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NHS DENTISTS TO RECEIVE 4% PAY RISE

The government has confirmed that NHS dentists will receive a 4% pay rise, which dental experts warn will not cover the rising cost of care.

Announced on 22 May, all NHS staff, including doctors, nurses and dentists, will be awarded above inflation pay rises for a second year. This comes as health secretary Wes Streeting accepted the key pay recommendations from the independent Pay Review Bodies.

As a result, salaried dentists employed directly by the NHS will receive a 4% pay rise, while those working under NHS contracts will see a 4% uplift to the pay element of their contracts.

Doctors and dentists in training will also receive an extra £750 to their pay points, as recommended by the Review Body on Doctors and Dentists Remuneration (DDRB).

Streeting said: 'These are thoroughly deserved pay rises for all our hard-working nurses, doctors and other NHS staff. We inherited a broken health service with extremely low morale after years of pay erosion and poor industrial relations.'

'Which is why, despite the difficult financial situation the nation faces, we are backing our health workers with above-inflation pay rises for the second

year in a row. This government was never going to be able to fully reverse a decade and a half of neglect in under a year, but this year's pay increases – and last year's – represent significant progress in making sure that NHS staff are properly recognised for the outstanding work they do.'

The government has confirmed that all pay uplifts will be backdated to 1 April and will appear in pay packets from August.

'At a loss'

Despite this, the British Dental Association (BDA) warns that a 4% pay rise will do little to cover the rising cost of care or halt the exodus from NHS dentistry. In addition, the increase fails to make up for how much NHS dentists' pay has dropped in real terms since 2010 – more than 40%, the BDA estimates.

According to the professional body, the recent rise in national insurance contributions and the national living wage are estimated to increase dental practices' wage bills by 9.5%. It also estimates that a typical practice loses more than £40 delivering a set of NHS dentures, and more than £7 on a simple new patient exam.

Shiv Pabary is chair of the BDA's General Dental Practice Committee. He said: 'On paper dentists are being offered an uplift of 4%. The reality is they won't see anything like this, unless ministers cover the mounting cost of care.'

'Without real change, practices will remain stuck delivering NHS work at a loss and the exodus from this service will continue.'

'More sugary than Coca-Cola'

Dentists have urged the government to confront the 'grotesque levels of sugar' in baby food following 'damning' research into the industry.

The most wide-ranging market analysis of its kind, the research included 209 products aimed at children under 12 months. It found no improvement in the sugar content of the baby food industry.

More than a quarter of the products had higher sugar content by volume than Coca-Cola, with some pouches containing up to 184% of the sugar found in the soft drink – and marketed to infants as young as four months.

In addition, nearly a quarter of the products contained up to two thirds of the

maximum recommended daily allowance of free sugars for adults.

The worst offenders included Ella's Kitchen, with its banana puree containing the highest sugar by volume. In addition, For Aisha's pear and pomegranate pouch targets infants from four months while containing 16.4g of sugar per 100g.

Likewise, Aldi's Mamia Organic bananas and apples pouch contains nearly two thirds of an adult's recommended dietary allowance – the same amount as half a can of Coca-Cola. *Read more on p12.*





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Treading water or slowly sinking?



Guy Hiscott
Editor's view

When is a pay rise not really a pay rise?

Yes, reader, it's that time of year when we hear what the Review Body on Doctors and Dentists Remuneration (DDRB) has to say about salaries across the dental and medical professions.

And last month, the DDRB recommended a princely uplift of 4% to dental contracts

and salaries – an above-inflation figure that health secretary Wes Streeting has dubbed 'a thoroughly deserved pay rise'.

On the plus side, this recommendation has appeared earlier than last year as part of the sensible decision to move it closer to the start of the tax year. Also positively, the government has decided not to quibble with the recommendation, granting the uplift in full.

But perhaps more pertinently, I think there's a reason it's called an 'uplift', rather than the more straightforward 'pay rise' (unless you're the health minister).

In all honesty, it's unlikely to make much difference to most people working in practice.

For practices with an NHS contract, the 4% will apply to top line contract values, whereupon it's going to be instantly swallowed up by the same rising bills, operating costs and fluctuating interest rates making life miserable for everyone, regardless of what sector you work in. As a result, if you're an associate dentist or a member of the wider clinical team, I wouldn't

be holding your breath to see this figure appear in your next wage packet. (And I wouldn't blame your principal for this: they aren't suddenly going to be 4% better off either.)

At the risk of sounding ungrateful, it's a bit much to parade this figure around as a sign of generosity. The idea that it's going to do anything beyond helping practices tread water is stretching belief, and even that's being generous: the cumulative financial impact of the landscape facing dentistry is far bigger than a 4% increase.

Yes, it's better than nothing: and 4% or not, I still know that most accountants have a lot of positive things to say about guaranteed income every month.

What's more, I know of many practices excelling in their delivery of NHS provision and successfully being given more UDAs by commissioners – allowing them to help more patients as well as using that influx of new blood to bolster their private revenues for treatment not covered under the NHS contract.

But as ever, it remains down to the ingenuity of those practices to make that count: for every business that's cracked a process to deliver regular NHS sustainably and successfully, there's another on the verge of handing a contract back because it's no longer worth the hassle.

There has been a lot of talk from the Labour administration since coming into power, and while I welcome that willingness to acknowledge the problems, there's still been no discernible forward movement – and the system can only keep treading water for so long before it sinks completely.

GDC 'at the back of the queue' for regulatory reform

The government has announced plans to reform UK healthcare professional regulators – but has excluded the General Dental Council (GDC).

In a ministerial statement, the government confirmed its commitment to modernise the regulatory frameworks for the General Medical Council (GMC), the Nursing and Midwifery Council and the Health and Care Professional Council.

These changes will enable faster, more flexible and less adversarial processes for addressing concerns about healthcare professionals, helping regulators act more efficiently to protect the public.

The GMC believes this reform is a 'significant step towards creating legislation that better serves the needs of patients and the professionals we regulate, giving us the flexibility to respond more swiftly to patient safety risks and better

support good practice'.

This comes as the GDC recently published its 2025 Costed Corporate Plan (CCP), detailing its workplan for the next three years. In the CCP, GDC chief executive and registrar Tom Whiting highlights the need for legislative reform to improve regulation in dentistry.

He said: 'Restrictive legislation can be a barrier for regulation and dental professionals. While we will continue to press for legislative reform, we recognise that there is little prospect of this in the next few years. Even then, it will not resolve all of the issues faced by the professions.'

'Therefore, in our plans we are driving improvements where we can within our current legislation and constraints. At the same time, we will continue to support and empower the dental team to deliver safe and effective dental care to high standards of professionalism.'

The back of the queue

As dentistry takes up its customary place at the back of two more queues, Kevin Lewis questions whether the front of the queue is all it's cracked up to be

Kevin Lewis | Consultant editor



In making such a big show of having accepted in full the pay recommendations of the NHS Pay Review Body (NHSPRB), the Review Body on Doctors and Dentists Remuneration (DDRB), and the Senior Salaries Review Body (SSRB), Wes Streeting unwittingly lit the blue touch paper on simmering discontent amongst key health workers.

Stressing that he 'hugely appreciates' the work of so many talented staff across the NHS, he added that accepting these recommendations 'gives them the pay rise they deserve'. Oh dear.

The evidence of the relevant trade unions for the various impacted health professionals was that these NHS staff deserved a whole lot more than they have been given, in part to address longstanding pay erosion.

Of course, successive governments are keen to draw a line under historical deficits and underpayments, especially when they can lay the blame at the door of a previous administration.

Pay disputes

Wes Streeting and other ministers took a lot of criticism last year for throwing significant sums of money at the various industrial disputes that they inherited without asking

The evidence of the relevant trade unions for the various impacted health professionals was that these NHS staff deserved a whole lot more than they had been given, in part to address longstanding pay erosion

for or negotiating anything in return – at a time when the incoming chancellor later claimed not to have fully realised the dimensions of the much-quoted 'black hole'.

Yet even then, what Wes hoped would be seen as a grand and popular gesture was a long way off being enough anyway. For resident medics (aka 'juniors') the BMA put him on notice that his offer 'moves us about a third of the way in our journey to full pay restoration (our pay erosion would go from 31.7% at its peak to 20.8%)'.

So the prospect of more industrial action this year moves ever closer, now that it is clear that the pay restoration 'journey' is back on hold. Nor are the consultants happy. Overall the BMA claims that pay levels are, in real terms, 25% lower today than the level they stood at 16 years ago.

This appears at first sight to be a tempting open goal for the Labour government to lay at the door of 14 years of Tory and coalition governments, but Wes knows that slotting that ball into the net would require a trip into the depth of his own pockets (and those of Rachel from accounts) which neither would relish.

As a general rule, the moral high ground is rarely to be found in the bargain basement.

The nurses took great offence at their award (3.6%) which was lower in percentage terms than the 4% for doctors and dentists. In monetary terms it was 'insultingly low' and even 'grotesque' they argue – and on a point of principle alone it was clumsy and short-sighted. Presentationally, it was very poor.

And for GDCs it's the same old story, with the GDC and the BDA rightly emphasising the missing operating cost side of the funding equation, details of which have yet to appear in order to make the final arithmetic possible.

The picture that circulated at the time of the recent British Dental Conference & Dentistry Show at the NEC was a timely metaphor, featuring as it did a forlorn, empty and unattended stand with Department of Health and Social Care signage. They obviously had other priorities that day. A

To spot where dentistry sits at the back of this queue, might I suggest borrowing the Hubble Telescope for the weekend?

pity, because if ever there is an opportunity to soak up the scale of the exhibitors' stands and the huge investment that dentists make in delivering care, this was surely it. But for now we are at the back of what promises to be a long and feisty queue.

Regulatory reforms

There are 10 statutory bodies that regulate the various healthcare professions in the UK, the GDC being one of them. These regulators are in turn overseen by their own regulator, the Professional Standards Authority (PSA).

Regulatory reforms have been variously discussed, threatened and promised over many years. We have had plenty of consultations and a plethora of pleas from various regulators to give them the new statutory powers that they believe could allow them to do their job better.

But getting the parliamentary time to achieve that is seemingly a forlorn hope which keeps getting kicked into the long grass – unless it suits and facilitates the government's agenda of course. Most of the time this procrastination allows regulators to blame the lack of these reforms for anything and everything that they are screwing up.

The government's plans for the NHS are increasingly thwarted by blocks in the system. So given all the noise in the NHS and the workforce crisis, it came as no surprise a couple of weeks ago when the government announced that they were about to burst into action – but approaching this task in stages, beginning with the GMC, the Nursing

“The prospect of more industrial action this year moves ever closer, now that it is clear that the pay restoration ‘journey’ is back on hold

and Midwifery Council and the Health and Care Professions Council. To spot where dentistry sits at the back of this queue, might I suggest borrowing the Hubble Telescope for the weekend?

GDC response

The General Dental Council’s response was direct but non-confrontative but makes a masterly attempt to cover its derriere in areas where it knows it is falling badly short. Its press release stated: ‘We have been calling for comprehensive reform for some years now to unlock the prescriptive and outdated legislation under which we currently operate.

‘Our legislative framework continues to limit our ability to deliver our statutory functions more effectively and efficiently.

‘We have welcomed the intent to introduce a flexible framework, and the template for reform is taking shape, but more work is needed to develop legislation that will work for all health and care professional regulators, including the GDC.

‘The proposed template does not yet give an indication of the approach policy makers will take on issues specific to dentistry, and more thought is needed on proposed legislation that will assure regulators that professionals continue to keep their knowledge and skills up to date.

‘The timetable for full scale reform remains uncertain, but it is at least several years away.’

In fairness, the GDC is not alone in being a bit economical with the truth. Wes Streeting’s statement which accompanied the NHS pay announcement sought to reassure those who didn’t know the full story, implying that a new dental contract was about to be

implemented, reversing the exodus from the provision of NHS dental services. Good luck with that one Wes.

The golden invite

There was a time when foreign leaders were flattered and thrilled to be pictured in the oval office with the US president, this being a formal recognition of a place at or near the front of the queue for the US president’s affections.

That all changed with the ritual humiliation of President Zelensky and the shameful choreography of that occasion. The massed ranks of the navy-suited, white-shirted, red-tied and red-necked gospel choir of presidential aides were placed directly in Zelensky’s eyeline, with the presidential attack dog JD Vance snarling close at hand.

Suddenly the oval office became a venue to avoid at all costs and let’s face it, not every visiting world leader has the trump card (see what I did there?) in his inside jacket pocket in the shape of an invite from HM King for a much-coveted state visit to the UK. As flak jackets go it was thin – but highly effective.

It wasn’t wholly edifying to witness our PM so visibly excited as he prepared for the big reveal. At one stage he looked like he was on the point of wetting himself but mercifully we were spared that.

Truth vs agenda

President of South Africa Cyril Ramaphosa was plucky enough to visit the Oval Office in mid-May, as it happens on the day the NHS pay results were announced here. This time the oval office furniture had been shuffled to include a large plasma screen which was a fair clue that another mugging had been planned for.

There was a curious interlude of Trump holding up grainy copies of social media feeds and declaring in turn ‘death’, ‘nasty death’, ‘not very nice death’, ‘horrible death’ and so on.

Clearly a devotee of the evidence base, Ramaphosa cutely asked Trump where all this

Wes Streeting’s statement which accompanied the NHS pay announcement sought to reassure those who didn’t know the full story, implying that a new dental contract was about to be implemented, reversing the exodus from the provision of NHS dental services. Good luck with that one Wes

genocide had taken place. South Africa – your country – came Trump’s reply. In Trumpland (and especially in his presidential office) the truth is not the same thing as the agenda – the truth is whatever Trump declares to be the truth at any moment in time.

Most world leaders – the sane ones anyway – have concluded that the risk-benefit ratio for a meeting in the oval office is so unfavourable that it’s no longer worth considering. There is no queue, anywhere in the world, that they would prefer to be at the very back of.

