuring patients comprehend the key risks, benefits, and options at their own pace, and providing you with a robust digital audit trail in the process.

Trust the process

The process begins as soon as you complete your patient consultation. Once your clinical discussion is complete, sending a personalised consent form from your dashboard is as simple as a click.



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The patient then receives:

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The clinician and practice get a clear, time-stamped record of the patient journey from information to understanding – giving you confidence that patients are not only consenting, but are genuinely informed.

Importantly, Dentistry Consent doesn't add another layer of admin – instead, it works with your existing processes to streamline and strengthen them.

Key benefits include:

- Support for valid consent – with tools that reinforce and record patient understanding
- Secure audit trails – for inspections, compliance and medico-legal protection
- Real-time tracking – instantly see who's viewed, responded or needs a nudge
- Fully customisable templates – adapt language and tone to suit your clinical style
- Mobile-friendly access – patients can watch and respond any time, anywhere.

Simplifying consent without cutting corners

Dentistry Consent doesn't replace clinical conversations – it supports them, bringing clarity, structure and transparency to the process. And it's already being welcomed by

Dentistry Consent doesn't replace clinical conversations – it supports them

forward-thinking practices across the UK.

Gary Dickenson, CEO of Cfast and Smile Fast, says: 'It puts the onus on the patient and proves that the patient has understood all the different aspects of the treatment, the risks and the benefits.'

Implant dentist Dr Julian Perry calls it 'a brilliant concept', adding: 'Dentists need to be embracing digital consent.'

Whether you're an associate dentist, a practice manager, or leading a group of clinics, Dentistry Consent is designed to give users confidence at every stage – and help patients feel more secure in their treatment too. **D**

Why choose Dentistry Consent?

- Short, clear videos explain treatment options and risks in plain English
- Questions test patient understanding before they consent
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- Secure, time-stamped audit trail supports compliance
- Works on any device – no downloads, no paperwork
- Personalise templates to match your clinical preferences
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- Try for £1/month for three months – cancel any time.

To mark its launch, Dentistry Consent is offering full access to the platform for just £1 per month for the first three months. It's a risk-free way to explore a smarter, safer approach to consent.

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Addressing material failure

Tony Atkins shares some common restoration types, depicting the benefits and limitations

Tony Atkins

Dental technician and department lead, Ceramic Designs Laboratory



At Ceramic Designs Laboratory, we see a high volume of large rehabilitations, so I can confidently say we've restored a wide range of cases using all kinds of materials. Naturally, we choose what's most appropriate for each situation.

Personally, I think it's unwise to claim that any single material is suitable for every scenario – because it simply isn't. I often feel concerned when I hear such claims. In my experience, they tend to come from a viewpoint that's economically simplistic – favouring materials that are easy to manufacture, inexpensive to fabricate, and justified as being cheap to replace or repair. These are often promoted as the pinnacle of modern solutions.

That's just my opinion, of course. But what I'd like to emphasise is this: every material has its place, and there's no one-size-fits-all answer.

Acrylic hybrids

In many cases where dental failure is long established, there will be a need to re-establish lost occlusal vertical dimension (OVD) and with it functional guidance, and here lies the problem.

Acrylic teeth are intrinsically soft, this can vary depending on which teeth are chosen. Failure can be exacerbated with more premium brands due to their higher glass content, this of course allows for greater aesthetics, but can make them more brittle.

Add to the mix a soft titanium substructure and given a reorganised dentition, teeth will begin to fail and, unless you factor in repairs and explain this to patients, disappointment will follow. Many early acrylic wraps are now at a great cost having to be re-made in alternative materials. This does not mean that acrylic hybrids should be simply put out to pasture, as in many cases they offer the most aesthetic outcomes but they do have limitations. It is also important to add, the acrylic hybrid cannot be brought into a digital workflow.

Thimble bridges/Worley bridges

This historic form of restoration possibly dates back as long as I have been in dentistry, first devised by a Dr Peter Worley and later given various names to describe the same thing.

They were originally constructed as part of a porcelain fused to metal restoration where large amounts of hard and soft tissue had been lost and angle correction was beyond the realms of anything an angled abutment could achieve. It is also important to add that these restorations date back before transmucosal multi-unit abutments were common place. The idea behind them was to create a substructure that would consist of the desired number of preparations with individual crowns then cemented to the structure. This leaves those individual teeth with angle correction



A hybrid acrylic restoration



A thimble bridge, pre and post composite veneering

for the clinician to cement chairside. Furthermore, the pink will have been fabricated using ceramic, and in some cases, post cementation chairside pink flowable composite would be used to fill in the small spaces left in order to seat those elected crowns. It has never been possible to achieve a path of insertion without these gaps.

Fast forward to the current incarnation where titanium bars and zirconia crowns are used followed by pink composite being applied to make up the soft tissue zone. Over the last five years we have come to accept these are now seldom constructed in our workflow. Some of the clinical

and mechanical issues we have experienced are:

1. Significant plaque retention around the joints despite manufacturer recommended protocols.
2. Irritation of the tissues caused by the composite and plaque retention (a rare outcome but does occur)
3. Compromised aesthetics where implants are placed in less than favourable positions, for example splinting of units where implants have been placed in would be embrasure spaces
4. Failure of the pink composite caused by flexure of the titanium substructure.

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A full zirconia restoration

Full zirconia

This restoration type is where we have focused a considerable amount of effort in developing most recently, from understanding especially in the soft tissue zone what works clinically, from ceramic lustre to anatomical form. We have a team made up of clinicians and technicians that have invested a huge amount of time in formulating a completely digital workflow.

The full zirconia restoration to date has proved to be our most predictable and reliable solution. Pre-sinter modification of the structure is a crucial and sensitive affair, taking a considerable amount of time in refining the definition between each tooth, being careful not to encroach on weak zones



A metal ceramic restoration

and of course introducing surface character. Some of this is required due to the minimum burr size of 1mm being used during the milling process.

Aside from the aesthetics, the key to its success is the fact it's one homogenous material with minimal junctions, only those around the cylinders, which generally being an FP3 are cleansable.

As with the other forms of restoration in this list, there are some drawbacks:

1. Diagnostic and digital work ups are crucial, although I would strongly suggest that is the case for all large rehabilitations. However, in the case of a full zirconia it is a very difficult road to navigate if there are occlusal issues or any issues with the arrangement of set up
2. They are hugely expensive to manufacture both in materials and labour
3. We have, on occasion, received patient feedback indicating that when both the upper and lower arches are restored using full zirconia, some patients experience a 'clanging' sensation. In very rare cases, this has led to replacing the lower arch with an acrylic wrap. This scenario is so rare that it doesn't negate what has been a hugely successful solution to date.

Metal ceramic

It's fair to say that the metal-ceramic bridge is the most labour-intensive and technique-sensitive restoration available. Its successful fabrication heavily relies on specific skill sets within the laboratory team – skills that are becoming increasingly rare with each passing year.

Some consider this type of restoration to be the most patient-friendly, and in certain cases, it remains the only viable solution for a fixed restoration, particularly when vertical space is limited, or the anterior-posterior spread is unfavourable. However, as noted above, there are several key points that need to be considered:

1. There are significant limitations in skill sets available when fabricating a metal ceramic solution to a particular standard
2. It is not possible to fully construct within a digital workflow. In most cases these days the alloy substructure is digitally designed and then milled, although it is possible where required to have the substructure digitally designed and outsourced for fabrication
3. Chipping and fracturing can and happen, and given the array of alloys and ceramics available, should the patient not return to the original practice there will be no way of knowing what exact materials have been used. It then makes it highly unlikely any laboratory will undertake repairs due to firing temperatures and CTE and in the worst-case scenarios you may have to strip back to substructure and re-veneer, resulting in a completely new bridge with the fees associated.

And there we have it! A list of common restoration types depicting both the benefits and limitations, as mentioned previously, this list is not exhaustive, and opinions are based only on my experience. But the aim of this series was to merely give food for thought and open dialogue within the area of failure.

Until the next time. **D**

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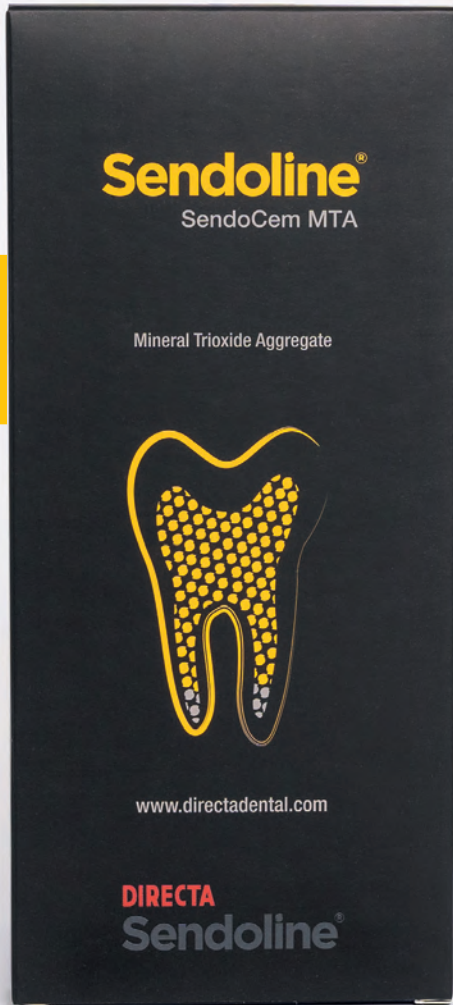
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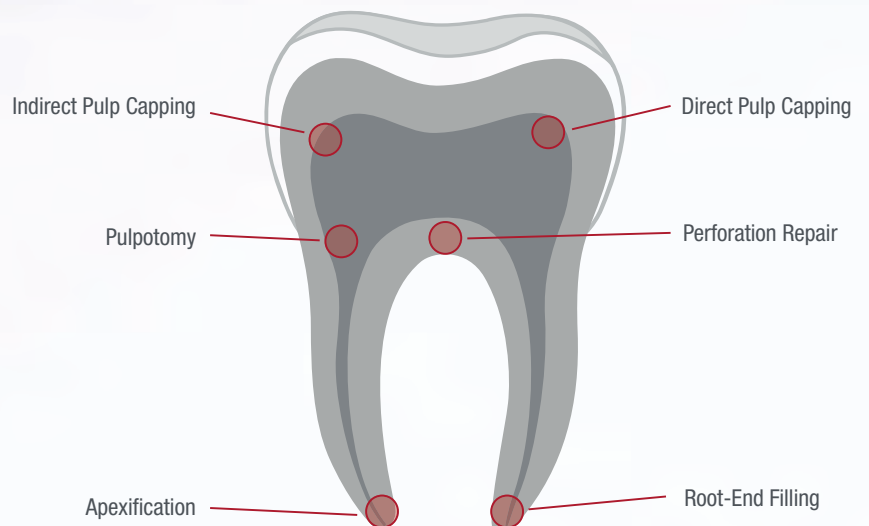
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INDICATIONS



GDC uses a 'sledgehammer to crack a nut' on technicians

Matt Everatt explains why he believes the GDC's 'one-size-fits-all' approach to regulation of dental technicians is 'heavy-handed' and 'overly punitive' – and the GDC responds

Matt Everatt

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



The General Dental Council (GDC) plays an important role in safeguarding patients and maintaining trust in dental services. However, when it comes to its approach to regulating dental technicians, the GDC often uses a 'sledgehammer to crack a nut' – applying heavy-handed and overly punitive measures for issues that may not warrant such severity.

Dental technicians, working behind the scenes of the dental profession, are a vital part of the team. Our work directly impacts the comfort, function and aesthetics of patients' oral health, even though we have limited interaction with them.

While regulation is necessary to ensure the quality and safety of these devices, the GDC's methods of regulation do not take into account the nature of our work or the nuanced differences between technicians and other dental professionals like dentists and hygienists.

To be clear, there are cases where the GDC should act if dental technicians have flagrantly gone beyond their scope of practice (SOP) and

provided direct patient services with total disregard for patient safety. Equally, there are services supplied by beauticians and other high street outlets where non-dental professionals blatantly provide the likes of tooth whitening, or like the US company Smile Direct Club, direct-to-consumer orthodontics – yet these are unchallenged by the GDC.

Guilty until proven innocent

A current fitness to practise (FtP) case I have been following is a scary example of how the GDC has gone in 'all guns blazing'. Following two complaints, it is alleged that the dental technician in question had been asked by the dentist to adjust a bite on a dental appliance and to make adjustments on articulated models as a diagnostic process so the dentist could make the adjustment in the mouth.

The technician, with over 30 years of experience, had been trained in taking impressions and bite registrations, but now faces sanctions for allegedly working beyond his SOP, despite achieving a positive outcome for the patient, who experienced relief from previous discomfort. The two complaints from 2014 and 2019 have been consolidated against him, and he is still awaiting a full FtP hearing.

Meanwhile he has been prevented from working as a dental technician due to the interim sanctions applied. Most dentists would admit that a dental technician has a much better knowledge of materials used in dental appliances and can adjust them far more effectively than they can. Yet, despite the positive outcome, the technician has had interim sanctions applied and awaits the full FtP hearing because he worked beyond his SOP.

Drawn-out cases

The very strict interim sanctions placed on him prevent him from practising as a dental technician until the cases have been heard, meaning he cannot run his lab or sign off on any cases – ultimately, he is guilty until proven innocent. The case has been drawn out over months, and the hearing is not due to be held until October 2025.

Let's put this into context: the registrant was asked by a dentist to adjust a dental splint by trimming a dental appliance. He didn't trim the appliance, but took a bite record using the appliance to be used for articulation of plaster models. The patient wasn't harmed by this procedure. In fact, it is quoted in the body of the complaint that the appliance felt much better at the time. ▶





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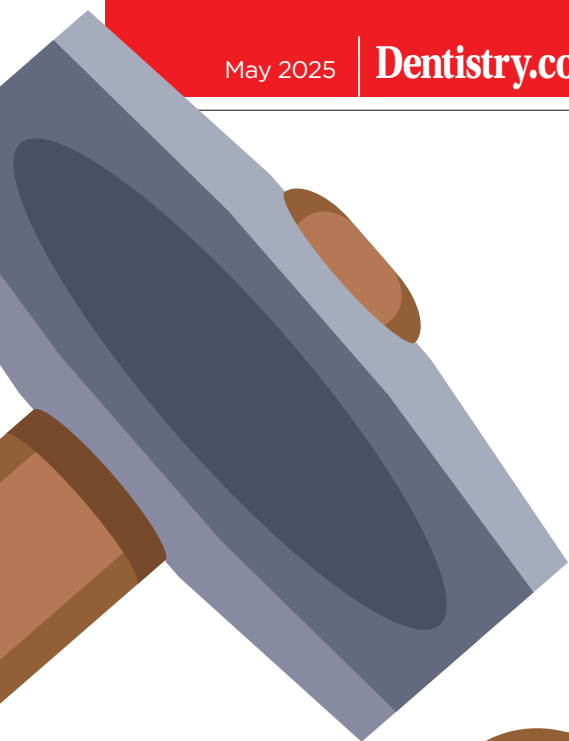
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It is time for the GDC to recalibrate its regulatory practices, taking a more nuanced and measured approach

Did the dental technician work beyond his SOP? He suggests he was appropriately trained and experienced. Even if he did work beyond his SOP, there should be corrective actions – a learning process, an opportunity to improve and, in the long term, improved patient care. It could be argued that the SOP is too restrictive, and that there is an opportunity to extend the scope and introduce further learning opportunities for professionals...

Heavy-handed tactics

Another example of these heavy-handed tactics used by the GDC starts when a dental technician rang the dentist to explain that the design of the bridge was flawed and 'bound to fail'. The practice manager (a non-registered professional) told him that the dentist wanted him to proceed.

The technician failed to document this on the prescription and proceeded with the construction of the bridge, supplying it to the treating dentist with an invoice containing the following MDD (medical devices directive) statement: 'This device conforms to the relevant essential requirements as set out within annex 1 of the Medical Devices Directive (93/42/EEC). Any relevant essential requirements not met and reasons why are listed overleaf.'

No defect or other issue with the bridge was listed. The bridge subsequently failed, and following a complaint by the patient and lengthy discussion with the dentist, the technician faced a FtP because of the administrative error. He had essentially deemed the bridge fit for purpose by not recording his recommendation or conversation.

Disproportionate disciplinary actions

As we have experienced, the GDC's FtP hearings, which are designed to protect the public from unsafe professionals, can be triggered for relatively minor infractions involving dental technicians. Even minor errors or administrative oversights can lead to investigations and potential sanctions.

In many cases, these infractions could be dealt with more appropriately through retraining or professional guidance rather than resorting to full disciplinary proceedings.

These proceedings often take months, sometimes years, impose restrictive interim sanctions that severely affect livelihoods and, in many cases, harm the mental health and wellbeing of those being investigated, occasionally leading to tragic outcomes like suicide.



Over-regulation for low-risk work

Dental technicians primarily have very limited patient contact. In my opinion, there is a lack of tailored oversight, with more of a 'one-size-fits-all' approach. The GDC's regulatory framework does not differentiate adequately between the different professionals under its umbrella.

This 'one-size-fits-all' approach ignores the unique role dental technicians play, treating the situation as though they pose the same level of risk to patients as dentists who perform more invasive procedures.

The heavy-handed nature of GDC regulation is having several negative consequences for the dental technician profession.

The perception that the GDC is over-regulating has led to frustration among dental technicians, who feel they are unfairly targeted and undervalued, which is eroding morale and pushing some skilled technicians out of the profession entirely.

Some have claimed to have left the profession to attract similar salaries working in unskilled roles without worries of imperious regulation.

The GDC's broad and often unnecessary investigations into dental technicians strain both the resources of the regulator and the professionals themselves.

Instead of focusing on truly harmful or negligent practices, the GDC can become bogged down with minor issues that do not pose a significant threat to patient safety.

New approach needed

To address these issues, the GDC must rethink its approach to regulating dental technicians. A more proportionate regulatory system should be developed, recognising the lower risks posed by dental technicians in comparison to other dental professionals. This is not to say we should ignore those individuals who flagrantly disregard the rules; they, of course, should be dealt with appropriately.