The fickleness and self-serving nature of politics generally (and world politics in particular) was beautifully captured by Boris Johnson when he wrote: ‘We were told by President Obama that in respect of international trade, we would have to get to the back of the queue – not a position that America normally requires the United Kingdom to be in when it comes to other matters, such as the Iraq War.’ **D**

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Legal minimum staff level proposed for NHS dentistry in Wales

Senedd members debated a 'radical' bill to introduce a legally binding minimum staff level for NHS dental services in Wales as experts warn of 'desperate times' for Welsh dentistry.

Mabon ap Gwynfor, Plaid Cymru's shadow health secretary, suggested that the minimum staff level should be based on population need across Wales. If passed, the bill would see health boards given a legal responsibility to calculate the amount of dental staff required and take 'all reasonable steps' to achieve it.

Debated on 30 April, the motion also called for ministers to acknowledge the right of every resident of Welsh citizen to access NHS dentistry. Finally, it asked ministers to develop a workforce plan to sustain the NHS dental profession and publish reports on its progress.

In crisis

Mabon ap Gwynfor warned that NHS dentistry in Wales is in crisis. He said: 'This is a crisis. If there aren't fundamental changes soon, we won't see NHS dental services in future. There is almost 40% less dental work being done on the NHS today and it's people who are suffering – it's poorer people who are suffering the most.'

In particular he said that patients are being 'squeezed out of NHS dentistry' and forced to

'go without'. According to ap Gwynfor, these 'desperate times demand a willingness to consider radical alternatives'.

Senedd members voted in favour of the motion by 28 to two, with 17 abstentions. However, it met with resistance from Labour ministers.

Welsh health minister Jeremy Miles said that the proposed model was more applicable to nursing than dentistry. This is because most dentists are commissioned through private businesses rather than employed directly by health boards such as in the case of hospital dentistry.

Miles argued that more progress would be achieved through contract reform. He said: 'To improve NHS dentistry and to improve access... we must deliver a new general dental services contract. This in fact is the single most important thing that we can do.'

He then concluded that these reforms would bring NHS dentistry into the 21st century.

Mabon ap Gwynfor disagreed that the Labour government was taking the right approach to NHS dentistry. He said: 'This Labour government's actions are actually pushing more people into having to pay for basic dental care even within an NHS practice.'

Algorithms to predict mouth cancer could offer 'earlier diagnoses'

The development of the new broad-spectrum predictive algorithms 'marks the first time oral cancer has been included' in predictive modelling.

The algorithms are 'much more sensitive than existing models' and could potentially lead to earlier diagnosis of cancer.

Previous models have used information about a patient's age, family history, medical diagnoses, symptoms, and general health. The new algorithms build on this by incorporating the results of seven blood tests measuring full blood count and liver function as biomarkers to improve early cancer diagnosis.

A wider strategy

Karen Coates, oral health educator for the Oral Health Foundation (OHF), said: 'This research is both timely and promising, offering a more accurate way to identify individuals with undiagnosed cancers, including mouth cancer, earlier than ever before.'

'When used appropriately, these tools could empower primary care professionals with better evidence to make faster and more targeted referrals – something we know is critical in improving outcomes for mouth cancer patients.'

However, Karen also identified some limitations of the predictive algorithm approach. She said: 'While predictive algorithms like this are a valuable tool, they are not a silver bullet. Tackling mouth cancer requires a multifaceted strategy. Public

awareness campaigns, routine opportunistic screening by dental professionals, better access to NHS dentistry, and training across the wider health system to recognise signs and symptoms early remain essential.

'Algorithms can assist primary care but must be supported by broader systemic change – especially improved referral pathways between GPs and dental services.'

'A substantial improvement'

Julia Hippisley-Cox, professor of clinical epidemiology and predictive medicine at Queen Mary University of London, is lead author of the study. She said: 'These algorithms are designed to be embedded into clinical systems and used during routine GP consultations. They offer a substantial improvement over current models, with higher accuracy in identifying cancers – especially at early, more treatable stages.'

Co-author Dr Carol Coupland said: 'These new algorithms for assessing individuals' risks of having currently undiagnosed cancer show improved capability of identifying people most at risk of having one of 15 types of cancer based on their symptoms, blood test results, lifestyle factors and other information recorded in their medical records.'

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Government calls for dentists to consult on contract reform

The government has launched a survey of dentists in England to inform plans to improve NHS dentistry and reform the NHS dental contract.

Dentists across England are being encouraged to share their experiences of the cost of delivering NHS dentistry. The findings will be used by the government to shape its approach to contract reform by providing a more accurate picture of the factors that are driving up dental costs.

The survey is now live and can be completed until 16 June 2025. Practice owners who complete the survey can also register their interest in contributing to follow-up research that will provide more detailed insight.

Health minister Stephen Kinnock said: 'We are working to fix an NHS dentistry sector left broken by years of neglect. We have already rolled out an extra 700,000 urgent dentistry appointments and introduced a supervised toothbrushing programme to prevent tooth decay in young children in the most deprived communities.'

'More work is needed, but to find the right solution we must make sure we are clear about the problem. Through this survey, we will gain a

better understanding of the pressures faced by the sector so we can fix them and deliver better care for patients through our plan for change.'

'Austerity left practices delivering care at a loss'

Shiv Pabary, chair of the British Dental Association's (BDA) General Dental Practice Committee, said: 'This is an important move from the government. Saving NHS dentistry will be impossible without a clear sense of what it costs to keep this service afloat.'

'Austerity left practices delivering care at a loss. No business can operate like this. Dentists can spell out the facts, but the treasury will need to act on them.'

The BDA has previously estimated that practices lose more than £40 delivering a set of NHS dentures on average, and more £7 on a new patient exam. It said that 'the treasury has become reliant on practices delivering care at a loss'.

The association welcomed the launch of the cost-of-service survey and encouraged practices to take part.

'No future' without contract reform

In April, the Public Accounts Committee (PAC) released a report that suggests there is 'no future for NHS dentistry without reform'.

One issue raised within the report was 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.'

To address the problem, the PAC said that the government needed to 'rip the contract up and start again'. In particular, it highlighted 'fundamental issues around the affordability of NHS work'.

The BDA said the newly launched survey will help the government 'gain a well-informed, comprehensive and nuanced understanding' of the cost of running an NHS practice. The association hopes this will enable the government to identify ways to support the dental sector in England and put them into practice.

The survey can be found online at www.find-tender.service.gov.uk/Notice/021159-2025. **D**



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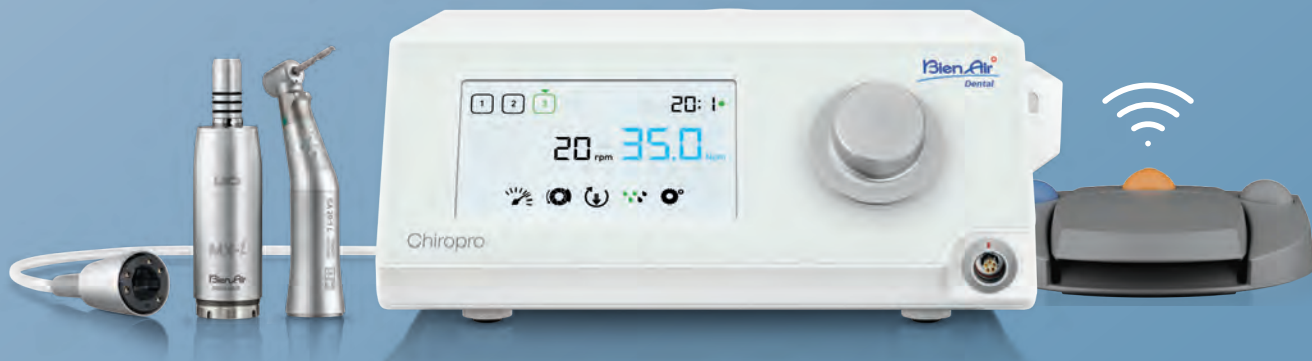
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Sexual misconduct experienced 'by up to half of dental professionals'

Up to 48% of dental professionals could have experienced sexual misconduct firsthand, amid warnings from the General Dental Council (GDC) about its under-reporting in dentistry.

The GDC commissioned a review of studies exploring sexual misconduct in the dental environment. It found that the number of professionals who report experiencing sexual misconduct sits between 5% and 48%. The number that said they had witnessed misconduct ranged between 25% and 40%.

Researchers from the University of Manchester looked at 23 studies for the review, which produced varying results 'depending on population and study context'.

The regulator added that the findings show sexual misconduct in dentistry is 'widespread and under-reported' due to several factors, including:

- Hierarchical power dynamics
- Informal work gatherings that involve alcohol
- A lack of clear reporting mechanisms
- Lack of trust in outcomes
- Fear of retaliation for reporting.

Who are the perpetrators?

Misconduct was found to occur in a range of settings. Dental students were likely to experience

misconduct in dental schools and clinics, with registered professionals also facing misconduct during normal working hours in clinic. Other settings included social functions, social media and at networking events such as conferences.

Men were disproportionately represented as perpetrators, with male patients and dentists most commonly implicated. One of the studies found that 80.4% of misconduct perpetrators were male, especially in cases of inappropriate sexual contact, which involved men 96.7% of the time.

The GDC said misconduct from within the profession could negatively impact dental organisations. For example, through reputation damage, legal consequences, patient loss and decline in staff morale.

The report added: 'There is also an overall risk for the dental sector in terms of a decline in public trust and professional standing.'

The impact of sexual misconduct on victims was also considered. Analysis found that emotional trauma, reluctance to report and professional disengagement were common consequences.

How can it be addressed?

The report also provided several recommendations based on the findings. These were:

- Developing training for dental professionals in setting boundaries, identifying sexual misconduct and managing instances
- Creation of safe dental working environments that minimise risk
- Implementation of robust policies relating to sexual misconduct
- Promotion of supportive organisational culture
- Implementation of restorative justice measures to rebuild trust between dental professionals and patients and improve workplace dynamics
- Advocating for balanced media reporting to prevent sensationalism and protect the reputation of the profession.

'Those who come forward should feel supported and protected'

Stefan Czerniawski, executive director of strategy at the GDC, said: 'People with responsibility for dental workplaces should ensure that patients and staff feel themselves to be in a safe and supportive environment and that they have policies and procedures to support that. It is critical that those who come forward feel supported and protected.'

'We will use the findings to underpin further work to address sexual misconduct in the context of professionalism in dentistry.'



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Dentists call for baby food action

Dentists have urged the government to confront the 'grotesque levels of sugar' in baby food following 'damning' research into the industry.

Ahead of the BBC's *Panorama* launch of these market findings on 28 April, baby food brands Ella's Kitchen, Piccolo and Aldi have now changed their labelling to align with NHS guidance against marketing to infants under six months. Despite this, dental experts warn that these changes do not address the high sugar levels or restrict the use of 'halo labelling' claims.

Findings include:

- Nearly three quarters of products exceeded the 5g of sugar per 100ml threshold set by the sugar tax
- Almost a quarter contained up to two thirds of an adult's recommended maximum daily intake of free sugars
- 'Boutique' brands have higher levels of sugar than traditional baby food brands or own-brand alternatives, with market leader Ella's Kitchen being the worst offender
- The industry uses disingenuous language, avoiding 'added sugars' and claiming the products are 'organic', 'nutritionist approved' or contain 'one of your five a day', therefore suggesting they are a healthy food option
- Leading brands are actively contradicting government advice on weaning from six months.

Baby food industry 'out of control'

Following these findings, the British Dental Association (BDA) has launched a petition to 'make sugar the new tobacco'.

Addressed to health secretary Wes Streeting, the petition states the food industry is 'out of control'. It says: 'From tooth decay to type 2 diabetes, excessive sugar is fuelling preventable diseases with a multi-billion-pound price tag to our NHS. Voluntary action to try and encourage the food industry to cut the dose has failed.'

'So, we need mandatory policies that force them to do the right thing. To reformulate their food, to remove misleading claims in their ads and on their packaging, to stop them peddling junk food to infants in the face of government guidance.'

'The very same strategies that have been applied to tobacco need to be brought to bear on sugar.'

BDA chair Eddie Crouch said: 'Parents of infants are still being marketed products sugarier than Coke. It shouldn't take dentists naming and shaming the worst offenders to bring about needed change.'

'Public health crisis'

Dental therapist Amy Mesilio Peralta said: 'I witness firsthand the detrimental effects that sugar can have on the oral health of our youngest and tiniest patients. Tooth decay is the most common chronic disease in children, and its roots often begin in infancy filtering into adulthood. This foundation then creates scope for bigger issues associated with poor nutrition and an unhealthy diet, such as diabetes, cardiovascular disease and more.'

'Excessive sugar consumption through these "baby foods" fuel harmful bacteria to erode enamel and cause cavities. When considering that these baby foods are aimed at children below 12 months, the decay we would witness would be before a child's first birthday!'

'This is not just a parental issue; it's a public health crisis that requires urgent government action. Stronger regulations on marketing sugary products to young children, clearer labelling of sugar content, and public education campaigns are essential. Without systemic intervention, we risk setting an entire generation on a path of preventable dental disease and broader health problems.'

'Protecting the oral health of our babies must be a national priority.'

Heightened risk of dental decay

Dental hygienist Sejal Patel comments: 'While fresh fruits are an excellent source of nutrients, the process of pureeing fruit releases sugars, making them more readily absorbed. Additionally, allowing babies to suck directly from pouches prolongs the contact of sugary food with their teeth, further heightening the risk of dental decay.'

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Keeping prevention at the core

In her farewell column, **Catherine Rutland** shows how far the dental profession has come in demonstrating the importance of prevention



CoreStrengths

Catherine Rutland
Clinical director at Denplan

Dentistry continues to create headlines in both regional and national media. The topics are varied, and it seems that over the last few years there has been a sustained interest from the public, and therefore the media, in what is happening in our world of oral health.