The GDC's current approach to regulating dental technicians is overly punitive and disproportionate to the risks involved in their

work. The use of heavy-handed regulation not only demoralises the workforce but also undermines the efficiency of the regulatory system itself.

It is time for the GDC to recalibrate its regulatory practices, taking a more nuanced and measured approach that ensures patient safety without unnecessarily burdening the professionals who help keep the UK's dental services running smoothly.

The GDC's response

'As the UK regulator of all members of the dental team, our primary purpose is to protect patient safety and maintain public confidence in the dental professions. We acknowledge the concerns raised regarding our regulatory approach to dental technicians.

'The GDC is not able to comment on ongoing cases; this is to preserve the integrity of matters yet to be determined by the Dental Professionals Hearings Service. The hearings service administers cases that are decided upon by panels, which include at least one registrant member, and make independent decisions. As a general point, the GDC does not adopt a 'one-size-fits-all' approach to cases. Each case is considered carefully at each stage of the process, based on its own facts.

'We are working to improve the speed at which cases are dealt with, particularly through the fitness to practise investigation stage, without compromising the quality of outcomes. For example, in the last 18 months, adopting a new and streamlined approach to certain cases through "initial inquiries", we have halved the average time taken to deal with single patient clinical cases, from an average of 30 weeks to 15 weeks.

'We recognise the challenges of regulating direct-to-consumer orthodontics, but the GDC's powers are limited to regulating regulated professionals, rather than businesses. Only people who are registered with us can legally practise dentistry in the UK. If people who are not registered dental professionals are practising dentistry, they are breaking the law. There is a separate and distinct process that we follow when we receive a referral for alleged illegal practice, and we do take action as necessary and appropriate.

'We know fitness to practise investigations can be intrusive and we recognise that stress can be caused not just by the experience but also by the information publicly available. We announced a change last year to what will be published following decisions by the Interim Orders Committee after a review of our policy. The change is part of our ongoing commitment to reduce the negative impacts of the fitness to practise process on dental professionals' health and wellbeing. All previously published Interim Orders Committee determinations have been removed from the Dental Professionals Hearings Service website and replaced with the outcome of any hearing or review.

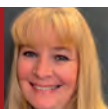
'We value the essential contribution dental technicians make to oral healthcare and are committed to engaging with the profession to ensure our regulatory approach supports high-quality care while being proportionate and fair.' **D**

The power of a multidisciplinary approach

Implant-supported rehabilitation of a compromised maxillary anterior region

Emma Allsopp

Dental technician, Nexus Dental Laboratory



Graeme Ker

Dentist with a special interest in dental implants



A young female patient presented to our clinic with a complaint of a missing upper left central incisor. This missing tooth significantly impacted her smile aesthetics, causing her self-consciousness and affecting her overall quality of life. She expressed a strong desire to restore her smile to its natural appearance and regain full oral function.

Upon comprehensive clinical and radiographic examination, a recurrent significant infection associated with the adjacent upper right central incisor was detected, it already had multiple root canal fillings, reducing its ability to be restored. This presented an additional challenge to the treatment plan, as the infection needed to be addressed before any definitive restorative procedures could be initiated.

After a thorough discussion of all available treatment options, including the risks and benefits of each approach, the patient elected to proceed with the extraction of the infected tooth followed by implant placement. This decision was made with the understanding that it would provide a predictable, long-term solution for restoring both function and aesthetics in the compromised maxillary anterior region.

Challenges

This case presented a unique set of challenges that demanded careful planning and execution. The presence of an active infection in the upper right central incisor required meticulous management to ensure complete eradication and prevent any complications during subsequent implant placement. The upper left central incisor had been extracted three months prior and had left a significant bone defect that also required grafting. This is why it was decided that guided bone regeneration was to be carried out across both sites, rather than just a simple ridge preservation.

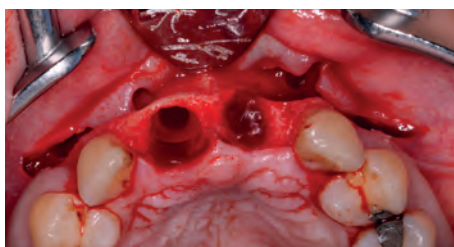
Achieving optimal soft tissue contours around the implants was crucial for both aesthetics and function, requiring careful consideration of the emergence profile, papillae development, and soft tissue thickness. Precise implant placement with optimal angulation and parallelism was essential for successful prosthetic rehabilitation and long-term implant stability, demanding the use of advanced imaging and surgical guide technology. Throughout the multi-stage treatment process,



Figure 1: Preoperative view showing the missing upper left central incisor, highlighting the aesthetic and functional challenge at presentation



Figure 2: Incisal view of the maxillary arch, highlighting the edentulous space of the missing upper left central incisor



Figures 3a and 3b: Bone defect

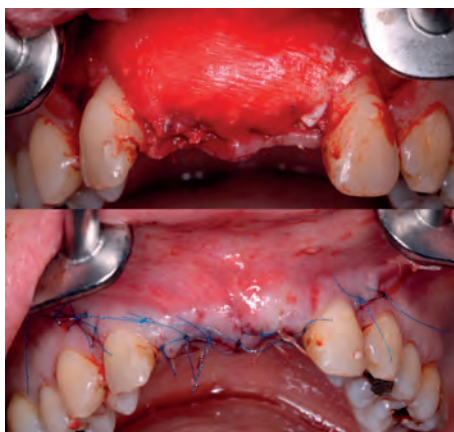


Figure 4: (Top) Intraoperative view demonstrating bone augmentation of both sites. (Bottom) Following bone augmentation, the surgical site is meticulously closed with sutures, ensuring primary closure and promoting optimal soft tissue healing

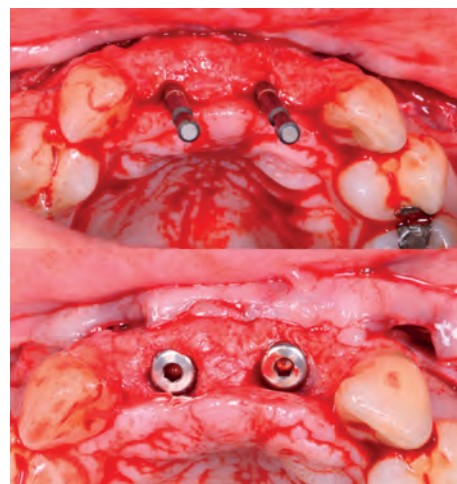


Figure 6: Intraoperative view showcasing the two 3.8x11mm conelog progressive implants placed in their final positions within the augmented bone



Figure 5: Complete healing of the extraction site. The gingival tissue exhibits healthy colour and texture, indicating successful resolution of the initial infection

maintaining patient comfort and managing anxiety remained a priority, requiring clear communication, effective pain management strategies, and a compassionate approach to patient care.

Technical work

The treatment plan was carefully staged to address each challenge systematically:



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Figure 7: Frontal view of the temporary crowns, demonstrating the interim restoration's function in shaping the emergence profile and establishing optimal soft tissue contours



Figure 9: Buccal view of the final zirconia crown



Figures 11a-11f: A series of images showcasing the final results of the implant-supported restorations

1. Extraction and bone augmentation: The infected upper right central incisor was atraumatically extracted, and the socket was meticulously debrided to remove any infected tissue or debris. The bone material was a blend of cortical and cancellous mineralised human allograft.

The membrane was non-crosslinked, acellular Type I porcine collagen tacked apically using titanium pins and secured palatally using non-resorbable 6-0 polypropylene sutures to promote bone regeneration on both sites and provide a stable foundation for future implant placement.

The site was then carefully sutured to ensure primary closure and promote optimal healing.

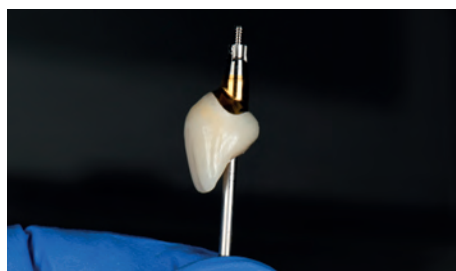


Figure 8: Proximal view of the final zirconia crown restoration



Figure 10: 3D printed model showcasing the final implant-supported restorations in situ



2. Implant placement

After a six-month healing period, allowing for adequate bone maturation, two 3.8 x 11mm conelog progressive implants were placed. A surgical pilot drill guide, as well as a suck-down prosthetic stent, fabricated based on 3D imaging and planning, was used to improve precision of implant placement with optimal angulation and parallelism. This approach facilitated the subsequent prosthetic rehabilitation and ensured long-term implant success.

3. Soft tissue management

To enhance the aesthetic outcome and create a natural-looking emergence profile, a connective

tissue graft was harvested from the palate and placed buccally around the implants. This helped to increase the soft tissue thickness before the contouring process.

4. Provisionalisation

Following osseointegration of the implants, splinted chairside provisional restorations were fabricated using non-index temp cylinders and memosil impressions of the prosthetic wax-up. These provisional restorations served multiple purposes, including developing the contour of the soft tissues, shaping the emergence profile, and providing the patient with fixed aesthetics and function prior to the final restorations. The emergence profile was meticulously refined every three weeks by adjusting the provisional restorations to achieve optimal scalloped margins and interdental papillae, creating a natural and harmonious transition between the restoration and the surrounding soft tissues.

5. Final restoration

After a period of contouring and tissue maturation, final restorations were fabricated by a skilled dental laboratory. Digital impressions were taken using an intraoral scanner (iTero), capturing the position of the implant, the precise contours of the surrounding soft tissues, and the fitting surface of the provisional restorations. Along with clinical photos, this comprehensive digital data allowed for the fabrication of highly accurate and aesthetic restorations that seamlessly integrated with the patient's existing dentition.

Final product

The final restorations were a resounding success, exceeding the patient's expectations. The implant-supported crowns blended seamlessly with her natural dentition, restoring her smile to its former beauty and function. The patient expressed immense satisfaction with the improved aesthetics, noting a significant boost in her self-confidence. She was also delighted with the restored oral function, allowing her to eat and speak with comfort and confidence.

Reflections

This case exemplifies the power of a multidisciplinary approach in addressing complex dental challenges. The successful outcome was a result of meticulous planning, precise execution, and seamless collaboration between the clinician, the dental technician, and the patient. The integration of digital technology, including 3D imaging, surgical guides, and intraoral scanning, played a pivotal role in enhancing accuracy, predictability, and efficiency throughout the treatment process. Furthermore, this case highlights the importance of effective communication and patient education. By clearly explaining the treatment plan, addressing the patient's concerns, and managing expectations, we were able to build a strong rapport and ensure her active participation in the treatment process.

This case has reinforced the value of continuous learning and refinement of techniques. By critically evaluating each step of the treatment process and reflecting on the outcomes, we can identify areas for improvement and further enhance our clinical skills to provide optimal patient care. **D**

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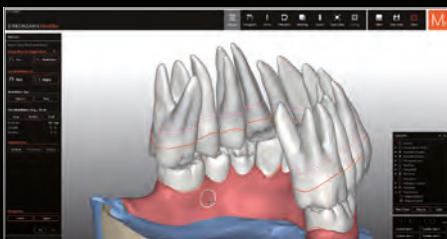
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- CAD/CAM production of teeth and denture bases and final insertion in the patient's mouth



Cementation of IPS e.max Press porcelain restorations

Ash Parmar presents a cementation case using the Variolink Esthetic Cementation System

Ash Parmar

Cosmetic dentist, Smile Design
by Ash



This article is a step-by-step protocol on how to fit eight IPS e.max Press porcelain restorations (a combination of lithium disilicate glass ceramic veneers and crowns). Fitting porcelain veneers for a smile makeover case (eg 8-10 units) is technique sensitive, and can be stressful for the dentist. It is very important to be systematic, organised and methodical during the planning and also fitting of ceramic restorations.

Case history

The 33-year-old patient presented with temporary restorations for the upper six anterior teeth (Fig 1 and 2). She had tried to have her cosmetic treatment done locally and was unable to achieve the final result that she was happy with. She did her research and decided to approach me to deliver her dental care.

My first objective was to build a good relationship with the patient and to really understand deeply what the patient liked and what she did not like about her current transitional restorations. I realised that the patient had high aesthetic expectations, and so carried out a very detailed initial assessment, which included baseline study models, digital photographs, radiographs, clinical assessment, and a smile analysis.

The mouth was healthy, with no other dental problems. My advice to the patient was to consider having eight porcelain restorations to give a wider, more balanced and aesthetically pleasing smile. I took comprehensive records for the wax ups (Fig 3) and asked my patient to meet the ceramist technician at the laboratory to ensure that she was really happy with the shape of the wax ups, to ensure a smoother and more predictable journey going forwards.

On the day of the preparation, the temporary restorations were carefully removed, and the preparations were refined and smoothed, ensuring there was adequate space for the ceramic using the incisal edge and labial putty indices (Fig 4). The records were taken and beautiful new aesthetic and functional temporary restorations were made with Luxatemp BL shade (DMG) (Fig 5).

The patient was reviewed on the following day, and the shape and shade were confirmed. The master ceramist technician was then instructed to make eight e.max porcelain veneers/crowns in



Figure 1



Figure 2



Figure 3

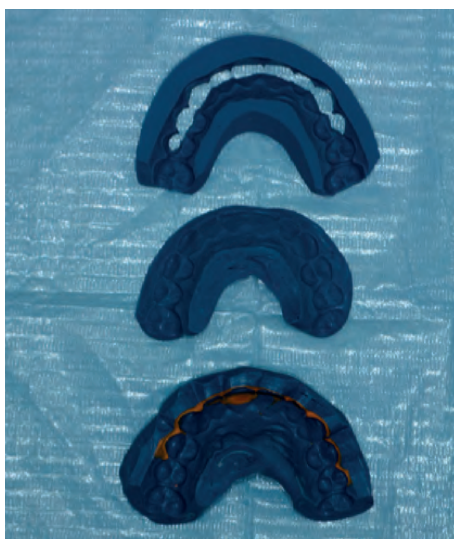


Figure 4



Figure 5



Figure 6

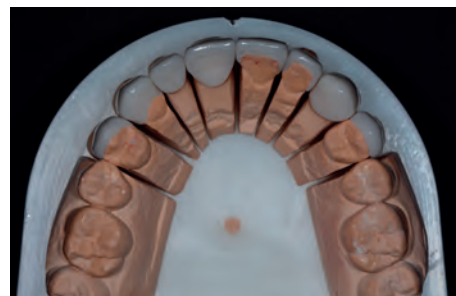


Figure 7



Figure 8



Figure 9

shade BL3, with very light texture, polished gloss surface, and subtle effects at the incisal edge to make the restorations look natural. The patient was booked again for the fitting session a few weeks later.



Figure 10



Figure 11



Figure 12



Figure 13



Figure 14

Before the fitting day

It is important to receive the ceramic restorations back from the dental laboratory a few days before the fitting appointment. This gives the dentist the opportunity to assess the porcelain work, and ensure that the restorations are precisely fitting on the master model (Fig 6 and 7). If there are any issues, there is still time to send the work back to the laboratory.

It is also important to have a checklist of all the equipment and materials and for the dental nurse to ensure that all the relevant materials are available, and that the material dates have not expired. I use the Variolink Esthetic cementation solution (Ivoclar) (Fig 8) in my private practice and on my courses because it is a world class product and has given me superb results for many years. It is necessary to have the Variolink LC and the Variolink DC kits available. I use an Ivanson



Figure 15



Figure 16



Figure 17



Figure 18

gauge to measure the thickness of each veneer or crown (Fig 9). In general, if the restoration is 2mm or less, I will use Variolink LC, and if the restorations are thicker, then I will use Variolink DC (which is dual cured and faster setting). As such, it is important to plan ahead and ensure you have the correct shades and try in pastes of both the cements.

On the fitting day

Having an experienced dental nurse, and ensuring that all the materials and laboratory work are correctly laid out before the patient arrives is essential (Fig 10). When the patient arrived, I gave local anaesthetic and took an upper alginate (as a backup in case the restorations were not going to be fitted and a new trial smile had to be made).

My temporary crowns/veneers that I had made were from Luxatemp using the 'shrink to fit' technique. The best way to remove the temporaries was to drill vertically in the middle of each tooth, also going over the incisal edges as necessary. Care was taken not to touch the teeth preparations. A special instrument such as EB134 from Brasseler (Fig 11) was then used to carefully split the temporaries into sections, after which they were safely removed with a Mitchell's Trimmer instrument.

I then polished the teeth with a slow speed handpiece and a polishing brush with a slurry of Hibiscrub and pumice powder. After the patient had rinsed out, I visually inspected the teeth and ensured that there was no debris or temporary material left on any of the prepared teeth (Fig 12).

At this point, we were ready to try in the porcelain veneers and crowns. I normally try them on left to right, ie starting with the UL4 tooth (Fig 13). My nurse dipped the restorations in water and passed each one to me, in sequence. The restorations should be passive and accurately fitting. Sometimes, a veneer may not seat down properly. This can be easily sorted out by understanding the causes of this:

1. Some Luxatemp is still present on the tooth (ie where the spot etching was done in the centre of the tooth)
2. The contact area may be tight
3. There may be some undercut
4. There may be a sharp corner on the preparation (which may have chipped on the master model).

Appropriate small adjustments can be made to ensure that the porcelain veneers fit accurately.

Shade selection

Once it was verified that all the restorations fitted well and looked good (Fig 14), a decision had to be made on the shade of the cement to be used. In my experience, the most common shade that I use is Variolink Esthetic Light.

I sometimes use Neutral, and rarely use any of the other colours. I used Neutral try in paste on the left side, and Light try in paste on the right side. I then took the patient outside and reviewed the shape and colour in natural daylight.

The try in paste gives the dentist confidence that the veneers will not fall off, as well as the aesthetic outcome. In this case, Variolink Esthetic Neutral was chosen, as the patient wanted a more natural result to complement her lower whitened teeth.