While there is much that's negative – around lack of access, need for contract reform and workforce issues – there is another side. The increased public interest in teeth has offered an opportunity to also create interest in more prevention-focused initiatives, or the links between general and oral health.

They may not be in the headlines, but they are in the pages of public reading, either online or in print. In a weird way it is an opportunity to reiterate the messages we know so well, including that prevention really is better than cure.

Spread the word

There are often questions around wider public health messaging for dentistry. While a national campaign would be amazing, in the meantime, how do we use the media to help spread the oral health message?

If we can show the importance of the links between oral and general health and therefore the need for each individual to take the steps that they are able to take to improve their own oral health, surely it's a start? I started writing this column just over nine years ago, and today as I write my last one, I realise that while some things in dentistry have changed in that time, others haven't. The importance of prevention is still hard to message on a grand scale – it doesn't grab headlines, but as the links with general health become more proven, the messages may have greater weight.

There have been lots of new and shiny advances in dentistry over the last few years, which are so positive for patient care and the way that dentistry functions. There will, I am sure, be many changes as dentistry continues to develop, but at the core (especially of a green apple) I hope that prevention remains.

Sometimes it is the relatively simple things in life that can create the most positive effect, and while new advances are needed, we must not lose sight of the importance of all of us caring for ourselves, for our teeth, and our overall happiness and health.

Don't let delay decay your finances

Iain Stevenson explains how waiting to take action can harm your financial health



MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

When it comes to financial planning, many people think in terms of what they can do – invest, save, protect their income – but far fewer consider the cost of not acting. Yet delay can be one of the most expensive financial oversights you make.

Take investing, for example. The power of compound interest means that even small sums, when invested

early, can grow significantly over time. Waiting just a few years to start can dramatically reduce your potential long-term returns.

For instance, if you decided to set yourself a target to save £20,000 in five years, today it would cost you £317. However, in one year, it could be £400, £83 more than if you started today.

This calculation is for illustration purposes only and values aren't guaranteed. Annual growth and inflation rates depend on factors over time, including investment performance and changes in future inflation levels. The current long-term inflation target for the Bank of England is 2% (correct as of April 2025).

Protect what matters

It's not just about savings. Putting off income protection or critical illness cover can leave you exposed should the unexpected happen. A delay in reviewing or updating your partnership or shareholder agreements can create real challenges for your loved ones and the continuity of your practice if circumstances suddenly change.

Even pushing back decisions about retirement planning or tax-efficient savings for the tax year end can lead to missed opportunities and in some cases penalties.

Often, delay comes from uncertainty: 'I'm not sure what the right option is' or 'I'll look at this when I have more time'. But while you're waiting for the 'perfect' moment, time continues to pass, and so do the benefits that action today could bring.

Just like in dentistry, delay doesn't necessarily pause the problem – it can lead to less positive outcomes for your financial health. Financial planning doesn't have to be overwhelming. The key is to take one step at a time, ideally with expert guidance.



Counting the cost

Nigel Jones responds to the news that the government will analyse the true cost of delivering NHS dentistry



PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

The decision of the Department of Health and Social Care (DHSC) to conduct a survey and research project on the costs of running dental practices seems long overdue given the arguments that have raged in recent years about the level of expenses uplifts in dental contracts. They could be in for a shock if the stats produced by the BDA are anything to go by.

This shouldn't just be about the finances. After all, there can be a dreadful cost to mental health, physical health and relationships of trying to balance the demands of the NHS with the requirements of the GDC, the mitigation of the risk of complaints or litigation, and the provision of patient care to an appropriate standard.

To be fair, there is a reference on the gov.uk website to the project aiming to improve government insights into not just the costs but also the pressures involved in running a dental practice. Perhaps this was what the chief dental officer was alluding to when he spoke earlier this year at the Public Accounts Committee (PAC) inquiry about making sure NHS dentists can 'provide safe care and feel safe doing so'. To my mind, these are very important points.

Cash or conditions?

The PAC inquiry also heard a couple of references to NHS dentistry having to compete with the more 'lucrative' world of the private sector. I suspect the use of that word was simply to do with the level of profit available to private dentists. However, I will cling to the hope that it was used in accordance with one definition of lucrative that talks of wealth 'acquired without burdensome conditions'.

In the past, governments have been able to rely upon a combination of NHS dentists' loyalty to their patients and their fear they might not make a success of private practice. With so many stretched to breaking point, dentists are finding that the loyalty is best served by finding a sustainable way to provide care for their local communities.

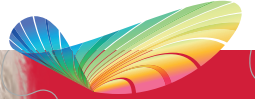
Also, the workforce issues that have been building for decades mean that the step into the private sector is no longer as daunting.

So, if the current government really wants to 'fix NHS dentistry', it will have to come up with pull factors as well as dealing with the push factors, and they will be expensive.

Otherwise, it will have to work out how to use the finite resources available to NHS dentistry in the optimum way to reduce oral health inequality, and that's a debate worth having. **D**

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There should be no decision about us, without us

Dental professionals need a voice in healthcare discussions in Westminster, says **John Makin**

John Makin

Head of the DDU



Dentistry is part of general healthcare so it's right that a new parliamentary group for healthcare workers hears about the challenges faced by dental professionals.

Political life is full of distractions. While fixing NHS dentistry might lead the conversation in Westminster one week, attention quickly shifts to trade war, crime or whatever else is dominating the front pages.

By contrast, dental professionals can't escape the pressures caused by the dysfunctional NHS dental service, unworkable contracts or the hostile dento-legal climate. They have no choice but to cope with the financial and administrative demands of dental practice and do their best for patients with complex dental needs due to patchy access to dental care.

A new British Social Attitudes Survey shows that public satisfaction with NHS dentistry has collapsed from 60% in 2019 to a record low of 20% in 2024. There's been a rise in NHS patient complaints about dental appointment availability (from 987 in 2016/17 to 2,411 in 2023/24) making this the second

most common cause of complaint after clinical treatment.

Nor should we lose sight of the fact that the problems in the NHS are also affecting the private sector. The Dental Complaints Service (DCS) Review reported a dramatic 137% increase in new cases between 2023 and 2024 (from 466 to 1,102) and a 384% year-on-year increase in complaints about access to dental care (from 26 to 126). GDC executive director (regulation) Theresa Thorp noted that the increase in people turning to private dentistry, was 'the likely cause of the increase in DCS activity'.

These issues are having a serious impact on professionals' morale and should not be allowed to slip down the agenda. This is especially important following news that NHS England is being scrapped which means more healthcare decisions will be made in Westminster. To paraphrase a central consent principle: there should be no decision about us, without us.

Speaking up for healthcare

This is the thinking behind a new All Party Parliamentary Group (APPG) for Healthcare Workers which brings together MPs and peers from across the political spectrum so

they can hear directly from experts across the healthcare landscape, including the royal colleges and NHS Practitioner Health.

Organised by our parent company, the MDU, the APPG held its first meeting in March and currently comprises 36 members under chair Cat Eccles MP and three officers (Peter Prinsley MP, Robin Swann MP and Lord McColl), all of whom have a strong connection to healthcare. It will meet regularly when Parliament is in session to focus on subjects that matter to healthcare professionals, such as improving patient safety, clinical negligence, practitioner health and wellbeing and staff recruitment and retention.

By the time you read this column I'll have spoken to parliamentarians about the challenges in UK dentistry. I'm looking forward to raising the dentolegal issues that most affect DDU members, including the rise in complaints, the stressful and protracted fitness to practise process and the enormous pressure that practitioners are under. At the same time, I'll also point to some of the changes we need to see, not least, better support for the profession and legislation to modernise the GDC.

Ongoing dialogue

I hope the APPG will enable a constructive ongoing dialogue about the concerns of ordinary healthcare workers and it's right that dental professionals are included.

The CDO understandably wants to see better integration between oral health and general health and one of the themes of the CDO's Scientific Conference in January was the need 'to put the mouth back into the body.' This makes sense given that patients' oral health is closely linked to their physical health and mental wellbeing, from dental pain being a cause of poor sleep to the evidence of an association between periodontal disease and diabetes, cardiovascular disease and cognitive decline. Of course, dental clinicians have long had a key role in identifying oral cancers and giving smoking cessation and dietary advice.

However, if we want dental professionals to take on more responsibilities eg schemes like blood pressure testing, policymakers need to be mindful of the pressure they are already under. That can only happen if dentistry is part of healthcare conversations, and I'm pleased the APPG for healthcare workers is showing the way. **D**



The definition of 'woman'

Sarah Buxton explains the implications of the recent Supreme Court ruling for dentistry, dental staff and patients

Sarah Buxton

HR and employment solicitor



Last month, the UK Supreme Court ruled that the terms 'woman' and 'sex' in the Equality Act refer only to a biological woman and to biological sex.

This means that under the act:

- A 'woman' is a person born female
- A 'man' is a person born male.

Additionally, if somebody identifies as trans, they do not change sex for the purposes of the act – even if they have a gender recognition certificate (GRC). The ruling has far-reaching implications, including in the workplace.

How does the ruling impact staff members?

There are several implications that apply in practice that employers should consider. Firstly, employers must now organise single-sex facilities, including toilets and changing rooms, by biological sex.

This means that trans women (assigned male at birth) should not use women's facilities, and trans men (assigned female at birth) should not use men's facilities, unless gender-neutral options are provided.

Employers are also encouraged to provide gender-neutral or single-occupancy facilities where possible, to ensure that trans and non-binary staff are not left without appropriate facilities. These are important considerations in a dental practice, especially when members of staff are using the changing rooms regularly.

Employers should also be aware of the possible claims that employees can bring. This is particularly important as a claim can come from both sides, meaning that trans staff may bring claims for discrimination if denied access to facilities matching their gender identity, while others may claim if required to share single-sex spaces with trans individuals. The ruling does not resolve these tensions but clarifies the legal starting point.

The Equality Act 2010 does not explicitly recognise 'non-binary' as a protected characteristic. However, non-binary staff may be protected if they are 'proposing to undergo, are undergoing, or have undergone' a process of gender reassignment. Employers should continue to treat non-binary staff with respect and dignity, and ensure that policies do not indirectly discriminate against them.

Employers should review and update policies, training and communications to reflect the legal definitions and ensure that all staff understand the implications of the ruling. If any employers are unsure on how to do this, to ensure that are not discriminating against anyone, they should seek legal advice in respect of this.

How does the ruling impact patients?

Not only does the ruling have implications for staff members, it also extends to patients. Single-sex facilities must now be provided on the basis of sex at birth. This means that trans women should not use women's facilities and trans men should not use men's facilities. If you provide facilities for patients, you are encouraged to offer gender-neutral or single-occupancy options where possible, to ensure that trans and non-binary patients are not left without appropriate facilities.

Non-binary patients may also be protected if they are 'proposing to undergo, are undergoing, or have undergone' a process of gender reassignment, and whilst there is no legal requirement to provide non-binary-specific spaces, providers should avoid indirect discrimination and ensure dignity and respect.

The ruling does not remove or diminish the protection from discrimination for trans or non-binary patients. They remain protected under the characteristic of gender reassignment.

How can you promote the clinic as a safe environment?

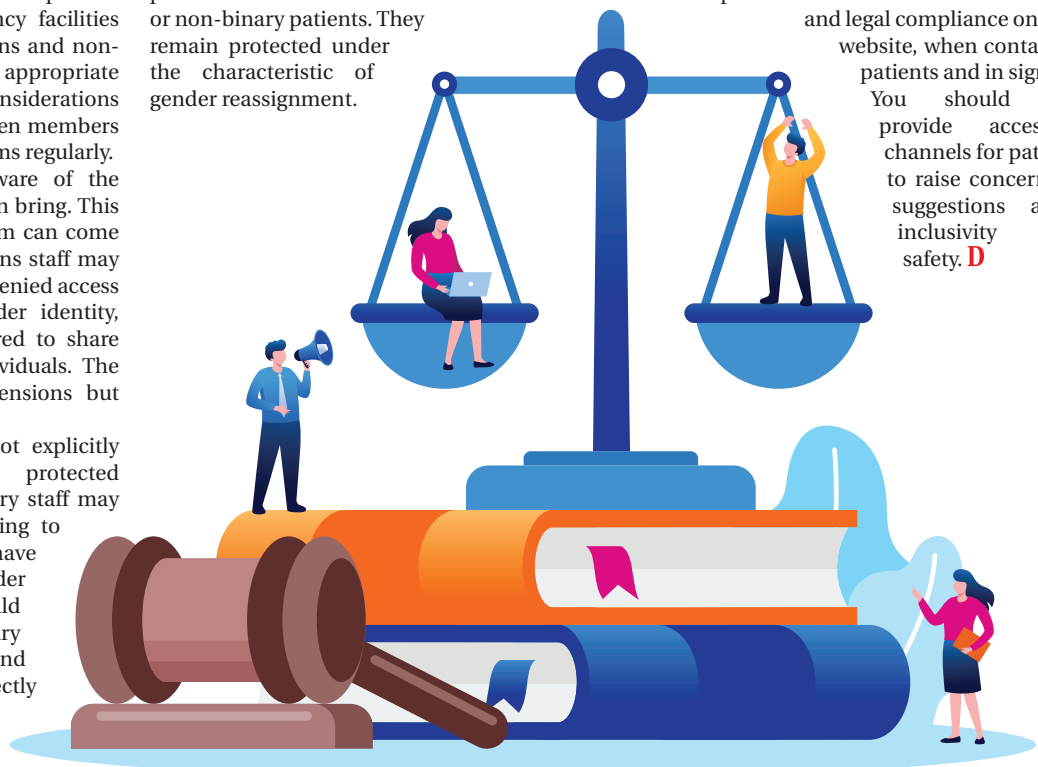
Inclusivity-centred dental practices can continue to promote their clinics as safe environments for all patients by taking both practical and legal steps.

Firstly, where there are single-sex facilities such as toilets and changing rooms, practices should ensure that the policies are clear, lawful, and based on biological sex, but also provide alternatives where possible. It is best practice for inclusivity to offer gender-neutral or single-occupancy facilities, and this can also help to avoid indirect discrimination claims.