Final touches

Once the patient and I were both happy, the restorations were carefully removed, the try-in paste rinsed and the restorations dried. The dental nurse placed them in sequence on the worktop and prepared them in the following way:

1. Etched the fitting surfaces with hydrofluoric acid (Porcelain etch from Optident) for 20 seconds, then washed and dried them
2. Applied Monobond Plus silane agent for two minutes and gently dried them.

In the meantime, I applied the rubber dam. I recommend using wingless clamps on the molars, and a split rubber dam technique, using a metal frame. I also place a small piece of gauze in the palate, and place some bite registration paste palatally to seal off the palate completely. Some bite paste can also be placed superior to the wings, pulling the rubber upwards to ensure satisfactory retraction of the rubber dam.

We were now ready to fit the restorations. It is important to have a comfortable ambient temperature, and have some relaxing music playing. The staff must also know that the dentist and nurse must not be disturbed from now.

Some plumbers tape was placed mesially on the teeth behind the most distally prepared teeth. The teeth were then etched with 37% phosphoric acid for 15-20 seconds for dentine areas, and 20-30 seconds for enamel areas. The teeth were washed and dried.

A thin layer of Gluma (desensitising agent) was then applied, left for about 15-20 seconds, and the teeth were gently dried. The bonding resin called Adhese Universal (that comes in the Variolink Esthetic kit) was then applied as a thin layer, scrubbed in for 20 seconds and gently dried.

The teeth were light cured for 20-30 seconds each – my preference is the Bluephase light from Ivoclar (Fig 15). The nurse then placed the relevant cement on to the fitting surface of the UL4 veneer and passed this restoration to me.

I placed the veneer on to the tooth, and used some Benda brushes to wipe off the excess (Fig 16). The nurse then passed the UL3 restoration and this was similarly placed, and the excess cement removed.

Once all the restorations were placed, I put some incisal pressure axially downwards and also placed the periodontal probe labially inwards (ie a two point contact) for the UL1 restoration. The nurse then used a Benda brush to wipe off any excess cement cervically.

Curing

A 4mm turbo tacking tip was then placed onto the porcelain veneer cervically, and upon the instruction to turn the light on, it was turned on for the five seconds setting. This action is called 'spot curing' and gets the veneer 'tacked' into the right place. This was repeated for the UR1, and then similarly for the other restorations.

I then used a Brasseler saw (Fig 17) and placed it between the UL1 and UR1, and then placed the bigger light cure tip at the incisal edges along the long axis of the teeth. The nurse was then told to turn the light on for 10 seconds. The saw was carefully removed and wiped clean. It was then placed between the UL1 and UL2, and the light was activated as before. This was repeated at other sites.

I then used a sickle scaler to ensure any excess partially set cement was removed cervically and palatally. Floss was used to check that there was no excess cement interproximally.

I also used a moist cotton wool roll to wipe the surfaces of the porcelain restorations clean, before the final full light curing was done, ie 20 seconds for the cervical half per tooth, then 20 seconds for the coronal half per tooth, and finally 20 seconds for the incisal half per tooth.

I then used a yellow polishing strip interproximally to ensure all the surfaces were smooth and flossable. Polishing burs were carefully used cervically and palatally to ensure the margins were seamless with the teeth. The rubber dam was then removed and the patient had a break.

Finalisation and reveal

The next stage was to view the smile from the front and confirm that the teeth looked perfect. Sometimes, slight changes are needed at the edges to make the smile look more level or balanced.

The occlusion was then checked in the maximum intercuspal position (or 'centric occlusion').

I always record a pre-operative Shimstock hold (shimstock paper is 8 microns thick, and is used to see where there is a 'hold and tear' at a site which is not involved with the smile design, eg UL6). I checked that there was canine guidance and no contact in the lateral excursions for the lateral incisors and premolars (Fig 18).

Small adjustments were made as necessary. I then reviewed the contacts in the protrusive guidance, to ensure the occlusion was balanced.

After this, I used some porcelain polishing burs (from Komet) to ensure that any adjusted areas of porcelain palatally were smoothed and felt comfortable to the patient.

After a two hour and 30 minute appointment, it was time to show the patient the new smile. The patient was delighted with the end result and very grateful for all the efforts that had gone into delivering the case.

I gave the patient the aftercare instructions, and emphasised the importance of excellent oral hygiene, including daily interproximal cleaning with floss and interproximal brushes. I also recommend use of an electric toothbrush and daily use of a high quality mouth wash such as Ultradex (Periproducts).

The patient should also see the hygienist for regular professional maintenance care.

Review appointment

I saw the patient a few weeks after the cementation appointment. On this visit, I made sure that all the margins were smooth, that all the contact areas were smooth and flossable, that the speech and phonetics were all OK, and that from the front the smile looked perfect.

I reviewed the occlusion carefully, and used T Scan (digital occlusion) to check the forces and the timing of the occlusal contacts. By ensuring that the occlusion is excellent, results in comfortable and long-lasting restorations and the avoidance of porcelain fractures and expensive remakes. I only advocate the use of an upper mouth guard to be worn at night if the patient has parafunctional activity and appears to be a bruxist.



Figure 19



Figure 20

I took the post-operative photographs (Fig 19), and I had a professional photographer take some makeover photographs (Fig 20). The patient had already consented for her photo use. This is invaluable to help grow your cosmetic practice as you will have many documented before and after cases to show other patients, use as framed pictures on the walls of the practice, and also show on your website.

Summary

My goal is to create beautiful, healthy and long-lasting smiles. Cosmetic dentistry of this type requires a passion, commitment and the skills to achieve the best results for your patients.

As a restorative and cosmetic dentist, you need to have the right training and skills to successfully deliver high quality results consistently. You also need to use very skilled and talented ceramist technicians to create ideal restorations.

I am very grateful to Rob Storrar from Amdecc Dental Laboratory who did the ceramic work for this case – Rob is a master ceramic technician, whom I have worked with for nearly 25 years.

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Together, these solutions create a streamlined, integrated experience that enhances every stage of the digital dentistry workflow

orthodontic workflows, the Chairside Solution for in-office restoration and same-day dentistry, and AI-supported Consultation tools that assist clinicians in diagnosis and patient communication. Together, these solutions create a streamlined, integrated experience that enhances every stage of the digital dentistry workflow.

Visit Medit's stand at BDCDS 2025 (stand G40) to explore the i900 Family and other innovations that expand the possibilities of digital dentistry.

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Simply the best

When **Afshin Khalessi** built Umi Clinic in Petersfield, he wanted to provide the ultimate patient experience. Here, he shares why Planmeca was the obvious equipment choice

Afshin Khalessi

Principal dentist, Umi Clinic



My name is Afshin Khalessi, and I've been a dentist over 30 years. I was educated in Sweden at the Karolinska University in Stockholm and it was there I was introduced to Planmeca chairs. I bought my first Planmeca chair about 30 years ago. I love the design of them, I love the way they operate, the simplicity of them, and yet they're very sophisticated.

We sold the old practice because we had a new vision, we wanted to mix things up. We wanted a clinic that would have everything; dental, medical and aesthetics. Umi Clinic has been a dream of ours after working 30 years within dentistry, so choosing equipment was really important to us. Planmeca was always the only choice for me.

The only choice

We felt a Planmeca chair would provide the patient journey that we aspire to offer. First of all, it doesn't look like a normal dental chair, and because it hasn't got the arm support, patients can easily get into it. They all find it very comfortable, especially if you select the Ultra Relax upholstery. Another plus is the colour choices; we've opted for the metallic green, which goes with our brand really well.

One of the best features on the chair is the Solanna operating light. Not only does it have gesture control, so you don't need to touch anything, it also offers excellent visibility over



the entire treatment area. Another feature we love is the 'composite mode', which prevents materials curing under the dental unit light and is especially useful during composite cases.

The chair is on a pedestal base, so it's really easy for the dentist to gain full access to the patient. You can move around freely. The assistant also has full access to the side of the patient, so you can work very closely and efficiently as a team.

The delivery system is continental, which means it is situated above the patient's eyes and they can't see the dental instruments or what you are doing. This set up is much more soothing and relaxing for patients.

This is also very ergonomic for the dentist, because everything is in front of you, and you can arrange it how you like it. The trays are magnetic, so you can detach them, clean them, and put them back on. It really is a great set up.

Positive patient experience

We do a lot of implants at Umi Clinic. It's one of the core treatments that we provide, and it is really important to have the right equipment to be able to treat patients in the best way possible. We opted for Planmeca, again, with the CBCT scanner and Romexis software. The software is amazing. The images that you get are crisp and lovely. There is also the option to choose between low doses of CBCT, which is fantastic.

One of the key benefits of Romexis is the CALM algorithm. If you've got a patient with a bit of shake, the software automatically removes it, and you get crisper images. This is especially helpful with older patients.

Patient experience with the machine is positive, and they find it easy. They don't find it threatening or scary. It's open faced, they can see you, and they can see what's happening. Afterwards, they are often quite curious about the images, which makes it easy to communicate clearly to the patient what it is about, what can be done, and what cannot be done.

We've chosen the best equipment for the medical part of the clinic, the best equipment for the aesthetic part of the clinic, and of course, with Planmeca, the best equipment for the dental part of the clinic.



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Dr. Afshin Khalessi, Principal Dentist of Umi Clinic, discusses integrating Planmeca state-of-the-art 3D dental imaging and dental chairs. Complementing the clinic's existing medical and aesthetic offerings, by enhancing patient care and treatment outcomes in the unique surroundings of Umi Clinic.

Scan the QR code to watch the full interview with Dr Afshin Khalessi



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The digital workflow for full dentures

Zirkonzahn's lecture tour in Liverpool and Glasgow on 18 and 19 June 2025

Zirkonzahn (South Tyrol, Italy) will soon begin the third part of its lecture tour, 'High-Tech Meets Handicraft – Optimisation of the Digital Workflow for the Fabrication of Full Dentures', this time reaching dental technicians and dentists in Liverpool and Glasgow.

State-of-the-art methods

The lecturer, MDT Alessandro Cucchiaro, will present state-of-the-art methods and techniques for the creation of functional and aesthetically pleasing full dentures as an alternative to implant-supported prostheses. Indeed, even if minimally invasive procedures are becoming increasingly important, there are still patients who need a complete restoration after total tooth loss. Participants will be guided

through the challenges faced when creating a full denture with 28 teeth, considering the different initial patient situations: whether the patient is edentulous or wearing existing prostheses in good or poor condition, the lecture will provide insights into the tailored approaches needed for optimal results.

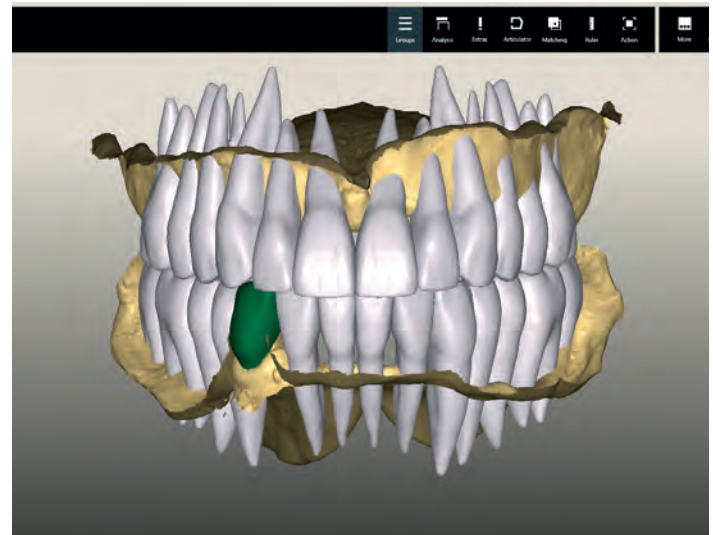
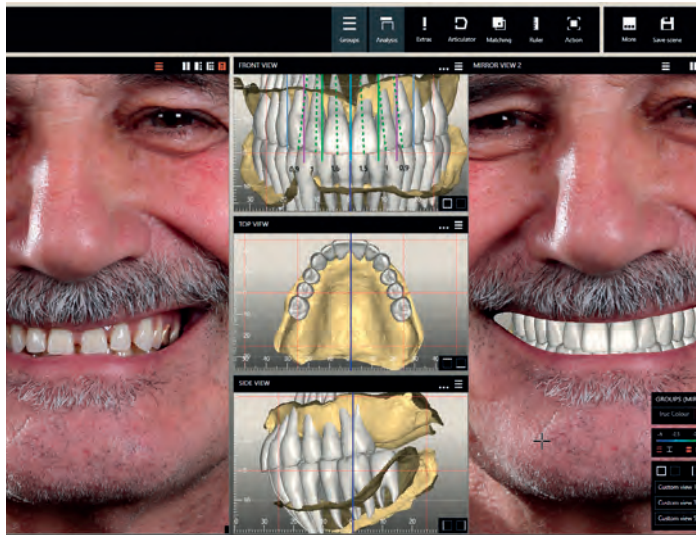
Hands-on demonstrations

The process of creating high-quality dentures also involves digital technologies and correct materials. For this reason, the lecture will introduce two new particularly biocompatible PMMA-based resins which feature an extremely low residual monomer concentration and

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will demonstrate how digital solutions with automated set-up functions can simplify tooth placement and gingiva creation, ensuring an efficient, accurate and optimised workflow. Furthermore, participants will benefit from hands-on demonstrations of bonding teeth to denture bases using an innovative protocol based on the principle of cold welding.

To register, scan the QR code, visit www.zirkonzahn.com (events section), call Zirkonzahn UK team on +39 0474 066 680 or email carmen.ausserhofer@zirkonzahn.com, jasmin.oberstaller@zirkonzahn.com.



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So far in 2025, we have witnessed strong demand from both independent buyers and a resurgence in corporate activity, creating a competitive market for practice owners considering a sale.

It is crucial sellers appoint a reputable agent to explore all market options in order to achieve the best possible price and terms for their business.

SO FAR IN 2025 THE CHRISTIE & CO DENTAL TEAM HAS:

- Advised on, agreed or sold **220** practices with a combined value of **£268m**
- Brought **69** practices to market
- Arranged over **150** viewings
- Received **65** offers
- Seen a **12%** increase in practice sales compared to this time last year



It is vital that sellers seek trusted and professional advice when considering the sale of their practice.



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Established as the number one selling water flosser brand in the world, and approved by the Oral Health Foundation, Waterpik™ is built on a legacy of improving patient care. With a range of solutions, from the beloved Ultra Professional water flosser to the all-new, accessible Cordless Pulse water flosser, there truly is a Waterpik™ water flosser for every individual.

Your first water flosser

For many patients, interdental cleaning is not necessarily an issue of habit formation or convenience as it is a problem with accessibility. The new Waterpik™ Cordless Pulse water flosser is the most affordable Waterpik™ solution yet. The rechargeable, portable unit is suitable for the everyday bathroom or even tucked away for travel.

It's easy-to-use pressure control system features a high and low setting, to maximise patient comfort, and remove up to 99.9% of plaque bacteria from the around the teeth in as little as three seconds (Gorur et al, 2009). This gives patients the greatest opportunity to

reduce caries incidence, periodontal disease and bad breath, which can in turn build confidence in their smiles.

The Cordless Pulse water flosser is portable and has a waterproof design that means it can also be used in the shower, for maximum convenience. For patients that haven't previously performed interdental cleaning, the Cordless Pulse keeps the routine simple – patients pick their tip (either Precision or Tongue Cleaner) and pressure setting, aim, and clean with a confidence that only Waterpik™ solutions can provide. They no longer have to worry about the size of their interdental brush or how to properly use traditional floss.

Advance your care

For patients looking for a solution that can be further tailored to their needs, the Cordless Advanced is a leading water flosser with ultra-quiet operation, a compact design, and three unique pressure settings. It features a magnetic four-hour rapid charging system, 45 seconds of water capacity, and a 360-degree tip rotation, which means patients can configure its position for ultimate comfort.

Alongside being clinically proven to be 50% more effective than traditional dental floss for improving gum health (Rosema et al, 2011), the Cordless Advanced actively massages and stimulates gingival tissue to improve circulation and keep the periodontium strong and healthy.

Some of the true brilliance in the Cordless Advanced lies in the water flossing tips, four of which come alongside the unit. Patients can then choose the tip that suits their needs, from the Precision Tip helping everyday needs, to the Plaque Seeker Tip which helps to remove bacteria and debris from hard-to-reach sites around dental restorations.

By combining versatility with clinically proven results, it's no surprise that dental professionals recommend the Cordless Advanced, alongside other Waterpik™ water flossers, to their patients.

Think bigger with the Ultra Professional water flosser

For thorough cleans with the greatest range of tips and pressure settings, patients need look no further than the Ultra Professional counter-top water flosser from Waterpik™. It's reservoir capacity of 90-plus seconds ensures a non-stop cleaning experience, with 10 settings on the most advanced pressure control system meaning patients can ensure their routine feels just right. For patients with sensitive gums, or who prefer a hard-working water stream, this is the perfect option.

Plus, with the specialised Orthodontic Tip, the Ultra Professional counter-top water flosser



is clinically proven to be up to three times more effective than dental floss for cleaning around braces (Sharma et al, 2008). When patients are looking to maximise the results of such treatment, clinicians can recommend a brand and a water flosser they know that they can trust.

With more than 80 clinical studies backing every solution, Waterpik™ is here to help your patients. Get in touch with the team today to learn more about how you can support at-home oral hygiene routines.

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A smartphone mockup displaying a dental consent form. The status bar at the top shows the time 9:41, signal strength, Wi-Fi, and battery. The app header is red with the text 'The Happy Smile Dental Practice'. Below the header, it says 'Question 1 of 7' and 'What is Root Canal Treatment?'. There are four radio button options: 'A procedure to remove the roots from my teeth', 'A procedure to treat the infection in the roots of my teeth' (which is selected and highlighted in green with a green checkmark icon), 'Treatment to prevent the roots of my teeth breaking by placing a filling inside them', and 'I'm not sure'. At the bottom of the form is a red 'Confirm' button.

Success

☐ I agree to the terms in this consent to treatment agreement as indicated by my signature below.

Signed

Signature

For more information

Call 01923 851773 or visit dentistry.co.uk/consent

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The less you plan, the less you prosper

Ray Cox explains that the absence of a clear and wisely funded business strategy can lead to decreased efficiency and lower profits

Ray Cox

Managing director, Medifinance,



I know it's something of a cliché, but failing to plan in business will often mean you are planning to fail.

With start-up businesses in the UK this is certainly the case.

Fewer than 30% have any sort of written plan. A total of 90% (yes 90%) fail within the first five years (Forbes/CB Insights). And while it is less easy to quantify, established businesses that fail to recognise the value of a clear and disciplined business strategy can very quickly go under. In short, running a business and running it well has to mean you have procedures in place that ensure you have your finger on the button and you consistently monitor performance.

Of course, nothing guarantees success but failing to plan is always a costly mistake. No exceptions.

Plan to succeed

Having a plan is one thing, but implementing it is quite another. As financial brokers, and having worked exclusively with and for the health professions for decades, the experience we have gained underlines the importance of validating the financial viability of any business plan from the start. Here are some points I always suggest are taken into account:

1. The reality is that many people with entrepreneurial aspirations, particularly in the health professions, have little or no training in business and/or commerce. And even if they do, an academic tutoring is no substitute for the real thing. So, involve your accountant and financial broker early on in your planning so

they can input their experience, and time isn't wasted pursuing ideas and objectives that are unlikely to succeed

2. There are four key financial issues that must be considered as your plan evolves:
 - Particularly in start-up situations, under capitalisation can be a major contributor to ultimate failure. Ensure you have funding while avoiding undue risk. Discuss short-term needs and long-term investments with your broker who will have the contacts to secure reliable funding sources
 - Within your plan include the disciplines required for monitoring cashflow. A well-run practice shouldn't have too many problems with this if monthly management accounts are produced and reviewed. So, build this essential protocol into your plan as it will provide clear evidence of a well-run business when seeking funding
 - Recognise that you will need to replace and/or add to your equipment on a regular basis. Discuss this with your accountant and financial broker to be sure that you understand the relevant tax benefits and the funding methods best suited to your circumstances
 - Regularly review your investment programme with your financial team. Keep in mind circumstances change and you may need to change with them.
3. It is important to recognise that the way practice projects and initiatives are best funded can vary and if the terms and conditions are inappropriate the impact on profit will be significant. At an early stage discuss this with your broker.

Destination point

Planning offers a lot more than simply helping you avoid bankruptcy. It allows you to run your business with greater



efficiency, effectiveness, and ease. We have seen many spectacular practice successes but sadly, a good few equally spectacular failures. Failures were seldom due to the principal's incompetence. More frequently, the procedures and financial disciplines necessary for running a business were not taken into account. To this end, we have developed a series of business plan templates that we believe will be invaluable to practices at any stage of their development, including:

- Existing practices
- Start-ups
- Practice purchase.

I know it can be argued that, with so much economic uncertainty, there may be little point in planning; but from experience I would argue there is every point. If you have no real destination point for your business, every road takes you there.

Changing direction is easier with a clear destination and the necessary funding in place. **D**

Running a business and running it well has to mean you have procedures in place that ensure you have your finger on the button and you consistently monitor performance

If you have any financial needs or would like one of the business templates, please contact Ray Cox at 07785 757782 or rcox@medifinance.co.uk.

Regulatory Services

GDC Investigation

Amidst the common stresses of the dental profession, one of the most acute ones is the involvement of the General Dental Council in investigating allegations of fitness to practise or impairment to practise.

Here at Buxton Coates Solicitors, we are pleased to offer a specialised team who will be able to provide expert help and support in the unfortunate event that you are subject to an investigation.



We have the knowledge and expertise to assist you in all stages of the GDC's investigatory process. This includes the initial investigation, referral, and preparation of your case prior to the Professional Conduct Committee Hearing and Health Committee Hearing. We recommend that you contact us the moment that the GDC notify you that you are under an investigation. There are various stages to the GDC process, which include:

- 1. Initial assessment**
- 2. Written responses to the Case Examiners**
- 3. Interim Order Hearing**
- 4. Professional Conduct Committee Order**
- 5. Appeal**

We are open about the fees involved and will provide you with an estimation of our costs at the outset. In most cases, your Professional Indemnity Provider will cover the costs of representation. As specialists in this area, indemnity providers are often happy to instruct us to deal with your case.

It is important that you seek advice before responding to any correspondence from the GDC, so in the event you receive any notification, please call us for a confidential, no obligation consultation.

Our role is to guide and support you through a GDC investigation.

Please contact us for further details and we'd be happy to provide you with information.

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Helping patients get what they really want

If your patients don't seem to say 'yes' to treatment plans, you might be overwhelming them with the details, says **Justin Leigh**

Justin Leigh

Founder, Focus4growth



Have you ever noticed a patient looking more confused the more of a treatment you explain?

It's not because you're doing anything wrong. In fact, you're likely doing what most conscientious dental professionals do – clearly outlining every step of the proposed treatment.

But there's something I've seen time and time again with the dentists and teams I work with: over-explaining the clinical detail often reduces a patient's confidence to move forward.

Why? Because when we get lost in the technicalities, we forget to connect with what the patient really wants – the outcome, the experience, and how it will make them feel.

Why the detail can delay a 'yes'

Dentists are, by nature and training, technical thinkers. You've spent years mastering procedures, understanding anatomy, refining your skills, and explaining treatments thoroughly.

But here's the truth: patients don't make decisions like clinicians do.

They don't evaluate a treatment plan based on the technical excellence of the procedure – they decide based on how it aligns with their personal desires:

- Will I be able to smile without embarrassment?
- Will I avoid future pain or bigger problems?
- Will I look better? Feel more confident?

In sales terms, we're talking about the difference between features and benefits:

- Features are the steps, tools, and techniques
- Benefits are the outcomes, emotions, and experiences that patients value.

When we focus too much on features, we risk confusing or overwhelming people – and an overwhelmed mind doesn't make decisions. It delays them.

Analogy 1: Booking the holiday

Here's an analogy I often share with clients.

Imagine you're trying to convince a friend to join you on holiday.

Would you focus on:

- Booking the flights
- Queuing at the airport

- Finding your passport
- Sitting on a plane for several hours? Of course not! You'd talk about:
 - The white sandy beaches
 - The warm sunshine
 - Sunset cocktails
 - Laughter and relaxation
 - Water sports and great food.

That's the destination – and that's what people are buying.

In dentistry, I see well-meaning professionals doing the opposite: explaining the 'flight' instead of painting a picture of the destination.

Analogy 2: Recommending a restaurant

It's like recommending a great restaurant. You don't say:

'Well, it took ages to find a parking spot, we waited 15 minutes for a table, and the menu was long.'

You say:

'The food was amazing. The atmosphere was incredible. We felt so relaxed – and the dessert was unforgettable!'

Again – it's about the experience. That's what people remember, and what makes them say: 'I want that too.'

So, how can dental teams shift the conversation?

Here are three simple but powerful changes I coach dental teams to make when presenting treatment options:

1. Start with the patient's desired outcome

Instead of launching into procedures, start by asking:

'What matters most to you about your smile?'

'What would you like to achieve from your dental treatment?'

This does two things:

- It shows you're listening and tailoring the treatment
- It helps the patient connect emotionally with the end result.

Then, when you explain the plan, link everything back to what they said matters to them.

Example:

'This will help you feel confident smiling in photos again.'



2. Reassure without overloading

You don't need to skip over details – just present them with confidence and calm.

Instead of:

'We'll do A, B, C, and D, then review, and possibly E...'

Say:

'It's a simple process, and we'll guide you every step of the way. You'll be well looked after.'

Patients are trusting you with their health and their money. They want to know you've got it under control. Confidence builds trust.

3. Make the benefits visual and relatable

Before and after images, patient stories, and relatable analogies help people see the outcome and imagine it for themselves.

You might say:

'One of my patients recently told me she smiled in a photo for the first time in years after this treatment.'

That's far more powerful than a list of procedure steps.

From technician to transformation

As a former dental technician, I've seen the extraordinary craftsmanship and care that goes into every case behind the scenes.

But it wasn't until I began coaching dental professionals that I realised how often the value of that work gets lost in translation when speaking to patients.

The dentists and teams I work with every day achieve better case acceptance when they shift from talking about what they do, to talking about what the patient gets. It's not about 'selling' – it's about helping patients understand the life-changing difference great dentistry can make.

When you start speaking the language of outcomes, emotions, and experiences, patients don't feel sold to – they feel understood. And that's when they say 'yes'. **D**

If you'd like to learn more about how to have more relevant and compelling treatment discussions, you can attend one of Justin's Consultative Selling courses – now available as a single-day course. Contact Justin at justinleigh@focus4growth.co.uk.

The rise of dental tourism

Andrea Ubhi and **Adam Glassford** share how UK dentists can navigate the fallout

Andrea Ubhi

Director, Andrea Ubhi Dentistry



Adam Glassford

Cosmetic, restorative and implant surgeon



In recent years, the phenomenon of 'Turkey Teeth' has surged on social media, with influencers and everyday individuals alike showing off dramatic smile transformations. This wave of dental tourism – particularly to countries like Turkey and parts of Eastern Europe – has gained traction as patients seek affordable and immediate solutions to their dental concerns.

But behind the glossy Instagram photos lies a harsher reality: many patients return home with serious complications. These range from nerve damage and infections to poorly fitted crowns and implants, often requiring extensive and costly corrective work.

The appeal is understandable. UK dentistry can be expensive, and waiting lists are long. Overseas clinics often promise the perfect smile in a matter of days and at a fraction of the cost. However, rushed and aggressive treatments – such as excessive tooth preparation for crowns and inadequately planned implant placements – can result in irreversible damage.

To be clear, not all dental tourism is bad. There are excellent clinicians abroad. However, we've seen a disproportionate amount of poor-quality work linked to this trend.

The impact on UK dentistry

UK dentists are now on the front lines, managing the consequences. Patients who were unaware of the long-term risks associated with overseas treatments are increasingly turning to UK clinics for help when problems arise.

This places a significant burden on UK dental professionals, who must address complex cases, often requiring full-mouth rehabilitation – a time-consuming and expensive process. The damage ranges from failed implants to teeth filed down excessively for crowns or veneers. Some UK practices are adopting policies to decline such cases altogether, leaving patients stuck with failing restorations and nowhere to turn.

Ethically, this creates a dilemma; how do

we support these patients while managing expectations, clinical limitations, and the high costs of repair?

A solution

At Andrea Ubhi Dentistry, we recognised the urgent need for a service to help patients affected by failed treatments abroad. This led to the launch of the Implant Rescue Clinic – one of the UK's first dedicated services focused on correcting failing implants and restorative work carried out overseas.

Led by Dr Adam Glassford, a respected name in implant dentistry, the clinic offers comprehensive diagnostic assessments and bespoke treatment plans for patients with complications.

'Many patients come to us distressed, having spent thousands on treatment abroad only to find themselves in pain and at risk of losing their implants,' says Dr Glassford. 'Our goal is to restore oral health, function, and confidence through world-class corrective care.'

Using detailed CBCT scans, advanced surgical techniques, and experienced treatment planning, we aim to salvage and restore where possible. In more severe cases, we perform full rehabilitations – removing implants, grafting bone, and placing new, precisely guided fixtures.

We most commonly see issues related to infection and bone loss – often the result of poorly positioned implants or restorations that are hard to clean. However, bone loss doesn't always mean implant removal. With modern techniques, we can often rebuild bone, use grafting materials to cover defects, and even resurface existing implants. We also redesign restorations to enable better hygiene, working closely with our hygiene team to educate patients on effective home care.

Navigating the trend

So how can UK dentists respond to the growing number of patients affected by dental tourism?

Education is key. Many patients opt for overseas treatment because they aren't aware of the risks

By embedding education into consultations and social media outreach, we can guide patients toward safer, well-planned care

or the alternatives available at home. By embedding education into consultations and social media outreach, we can guide patients toward safer, well-planned care.

UK dentists can also improve accessibility through flexible finance options, clear treatment plans, and transparency around pricing – helping patients make informed decisions without feeling forced to seek cheaper solutions abroad.

Collaboration is also crucial. By working with centres like the Implant Rescue Clinic, general dentists can ensure patients receive the best possible corrective care.

Building referral networks and support pathways is essential in managing this growing issue.

Wake-up call

The 'Turkey Teeth' trend is a wake-up call for UK dentistry.

While dental tourism is unlikely to disappear, UK clinicians play a vital role in managing its fallout – through education, corrective care, and preventive strategies.

By acting proactively, we can help patients avoid harm, repair damage, and ultimately champion ethical, high-quality dentistry that prioritises long-term health over short-term aesthetics. **D**

To find out more about the Implant Rescue Clinic, visit www.andreaubhi.com.

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Navigating media publicity as a dental professional

From reels to reality TV, **Shruti Chopra** looks at the dentolegal implications of the media spotlight

Shruti Chopra

Dentist, practice owner and DDU
dentolegal advisor



As bright and articulate people, dental professionals are always welcome as interviewees and participants in TV shows and increasingly making a name for themselves on social media.

But, if you're tempted to get in front of a camera, be aware that your employer, patients and the GDC might also be watching. You'll still be expected to behave professionally and responsibly in the media spotlight, even if your appearance is unrelated to your day job.

These six DDU tips should help you avoid negative feedback:

1. Know what you're getting into

Creating media content, whether for TV or online, is about ratings and that often means trying to grab people's attention with conflict, emotion or provocative personalities.

Before agreeing to appear on someone's programme or podcast, it's important to do your research by watching or listening to previous episodes. Find out as much as you can about the topic and the other people involved so you aren't blindsided.

If you doubt your ability to remain calm in a live discussion about an emotive topic, it may be better to say no. For recorded programmes, you should also think about whether you want to sacrifice control of your image to a TV producer – many participants on TV shows have complained that they have come across badly in the final edit but of course by then it's much too late.

Remember, once something has been published on social media or aired live, it is in the public domain. It has the potential to be screenshotted, recorded and/or shared via social media or private messaging groups.

If you're tempted to get in front of a camera, be aware that your employer, patients and the GDC might also be watching

2. Maintain trust in the profession

Always bear in mind that you are representing the profession in the public eye. You can be held to account for the things you say and do, which includes endorsing products. Think about what you want to say before being interviewed rather than 'winging it'. Don't relax your guard in conversations with other participants.

The chances are they will be curious about dentistry and some might have strong opinions and try to push/rile you into giving an answer but don't be drawn into making derogatory comments about them, your patients or colleagues.

The GDC says you must 'ensure that your conduct, both at work and in your personal life, justifies patients' trust in you and the public's trust in the dental profession' which includes publishing content 'in any public media'.

If you are asked to endorse a product, you must satisfy yourself that it is appropriate for you to do this. Remember, you are likely to be seen as more trustworthy because you are a professional person. Even if the product is not related to dentistry, you must satisfy yourself that it is an appropriate endorsement for a dental professional to make.

3. Put your own patients first

Make sure that you don't leave patients in the lurch when taking on media projects. If you are going to be absent from work, you should make arrangements with colleagues to cover patients continuing care needs and give them clear information about how to access care and treatment.

4. Don't give person-specific dental advice

While it's fine to offer general advice on TV, radio or social media, don't be tempted to give personal dental advice outside the dental surgery and instead advise the person to contact their own dental practice.

The GDC says: 'You must provide patients with treatment that is in their best interests, providing appropriate oral health advice and following clinical guidelines relevant to their situation'.

This is difficult if you're not able to take a history or carry out an examination in a

clinical/professional and safe environment.

Advising someone about a specific problem is also likely to establish a duty of care and could allow them to pursue a clinical negligence claim or complaint.

5. Avoid breaching patient confidentiality

The media thrives on human interest stories but beware of telling anecdotes that use examples from your own practice.

Even if you don't name the patient or say where they live, discussing a clinical case in a public forum may result in them recognising themselves or being recognised. Without fully informed patient consent, this would be a breach of patient confidentiality.

6. Be upfront about paid promotions on social media

Instagram, Tiktok and other social media platforms are a good place to inform and educate people about oral health, and dispel myths about being a dental professional.

But as you build your profile, you might be approached by dental, health, fitness and lifestyle brands to become a brand ambassador or take on paid partnerships.

If you accept any payment, freebie or perk from a brand for any social media activity you must make this clear by being upfront and honest with other users at the start of the post.

Be sure to use the hashtag #AD for paid posts, or #Gifted if you've received a free gift or experience. This is in line with guidance from the Advertising Standards Authority.

The GDC expects you to comply with its guidance on ethical advertising when endorsing products and also says: 'You must refuse any gifts, payment or hospitality if accepting them could affect, or could appear to affect, your professional judgment.'

So think carefully about the associations you make as an influencer.

Remember, our advisers are here to help with any of your dentolegal queries. If you have any doubts about appearing on a podcast, live TV/radio show or even before posting on your socials, contact us and we would be happy to talk it through with you. **D**

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References: 1. PRO-ARGIN® technology vs stannous fluoride/sodium fluoride technology, in vitro study, confocal images after 5 treatments. Liu Y, et al. J Dent Res. 2022;101(Spec Iss B):80. 2. For instant relief, apply directly to the sensitive tooth with fingertip and gently massage for 1 minute. Supported by a subanalysis of Nathoo S, et al 2009. Data show that 42 subjects out of 42 (100% or 10 out of 10) experienced immediate sensitivity relief on both tactile and air blast measures after a single direct topical self-application using the fingertip and massaging. Subanalysis of Nathoo S, et al 2009 (CRO-2009-01-SEN-IARG2-ED; Nathoo S, et al. J Clin Dent. 2009;20(4):123-30). 3. With 4 weeks of continued use. Supported by a subanalysis of Docimo R, et al 2009. At 4 weeks, 40 out of 40 subjects (100%, 10 out of 10) achieved lasting sensitivity relief on both tactile and air blast measures. Subanalysis of Docimo R, et al. J Clin Dent. 2009;20(1): 17-22.

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The leadership prescription for 2025

Mark Topley shares what dental practice leaders need most

Mark Topley

Dental CSR and ESG consultant



In 2025, running a dental practice demands far more than clinical excellence.

The biggest problems facing practice owners today aren't just rising costs or patient expectations – they're people problems. Staff morale. Team engagement. Leadership confidence.