Dental practices should also highlight that discrimination, harassment or victimisation on the grounds of gender reassignment remains unlawful, and they should make it that all patients will be treated with dignity and respect.

It is important that dental practices ensure that all members of staff are trained on the implications of the ruling, the distinction between sex and gender reassignment protections, and the need to avoid both direct and indirect discrimination. They should also look to train staff on handling requests from trans and non-binary patients regarding the facilities, pronouns, and privacy, so that these can be dealt with carefully.

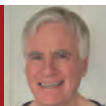
Finally, it is vital that you clearly communicate the practice's commitment to inclusivity and legal compliance on your website, when contacting patients and in signage. You should also provide accessible channels for patients to raise concerns or suggestions about inclusivity and safety. **D**



One dentist, seven marathons

Niall Hutchinson explains why he has set himself the challenge of running seven major marathons in nine months – and how it is going so far

Niall Hutchinson
Dentist



Dentistry magazine (DM): Please can you introduce yourself and tell us a bit about your background in dentistry?

Niall Hutchinson (NH): I'm Niall Hutchinson and I graduated from Queen's University in Belfast in 1987, opened my first practice in 1991, and ran it until 2009.

I took over another practice, Cherrytree Dental Care in Oxfordshire, in 2015. I'm a general dental practitioner – not specialised, just your bog-standard GDP!

DM: You've set yourself the challenge to run all seven major world marathons within just nine months. How did you first get into running?

NH: It's funny because at school, I was the useless one. Kids would say: 'Oh do we have to have Niall on our team?' I wasn't too bad at rugby but anything else you would not have wanted me on your team.

But in 2012, I did my first parkrun (I'm now up to 250) and a half marathon, which was a big deal for me back then.

Then for three years, I didn't do much and was honestly drinking too much. But I hit a turning point when a doctor told me my blood pressure was 170 over 90. I told the doctor I was thinking about running again and he told me not to overdo it otherwise I'd have a heart attack.

So I started small, attempting a 1.5 mile run around a golf course near where I live. I got about a quarter through it and wanted to throw up. But I was determined – the doctor offered me tablets and I turned them down and asked him to give me three months. So I went out every day until after two or three weeks, I was able to run the full 1.5 miles with no trouble.

DM: When did you decide to tackle a marathon?

NH: In 2018, I went on holiday to Ireland with my kids. We were in the west of Ireland and they were advertising the Dingle Marathon. I used to go there with my parents and they had recently died so it felt like the right race for me.

I was sitting at Gatwick Airport about six weeks later and saw that entry had opened – so I went for it. I raised money for Smile Train after lots of my patients mentioned sponsoring me. I raised about £1,000 in total. The charity then offered me a place at the London Marathon following a drop out so I thought, why not? It would be rude not to!



Since then, I've run the London Marathon another four times – including April's, with a new personal best of four hours and 39 minutes – and Dingle again too. And this is what led me to the initial idea of six marathon majors in nine months at 60 years old. However, they announced this year that Sydney was going to be a major, so it had to be all seven!

From the stats, I believe I'll be one of the first in the world to do this. In addition, fewer than

500 people have run the previous six Abbot World Marathon Majors consecutively.

This means I'll be running Sydney, Berlin, Chicago, New York, Tokyo, Boston, and London from 31 August 2025 to 26 April 2026.

I'm running them for Smile Train – the world's largest cleft charity. I'm attempting to Instagram my journey – though at 60 that's as just a big a challenge as the marathons! Please follow me @dentistrunning. **D**

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'I feel too guilty to take time off'

When burnout hits, asking for time off can seem daunting – Sarah McKimm shares why speaking up matters and how to do it without guilt

THE SCENARIO

I'm a dentist in my early 50s working at a busy mixed practice four days a week. Lately, I've been feeling completely drained by the work, both mentally and physically. Due to personal financial pressures, retirement isn't on the cards any time soon, but just the thought of continuing at this current pace is making me feel drained and unmotivated.

I know I need to take some time off for my mental and physical health, but I feel guilty even thinking about it. I don't want to let the team down or make the principal think I'm not coping.

I'm also unsure how to even bring it up, to not only the practice principal but my own family, especially as I know both rely on me heavily. Please help!

Dear reader,

Thank you for sharing so openly. Reading your words, I feel like I could have written that myself not so long ago.

The physical and mental exhaustion you've described is something so many clinicians feel but rarely say out loud. It's that deep, soul-heavy tiredness that makes everything feel more difficult. It takes courage to admit when things are feeling too much, especially in a profession like dentistry where there's so much pressure to just keep going.

Dentistry takes its toll, not just mentally but physically too. You're constantly switched on, thinking about patient safety, managing expectations, navigating complex procedures, and always putting others first. The physical strain can be relentless too – hours spent in awkward positions, doing intricate work in tiny spaces, all while trying to stay calm and reassuring.

It's no wonder you're feeling drained. Struggling doesn't mean you're failing. It means you've been carrying a lot for a long time and recognising this is the first step.

Dentistry is demanding

It sounds like you've been pushing through because you feel you have no choice.

The profession raises clinicians to believe that resilience means pushing through and keeping going – no matter what. There are patients and colleagues that need you, and targets to be met.

But where is the message that it's okay to need something yourself? To rest, to recalibrate, space to recover.

The truth is, you know you need to take some time off – not a dramatic sabbatical or early retirement (as wonderful as those luxuries would be), but just enough time to breathe, find balance and reconnect to the version of you that isn't constantly in survival mode.

I'm hearing you feeling guilty about even thinking about stepping back. Your automatic thoughts are telling you that you're letting people down.

The realisation is that these fears are based on beliefs you've been trained to listen to. You've been conditioned to ignore the warning signs of burnout and to keep going, but this is neither realistic nor sustainable.

Running on fumes

Dentistry is a beautiful, demanding profession, but you're not a robot. You're a human being with emotions, needs and limitations. What would it feel like to tune into what you need right now? You can't keep pretending everything's fine when it's not.

The truth I keep coming back to as someone who's lived through burnout is: you can't pour from an empty cup. No one benefits – not your patients, not your colleagues, not your family – when you're running on fumes.

So, what can you do when stepping away completely isn't an option? You come back to what is in your control.

Can you take an honest look at how you're living and working? Can you loosen the perfectionism, the guilt, and the need to always be the strong one? Instead, ask: what do I need right now? Not in a year, not when things calm down – now.

Sometimes the answer is simple, even if it's not always easy:

- More time in nature – stepping outside, breathing, grounding yourself away from the noise of expectation
- Adjusting your diary – creating breathing space between patients, not filling every hour just because you can
- Prioritising self-care – not the fluffy kind, but the kind that reminds your nervous system you're safe and allowed to rest
- Reworking your schedule – to suit you, not just everyone else. Whether it's starting later, building in admin time, or protecting your lunch break like life depends on it (because sometimes it does)
- Reconnecting with joy – even in small, quiet ways. Music, reading, movement, laughter – things that remind you you're more than the roles you play.

Having the conversation

And perhaps most importantly, letting go of the fear that asking for what you need makes you less capable. In fact, it makes you more sustainable.

Talking to your principal can feel daunting, but if they're worth their weight, they'll care about your wellbeing. You don't have to pour your heart out or justify every emotion. You can say something simple like: 'I've been feeling really run down lately, and I think I need to take a bit of time to reset. I want to be at my best for the practice, but I need to take care of myself too.'

Same with your family. They may rely on you, but they also love you. And people who love you want you well.

You're human. You're doing your best. And if no one has told you this yet, you're allowed to put yourself first sometimes – not in spite of your responsibilities, but because of them.

Take gentle care, Sarah. **D**



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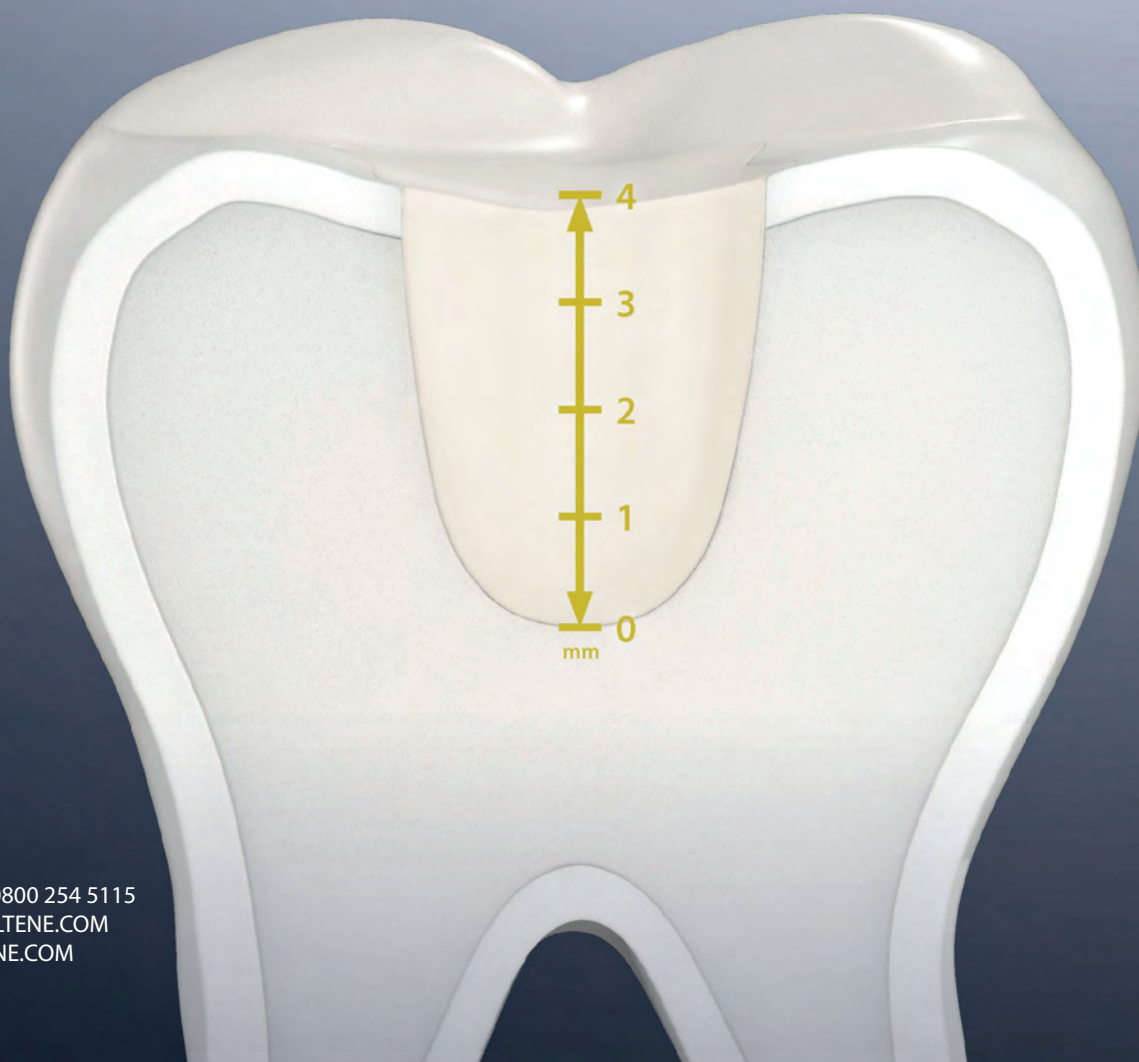
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Maria Kalkani
Paediatric dentist



As dental professionals, we know that early intervention is crucial – but how early is early enough when it comes to children's oral health?

For Maria Kalkani, paediatric dentistry isn't just about treating teeth; it's about laying the emotional and educational foundations for a lifetime of positive oral health behaviours and knowing the dental chair is a safe space, not one to be feared.

'I've been fortunate to work across both clinical and academic paediatric dentistry for more than 15 years – from my time in hospital settings through to specialist training at university, and now in practice at Bryer Wallace. I've seen first-hand the profound impact that early, positive dental experiences can have – and how important our role is in shaping them.'

Here Maria shares some fundamentals that dental professionals can pass on to children and their families – from making that first visit a positive one to helping parents with brushing techniques and when to intervene with treatment. Her insights are all about setting young patients up for lifelong oral health.

The first appointment

The British Society of Paediatric Dentistry recommends a first dental visit by the age of one or within six months of the first tooth erupting. While this may seem premature to some parents, as professionals, we know it's the ideal window for identifying early signs of decay, developmental anomalies or habits, such as non-nutritive sucking, that may need monitoring or intervention.

These appointments do more than screen for issues – they're about establishing trust. Techniques like the 'lap-to-lap' examination can ease children (and their parents) into the dental environment, particularly for infants or children with additional needs. The goal is simple: make the first visit positive, empowering and calming – because that experience will colour every dental appointment to follow.

Prevention education

Much of the real impact of paediatric dentistry happens outside the clinic, in homes and schools – and that's where we get support from parents, guardians and caregivers on the importance of brushing and diet.

We often get asked whether electric toothbrushes are better than manual ones for little ones. The answer is either can be effective



– provided they're used correctly. What matters most is technique, consistency and supervision.

Younger children will need to start out with a manual brush as it offers more control and better learning opportunities. Older children who need motivation may benefit from switching to an electric brush with built-in timers and fun features. There's no one-size-fits-all – we personalise advice to the individual child.

Similarly, flossing can start as soon as any two teeth touch. While many children lack the dexterity to floss independently until age eight to 10, this shouldn't delay the habit. Even if they watch grown-ups up flossing or using interdental brushes, this helps them set an example for when they are ready. Pre-threaded flossers can make the process easier for parents and more engaging for children.

When it comes to fluoride, the science remains clear: it's both safe and effective when used appropriately. However, we also know many parents have questions – especially if they live in areas without fluoridated water. Reassuring them with facts and helping them navigate toothpaste selection based on their child's age and risk profile is key. While toothbrushing is essential for a healthy mouth, diet is equally important to get right – and it often gets overlooked. We recommend limiting sugary food and drinks to meal time and following the eat-well guidelines for a balanced diet.

When to intervene

While much of our role as dental professionals focuses on education and prevention, there are times when clinical intervention is necessary. One such instance is tongue-tie (ankyloglossia), where a restrictive lingual frenulum can affect feeding, speech development, oral hygiene, or even

orthodontic outcomes. In these cases, lingual frenotomy – particularly using laser technology – can provide significant functional benefits with minimal discomfort.

Pregnant patients or parents of newborns may not realise their dentist can help or refer them to the appropriate specialist. Tongue-tie is often picked up by a midwife or GP, but dental teams also play a valuable role in raising awareness.

We can talk patients through what to look for – such as difficulty breastfeeding or signs of a tie visible when the baby yawns or cries. Diagnosis isn't always straightforward, and in many cases, issues only become apparent when feeding challenges arise. Recognising and addressing tongue-tie early can make a real difference in a child's ability to latch and feed effectively – and opens the door to better long-term oral function.

Our role as educators

Every paediatric dental appointment is an opportunity to educate children and their family. By supporting our patients with compassion, clarity and consistency of what we're saying, we can help every child start life with the best chance of a healthy smile and offer the grown-ups the best advice to make this a reality.

As professionals, we know that excellent oral health starts young – and that we all have a role in helping parents and carers feel empowered, not overwhelmed. Whether you're in general practice or a specialist setting, knowing when to reassure, when to refer, and how to personalise advice can make all the difference. **D**

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'Physically and mentally draining'

All dental nurses in a new study said that working in dentistry was stressful, with 92% saying they had experienced burnout.

One dental nurse described feeling 'exhausted, frustrated and very anxious', while another said they were 'on edge, unable to switch off, anxious, overwhelmed, out of control'.

These are the findings of a *British Dental Journal* case study.

Common reasons for these feelings were:

- Being undervalued by clinicians and patients
- Working within the team
- Lack of communication.

For example, one nurse said: 'I am the only dental nurse, I don't have anyone to talk to. If I'm having a tough time with a patient, it's hard not having someone there at the time but also after to talk it through.'

'Undervalued'

Expanding on the feeling of being undervalued, one of the nurses touched on remuneration. They said: 'I think that dentists and patients don't understand how much pressure dental nurses are under. We are definitely undervalued, as can be seen in our salaries.'

Others criticised the lack of work-life balance available to them, saying: 'I think most dental nurses I know suffer from burnout to some degree.'

A contributing factor to the lack of work-life balance was the dental nurses' annual leave policies. One nurse said that 'only four weeks annual leave when you work full time isn't enough', reporting 'a major impact on my wellbeing'.

In addition, long working hours made the nurses feel 'there is no time left in the evening to enjoy anything'.

'I take on too much'

The dental nurses described their jobs as 'physically and mentally draining', requiring 'hours and hours of concentration'. Workload was identified as significant issue. One nurse said: 'I take on too much – it is not an option to say no really.'

A lack of training was also noted by the researchers. For example, the nurses said they were not prepared for dealing with the general public, managing stress or dealing with 'real-life issues'.

These conditions have led to many dental nurses lacking confidence. They said:

- 'I worry about if I have done everything right and if I am good enough'
- 'I lose my confidence and things spiral. I find it hard to carry on'
- 'I lack confidence on a daily basis. I feel like I have backed myself it to a corner that I can't get out of.'

No coping mechanisms

Most of the nurses did not have structured mechanisms to cope with the pressure of their jobs. Finding someone to talk to about work problems was cited as a problem, as the nurses were 'not convinced that anyone who does not work as a dental nurse could fully understand'.

Even among peers within dentistry, nurses were 'not sure who to trust' leading to apprehension. Friends and family could not provide enough support as 'they really just don't get it'.

Management also did not feel supportive to many of the dental nurses due to fear of seeming 'incompetent'.

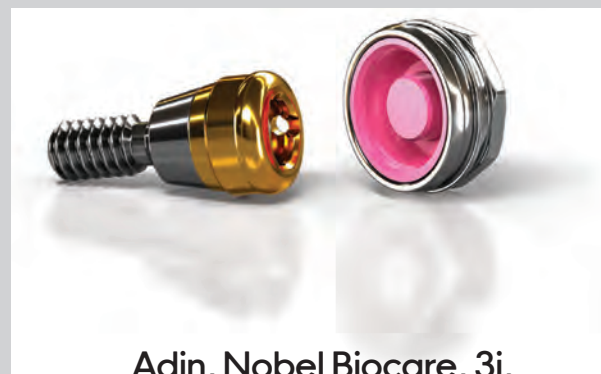
One potential solution proposed by the study was increasing the amount of mentorship available. However, while 95% of the dental nurses felt that mentoring would be helpful, they had 'little to no knowledge' of the mentoring process.

Many said they were concerned about being comfortable talking to their mentor and the potential of feeling inadequate compared to them. **D**



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Marketing for dental labs

Eleanor Pittard shares how to promote your dental lab business effectively while staying compliant

Eleanor Pittard

Managing director, The Hive Dental Laboratory



If you're running a dental lab or a clinical dental technician (CDT) clinic in the UK, there are some

and not misleading

- Pricing must be transparent and include all relevant costs
- Before-and-after images must be genuine and not digitally altered.

ASA guidelines

The purpose of the ASA is to ensure that marketing remains ethical across industries, including the dental industry. Their key rules include:

- No misleading claims – statements must be backed by scientific evidence
- No pressure selling – marketing must not exploit fear or urgency
- Use a sensitive approach to aesthetic treatments – avoid language that undermines confidence
- Use transparent terms on discounts and offers – ensure no hidden conditions.

Meta advertising rules

On top of the GDC and the ASA, you also have to pay attention to what social media platforms like and don't like. Otherwise, you end up spending all that time putting together an ad and then suddenly find that Meta doesn't allow it to be published – and it isn't always that obvious as to why. I've outlined a general rule of thumb to live by to make it more likely that your ads will be approved first time.

What does Facebook allow and prohibit?

Allowed:

- Educational content about dental prosthetics, dentures and restorative solutions
- Promotions for general services (eg denture repairs, implant-supported prosthetics, laboratory partnerships)
- Informative ads that do not pressure users or make exaggerated claims
- Laboratory branding, including behind-the-scenes videos and craftsmanship highlights.

Prohibited:

- Ads that create negative self-perception (eg 'Are your dentures making you look old?')
- Before-and-after photos (Facebook does not allow these in health-related ads)
- Any claims guaranteeing specific results from dentures or restorations.

What does Instagram allow and prohibit?

Since Instagram is owned by Meta (Facebook's parent company), its rules are largely the same.

Allowed:

- Lifestyle images showcasing confident denture wearers (with permission)
- Short educational videos about how dental prosthetics are made
- Offers and promotions for dental professionals and patients.

Prohibited:

- Before-and-after transformation images
- Misleading captions about the longevity or effectiveness of treatments
- Language that implies someone is 'less attractive' without treatment. **D**

important rules to keep in mind when it comes to marketing.

The General Dental Council (GDC), the Advertising Standards Authority (ASA) and social media platforms like Facebook and Instagram all have guidelines you need to follow. Knowing these rules will help you stay compliant while still promoting your business effectively.

GDC guidelines

In case you weren't aware, the GDC has clear rules for marketing and advertising dental laboratory services and CDT clinics. It's not necessarily something that you would think about when putting together an ad, but it is important to bear in mind the following:

- All claims must be truthful, clear and evidence-based
- Avoid misleading information or exaggerated claims about restorations, dentures or other prosthetics
- CDT clinics must ensure that patient testimonials are not used in marketing
- Any qualifications, experience or specialist titles must be accurate

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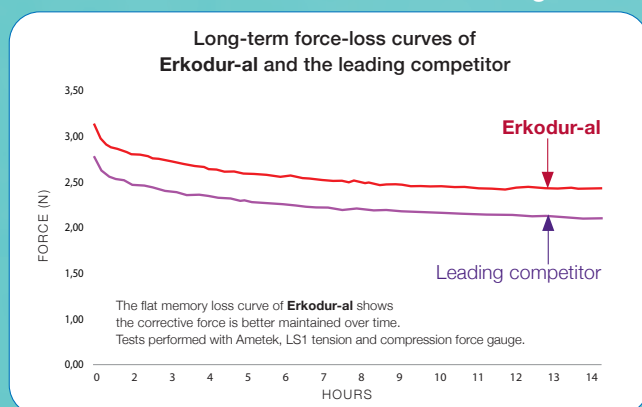
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The future lab

Ashley Byrne discusses what he believes lies ahead for dental labs in 2030 and how they will need to stay relevant

Ashley Byrne

Associate director, Byrnes Dental Laboratory



I've lost count of the number of times I've heard the phrase 'the lab of the future'. It usually pops up alongside a slide showing some glossy 3D printer that claims to be 'game-changing' but often is just some new capital equipment.

But let's be honest, most of us in the lab world are still fighting with slow scanners, underpaid teams, and some dentists who sometimes think CAD and digital just means to reduce lab fees.

I want to strip things back and ask: what will a real dental lab look like in 2030? Not the fantasy, but the future we're actually building, or certainly should be. I believe we have an incredible opportunity ahead of us, but if we don't rapidly change, someone or some company will take that opportunity away from us.

From dusty workbenches to digital ecosystems

Let's start with the obvious: analogue isn't dead, but it's on life support. By 2030, the average lab won't be full of bunsen burners and model trimmers. It'll be a hybrid space – part design studio, part production hub, part IT department.

Design will continue to shift away from physical artistry and into digital planning suites, with technicians spending more time with 3D mice and dual monitors than wax carvers and articulators. But that doesn't mean creativity disappears. In fact, the best labs will be the ones who combine artistic sensibility with digital agility.

It won't be about replacing the technician. It'll be about blending their skillset with technology that frees them from boring grunt work so they can focus on high-value tasks: aesthetic design and finish, complex problem-solving, and close collaboration with clinicians.

The remote revolution

Another reality? Labs won't just change in shape, they'll change in location. I'm already seeing this happen in my own lab: a Corus technician in France designs my guided surgery and I print at Corus Byrnes, here in Oxford and ship for a practice in Cornwall, all in record time and with everyone playing to their strengths.

By 2030, we'll see a massive decentralisation of lab services. Remote design teams will become common, powered by global talent and platforms that manage case flow in real time. Some labs will even go fully virtual – no physical facility, just designers, cloud-based software and manufacturing partners.

It's not science fiction. It's happening already. And while that may sound scary to traditional labs, it also opens the door for specialisation and scalability. Want to become the UK's go-to designer for full arch implant cases? No problem. You won't need a million-pound facility, just the right tools, training and network.

Collaboration, not competition

One of the most important shifts happening right now, and accelerating towards 2030, is the way labs and practices work together. With dentists facing overwhelming schedules, tighter appointment windows, and increasing admin pressures, the idea that they want to 'do it all' is unrealistic.

Clinicians and dental nurses don't have the headspace to troubleshoot scan files, manage design iterations, or chase case logistics. They're not looking to become lab technicians, they're looking for trusted partners who can think ahead, solve problems, and make their lives easier.

That's where the future lab steps in, not as a supplier of products, more a supplier of solutions. The labs that will thrive by 2030 are the ones who lean into this role: offering guidance on materials, flagging issues before

they reach the patient, and becoming part of the clinical workflow – not just bolted onto the end of it.

We are not competing, this is about collaborating – because when we collaborate, everyone wins, especially the patient.

The AI elephant in the room

Now, let's address the buzzword we can't avoid: AI.

By 2030, AI won't be a novelty, it'll be a backbone. Expect automated case sorting, real-time margin detection, even predictive design suggestions based on patient data and clinician history.

But here's the truth: AI won't make technicians obsolete. It'll make bad ones irrelevant and good ones invaluable. Because AI is only as good as the person guiding it. The best labs will use AI as a co-pilot, checking designs, flagging anomalies, speeding up workflows. It's not about losing the human touch, it's about amplifying it.

Culture will matter more than ever

If you're imagining all this tech with the same team and culture you have today, think again. The lab of 2030 won't just look different, it'll feel different.

We're going to need a new kind of technician – one who's as comfortable talking workflows with a dentist as they are experimenting with new materials. We'll need collaborators, communicators, creative thinkers.

And we'll need lab leaders who foster that environment – who see their role not just as a production manager, but as a mentor, coach and culture shaper.

Investing in people won't be optional, it'll be the only way to stay relevant.

The bottom line

So, what will the lab of 2030 look like? It'll be more digital than ever, connected through cloud platforms and real-time workflows. Many won't have four walls in the traditional sense, design and production will happen across locations, sometimes even across borders.

Collaboration will sit at the heart of everything, with technicians embedded in clinical teams, not operating in isolation. AI will be a silent partner in the background, handling the repetitive tasks so we can focus on what really matters: the artistic design and problem-solving solutions. Not products.

But above all, the lab of the future will be run by forward-thinking people – those who understand that progress isn't about machines, it's about mindset. It won't be perfect, and it won't be easy, but it will be exciting – for those who are ready to evolve.

The future lab isn't a building. It's a way of thinking, and it starts now. **D**



Your dental equipment partner in 2025

Carl Wise discusses the importance of an independent partner to deliver exceptional repairs and equipment to your practice

Carl Wise

Managing director, MC Repairs

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Here's a deeper look into our commitment to dental excellence and what sets us apart from other suppliers and repair centres.

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At MC Repairs and MC Dental, we understand the vital role your equipment plays in delivering

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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.

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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.