A 2024 Dentists' Provident survey found that more than 40% of UK dentists feel overwhelmed or defeated at least monthly, and 90% report significant career stress. Nearly one third say they've considered leaving the profession altogether.

Meanwhile, staff retention is now one of the biggest operational headaches. According to industry reports, UK dental practices are experiencing turnover rates close to 27% – well above average. Many have been unable to fill key roles for over a year, and younger professionals are citing poor leadership, unclear expectations, and a lack of purpose as reasons for moving on.

At the same time, the CQC's new inspection framework is shining a light on leadership, culture, and sustainability as key quality indicators. This means how you lead your team is not only essential to success – it's under regulatory scrutiny, too.

In short: dentistry is changing. And what worked in the past won't work in 2025.

The common thread? Leadership

When you strip away all the noise, the practices thriving today – despite the pressure – have one thing in common: strong, people-focused leadership.

Not the charismatic, shout-from-the-front kind. But the clear, calm, confident kind. The kind of leadership that:

1. Sets a clear direction and brings the team with them
2. Handles issues head-on, before they snowball
3. Creates a culture where people feel safe, supported, and motivated
4. Delegates well, so the owner doesn't carry the whole weight alone.

Sadly, most practice owners weren't trained in any of this. They were trained to be excellent clinicians. And suddenly, they're also meant to be HR manager, motivator, strategist, and culture-builder – all at once.

So, what does leadership really look like in 2025?

Here's what the most successful practice leaders are doing differently this year:



They lead with emotional intelligence, not just experience

You can have the best systems, but if you don't understand people, you'll struggle. Emotional intelligence is the ability to stay calm under pressure, tune into what your team needs, and hold boundaries with kindness. It's what helps you turn conflict into clarity, and avoid being the boss who burns out – or blows up.

They create a culture that retains talent

Gone are the days when a pay rise was enough. Today's team members want more: meaning, belonging, and clarity. The best leaders build culture on purpose, not by accident. They invest time in team communication, celebrate small wins, and challenge negativity when it appears.

And the results speak for themselves: practices with strong internal culture have been shown to retain staff 25% longer and deliver higher patient satisfaction scores.

They delegate and develop, rather than doing it all themselves

Too many owners are stuck in the weeds. They're holding too much, leading to stress, missed opportunities, and frustration. Great bosses build systems, empower others, and lead from a place of trust – not control.

This shift doesn't happen overnight, but the rewards are huge: more time, better performance, and a healthier, more resilient practice.

They communicate with clarity and consistency

One of the most common causes of tension in dental teams is simple: assumptions. People 'should know' what's expected. But they don't. They guess. Or they get it wrong. Strong leaders set the tone early and reinforce expectations regularly. This doesn't mean micro-managing – it means communicating well, so people can succeed.

Is your practice set up to thrive – or just survive?

If you're a practice owner or manager feeling frustrated, fatigued, or flat-out stuck – you're not alone. But you don't have to stay where you are.

With the right mindset, tools, and support, you can lead a thriving practice. One where people want to work. Where problems get solved early. Where you actually enjoy the job you've built.

To help you make that shift, I've created a short, practical tool designed specifically for 2025's challenges.

It's called the *2025 Dental Practice Success Guide* – and it's completely free.

Inside, you'll find:

- Straight-talking advice on how to lead with confidence, even when things feel uncertain
- A clear roadmap for building a workplace culture where people want to show up and do their best
- Practical guidance to help you stop doing everything yourself by building a self-sufficient, accountable team
- Tools to boost emotional intelligence, so you can handle tricky conversations and daily pressures with calm and clarity
- Step-by-step action plans to help you delegate effectively, manage your energy, and lead without burning out

It's not about inapplicable theory. It's about giving you clarity, confidence, and control – so you can lead a practice that thrives in 2025, without the overwhelm. **D**

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Louise, Practice Manager



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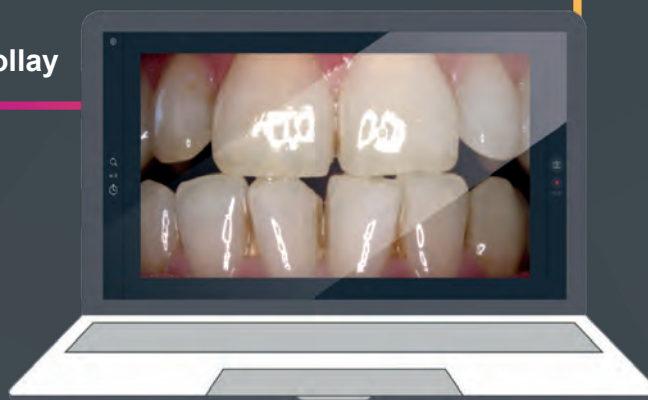


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Dr. Henrik-Christian Hollay



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Silent strength

Raabiha Maan discusses the power of active listening in managing difficult dental encounters

Raabiha Maan

Practice principal and founder of the Patient Journey Academy



The waiting room fell silent as a middle-aged woman stormed into my clinic, voice echoing off the tiled floor. It was early in my career – I was a 25-year-old dentist just out of my vocational training year and this was my first experience with a truly furious patient. She was red-faced and shouting before I could even offer a hello. My heart thumped against my ribs. Part of me wanted to retreat under my desk and not come back out. Instead, I took a slow breath, sat forward, and did something unexpected: I listened.

For a solid five minutes, I didn't say a word. I simply nodded, kept my face soft, and let her vent at full volume. Still panicking inside, I listened. She unleashed a torrent of frustration: she'd been in severe pain for weeks. Prior dentists, she felt, had neglected her concerns. On top of that, she was a caregiver for her autistic son, and juggling those responsibilities with a toothache had pushed her to breaking point. Every fibre of my being wanted to jump in to explain, defend our scheduling and reassure her we weren't like the others. But I didn't.

When she finally paused, her anger visibly deflating, I gently responded: 'I'm so sorry you've been through all this. Thank you for telling me.' I apologised for her pain and the difficult road that brought her here. What happened next felt almost miraculous: her shoulders dropped and her clenched jaw softened. She let out a long breath. In a quieter voice, she said: 'Thank you for listening... I'm sorry I yelled.' In that moment, the dynamic between us completely shifted. We sat down and calmly discussed a plan to get her out of pain and begin rebuilding her smile.

Why listening works

Active listening is a well-known concept, but let's be honest: in the heat of a difficult patient encounter, it's easier said than done. We think we're good listeners, yet research shows patients get only about 11 seconds to explain their issue before being interrupted. Truly listening – without interjecting, defending, or hijacking the conversation – is surprisingly rare. But it's powerful. It allows patients to feel heard, respected, and safe.

The LISTEN framework

Over time, I developed a simple framework I now use to ground myself in difficult encounters. I call it the LISTEN method:

- L – look at the patient. Stop typing, face them fully, and use warm, open body language
- I – invite them to share. 'Tell me what's on your mind,' goes a long way
- S – silence. Let them speak uninterrupted. Even if it's uncomfortable, let the silence sit
- T – tone and posture. Stay calm, steady, and neutral. Your energy sets the tone
- E – empathise. Acknowledge feelings before jumping to solutions: 'That sounds incredibly tough'
- N – next steps. Only after they feel heard, offer your plan: 'Let's work together to fix this.'

This isn't about appeasement – it's about connection. Active listening isn't passive. It's an

intentional, skilled act that transforms tension into trust.

Final thoughts

That woman? She's now one of my most loyal patients. She waits without complaint (yes, I do keep her updated... and yes, I am regularly late... and yes, I know that's not great – but what can I say I love to chat as much as I love to listen). She even shows up early these days, and always says with a smile: 'Thank you, Raabiha.'

And all I did was listen.

Listening won't fix every clinical problem, but it will transform how people feel in your presence. It softens walls. It builds bridges. It gives you, and your patients, the space to breathe

So next time your ego feels the urge to interrupt, defend, or 'fix', pause. Listen first. That's where real connection begins. **D**

To find out more about Patient Journey Academy, an online platform and in-person workshop series helping dentists master the art of communication and connection, visit www.patientjourney.academy. If you would like to sign up to the workshop waitlist, visit subscribepage.io/drraabihamaan. Follow Raabiha on Instagram @drraabihamaan.





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NHS dentistry – who's leaving whom?

'It does feel like the stigma around leaving the NHS is in the past now; it feels more like the NHS left us first' was a comment from a questioner on a recent Practice Plan webinar.

Zoe Close shares her views on this subject



Zoe Close

Head of sales at Practice Plan



Over the years, there have been many factors that have held back NHS dentists from converting to private dentistry, one of which has been the fear of a backlash from disgruntled patients. As this person who tuned into our recent webinar implies, this is something that is no longer a major factor. That's not to say there won't be any kind of reaction on social media or from patients ringing up when a practice converts from NHS to private dentistry, as it's likely there will. This is something a Practice Plan regional support manager would help the practice team to mitigate by preparing them with the right messages to convey to people upset by the change.

However, there has been so much media coverage about the deficiencies of the NHS contract that members of the public now have a better understanding of the reasons why a dentist may want to hand back an NHS contract. In fact, no less a figure than Wes Streeting, secretary of state for health and social care, has publicly described NHS dentistry as being 'at death's door'.

Fear of backlash

Apprehension about the reaction of the local community has not been the only psychological barrier to making the move away from the NHS. The very real emotional tie dentists feel towards

the NHS can also be a strong inhibitor. Many have expressed a feeling of guilt about leaving as they see it as their way of giving back to society. They may not appreciate that providing NHS dentistry is not the only way of making a contribution to their community or to those in need.

Having said that, the sentiment expressed in the comment above seems to imply that the tie to NHS dentistry seems to be loosening for some. The strain of working within a contract deemed 'not fit for purpose' as long ago as 2008 is taking its toll. While the principle of NHS dentistry is still very dear to the hearts of many dentists, working with the reality of time-consuming red tape, insufficient remuneration for work done, and spiralling costs has clearly left some feeling let down.

Taking back control

As a private dentist, the running of your practice is within your control, not the NHS'. The only targets in place are the ones you have set yourself. Not only that, but you also have full control over the charges you choose to set. So, if you want to devote some time every week or month to voluntary work, then it's your choice, and you're free to do that. With fewer patients to see, it's also likely you'll have more time available to get involved with charity or community work.

Alternatively, if you want to provide your services at a reduced cost, or even free of charge, to patients in need, then you're free to do so. This is something that, under the

Working with the reality of time-consuming red tape, insufficient remuneration for work done, and spiralling costs has clearly left some feeling let down

terms of an NHS contract, you would not be allowed to do, as there's always the patient charge to be considered. Far from preventing dentists from being able to contribute to society, life as a private dentist can open up more opportunities to give back for those who believe it's important to them.

So, if you're feeling unhappy with your relationship with the NHS, consider the words of author, Annie Duke, from her book *Quit: The Power of Knowing When to Walk Away*: 'Success does not lie in sticking to things. It lies in picking the right thing to stick to and quitting the rest.' **D**

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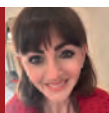
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Wellbeing: dentistry's new frontier

Victoria Wilson explains why dental professionals need to learn the skills to overcome challenges and not be impaired by them

Victoria Wilson
Dental therapist



I regularly address dental students on the topic of wellbeing and the importance of self-care. It is wonderful to sense that future generations cannot wait to be part of the dental community, and witnessing this new fresh energy, beautiful naivety and excitement is so comforting.

Our mission is to collectively continue to inspire younger generations and equip them with the right toolbox of strategies. We need to help them embark on this journey, ensure they remain optimistic and become self-fulfilled happy dental professionals.

Easier said than done though: there have been longstanding issues of poor mental health and wellbeing in the dental sector, as we all know, and these will not disappear overnight.

Physical wellness

In truth, working in any profession takes tenacity. Take dance students aspiring to be professional dancers, for example.

They know how important it is to constantly fine tune their technical skills to make it to a professional level. They are pressurised to focus on their coordination of movements, musicality and rhythm, body awareness and control whilst cultivating a sense of individuality.

Some will successfully execute exceptional performances and be destined to become phenomenal dancers. But if they neglect their sleep, diet, and wellbeing needs, the longevity of their dance career will be short-lived.

In the case of dancers, the fact that so much emphasis is placed on physical wellness knowing the incidence of injury is so high may sadly downplay the significance

of mental wellness. In dentistry however, important steps are being made to recognise and address dental professionals' susceptibility to mental health disorders, and this is only the start.

Managing stress

Our dental students can have a very bright future if they recognise that some aspects of their lives will get tougher along the way. The prevalence of burnout in the profession is high and this cannot be brushed under the carpet.

In my opinion, mental wellbeing should be a fundamental pillar in professional training, like learning how to interact with patients, avoiding litigation, and striving for better clinical outcomes. If any one of these factors is neglected, the chance of the individual lasting in the profession is very slim.

In my presentations to students, I like referring to the Yerkes-Dodson Law. This explains that a lack of stress can lead to an absence of motivation and negatively impact on performance, while intense stress can stop individuals reaching their full potential.

I am encouraging students to expect a moderate level of stress which will be motivational, without risking their health and wellbeing.

Red flags

I also insist on being true to oneself and learning how to identify signs and red flags. Stress is experienced differently by people and there is no shame feeling overwhelmed. I advise dental students not to be oblivious to these signs and build protective factors against the stressors in dentistry to become more resilient.

The Mental Health Continuum model is also a valuable tool which teaches how to grow a healthy mindset to overcome challenges and preserve wellbeing. As stress is multifaceted and impacts individuals differently depending on personalities, confidence and complexity of tasks, this admittedly poses a real challenge when trying to help.



How this resonates with students is of course not the same as with qualified dental professionals, as unsurprisingly it can be hard to comprehend what they have not yet experienced. However, I would have been immensely grateful if someone had approached us in dental schools on the topic of wellbeing.

Transitioning to the workplace can be unsettling and knowing that it is possible to reach out to someone could make a big difference.

Wellness in person

Alongside my ongoing wellbeing roundtables, I have now organised an in-person wellness event on 15 May in collaboration with Philips. This and the inaugural Philips Academy event in July will address and hopefully start to normalise wellbeing in dentistry and make it relatable and more relevant to the profession.

I will be joined by multi award-winning dental hygienist and dental therapist Sakina Syed, and dental therapist and Philips professional relations and education manager Kimberley Lloyd Rees. I hope we will be able to draw on our collective experience to help guide and support our up-and-coming colleagues. **D**

The prevalence of burnout in the profession is high and this cannot be brushed under the carpet

For more information on how to register for the in-person wellness event, please visit my Instagram @mysmilerevolution.

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Mind the gap

How do career breaks impact female dentists' retirement plans? **Laura Teehan** shares her insights and how to bridge key gaps that form

Laura Teehan

Specialist financial adviser at Wesleyan Financial Services



A career break may occur for many female dentists in the UK, whether due to maternity leave, caring responsibilities, or many other personal reasons. While stepping away from work can be necessary and rewarding, it can also have long-term financial consequences, particularly on pension savings and retirement plans. Understanding these impacts and planning in advance can help mitigate potential shortfalls and ensure financial security in later years.

According to recent research findings (Wesleyan, 2024), there's a concerning trend: two thirds of female dentists plan to change how they work in the next two years, yet 71% have not fully planned for the financial impact of these changes. Additionally, only three out of 10 female dentists seek professional financial advice, despite the complexities of managing retirement savings.

A pause with a price

For those working within the NHS, the NHS Pension Scheme provides a defined benefit pension based on earnings and years of service. However, time away from work results in missed contributions, which directly affects the final pension payout. The longer the break, the more noticeable the reduction in retirement income, particularly when you take into account the inflationary increases to the pension over your career.

For self-employed and private practice dentists, the situation can be even more challenging. Without employer pension contributions, professionals may rely on personal pensions to build their retirement funds. A pause in earnings often leads to a halt in pension savings, which can create a significant shortfall over time. Since pension savings rely heavily on compound growth, even a few years of reduced contributions can have a lasting impact.

Stay one step ahead

Planning ahead can help female dentists navigate these financial challenges. Before taking a career break, reviewing pension contributions and assessing how the time away will affect long-term retirement savings is crucial. Increasing pension contributions in the years leading up to the break can help compensate for any gaps.

Establishing an emergency fund to cover living expenses can also prevent financial strain and reduce the need to dip into long-term savings. Seeking advice from a dental specialist financial adviser is a valuable step to ensure a tailored approach based on individual circumstances.

Keep the pension pot simmering

During a career break, maintaining pension contributions where possible can make a significant difference. Even small voluntary contributions can help sustain long-term pension growth. In some cases, a working partner may contribute to a pension on behalf of the dentist taking time off, which can be a useful strategy to keep retirement plans on track, though this depends on individual circumstances. Additionally, monitoring existing pensions and investments ensures they remain aligned with long-term financial goals, even during a temporary absence from work.

Get straight back to business

Once back in practice, catching up on pension contributions is often a good place to start. Making additional payments into a pension scheme in line with the Annual Allowance (set at £60,000 per annum) can help bridge any gaps caused by the break. Remember that you can also utilise any Annual Allowance you may have missed from the three preceding tax years.

Reviewing retirement goals and adjusting financial plans based on any changes in career trajectory or income is also important. Salary sacrifice schemes, where a portion of earnings is directed into a pension before tax is deducted, can be a tax-efficient way to boost retirement savings upon returning to work.

Smart money moves

Several tax-efficient saving and investment strategies can help offset the effects of career breaks on pension savings. Pension contributions can receive tax relief, meaning that even modest payments can be highly beneficial. Higher earners can claim additional tax relief through self-assessment, making pension savings even more efficient.

Investing in ISAs can provide an alternative, tax-efficient way to save money for the short to medium term. It may also be an opportunity to explore diversifying financial portfolios with property investments or other passive income streams to supplement retirement savings.

Bear in mind that the value of investments can go down as well as up and you may get back less than you invest.

Keep eyes on the horizon

It's easy to underestimate the financial impact of a career break on future wealth and security. Some may even put off thinking about retirement altogether, only to find that the financial gap is harder to close as time goes on due to losing the compounding effect of early saving. Maintaining personal financial independence is crucial for life after hanging up the loupes.