Its 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 A 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 hour-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 N A 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

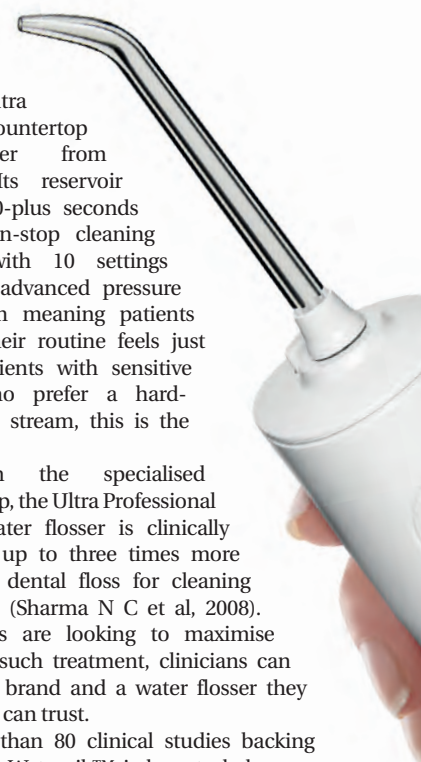
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patients need look no further than the Ultra Professional countertop water flosser from Waterpik™. Its reservoir capacity of 90-plus seconds ensures a non-stop cleaning experience, with 10 settings on the most advanced pressure control system meaning 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 countertop water flosser is clinically proven to be up to three times more effective than dental floss for cleaning around braces (Sharma N C 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.

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For references, email newsdesk@fmc.co.uk



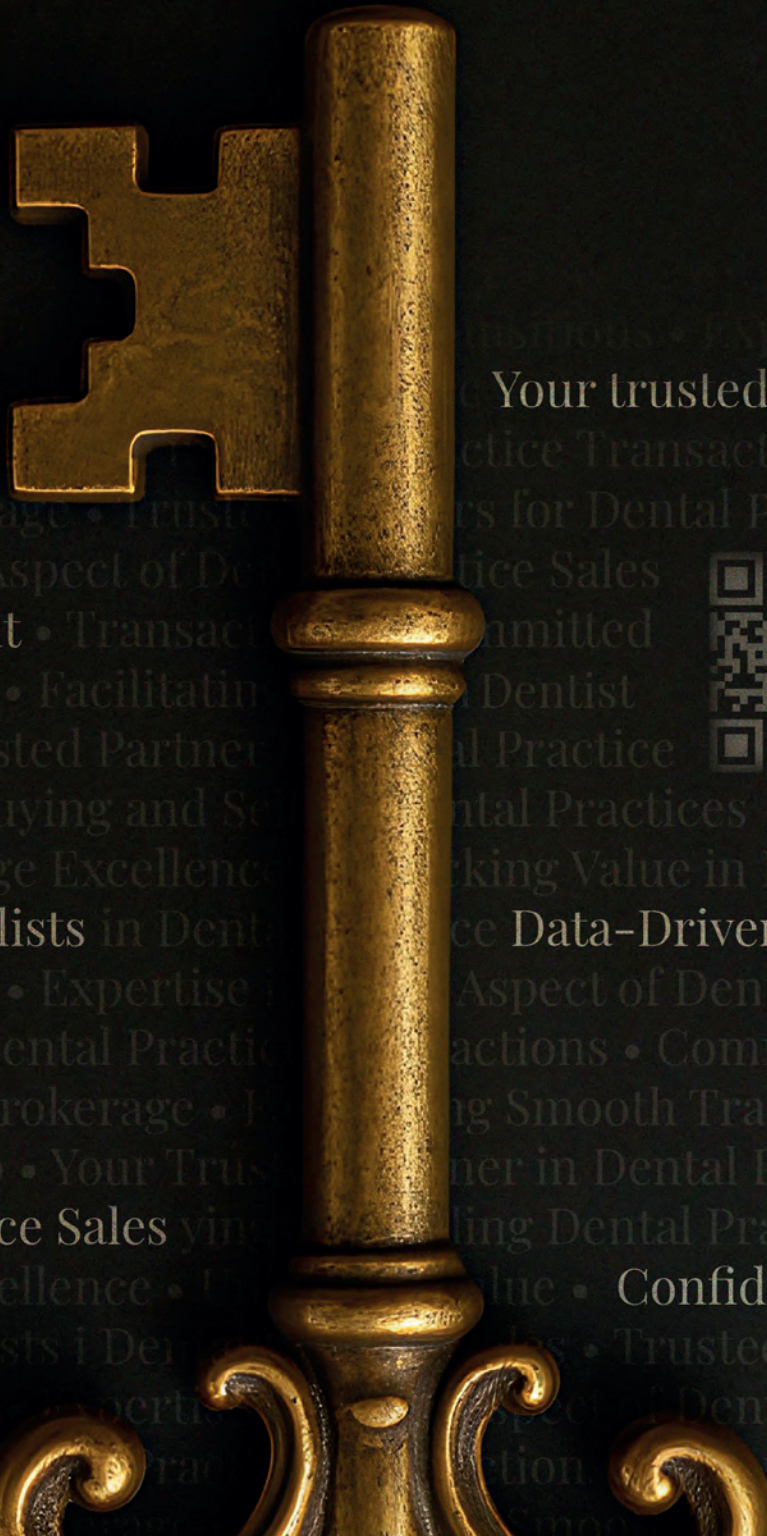
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Safeguarding smiles

Summer hygiene strategies for dental practices

Laura Edgar

Managing director, Aura Infection Control



As summer approaches, dental practices gear up for a seasonal increase in patient visits. Amidst the hustle, it's essential

not to lose sight of the critical role hygiene plays in ensuring patient and staff safety. Rising temperatures and busier schedules create ideal conditions for bacterial growth, making rigorous disinfection protocols more vital than ever. This summer, dental practices can protect against pathogens by placing renewed focus on dental unit waterlines (DUWLs) and autoclaves.

Dentists often take their annual leave during the warmer months, and it's no coincidence that this coincides with a national rise in contaminated waterlines. When dental chairs sit idle, biofilm – a stubborn layer of bacteria and microorganisms – can build up within the tubing. These deposits quickly turn safe waterlines into sources of contamination. One effective method for managing DUWLs during inactivity exceeding 48 hours is the use of specialist solutions like Bilpron, designed specifically for long-term disinfection.

Trusted by leading manufacturers such as Dentsply Sirona, Bilpron is clinically tested and widely endorsed for its effectiveness in maintaining waterline safety during dormant periods. For practices unsure of their waterline quality, the recommended approach is to begin with a red sampler test, followed by the Alpron biofilm removal system before transitioning to Bilpron for maintenance.

If left unmanaged, dental unit waterlines can harbour harmful bacteria, posing significant health risks. With strong antimicrobial properties, Bilpron forms a protective barrier that prevents microbial colonisation, helping to ensure the water flowing through dental units remains clean and safe. By

incorporating Bilpron into their standard infection control processes, dental teams can consistently uphold high standards of water quality.

Laura Edgar, managing director of Aura Infection Control, shared a timely message: 'As the summer season approaches and we anticipate some well-deserved rest, it's vital not to let our guard down. Planning ahead for summer breaks is key. Treating waterlines now can prevent major hygiene problems later.'

Beyond waterline maintenance, summer presents the perfect opportunity to carry out deep cleaning and disinfection of autoclaves, which play a critical role in sterilising dental instruments. Warm, humid weather accelerates microbial growth, making regular autoclave upkeep essential. Restore tabs offer a simple and effective solution for deep cleaning, reaching even hidden areas inside the unit to remove biofilm and other contaminants. Regular use of Restore tabs helps ensure reliable autoclave performance and reduces the risk of infection transmission.

Summer is also an excellent time to reinforce manual cleaning protocols and observe staff compliance with practice procedures. This includes confirming the correct use of disinfectants, verifying temperature and contact time, and checking technique. Consistent monitoring and reinforcement of cleaning standards help maintain a culture of safety and cleanliness.

Making the most of summer downtime

While the summer slowdown might reduce the number of appointments, it offers a valuable chance to improve practice operations without compromising patient care. Deep cleaning and staff training during downtime can significantly boost infection control protocols and ensure ongoing compliance with regulatory standards.

Committing time to thorough cleaning of equipment and treatment areas during quieter weeks helps reduce cross-contamination risks and creates a safer environment for everyone. This proactive strategy supports long-term cleanliness without affecting clinical hours.

Downtime is also the ideal moment for training and professional development. Regular refresher sessions ensure staff remain updated on evolving standards and protocols. Virtual platforms make it easier than ever to access training remotely, with expert-led modules covering topics such as DUWL management, equipment validation, and best decontamination practices. These online sessions often count towards enhanced continuing professional development (ECPD), making them both educational and practical. Leading practices understand that investing in staff development promotes not only safety but also a team-wide commitment to excellence. Empowered with knowledge and clear guidelines, team members are better equipped to maintain exceptional hygiene standards.

Ensuring safety and vigilance this summer

This summer, dental practices can enhance safety by embracing preventive disinfection strategies. Using Bilpron during periods of DUWL inactivity and cleaning autoclaves with Restore tabs are effective steps in reducing microbial risks. As temperatures rise, infection control must be treated not as a seasonal task, but as a core component of responsible dental care. Educating staff during quieter periods ensures everyone is prepared, capable, and aligned with industry best practices.

In summary, dental practices must remain focused on maintaining top-tier hygiene standards throughout the summer. By leveraging the season for deep cleaning, DUWL and autoclave maintenance, and staff training, teams can strengthen their infection control measures and protect all who enter the practice. Let this summer be a time not only for rest and rejuvenation but also for recommitting to the highest standards of dental decontamination. In doing so, we ensure safe, reliable care for patients and peace of mind for professionals.

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Invisible need

Lilia Kaur Prem discusses the oral health challenges affecting the geriatric population and how they can be addressed

'As I get older, I feel invisible.' It was these few words from an elderly patient that ignited dental hygienist and therapist Lilia Kaur Prem's interest in geriatric dentistry. 'We're all going to grow old and have family members who will, too. They deserve the same level of dental care as anyone else,' she says.

She is right to emphasise this point. The population of individuals aged 65 and older is growing rapidly. In 2022, 19% of the UK population was 65 years or older, and this percentage is projected to rise to 27% by 2072 (Barton et al, 2024).

A study from King's College London suggests the UK should adopt an 'integrated healthcare model' to address the oral health challenges that an ageing population will bring (Patel et al, 2024). This demographic shift necessitates urgent attention, the authors concluded.

A natural affinity

Lilia would agree. Studying dental hygiene and therapy at the University of Sheffield, she graduated in 2006. She began her career utilising her full scope of practice and discovered a natural affinity for treating geriatric patients.

'I did every bit of therapy and discovered a real liking for older patients. One gentleman arrived for his appointment, and I commented on how smart he looked. He was delighted with the compliment and said: "Nobody cares about you when you are old." I have never forgotten this. None of us will be young forever, and the health of our ageing population matters greatly.'

While there, she was approached by an Oral-B representative to explore the effects of using electric toothbrushes on two patients. The results were promising: both patients exhibited a noticeable reduction in plaque accumulation and decreased inflammatory markers associated with gum disease – findings that Lilia later shared with care home staff as a dental volunteer.

Neglected oral health

Reading around age-related oral health issues, Lilia was alarmed by the statistics, particularly concerning elderly residents in care homes. In March 2023, the Care Quality Commission (CQC) conducted a follow-up review of its initial 2019 report on oral health in care homes (CQC, 2023).

Despite increased awareness of the NICE oral health guidelines, up to 40% of care home staff still lacked essential training. Providers also indicated that not enough dentists were able or willing to visit care homes.

Motivated by a desire to address these unmet needs, Lilia continues to volunteer her time regularly. She says: 'Unfortunately, poor dental hygiene remains widespread in many residential facilities. The root causes are complex: care staff are often overwhelmed and may prioritise other immediate healthcare needs, while a lack of formal oral health training exacerbates the issue.



When asked, staff often report that residents don't receive oral hygiene because they are too busy getting them up and dressed for the day ahead.'

Tailored approaches

She says some care managers have even expressed concerns about 'failing their residents'.

'There is no blame game, but we must ensure that elderly individuals receive the best oral hygiene possible. Caring for elderly patients with complex needs requires tailored approaches.

'For instance, adaptive brushing techniques can improve independence for stroke survivors, who often have lax cheeks where food debris accumulates.

'Similarly, choosing a calm moment for patients with dementia is the best time to address oral hygiene. Physiological factors, particularly glucose metabolism, significantly influence cognitive function, and these patients can be uncooperative upon waking, while medications can leave their mouths extremely dry.

'They are often more settled later in the day, the pH in the mouth is lower and there are no staff changeovers to disrupt the moment.'

Powerful tools

Lilia's experience highlights that, in all cases, an electric toothbrush is essential.

'Electric toothbrushes are powerful tools for improving oral hygiene, especially for individuals with manual dexterity issues or cognitive decline. Oral health in degenerative conditions is a one-way street, but we still have a responsibility to care.

'I teach caregivers brushing techniques using the Oral-B iO Test Drive. The oscillating-rotating technology provides a faster, more effective clean. The small brush head also makes brushing more comfortable for patients who may find it otherwise invasive. The electric toothbrush can reach the nooks and crannies and provide a degree of interdental cleaning.

'Switching to an SLS-free toothpaste like

Oral-B Clinical Decay Control can also help improve residents' comfort and compliance with medication-induced dry mouth. Encouraging regular water sipping helps maintain moisture and prevent root caries.

'High-fluoride toothpaste, such as Oral-B which contains a unique Stannous Fluoride complex, offers added protection for vulnerable teeth, especially those with receding gums or a history of decay.'

Out-of-box thinking

'I also show staff some simple ideas to help keep the mouth open – such as a mouth prop or getting the resident to bite down on the end of a chunky, inexpensive rubber toothbrush – a clever trick providing more access without fuss.

'For bedbound residents, sometimes the best care is just a clean mouth. You don't need to be at the sink for oral care. I encourage caregivers to sit them down with support and use a kidney dish under the chin.

'Patients with strokes might still want independence, so we help find ways, like strapping a toothbrush to their wrist. I always strive to keep the language straightforward, make it easy to understand and ensure it is non-intimidating. It's all about simplicity and reducing stress.'

Coupons and goodies

Additionally, initiatives such as distributing Oral-B Exclusive Professional Coupons help promote better habits and facilitate access to high-quality products. Proceeds support Dentaaid The Dental Charity, ensuring that the benefits of improved oral health extend even further into the community.

Lilia explains: 'I take the Oral-B Exclusive Dental Professional Coupons into the homes I visit, and family members are always happy to buy a toothbrush for their loved ones. These coupons help patients purchase the right electric toothbrush at a reduced cost.

Culture of kindness

Currently studying for a Level 2 Principles of Dementia Care TQUK Certificate at Leicester College, Lilia is also a member of the British Society of Gerodontology, which is dedicated to improving the oral health of older people.

She is magnanimous about her charitable work. 'We must make people feel supported. It's about creating a culture of kindness and acceptance. Explaining to caregivers how to use an electric toothbrush with their residents is a joy when you see the results. Not everything requires monetary compensation,' she says.

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A new era of practice support

Craig Welling and **Barry Lanesman** on building the future of FMC

FMC is building on 30 years of trusted media leadership to launch a new chapter: a dedicated practice services offering, one shaped by collaboration, a clear vision for practice support, and a deep understanding of the evolving needs of dental professionals.

While FMC media remains an independent and trusted voice in UK dentistry, this new offering aims to provide practices with the support they need to grow and adapt.

At the heart of this next phase is a powerful partnership: Craig Welling, who has long steered FMC's connection to the profession, and Barry Lanesman, whose decades of operational experience in dentistry bring new perspective and depth to this expanding area of focus.

Together, they discuss their shared ambition, the trends shaping the market, and how FMC's evolving platform is designed to help practices navigate complexity and thrive.

Building on deep roots and clear vision

Craig Welling has been at FMC for nearly 16 years, leading its growth from a traditional media business into an essential resource for dental professionals.

His unique insight comes from continuous dialogue with practitioners and deep industry relationships.

Craig explains: 'We noticed significant fragmentation within practices – different logins for compliance, HR, marketing, and more.'

'We realised there had to be a better way, a unified solution to support efficiency and scalability.'

To help deliver this next phase of growth, Craig brought in Barry Lanesman as a non-executive director and investor alongside Coniston Capital to bolster FMC's practice services offering with decades of operational expertise.

Barry's career includes over 35 years in dentistry, from clinical practice to financial services, culminating in a decade building corporate dental practices across the UK.

Barry shares: 'Practices often lack the time or specific skills needed to scale and modernise effectively.'

'A strong support partner should collaborate directly with principals and practice teams to grow and develop the practice in a meaningful way.'

Why now – and why FMC?

The decision to expand FMC's Dentistry Practice Services comes at a crucial time of rapid technological advancement and increasing patient expectations.

Craig points out: 'Practices face overwhelming changes. Technology now enables smaller practices to access tools previously exclusive to large corporates, but they need help integrating these effectively.'

For Barry, FMC was an ideal partner due to its unique combination of

deep community connections and practical market understanding.

He explains: 'FMC has consistent contact with dental practices, suppliers, and practitioners. Their understanding of the profession's needs and the capacity to communicate effectively made it the perfect fit.'

**Barry
Lanesman**



We noticed significant fragmentation within practices – different logins for compliance, HR, marketing, and more. We realised **there had to be a better way, a unified solution to support efficiency and scalability**

Craig saw Barry's operational background as the essential ingredient for FMC's next stage: 'Barry's extensive experience running practices at scale, combined with FMC's deep industry relationships, creates a powerful dynamic. Together, we offer a genuinely comprehensive support model.'

Differentiating Dentistry Practice Services

What sets FMC's Dentistry Practice Services apart is its holistic approach. 'We're not offering singular functions but a comprehensive range of services under one trusted brand,' Barry clarifies.

Craig adds: 'Our values centre on truly understanding our clients' needs. We listen first, then build targeted solutions around specific challenges around efficacy and growth, ensuring practices aren't burdened with excessive technology but equipped with precisely what they require.'

Dentistry Practice Services supports practices across four key areas:

- Dentistry Compliance, with expert tools and advice to ensure regulatory excellence
- Dentistry Consent, offering a fully digital platform to streamline the consent process
- Dentistry CPD, delivering high-quality, GDC-aligned learning
- Dentistry marketing, partnering with Xcelerator Dental, to drive patient growth and brand visibility.

Their support spans clinical excellence and commercial success. Craig emphasises: 'Most dentists enter the profession to deliver patient care, not to run businesses. Our role is to simplify backend management, freeing them to focus on what they do best – patient care – while simultaneously improving their financial health.'

Looking ahead

Looking to the future, Barry highlights the transformative potential of digital tools: 'Today, HR, compliance, marketing – all previously manual, cumbersome tasks – are becoming seamlessly integrated and tech-enabled. Our job is to ensure these tools genuinely help practices scale effectively.'

Craig visualises success clearly: 'Success is having clinicians openly share how significantly our services have contributed to their practice's growth and their ability to deliver outstanding patient care.'

Support, passion and vision

Both leaders are passionate about the journey ahead. Craig summarises: 'We're building something special – driven by support, passion, and vision.'

Barry leaves practice owners with a key message: 'There is powerful support available. Practices no longer need to face these challenges alone; Dentistry Practice Services is here to ensure their success and growth.'

Together, Craig and Barry's partnership signals an exciting future for FMC – and a transformative moment for dental practices throughout the UK.

**Craig
Welling**

**Dentistry
Practice Services**

To find out more about FMC's Dentistry Practice Services, visit dentistry.co.uk.

6 ways dental clinicians can communicate with confidence

Boost case acceptance with good communication skills

Nick Garrison

Vice president of marketing at Pearl



Confidence is key to delivering any kind of diagnosis. Whether explaining procedures, easing patient anxieties, or building trust, confident communication can transform a patient's dental experience.

When a clinician is confident, the patient is confident too. A 2012 study of 5,000 dental patients in Australia showed that while technical competence was important, most patients 'want a dentist who listens to them, has a friendly caring attitude, explains treatment options and procedures, and inspires confidence.'

Here are five ways that dental clinicians, dentists, and hygienists alike can communicate with more confidence.

Speak with a calm, steady tone

Your tone of voice makes a considerable difference in how confident you seem.

Speaking too quickly may make patients feel uncertain about the information you're sharing – and perhaps less likely to accept treatment. 'Patients don't want to hear you lumber on without giving them a chance to digest what you are saying,' said Dr Auster. Instead, he recommends the rhythm of 'speak, pause, listen, speak' to give patients time to understand what you're saying.

Maintain positive body language

Patients often pick up on subtle cues, so being mindful of your nonverbal signals boosts credibility and puts them at ease. A clinician who maintains eye contact, smiles, and uses open, inviting body language comes across as more confident and approachable.

Use clear, simple language

Many dental procedures and conditions involve complicated terminology that can make patients tune out. Confident communicators break down complex topics into simple, relatable explanations.

Instead of announcing: 'You have moderate periodontitis due to plaque-induced inflammation,' try something like: 'Your gums are inflamed because of bacteria buildup. If we don't treat it, it can cause gum recession and even tooth loss.' Avoiding jargon and using everyday language ensures that patients understand their condition and treatment options – and feel more empowered.

Visual aids to the rescue

Nothing beats a good visual example. 'Be prepared with many photos of similar cases and testimonials about the way the procedure worked out,' advised Dr Peter Auster, a partner at Cosmetic Dentistry Associates in Pomona, NY. 'I take photos of virtually every procedure I do.' Research from the University of Iowa suggests that visualisation aids memory more than hearing.

Platforms like Pearl's Second Opinion can show X-rays with colour and on-screen indicators, clearly highlighting areas of concern and decay. With the proof on a patient-facing screen, it's easier for clinicians to make the case for treatment and for patients to understand why. 'Pearl's never sick. Pearl's always there. Pearl's not demeaning, but it's only supportive,' said Dr Gregory Allen Kerbel, a family and cosmetic dentist in Plano, TX.

Practise active listening

Confident communication isn't just about speaking well – it's also about listening effectively. It's not easy, agrees Dr Auster. 'The hardest lesson to learn is to simply listen.' But, 'a patient who feels heard is much more likely to accept a treatment plan.'

Active listening takes several forms: giving patients your full attention, nodding, or using verbal affirmations ('I see' and 'That makes sense' go a long way), and paraphrasing what the patient said to confirm your understanding.

Encourage questions and provide reassurance

Creating a supportive environment is key to solving another issue that plagues dentists. 'Dentistry, unfortunately, has a big problem called confrontational tolerance,' theorised Dr Kerbel. 'We don't have the ability to tell the patient with confidence what they have because we're afraid of rejection.'

Patients often hesitate to ask questions out of fear of sounding silly. But a confident communicator creates an open environment where questions are welcomed. Peers can help too: 'Ideally, have them speak to a patient who has been there, or an assistant or hygienist they trust,' advised Dr Auster.

- Confidence breeds confidence. Patients who feel their dentist is confident in their diagnosis will be more confident in accepting it
- Calm, cool, and collected. Give patients time to listen to and absorb the information you are presenting to them
- No jargon, please. Use terms that patients are more likely to be familiar with
- Show and tell. Use images to help patients understand what you are telling them.

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Restorative dentistry utilising the Dahl technique

Poonam Goyal presents a case of moderate crowding in the lower anterior dentition, followed by restorative treatment for tooth wear using the Dahl technique

Poonam Goyal
Associate dentist



A 33-year-old male patient presented at my practice with concerns about his smile aesthetics, seeking orthodontic treatment to resolve moderate crowding in his lower anteriors.

This individual was incredibly self-conscious about his smile, and it was affecting his everyday life. In professional meetings, he would instinctively cover his mouth out of embarrassment while smiling. Providing effective restorative care would not only seek to resolve aesthetic issues, but also potentially improve their psychological wellbeing.

He had no previous history of orthodontic treatment.

Assessing treatment options

Upon initial assessment, moderate crowding was confirmed in the lower anterior region, with mild crowding in the upper anterior teeth. The patient was, however, not concerned about the appearance of the upper dentition.

One carious lesion on the LR6 and the need for hygiene treatment were identified, along with visible wear on the anterior teeth. Radiographic examinations found appropriate bone health for orthodontic treatment.

Upper and lower impressions were taken to formulate the treatment plan.

A number of treatment options were presented to the patient, considering the advantages and disadvantages that each may present. This included both removable aligners and conventional fixed appliances, as well as composite bonding at the resolution of treatment. Veneers and crowns were also considered and discussed with the patient, but due to the malalignment of the teeth they were not a preferable option.

The patient was only interested in straightening the dentition at this time so decided to pursue orthodontic treatment. He was given the option of seeing an orthodontic specialist but was happy to continue treatment with me, and opted for clear aligners due to their aesthetic advantage over a conventional fixed appliance. Standard oral hygiene and dietary instructions were provided and full consent attained before proceeding.



Figure 1: Moderate crowding in the lower anterior teeth, and mild crowding in the upper anterior dentition



Figure 2: Lateral right side view



Figure 3: Lateral left side view



Figure 4: Occlusal view of lower arch



Figure 5: Occlusal view of upper arch



Figure 6: Anterior view following clear aligner treatment

Orthodontic treatment

The patient saw a dental hygienist prior to care. I also judged that he needed an occlusal restoration on his LR6 prior to aligner treatment, which was carried out with direct composite.

Aligner treatment progressed as expected, with no significant complications encountered during this phase of treatment.

Following the planned orthodontic treatment for about eight months, some improvement was still needed to refine the aesthetic result. The patient was provided with one set of refinement aligners, which allowed for an improved outcome.

At this point, the patient was happy with the alignment of the teeth, but now saw the impact of wear on the upper and lower anterior teeth. He requested restorative work to help amend this issue.

I had undergone the Align, Bleach and Bond (ABB) course with the IAS Academy, which shaped my approach to effective, holistic restorations. The patient felt comfortable proceeding with restorative treatment with me, and so I planned to restore the anterior teeth using the Dahl technique.

Effective restorative care with the Dahl technique

The patient's posterior wear was minimal in comparison to the edge wear on the anterior teeth (especially on the lower incisors and left sided canines). This made him an ideal candidate for a Dahl approach.

I consulted with Tif Qureshi, my mentor at the IAS Academy, following the clear aligner treatment to ensure I was taking the most appropriate approach. He agreed that this was a suitable case to implement the Dahl method and composite edge bonding techniques.

Having such support on hand was brilliant for making clinical decisions, and reinforcing my confidence in the care I was going to provide. Tif's confirmation of my proposal and support allowed me to progress appropriately.

I discussed with the patient composite build-up on the anterior teeth, putting his posterior teeth into an open bite that could last for eight to 12 weeks. Getting his informed consent was essential.

He was advised that this may feel uncomfortable at first when chewing and at rest, and there was a chance that the bite would not fully settle. However, he was optimistic to proceed with this treatment, and trusted me to provide effective care.

The patient first underwent a course of whitening, and a fixed retainer was placed on the lower anterior teeth to prevent relapse from orthodontic treatment. All the composite attachments were thereafter removed, with the teeth being adequately smoothed and polished at these sites.

A yellow IPR strip was also used to loosen the posterior contacts and facilitate ample eruption of the posterior teeth to assist with bite closure later on.

Freehand direct composite was placed on each of the lower incisors, as well as the LL3 and UL3, to restore a functional and aesthetic shape. On the LR3 and UR3, I opted to smooth



Figure 7: Occlusal view of lower arch following clear aligner treatment



Figure 8: Right lateral view following clear aligner treatment



Figure 9: Left lateral view following clear aligner treatment



Figure 10: Free hand edge build ups and lingual fixed retainers on the lower incisors



Figure 11: Lower anterior contacts on day of build ups



Figure 12: Posterior open bite, right side on day of build ups



Figure 13: Posterior open bite, left side on day of build ups



Figure 14: Lower anteriors after whitening and composite Dahl build ups

The patient first underwent a course of whitening, and a fixed retainer was placed on the lower anterior teeth to prevent relapse from orthodontic treatment. All the composite attachments were thereafter removed, with the teeth being adequately smoothed and polished.