For female dentists considering a career break, early planning is key to maintaining financial stability. Taking proactive steps, such as protecting pension contributions, exploring tax-efficient savings options, and seeking specialist financial advice can help balance a dentist's career and personal life without compromising future financial security. By addressing these challenges head-on, female dentists can ensure a comfortable and well-prepared retirement, regardless of any breaks taken along the way. **D**

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

To discuss your retirement plans with a dental specialist financial adviser at Wesleyan Financial Services, visit www.wesleyan.co.uk or call 0808 149 9416.



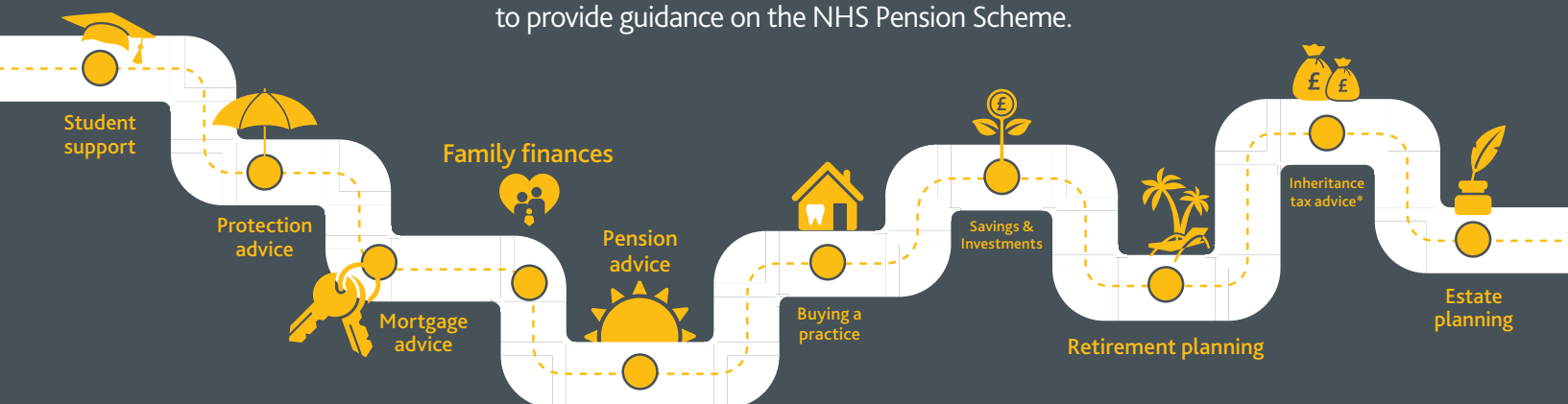
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Adding the human touch

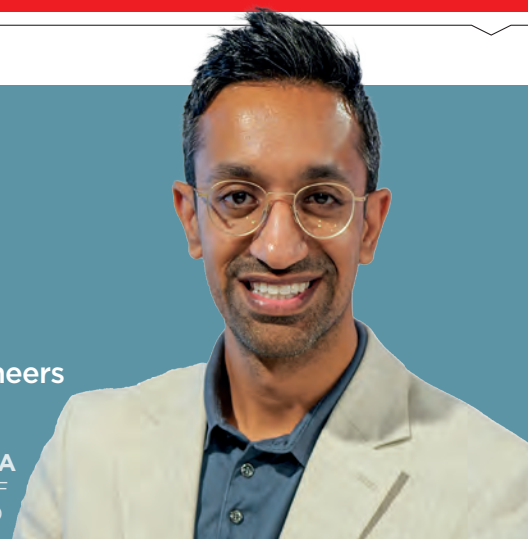
Sam Jethwa discusses the missing link for truly stunning veneers



British Academy of
Cosmetic Dentistry

SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF
COSMETIC DENTISTRY (BACD)



Veneers remain a popular cosmetic dental treatment solution across the UK and worldwide. The global market was valued at USD 2.1 billion in 2021, predicted to rise by 8.3% by 2030 (Grand View Research). For any UK colleagues who provide veneers in practice, this will be no surprise. Patients request the modality on a daily basis, often looking for a fast and efficient solution to chipped, misshapen or discoloured anterior teeth. However, a challenge presents in delivering a functional yet truly beautiful restoration, using a conservative approach. The minimal prep veneer revolution has been inhibited, in my opinion, by a lack of creative ceramicists.

A lost art

I mean absolutely no disrespect to colleagues – indeed, I have worked with some amazingly talented individuals who produce exceptional work. Instead, it is a reflection of a potential downside to the digital dentistry that we all know and love.

Only by working together can we put the creativity and human touch back into restorative dentistry

Let me explain. Digital workflows are great and they offer an array of benefits, from increased speed and efficiency to reduced costs and standardised workflows that require less human intervention. But – and it's becoming a big but – digital solutions do not deliver the same hand finish for final restorations that we seek as detail-orientated cosmetic dentists. As such, there is potential for digital workflows to jeopardise the natural-looking aesthetic traditionally achieved with hand-finished veneers.

Support for ceramicists

While I understand why so many labs utilise digital workflows to deliver restorative work, it is important that we do not lose the creativity needed for veneers. As clinicians, we need to support ceramicists who invest time, effort and finances into maintaining the skills and tools necessary to provide hand-layered veneer techniques. We need to appreciate that the quality of this work is worth waiting a little longer for and paying fairly for. Their experience and artistic capability are crucial if we are to provide our patients with the very best veneers – minimal prep or otherwise.

This also means that we need to pick and choose what we produce in-house and what we outsource to the expertise of our

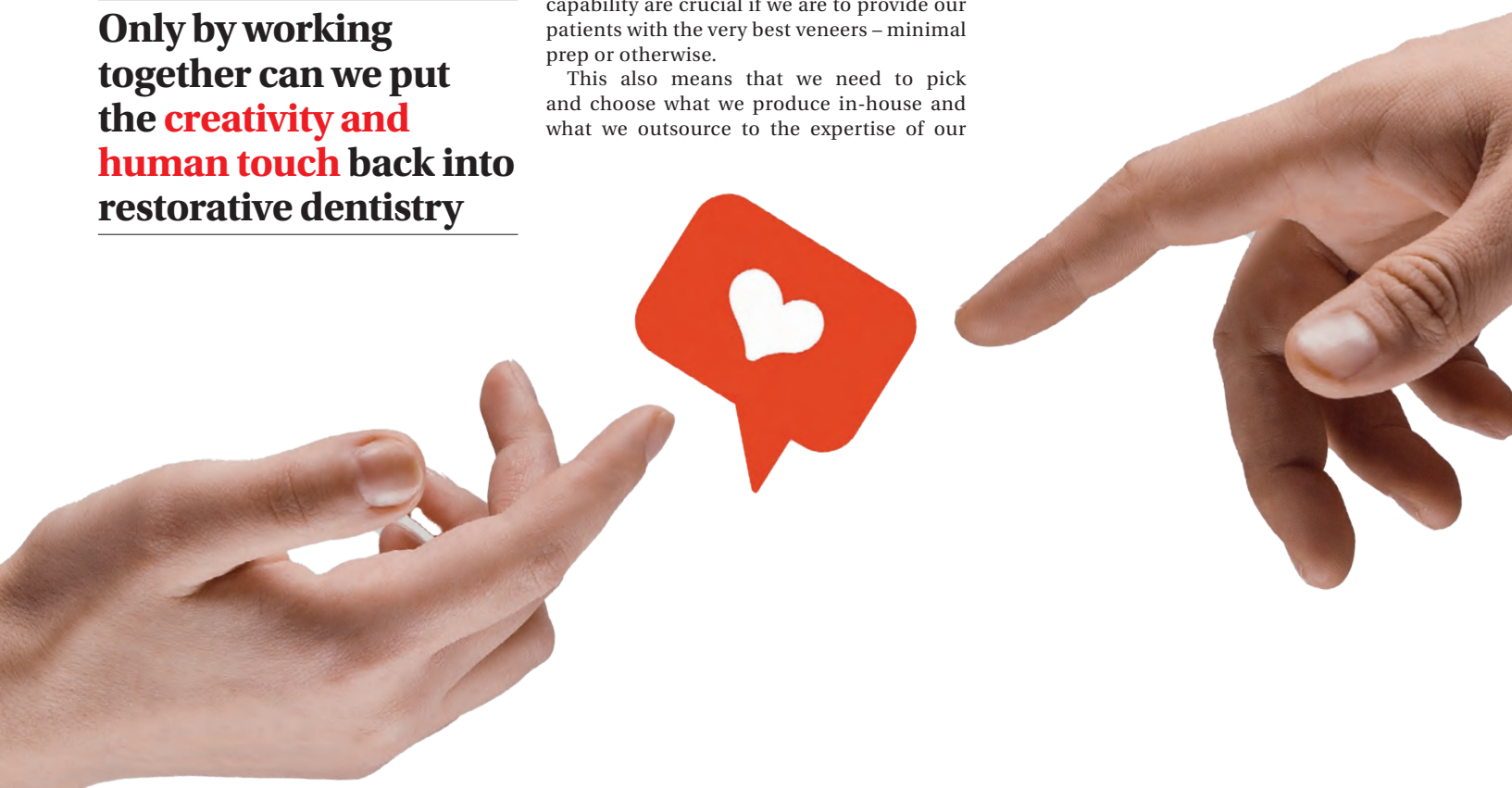
local laboratory. Digital workflows within practices may afford unrivalled speed and efficiency for temporary restorations, but few of our technologies (or our skills) are up to the standard that a ceramicist could achieve. That means outsourcing is in the best interests of our patients.

Connecting the dots

Patients deserve the very best we can give them. In the case of veneers, this will nearly always be what a ceramicist can provide. If we can better support our lab colleagues, more will be able to focus on hand-finishing restorations, giving them opportunity to continue honing related skills. Only by working together can we put the creativity and human touch back into restorative dentistry. **D**

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THE ORAL CLES

— Dental hygienists and dental therapists

Supporting patients with complex medical needs

Rhiannon Jones spoke with **Emma Slade-Jones** about the BSDHT's new guidance, designed to support dental professionals in managing medical conditions that may affect appointments

Rhiannon Jones

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



Emma Slade-Jones

Dental hygienist and author of the BSDHT Guidance Sheet: Medical Conditions That May Impact Dental Appointments



Rhiannon Jones: This new guidance from the BSDHT is a valuable addition to the profession. What prompted its creation?

Emma Slade-Jones: Questions frequently arise regarding dental patients undergoing cancer treatment, antibiotic prophylaxis, managing anticoagulants, pacemakers, and even cold sores, among many other conditions.

Guidelines can be complex, and knowing where to find concise, reliable information is essential. With this in mind, the *Guidance Sheet: Medical Conditions That May Impact Dental Appointments* consolidates essential considerations into one accessible resource, supporting clinicians in making informed decisions.

Rhiannon: How important is collaboration with medical teams in this context?

Emma: It's vital. The guidance highlights the importance of clear communication with medical teams. Clinicians should familiarise

themselves with appropriate referral procedures, maintain templates for common requests, and ensure correspondence is accurately documented and uploaded into patients' dental records.

Rhiannon: Cancer care is a particularly sensitive area. What should dental teams keep in mind when treating patients undergoing or recovering from cancer therapy?

Emma: There is no universal approach. Factors such as the patient's specific cancer treatment, therapy stage, type of dental treatment (invasive, elective, or emergency), and overall health must all be considered. Clinicians should liaise closely with oncology or medical teams to ensure informed decisions prioritise the patient's best interests.

Rhiannon: How can the dental team help bridge the gap between primary and secondary care?

Emma: Clear guidance from oncology teams about appropriate timings for dental treatment is key. Dental teams should prioritise assessment appointments post-diagnosis and before cancer treatment begins. Training staff to encourage patients who might otherwise cancel routine appointments to attend these assessments ensures valuable opportunities are not missed.

Rhiannon: You also touch on systemic health in the guidance. Can you explain more?

Emma: Oral health is closely linked with systemic health and, to offer one example, a stroke can severely impact a patient's ability to maintain oral hygiene due to difficulties with speech, eating, swallowing, and manual dexterity. These are obviously important considerations in care planning, as they can

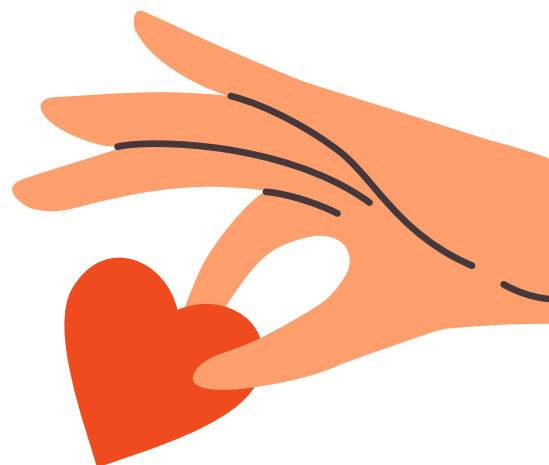
significantly affect a patient's oral health outcomes and overall wellbeing.

Rhiannon: When it comes to medication, particularly anticoagulants, what do dental professionals need to consider?

Emma: For patients requiring invasive procedures who are taking anticoagulants such as warfarin, apixaban or rivaroxaban, clinicians must carefully assess the risks. International normalised ratio (INR) levels should be checked for patients on warfarin, while treatment planning for those on

The guidance highlights the importance of **clear communication** with medical teams

Guidelines can be complex, and knowing where to find **concise, reliable information** is essential





As new questions emerge and recommendations are updated, **our shared goal remains the same: to support clinicians in delivering optimal, integrated patient care**

apixaban or rivaroxaban should follow current guidelines and evidence-based risk assessments. The Scottish Dental Clinical Effectiveness Programme (SDCEP) provides a helpful quick reference, which we've linked to in the guidance.

Rhiannon: What about the topic of antibiotic prophylaxis?

Emma: The ongoing debate around antibiotic prophylaxis means careful decision-making is needed, especially in borderline cases. Guidance from the patient's medical team, coupled with the type of planned dental treatment, should inform decisions. Evidence-based guidelines, such as those from the National Institute for Health and Care Excellence (NICE) or SDCEP, support clinically justified choices.

Key considerations include the patient's medical history, such as immunosuppression or a previous diagnosis of endocarditis; the invasiveness of the proposed dental treatment, for example extractions or subgingival

periodontal therapy; and the importance of shared decision-making. All discussions and clinical reasoning should be clearly documented to support continuity of care across the dental and medical teams.

Rhiannon: Cold sores are another area where there seems to be some confusion. What does the guidance say?

Emma: Cold sores represent a grey area in dental practice. Dental hygienists and dental therapists may feel pressured by patients or colleagues to proceed with treatment, given our rigorous infection control procedures.

However, the guidance recommends deferring elective treatment until lesions fully heal to prevent discomfort and reduce the risk of viral spread. Clinicians should exercise professional judgement to determine when it is appropriate to resume treatment. While cancellations can be inconvenient, safety-focused decision-making is paramount.

Rhiannon: How can dental teams raise awareness with patients before problems arise?

Emma: We've included a waiting room and clinic poster in the guidance to inform patients that certain medical conditions and medications may affect their dental treatment. Raising awareness beforehand helps manage expectations and anticipate complications. For example, patients can be

advised not to attend with an active cold sore or reminded to check INR levels before their appointment.

Even if treatment is deferred, clinicians can use the time to provide oral hygiene advice or simply check in on patients' wellbeing. This can be a great comfort to patients who are facing challenging health situations.

Rhiannon: Although you have taken the lead on this, I imagine this kind of guidance involves collaboration behind the scenes?

Emma: Absolutely. Although I authored the guidance, it reflects the input and shared expertise of colleagues across the profession. I'm especially grateful to the BSDHT education team, Professor Mike Lewis, Professor Iain Chapple, and fellow dental care professional Joss Harding for her significant contributions, particularly in promoting best practice for patients undergoing cancer treatment.

This spirit of collaboration will be key as the guidance continues to evolve. As new questions emerge and recommendations are updated, our shared goal remains the same: to support clinicians in delivering optimal, integrated patient care. **D**

For access to the full guidance and supporting resources, visit tinyurl.com/BSDHtmemberarea.

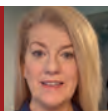
Improving mental wellbeing



Wendy Duncan discusses psychological safety and mental health wellbeing in the dental workplace

Wendy Duncan

Dental therapist, specialist dental advisor for the Care Quality Commission



I became focused on mental wellness and staff safety in the workplace following a rather traumatic experience in my own clinical practice. It shocked me enough to want to make sure my experience was not repeated. This led me to become a mental health first aider and trainer. Stepping back from clinical practice into a more educational/regulatory role has allowed me an objective vantage point to assist in the search for solutions.

What is mental wellbeing and psychological safety?

Psychological safety is the ability to work in an environment where our needs are considered and met where reasonably possible. A workplace where it is encouraged to speak up and discuss concerns without feeling a fear of reprisal, whilst also encouraging individual opportunities to thrive and develop within the individual role held within the team.

Whilst stress is a part of our everyday lives in practice, this is usually temporary. Persistent stress can be one of the contributors to poor mental wellbeing.

Dentistry has been recognised as a very stressful occupation due to following:

- Business-led stressors
- Clinical-led stressors
- Society- and person-led stressors
- Regulatory-led stressors
- The working environment.

Caused by:

- Multiple patients throughout the working day
- Time restraints, regulatory restrictions and compliance
- Fear of fitness to practise proceedings
- Burnout and exhaustion.

Leading to:

- Less clinical confidence, impacting decision making and increased risk of errors
- Poor staff retention and workforce sustainability
- The risk of inadequate patient care leading to heightened risk of litigation and complaints.

What is happening in our profession?

Current research

Studies showed high levels of burnout among dentists, with GDPs being the most severely affected (Denton et al, 2008; Collin et al, 2019).

A survey of dental care team members in Northern Ireland showed that 20% of the DCPs suffered from psychological ill-health (Gorter and Freeman, 2011).

Anonymous comments from the dental profession in response to research by Dental Protection to the question of mental health:

'Radical reform of the way the GDC deals with fitness to practice cases. Radical reform of the NHS contract. I am sure with these changes the mental health wellbeing of dental professionals will improve massively.'

'Pressures are increasing with lack of staff and more demand for appointments. Whatever people try and do the need will increase.'

'Most dental practices are small and run by the owner. There is a lot of pressure in the day to see patients with no down time at all. If there are any spaces, they are filled immediately. It's not like a normal job where you can get breaks or even go to the toilet. We all work like machines and physically and mentally there is no let up.'

In response, The General Dental Council (GDC) commissioned a rapid evidence assessment (2021) to assess the extent of the issue and develop a framework to allow its registrants a meaningful and practical route to help and recovery.

How does the law protect us?

The law in the UK states: A dental practice's primary responsibility as an employer is to provide a safe working environment, adhere to employment laws, offer proper training and development opportunities, maintain a positive working culture, and ensure all staff are aware of and follow the GDC's ethical standards, which prioritise patient safety and professional conduct.

Who do we turn to when we need legal advice?

The British Association of Dental Therapists members' legal advisor is Mr Sunil Abeyewickreme. Sunil is a leading specialist in the dental law and has commented previously in *Dentistry* regarding his concern about contractual restrictions placed on associates and DCPs saying: 'In the last six months I have been inundated with enquiries from dentists who have qualified from overseas and have entered into contracts containing highly restrictive clauses that effectively prevent associates from being able to freely leave a practice without paying a significant penalty.'

When questioned in relation to this article, Sunil

reaffirmed that he had received an unusually sharp increase in the demand for advice largely associated with welfare concerns from sponsored/supervised clinicians stating: 'Some actions taken by employers are falling into the realms of modern slavery with monies deducted and threats of retraction of support/sponsorship.' This is very worrying and falls very short of the basic standards in employment law and within our profession.

What are the workable solutions?

Being a member of your respective association offers you legal advice and guidance from an expert in their field, as well as peer support through published articles and lived experiences which is invaluable in a profession such as dentistry which can be quite isolating.

The University of Plymouth developed and published a *Mental Health Framework in Dental Practice* (2022) with the aim of introducing a profession-wide action plan with a mental health lead in each practice to support staff where required.

Organisations such as Mental Health Wellness in Dentistry (MHWD.org) have been set up to offer a call to action and a framework to follow for safe pathways to support and advice for all the team. Their goal is to encourage a whole team approach to mental wellness by directing practices on how to create safe environments where staff can talk, express concerns or be safely signposted if necessary.

Our mental wellness and safety is the responsibility of each and every one of us. A working environment that is supportive and collaborative enables us all an opportunity to discuss issues in a safe and constructive manner enabling solutions to be found quickly and compassionately. **D**

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tooth preparation, management of dark roots, soft tissue management, haemostatic agents, impression taking, bonding temporaries, occlusal considerations for temporaries, troubleshooting trial smile issues, and expectation management

- Expert instruction: learn from Dr Sam Jethwa, a seasoned professional dedicated to mentoring dentists through personalised guidance, ensuring that each participant gains confidence and expertise
- Flexible payment options: recognising the financial considerations of dental professionals, the academy offers a £1,000 + VAT deposit and flexible payment plans to accommodate various budgets.

COURSE STRUCTURE AND CONTENT BREAKDOWN

Day 1 and 2

- Occlusion cleared up: understand occlusal diseases, classify wear patterns, and confidently deprogram patients without complicated processes and extensive equipment. Learn that not every patient requires a rehab if veneer treatment can be designed correctly. Learn to identify the first point of contact and comprehend the nuances between centric occlusion (CO) and centric relation (CR) in a clear, simple way
- Facial driven smile design: delve into the principles of smile design, including protocols for smile designing from images, understanding line angles, and adopting a facially driven approach to smile aesthetics
- Materials: learn about materials, ingots, layering, and when/why/how things are done in varied ways depending on the occlusal and aesthetic factors of the case
- Cosmetic and full mouth treatment planning: gain the ability to plan multidisciplinary treatments confidently, address cosmetic cases, manage wear cases, and follow a thorough case assessment protocol.

Day 3 and 4

Live real patient treatments, carried out by you, with mentors beside you.

- Communication and patient expectation management: enhance communication with cosmetic patients and reduce complaints
- Direct mock-ups: learn smile designing in the mouth using DMG Luxaflow, record mock-ups for laboratory communication, and understand the evaluation and modification of wax-ups. Introduce predictability into your cosmetic dentistry. All on real patients
- Trial smile and tooth preparation: construct bespoke trial smiles, adopt minimally invasive preparation techniques, manage soft tissues,

'Life changing, so many light bulb moments, my dentistry will never be the same again.'

- Dr Krupesh Patel



and address various clinical scenarios to ensure optimal patient outcomes

- Laboratory communication: learn to effectively communicate with laboratories, ensuring that your clinical intentions are accurately understood and executed by the steps involved in copying bespoke made temporary veneers.

Day 5 and 6

Multiple-unit cementation on real patients and long-term considerations.

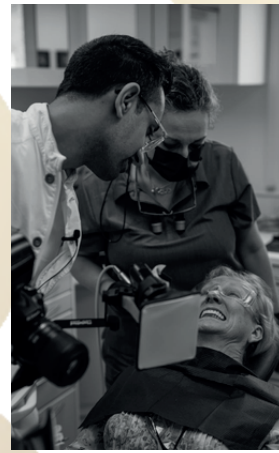
- Cementation: clear and simple multi-unit cementation workflow, on real patients fitting the final veneers/indirect restorations that we will have hand designed on day 3. Easily navigate interproximal clearance, occlusal schemes, materials and steps
- Long-term considerations: confidence comes from understanding how to manage complications, either in planning, management, communication, prep, temps, and fitting; but also for years to come. What to look out for, and what to do about it.

The academy provides long term mentorship options and case advice for all delegates. **D**

For more details or to reserve your place, visit www.bespokesmileacademy.co.uk, Whatsapp [07765290773](tel:07765290773), Email academy@bespokesmile.co.uk or Instagram [@dr.samjethwa](https://www.instagram.com/dr.samjethwa) or [@bespokesmileacademy](https://www.instagram.com/bespokesmileacademy).

6 MONTH RESIDENCY PROGRAM RESTORATIVE COSMETIC DENTISTRY

The gold standard in career progression with mentees **doubling** their income & doing the dentistry they want to do



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Available to just 3 dentists per year

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Opportunities to work in our teams

FIND OUT MORE

“ The upgrade on my knowledge of occlusion has been huge. New concepts and ideas to make sure my restorations last for my patients. It has honestly changed the way I view the mouth, I'm looking for things that I never would have considered before I start treatment. ”

Is 2025 the year of the digital denture?

Mark Friend discusses why dentists delivering this technology are enjoying the advantages

Mark Friend

Clinical support, Southern Cross Dental
Laboratory and associate dentist,
Diamond Dental Clinic, Cookstown



The concept of digital dentures is clearly starting to take hold among the dental profession and even among some of the more discerning patient groups. Improved workflows, faster turnaround, increased patient satisfaction tend to be the words most strongly associated with their use and so naturally the profession is turning to look in more detail at them. At Southern Cross Dental Laboratory we are seeing a big uptick in interest in how these are delivered both in terms of required clinical stages and what advances have occurred in the laboratory to deliver devices. Interestingly, it appears the technology, particularly the laboratory technology, is advancing faster than the profession can keep up and so education is going to be a key part of the immediate future on this topic.

WHAT IS A DIGITAL DENTURE?

For some it is about using scanning technology to create partial dentures on an all-digital workflow – no analogue impressions needed (apparently). Fewer are using the power of the scanner to create digital replicas of existing dentures and then using laboratory or chairside printers to create the desired denture. Relining dentures using the same technique is also becoming more common.

The clinical scenario of an edentulous mouth with no existing denture, or a denture which is significantly deficient is more difficult to box into the digital workflow – can we go digital in those cases or do we need to stay analogue? Can we blend analogue and digital workflow?

Digital impressions, digital design and digital manufacturing are all hallmarks of a digital denture. They do not necessarily have to combine all three to be classed as such. A lower partial cobalt chrome denture with bilateral free-end saddles, for example, might start on a digital flow, but the advantages of muco-compression and distal extension in the edentulous region might prompt a second stage analogue impression using Applegate Technique or similar. Similarly, a clinician might choose now to complete a full upper denture on an all-analogue workflow and in the final

Digital Denture Symposium

OUR SPEAKERS:

Stuart Campbell
/ Specialist in Prosthodontics and Practice Owner
Stuart is a Clinical Lecturer at the University of Edinburgh Dental Institute and founder of the Scottish Dental Academy. After graduation, Stuart spent time in hospital posts and general dental practices before becoming a practice principal in 2007. He later completed an MSc in dental implants followed by full-time specialist training in Prosthodontics.

VISIT SCDLAB.CO.UK TO SIGN UP!

Digital Denture Symposium

OUR SPEAKERS:

Gosia Ciepiela
/ Clinical Dental Technician
Gosia is a Clinical Dental Technician. In 2020, she earned her Diploma in Clinical Dental Technology and passed examinations with the Royal College of Surgeons Edinburgh (RCSd). Gosia has a special interest in designing and constructing partial, complete and implant dentures. She enjoys working with different types of intraoral scanners and Exocad software to design her cases.

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Digital Denture Symposium

OUR SPEAKERS:

Robert Kerr
/ Practice Principal
Robert is a General Dental Practitioner who graduated from the University of Dundee in 2001 and founded Neo Dental in East Ayrshire in 2007. He completed his MSc in Restorative dentistry in 2013 expanding his knowledge and interest in all aspects of restorative dentistry with a keen focus on digital dentistry.

VISIT SCDLAB.CO.UK TO SIGN UP!

Digital Denture Symposium

OUR SPEAKERS:

David Reaney
/ Practice Principal and Managing Director of SCD
David graduated from Edinburgh Dental School and later gained his MClintDent in Fixed & Removable Prosthodontics from King's College, London and is a Practice Principal. His clinical work is focused on prosthodontics and implants.

VISIT SCDLAB.CO.UK TO SIGN UP!

stage before delivery take a digital scan of the denture prior to insertion and keep the scans for future use. If the denture is ever lost or broken a new one can be printed very easily from the stored file. Equally, spares can be printed if the patient is concerned about loss and being without their denture for a time.

Digital dentures then are really a blend between all-analogue and all-digital workflows depending on the clinical scenario. Which direction to go in for each case is something dentists will need to upskill in but in our laboratory we believe that time is now. The technology is here, it

works clinically and those dentists delivering it now are enjoying an advantage over those who do not.

DIGITAL DENTURE SYMPOSIUM

Our Digital Denture Symposium is coming to Edinburgh on 6 June, Belfast on 12 September and Dublin on 7 November. We have four top class speakers, all fully engaged on and delivering digital dentures in their clinics lined up to arm dentists with the knowledge they need to deliver digital dentures confidently and with robust protocols to help make the decision between digital and analogue flows. **D**



Southern Cross Dental
A Modern Dental Europe Company

Book your place on the Digital Denture Symposium online at www.scdlab.co.uk/events/digital-denture-symposium, call 0113 863 177, or email info@scdlab.co.uk.

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trioclearaligners.eu/order-the-ecodont-combi-retainer/

SCAN ME



HOW TO PLACE

We have designed the **Ecodont™ Combi-Retainer** to be incredibly easy to place in your patient's mouth and have created an **instructional video** to provide you with some helpful tips.

SCAN ME



INFORMATION & CONTACT



Hello, my name is Nathan. I am here as your direct point of contact to answer any queries you may have on the Ecodont™ Combi-Retainer and to ensure that your orders progress successfully from submission to delivery at your practice. I look forward to working with you."

SCAN ME



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Please contact: Nathan Stewart, Ecodont™ Combi-Retainer Product Manager,
M. 07703 471 313 / E. nstewart@scdlab.co.uk

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From good to extraordinary

Exclusive access to **Dr Manrina Rhode's** inner circle reshaping the future of the cosmetic dental business

Are you a dentist seeking to advance your cosmetic practice, build a distinctive personal brand and deliver truly exceptional patient experiences? Dr Manrina Rhode's Mentorship Programme might be exactly what your career needs.

As one of the leading authorities in cosmetic dentistry, with over 14,000 smile transformations to her name, Dr Rhode has established herself as a pioneer in dental aesthetics. The founder of the award-winning DRMR Clinic and recognised as Dentist of the Year 2022, she now offers select practitioners the opportunity to benefit from her expertise through the DRMR Academy's flagship mentorship programme.

A COMMUNITY OF EXCELLENCE

Unlike traditional courses, this programme creates an exclusive community of ambitious dental professionals committed to excellence. Members gain 24/7 access to Dr Rhode and fellow mentees through a dedicated WhatsApp channel for confidential case advice, opinions from a panel of experts and specialised resources.

'I think this programme is the best thing that has happened to me so far, it gets better and better,' shares Dr Edina Jude, a current mentee. 'What I like is that there is always something new to learn.'

The mentorship addresses a common challenge in dentistry, professional isolation. Many practitioners lack a trusted network for seeking guidance or sharing experiences. The

DRMR Mentorship fills this gap with a vibrant community of talented peers supporting one another's growth.

COMPREHENSIVE PROFESSIONAL DEVELOPMENT

Twice-monthly 'Open Mic' Zoom sessions feature expert guests covering everything from legal considerations and SEO to diary zoning, behavioural psychology, ethical sales, and social media strategy. Each session is recorded for future reference.

Quarterly in-person days, hosted at the DRMR Clinic in London, bring in industry leaders such as ethical dental sales expert Ashley Latter and marketing guru Chris Barrow, with an upcoming 'mini-conference' focusing on boosting public speaking skills.

Dr Kirsty Lewis describes the impact: 'The mentorship has helped me develop skills I never thought possible. I've gained incredible confidence in treatment planning and offering cosmetic options to my patients.' With Manrina's support and encouragement, Dr Kirsty is now making a lecture showreel and has secured a conditional speaking spot at a prominent industry conference.

BEYOND TECHNICAL SKILLS

While technical excellence forms a cornerstone of the programme, Dr Rhode's mentorship reaches beyond clinical expertise to mindset development, personal branding, and delivering a five-star service that turns patients into practice advocates.

'This is the best thing I've actually done. Manrina is a fountain of knowledge, always approachable,' says Dr Georgia Booras. 'Since joining, I've taken on more challenging cases because I know I have her support and the team behind me.'

For many participants, the programme opens doors to entirely new professional dimensions. With Manrina's guidance, Dr Pavi Sagoo achieved her first viral TikTok reel with over four million views, while Dr Ricky Ghataura was inspired to write her first press article, soon to be published in *Dentistry*.

PRACTICAL RESOURCES AND OPPORTUNITIES

Members access an ever-expanding resource library of videos, workshop footage, templates, tips and expert interviews that evolves based on mentee needs.

Benefits include 20% discounts on all DRMR Academy courses, including



the renowned Designing Smiles In-Clinic Veneer Course and upcoming online programmes such as the eagerly-anticipated gum filler course. Members also receive preferential access to industry discounts, publication opportunities, and awards guidance – support that has helped Dr John Barclay earn a shortlisting for Dentist of the Year at the Dental Awards 2025.

'I started this year strong, more cosmetic cases, more confidence, and more of the right patients finding me,' reports Dr Anita Nesarajah. 'If you want to grow, achieve bigger goals, and have a clear direction, this is the mentorship to join.'

JOIN TODAY

At only £250 per month, members can pause their subscription anytime for holidays or other commitments.

As Dr Edina Jude summarises: 'I highly recommend this mentorship. Whether you want to open your squat practice or just become a better dentist, it's going to help me get to the point where I always wanted to be, with Manrina's support.'

For ambitious dentists seeking to differentiate themselves while building a strong personal brand and practice, don't miss this opportunity to join Dr Rhode's mentorship community. **D**

For further information and to register your interest, speak to academy manager Laura today. Email Academy@drmr.co.uk, Whatsapp **07958 766 006** or visit www.drmracademy.com/mentorship.



Top quality ceramics and occlusion

The Ultimate Ceramics Course by **Dominic Hassall**, including access to Occlusion and TMD Course online, is designed for confidence and excellence

Recognising the limitations of traditional undergraduate training, Dominic Hassall has designed the Ultimate Ceramics Course to bridge the gap between theory and practice. Through numerous real-life case studies and hands-on exercises, you'll gain invaluable practical experience. Furthermore, the expert guidance of dental technician Michele Puopolo will be invaluable in refining your preparation techniques to achieve truly exceptional outcomes.

HIGHLY PRACTICAL THREE-DAY COURSE

If you are interested in learning more about the advances in predictable aesthetic ceramics and want a highly practical course, over the three days we cover ceramic dentistry, e-max and zirconia for veneers, crowns and bridges, onlays, bonding techniques, and protocols to give you confidence using these new materials.

Taught in a small group covering these topics:

- The revolution in minimally invasive, durable and highly aesthetic e-max and zirconia
- What materials should I choose for anterior and posterior use, bridges and onlays?
- Preparation, temporisation and bonding techniques and protocols
- Aesthetic and occlusal planning for happy patients and long-lasting results

The expert guidance of Michele Puopolo will be invaluable in refining your preparation techniques to achieve truly exceptional outcomes.

- Role of scanning and CAD/CAM
- Ceramics in tooth wear.

OCCUSION IS FUNDAMENTAL TO SUCCESS

Success in restorative and aesthetic dentistry is dependent on a fundamental understanding of occlusion. Dominic includes the online occlusion course so you can introduce proven occlusal protocols you can immediately implement in your own clinical practice.

Courses are run with a maximum of 12 delegates, which enables personal attention to everyone.

Why not give your patients the best treatment for their situation? See how you can provide highly aesthetic, minimally invasive and predictable ceramics in your practice. **D**



'Dominic has covered the topics all dentists should know yet are not readily available. Will definitely improve my dentistry. A must for anyone aspiring to high quality ceramic work.'

'Everything you didn't know but you needed to, for ceramic restorative work, is absolutely invaluable for the practitioner and patients.'

'Excellent content useful to daily practice.'



Course runs: 2, 3, 4 July 2025.

£100 + VAT deposit is all that is required to secure your place. To find out more visit dhti.co.uk.

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Career Pathway

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STEP 2

PG Cert in Advanced Contemporary
Restorative & Aesthetic Dentistry

STEP 3

PG Dip (Restorative
Aesthetic Dentistry)

STEP 4

MSc University of Kent



Expand your scope, elevate your practice

VSSAcademy's Cadaver Course 2025 empowers dentists with advanced surgical confidence for clinical growth and business performance

Alan Goldie
Managing director, VSSAcademy



As the UK dental sector experiences post-pandemic recovery, implant dentistry remains one of the fastest-growing segments. A combination of increased life expectancy, patient awareness, and shifting consumer expectations is driving up demand for more sophisticated treatment options. Yet, many clinicians still lack the advanced surgical training needed to fully capitalise on this opportunity.

VSS Academy's Cadaver Course for Advanced Surgical Procedures – returning for its 10th cohort this November – is designed specifically for implant dentists who want to broaden their treatment offering, deliver more complex cases, and boost the commercial potential of their practice.

ADVANCED IMPLANT DENTISTRY: THE MISSING LINK IN PRACTICE GROWTH

Market reports show the European dental implant market is growing at over 7% CAGR, with the UK contributing significantly (Fortune Business Insights, 2023). Meanwhile, the British Dental Industry Association (BDIA) confirms that practices investing in advanced clinical training see a direct link to improved profitability and patient retention (BDIA, 2022).

Despite over 130,000 implants placed annually in the UK, a significant percentage of complex procedures – such as sinus lifts, block grafts, and full arch restorations – are still referred out (ADI, 2023). This reflects both the complexity of these cases and a skills gap in surgical confidence.

'Delegates often join us wanting to stop referring complex work and start taking control of the full treatment journey,' says Alan Goldie, managing director of VSSAcademy. 'The ability to plan and execute advanced cases in-house is a game-changer – not just for clinical growth, but for business performance.'

DESIGNED FOR REAL-WORLD IMPACT

Held at the West Midlands Surgical Training Centre, this course is structured to replicate the complete patient journey – from diagnostics to surgical execution.

Day 1: Didactic lectures and discussion:



Clinical opportunities and benefits

- Reduced external referrals
- Increased case acceptance for high-value treatments
- Full integration of diagnostics, planning, and surgery
- 21 CPD hours.

For implant dentists who want to broaden their treatment offering, deliver more complex cases, and boost the commercial potential of their practice

topics include advanced surgical anatomy, sinus floor elevation, guided bone regeneration (GBR), complication management, and full arch complex surgery

Day 2–3: Hands-on training: delegates work in pairs on fresh cadavers, practising sinus lifts (lateral and crestal), soft tissue grafting, bone block grafting, implant removal and placement, and advanced suturing.

NEW FOR 2025

Each specimen will be pre-scanned and shared with delegates in advance, enabling

them to plan their surgeries just as they would in their own practices. This will be during a remote session with the lecture lead, Dr Tom Murphy in advance of the course days.

This addition reflects growing emphasis on digital planning workflows in modern implant dentistry, aligned with trends in AI-driven diagnostics and CBCT integration (Rajan et al, 2021).

WHY THIS COURSE MATTERS

Clinical exposure on fresh cadavers offers unmatched realism compared to typodont models or animal specimens. With a 2:1 delegate-to-cadaver ratio, each clinician gets extensive time to practise advanced techniques with expert supervision.

For dentists looking to integrate sinus lifts or grafting treatments into their services, this course builds both skill and confidence – two critical barriers to business growth.

'Implant dentistry is not just a clinical decision, it's a strategic business choice,' adds Alan Goldie. 'If you want to be known for more than straightforward – level single-unit implants, this is how you can get there.' **D**

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

VSS Academy's Cadaver Course for Advanced Surgical Procedures will be held on 26–28 November 2025 at West Midlands Surgical Training Centre, Coventry. Places cost £3,399 + VAT and you can book via email at courses@vssacademy.co.uk. For more information, please visit www.vssacademy.co.uk.

MSc Clinical Implantology

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- ✓ 15 days of supervised patient treatment with patients provided
- ✓ Hybrid part-time learning allows minimal disruption to your practice
- ✓ Hands-on surgical training on fresh cadaver heads
- ✓ Focus on contemporary practice, evidence-based principles and systems to ensure an optimal outcome for both the patient and practitioner

Course Overview

Module DX4016 Clinical Implantology Year 1

MSc course introduction followed by 13 days of lectures and hands-on tutorials

September: MSc Course Induction. Remote.

Sat. 11th Oct.: Treatment planning and case selection. Face to face contact day with hands-on workshops.

Sat. 1st Nov.: Basic sciences for Implant dentistry. End of Module Assessment. Pre-recorded lectures; live webinar discussions.

Sat. 15th Nov.: Implant Design. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

Sat. 6th Dec.: Surgical skills for Implant dentistry. Face to face contact day with hands-on workshops.

Sat. 10th Jan.: Occlusion. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

Sat. 24th Feb.: Restoring Implants. Pre-recorded lectures; face to face contact day with hands-on workshops.

Sat. 14th Mar.: Digital Workflow in Implant Dentistry. Pre-recorded lectures; face to face contact day with hands-on workshops.

Sat. 11th Apr.: Bone Defects. Pre-recorded lectures; live webinar discussions. End of module assessment.

Sat. 25th Apr.: Complications and their management & revision. Pre-recorded lectures; live webinar discussions. End of Module Assessment.

27th Apr. - 4th May: Formative Written Exam. Online using Maxinity.

Sat. 16th May: Cadaver course. Face to face contact day with hands-on surgical skills workshops. West Midlands Surgical Training Centre Coventry.

24th May: Case Report Presentations covering case selection & treatment planning – each delegate to present one case.

2nd - 3rd June: End of Year Exam. Written Exam and Unseen Case oral presentation.

CBCT Masterclass: 2 days, consecutive to be completed before Feb. 28th 2025. Choose from a selection of dates.

Module DX4017 Utilising the evidence base – completed online

Module DX4016 End of year Assessment

Complete 5 Clinical days - supervised clinical practice

You will assess and plan appropriate treatment for patients. Includes: case assessment and treatment planning, including use of radiographic stents and CBCT.

Module DX4026 Clinical Implantology Year 2

Complete 10 Clinical days - supervised clinical practice. Includes: case consultation, implant placement, GBR procedures, restoration, follow up.

Module DX4027 Research Strategy. Prepare and submit a 8,000-word clinically orientated research project, which may take the form of a mini systematic review.

Final examinations.

PLEASE NOTE that all webinars are preceded by recorded lectures and long questions for discussion.

courses@vssacademy.co.uk | 020 8012 8400 | vssacademy.co.uk

This leaflet was compiled in September 2023 and all reasonable care has been taken to ensure its accuracy. We cannot guarantee that the course will be available exactly as described; it may be necessary to vary the content or availability. Material changes will be highlighted in course documentation at the time an offer is made. The full list of options indicated may not all be delivered every year. We hope that you are happy with your UCLan experience; if not we have a complaints procedure in place, please email enquiries@uclan.ac.uk or phone 01772 892400.

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With Abro Basic Multistratum and Denture Gingiva Basic Mono Pink resins, Zirkonzahn introduces new PMMA-based materials which are particularly biocompatible and health-friendly due to their low residual monomer concentration.

Abro Basic Multistratum shows a natural colour gradient from dentine to the enamel and improved material properties in terms of translucency values, flexural strength as well as fracture and abrasion resistance which make it particularly suited for the manufacture of denture teeth. However, it can also be used for long-term temporaries and various secondary and tertiary structures.

On the other hand, Denture Gingiva Basic Mono Pink is a gingiva-coloured resin with improved material properties in terms of flexural strength and fracture resistance, specifically conceived for the production of denture bases. The resin blanks are also available in Ø 125 mm for the manufacture of up to two denture bases in just one milling process.

The gingival area of the restorations can be then characterised individually with Gingiva-Composites. Their colour spectrum is based on the company's ICE Ceramics Tissue shades from light to dark: through the temporary, dentists and patients can get an immediate aesthetic impression of the final restoration.

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Henry Schein at 35: exclusive deals **Henry Schein UK**

Henry Schein UK is proud to mark its 35th anniversary this month. To commemorate this milestone, it has partnered with Hager & Werken to bring you a range of exclusive super deals, featuring innovative products to enhance your dental practice.

As a trusted partner of practices across the country, Henry Schein UK looks forward to another 35 years of delivering quality and reliability. Don't hesitate: join the Henry Schein Dental Family today.

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Planmeca innovations at BDS **Planmeca**

Planmeca will be bringing the newest product innovations to the Birmingham Dentistry Show on 16-17 May. With next-level dental units and new additions to the Planmeca Viso family of imaging units, Planmeca can't wait to show you what it has to offer.

Planmeca introduced its first digital 3D imaging unit 20 years ago and hasn't looked back. With new products launched earlier this year at the International Dental Show across all major categories, the new generation of products expand and complement the existing range of digital dental equipment and software. Bringing better care and ease of use to patients and dental professionals in the UK and beyond!

Come along to stand J34 and experience the newest advancements in digital dentistry for yourself!

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Implant-supported crowns may be more susceptible to facial impacts, increasing the risk of damage and treatment failure. For at-risk patients, such as those who play sports, the right material must be selected to better withstand any blows to the face or head.

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The excellent mechanical properties of Brilliant Crios and its expansive range of shades make it a great solution for single-tooth restorations in the anterior and posterior regions, protecting implant-supported crowns from breakages and reducing the shockwaves from intentional or accidental facial impacts.

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Forging friendships **ADI**

Building professional connections creates a reliable support network, one where a dental practitioner can seek advice or provide it to others. As a member of the Association of Dental Implantology (ADI), it is easy to forge these long-lasting connections.

Networking opportunities are legion for ADI members, such as attending the ADI Team Congress, Masterclasses or Focus Meetings. These ADI events are offered at a discounted delegate rate for free for members, encouraging practitioners with an interest in dental implants to get involved and grow their web of contacts.

ADI membership also allows access to the ADI Members-only Facebook Group. This exclusive online space is excellent for reaching out to others; treatment challenges can be shared and assisted with, for instance. This supports a culture of education and community, ensuring that ADI members can face the future of dental implants together. For superb networking opportunities, consider an ADI membership.

www.adi.org.uk



ADI ASSOCIATION OF DENTAL IMPLANTOLOGY

Keeping it simple **Coltene**

The Hyflex EDM OGSF sequence from Coltene offers you simplicity and effectiveness every time. The seamless coordination of these files makes the decision-process easy for you, and the experience straightforward for your patients.

The sequence consists of an Opener and Glider for opening the glide path, as well as a Shaper for shaping the canal throughout its full length. The Finisher file completes the job, ensuring the inner walls are completely clean, that debris is effectively removed and nothing is missed.

The sequence, manufactured using an innovative Electric Discharge Machine technique for superior flexibility and fracture resistance, reduces the number of files needed for cleaning and shaping.

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Test tooth vitality and pinpoint pain **Parkell**

When percussion, ice, heat and radiographs are not enough, electric stimulation may be the diagnostic tool you need for determining the cause of your patient's discomfort. That's where Parkell's Digitest 3 comes in.

The Digitest 3 electrically stimulates the tooth to test for vitality, resulting in a value ranging from 0 to 64. Comparing the response of the suspected tooth with a known healthy tooth's response to an identical stimulus helps you identifying the source of your patient's pain, assess tooth vitality and, most importantly, test and follow up traumatised teeth.

Thanks to an intuitive single button operation, Digitest 3 is extremely easy to use. The three speed settings accommodate your personal preferences and the clinical situation. The device comes with four autoclavable probes to promote easy access to all tooth surfaces and operates by a standard, easy replaceable 9V battery.

infoeurope@parkell.com

parkell.eu/product/digitest-3/



Oral presentation prize awarded

Schottlander

The winner of the prestigious BSSPD/Schottlander Oral Presentation Prize was Eda Dzinovic from King's College, London. Her presentation was entitled 'Advancing dental materials with high-fidelity octopus-inspired suction cups'.

Complete dentures frequently exhibit, poor adhesion to oral tissues. However, nature provides many examples of organisms that overcome such challenges through highly ordered topographies.

A method of reproducing the topography of fresh octopus suction cups, reducing them in size, incorporating them onto the fitting surface of a denture and testing for adhesion was presented.

Against dry mucosa adhesion was reduced but in a wet environment adhesion was increased. This research opens the possibility of improving the rather limited adhesion of PMMA to the mucosa and so both improving retention and reducing the reliability on denture adhesive creams.

www.schottlander.com



Supporting your patients

Carestream Dental

Ensuring each of your patients can experience the benefit of high-quality radiography is essential. The CS 7200 Neo Edition from Carestream Dental is designed to support all individuals and help deliver sharp images that form the back bones of life-changing treatment plans.

The ultra-compact imaging plate system features three plate sizes to suit each patient comfortably, covering all everyday intraoral imaging needs.

Clinicians can attain periapical, bitewing and paediatric examinations with high-resolution images. The system is then designed to process the plates in as little as eight seconds, before sending a developed result to the correct patient folder on your in-practice computer system with the Scan & Go software. The CS 7200 Neo Edition is a versatile and fast-paced system that can suit multi-user practices, fitting seamlessly into the everyday workflow.

www.carestreamdental.co.uk



Why choose complexity?

Carestream Dental

Manage your practice simply with R4+, a product from Sensei, the practice and patient management brand of Carestream Dental.

It's the easy-to-use, all-in-one source to manage everything from schedules to finances and patient communication. The R4+ appointment calendar is designed to be clear and straightforward to arrange, ensuring your team can focus their energy on their patients. R4+ even takes the complexity out of patient records. Now, you can find appointment bookings, medical tracking, clinical treatments, communications and finances for a patient in a matter of clicks.

Plus, with the SMS messaging system with R4+, patients feel more included with every step. As well as an appointment booking prompt, or recall reminder, patients can reply to each text. These messages are then included in the appointment diary and the team can react when necessary.

gosensei.co.uk



Compliance pressure is real. Support should be too.

Streamline your practice with an end-to-end compliance solution that keeps you on track with regulation while helping save time and reducing stress.

✓ **Powering practice growth**

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Live feedback and benchmarking

Capture staff and patient feedback with ease across both private and NHS - and see how your results compare nationally.

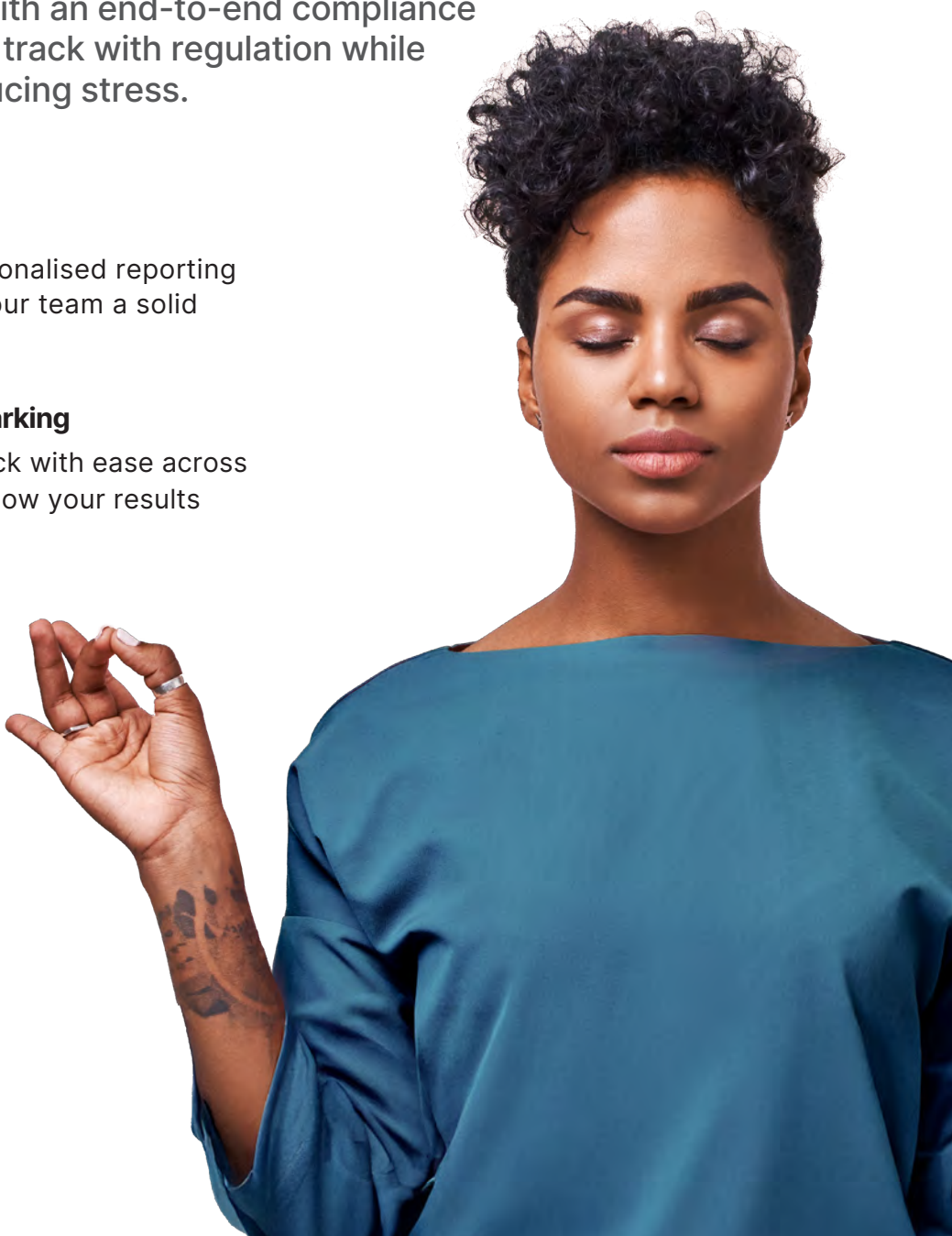
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Our Business Development partners work alongside you to navigate challenges and unlock new opportunities, helping your practice reach its full potential.

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