Figure 15: Posterior bite closure, right side 12 weeks after build ups



Figure 16: Posterior bite closure, left side 12 weeks after build ups



Figure 17: Occlusal view of lower arch contacts following Dahl technique



Figure 18: Occlusal view of upper arch contacts following Dahl technique



Figures 19 and 20: Final result

the sharp edges instead of applying composite due to minimal wear on these.

No composite build-ups were performed on the upper incisors as they were already of an adequate profile. After the direct build-ups, I was able to achieve primary occlusal contacts on the canines bilaterally, with lighter contacts on incisors and, as expected, the posteriors were in open bite on the day of build-ups.

On the same day, I also modified the patient's last set of aligners to act as anterior sectional retainers. Impressions were taken too for the fabrication of temporary sectional Essix retainers for both upper and lower anteriors to minimise relapse risk in the phase of posterior bite settling, which could take anywhere between eight to 12 weeks.

It would have been preferable to plan for composite edge build-ups when planning the initial clear aligner treatment. Doing so would have allowed me to create more space to facilitate this, however, it was important to work with the patient in a manner that made them comfortable.

At the beginning of treatment that meant planning only for orthodontics. A successful result was still possible with the current situation.

Monitoring progression

I saw the patient at four, eight and 12 weeks to monitor the posterior occlusion settling. During this time, the patient experienced minimal complications as he became comfortable with the new bite in his dentition.

By the end of the 12-week period, the posterior teeth had erupted to completely close the posterior open bite and created uniform bilateral contacts that functioned optimally.

The patient also showed optimal guidances on excursions (incisor guidance on protrusion, and canine guidance on lateral excursions with no posterior interferences).

Outcome and reflection

The patient was delighted with the outcome, acknowledging that the composite build-ups made a dramatic difference to the appearance of his dentition. He was given removable retainers for both arches and instructed to wear them consistently at night to minimise any orthodontic relapses.

Upon reflection, I was also delighted with the outcome from implementing the Dahl method. The help of my mentor Tif made an immense difference, as his quick, supportive responses allowed me to devise an effective treatment plan that could be regularly monitored and adjusted where needed with confidence.

Without his support, and my experience on previous IAS Academy courses, I would not have felt that I could provide effective care, and would have likely referred the patient to a restorative specialist. Luckily, I didn't, and a fantastic outcome was achieved. **D**

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To the root of resorption

Fazeela Khan-Osborne discusses the importance of understanding how resorption occurs and the effective treatment approaches

Fazeela Khan-Osborne

Practice principle and course lead at
One to One Education



Small injuries in the dentition and surrounding anatomy can cause minimal pain and may require a small restoration. Carious lesions could be treated with the removal of affected tissue and the application of an aesthetic composite restoration, allowing the patient to leave the dental chair after a straightforward appointment and carry on with their day.

In many cases of tissue resorption, however, this is not the case. Patients could be at severe risk of adverse oral health outcomes. If resorbed tissue is not accounted for and treated, restorations could fail and patients may require further time in the dental chair.

It's important to understand how resorption occurs, as well as recognise effective treatment approaches.

Tooth resorption

Let's start with a positive – not all tooth resorption is bad. In the case of deciduous teeth, physiologic tooth resorption aids in the process of the exfoliation of the primary dentition, making room for the permanent teeth to settle (Patel et al, 2018). However, for people who have developed their permanent teeth, tooth resorption is obviously undesirable.

Damage can be caused to structural dentine and/or cementum resulting in the loss of tissue. There are a variety of aetiologies and pathogenesises that can be linked to each case (Abbott et al 2022). However, there are three factors that are consistent between each instance of tooth resorption: the breakdown of natural barriers in the tissues, a continuous stimulating factor, and a viable blood supply for clastic cells (Abbott et al 2022). The clastic cells are responsible for mineralised tissue resorption, but can be dangerous when uncontrolled (Arana-Chavez et al 2009).

Internal root resorption is rare, but observed throughout the literature. It is associated with pulpal inflammation, which drives blood flow and

clastic cells to the pulp chamber, causing damage from the inside out (Nilsson et 2013). Conservative treatment options include root canal treatment, which removes the blood supply to the clastic cells, but surgical intervention may be necessary (Nilsson et 2013). If treatment is late or ineffective, the tooth may require extraction and replacement.

External root resorption occurs when the cementum layer or similar tooth tissue is damaged or removed. It tends to occur most often in people aged 21 to 30 years old, and is more common in female patients. It may begin as a result of trauma, failed periodontal surgery or pressure from adjacent unerupted teeth, or even as a result of uncontrolled orthodontic tooth movement. Treatment depends on the extent of resorption, from pain relief and the stabilisation of any mobile teeth, to removal of resorptive tissue, and potentially the need for regeneration and tissue augmentation at the treatment site (Ahangari et al, 2015).

Bone resorption

Resorbed bone is important to control in the maxillofacial structure for positive oral health outcomes. It is a natural pattern for bone tissue to be 'activated' and resorbed, before being remodelled and formed into a new structure, but the presence of disease can modify such a delicate homeostatic balance, resulting in a continuous destructive process (Hienz et al, 2015). When patients do not adequately displace subgingival plaque, inflammatory periodontal diseases can develop, instigating such outcomes.

Another cause is an initial loss of a tooth, which then prompts bone resorption at the site. This is linked to the local bone being supported by blood in the periodontal ligament – without a tooth, resorption is expected (Nørgaard Peterse et al, 2022).

Loss of bone can be significantly detrimental. It can change the appearance of the face in extreme cases, as well as reduce support for the surviving dentition. Many patients will experience bone resorption concurrently with other issues, as seen with periodontal diseases and tooth loss.

Augmentation of hard tissue

Placing a restoration in resorbed tissue can be complex, including dental implants. The literature reports that 50% of all implants and almost 75% of implants in the anterior maxilla require bone augmentation to compensate for resorption as a result of tooth loss (Nørgaard Peterse et al, 2022).

The choice in augmentation technique will differ dependent on the patient's anatomy and the needs for the implant to maintain stability for long-term success. However, the literature signals positive rates of survival and success for implants in augmented bone (Keestra et al, 2016) – dental professionals must choose a predictable and effective approach to maximise this result.

Tooth and bone resorption will each rely on different techniques for recovery, but success can be found when clinicians have confidence in a range of treatment approaches. **D**

References

- Abbott, P. V., & Lin, S. (2022). Tooth resorption—Part 2: A clinical classification. *Dental Traumatology*, 38(4), 267-285.
- Ahangari, Z., Nasser, M., Mahdian, M., Fedorowicz, Z., & Marchesan, M. A. (2015). Interventions for the management of external root resorption. *Cochrane database of systematic reviews*, (11).
- Arana-Chavez, V. E., & Bradaschia-Correa, V. (2009). Clastic cells: mineralized tissue resorption in health and disease. *The international journal of biochemistry & cell biology*, 41(3), 446-450.
- Hienz, S. A., Paliwal, S., & Ivanovski, S. (2015). Mechanisms of bone resorption in periodontitis. *Journal of immunology research*, 2015(1), 615486.
- Keestra, J. A. J., Barry, O., Jong, L. D., & Wahl, G. (2016). Long-term effects of vertical bone augmentation: a systematic review. *Journal of Applied Oral Science*, 24, 3-17.
- Nilsson, E., Bonte, E., Bayet, F., & Lasfargues, J. J. (2013). Management of internal root resorption on permanent teeth. *International journal of dentistry*, 2013(1), 929486.
- Nørgaard Petersen, F., Jensen, S. S., & Dahl, M. (2022). Implant treatment after traumatic tooth loss: A systematic review. *Dental Traumatology*, 38(2), 105-116.
- Patel, S., & Saberi, N. (2018). The ins and outs of root resorption. *British dental journal*, 224(9), 691-699.

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Mesh materials for implant dentistry

Cemal Ucer explains how mesh materials can be used for predictable 3D guided bone regeneration

Cemal Ucer

Specialist oral surgeon



Adequate bone volume is widely agreed to be the primary pre-requisite for achieving a positive long-term prognosis for dental implant treatment (Aceves-Argemí et al, 2021). Guided bone regeneration (GBR) has been described as the gold standard for regenerating bone in an atrophic ridge (Alazmi, 2024). As part of this treatment, a customised titanium mesh is often used to increase bone volume in areas of significant bone deficiency. The predictability of this approach is assisted by an awareness of developments in mesh design and materials, as well as attention to the processes that enable bone healing and regeneration during GBR.

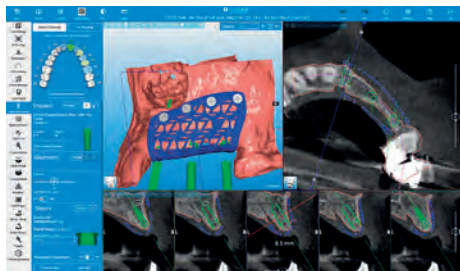


Figure 1: 3D Customised titanium mesh is designed using Real Guide CAD/CAM software

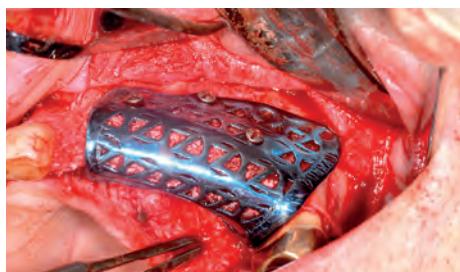


Figure 2: A 3D printed patient specific titanium mesh for vertical bone regeneration

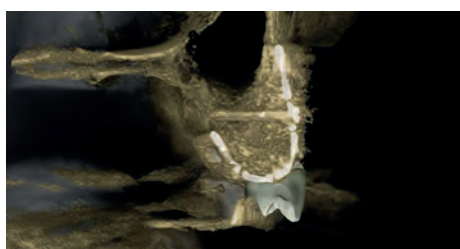


Figure 3: A cross sectional CBCT view showing the vertical bone regeneration

What is GBR?

GBR was introduced in 1988, after studies suggested that bone regeneration is significantly enhanced when soft tissue is mechanically prevented from invading osseous defects (Saad et al, 2012).

GBR aims to facilitate bone growth by providing a protective layer over regenerative material, isolating the bony defect from connective tissue. The mesh used in this process also acts as a scaffold to support new growth (De Santis et al, 2021).

For GBR to be successful, four key principles have to be achieved. There has to be effective closure of the wound to establish uninterrupted healing. Epithelium and connective tissue have to be excluded without interfering with angiogenesis to provide enough blood supply.

There has to be adequate structure to provide suitable space for bone regeneration. Finally, the fibrin clot and implanted material must remain stable to prevent interruption to the healing process (Abtahi et al, 2023).

Barrier materials

Barrier materials used in guided bone regeneration can either be resorbable or non-resorbable, and many different materials have been tested.

Non-resorbable

Non-resorbable materials such as titanium foils, perforated titanium meshes, titanium-reinforced polytetrafluoroethylene (PTFE) can be pre-shaped or customised (Aceves-Argemí et al, 2021).

Expanded PTFE is a chemically stable and biologically inert polymer with a porous structure and flexible form. Stabilised with pins and screws, PTFE membranes have been considered the most predictable tools for increasing bone volume in large alveolar ridge deficiencies before or during implant surgery (De Santis et al, 2021).

However, some studies have found their advantages over pure titanium to be minimal (Aceves-Argemí et al, 2021). One of the main disadvantages of non-resorbable barriers is the higher risk of soft tissue exposure and associated complications including graft failure and infections.

Non-resorbable membranes require a second surgical intervention for their removal. The second surgery also adds to the patient's costs, chair time and recovery time (Briguglio et al, 2019).

However, non-resorbable titanium meshes are highly effective in maintaining the desired shape between the barrier and bone defect.

Pores in the design of titanium meshes also allow vascularisation in soft tissue and bone to be maintained. In vitro tests have shown that titanium membranes with larger pores result

in greater bone growth than microporous and resorbable membranes (Briguglio et al, 2019).

Resorbable

Resorbable membranes were developed to reduce the number of surgical procedures required in the GBR process, as they allow the implanted membrane to be gradually replaced by the patient's natural tissue. Several resorbable membranes have been tested showing various degrees of successful bone regeneration.

Natural sources include collagen, gelatine, alginate, chitosan and silk fibroin, and synthetic sources include polyglycolic acid (PGA), polycaprolactone (PCL), polyethylene glycol (PEG) or poly(ethylene oxide) (PEO), and their copolymers (Abtahi et al, 2023).

In comparison to titanium and PTFE membranes, resorbable meshes have poor mechanical stability and can only maintain barrier functionality for a limited time before being resorbed, which currently restricts their real-world application particularly in vertical augmentation cases (Abtahi et al, 2023).

Customised bone reconstruction

Patient-specific customised 3D manufactured titanium mesh is an innovative technique for alveolar bone regeneration, offering a highly precise and tailored approach to bone reconstruction. Leveraging advancements in digital workflows and CAD/CAM technology, this method enables the design and 3D printing of individualised barrier devices that conform precisely to the patient's defect morphology.

These titanium meshes are produced through additive manufacturing and provide rigid yet biocompatible scaffolding to support bone regeneration while maintaining space for graft materials. The custom-fit design simplifies complex surgical procedures, reduces intraoperative adjustments, and improves outcomes by minimising complications and post-operative discomfort.

A similar technique involves custom design and manufacture of block bone grafts specifically to fit the individual patient's defects. These grafts are 3D designed and milled from of donated bone allografts which fit with precision and become remodelled into living bone tissue for future implant placements. **D**

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

Professor Ucer is pleased to offer the Advanced Certification in Bone and Tissue Regeneration and Sinus Grafting in partnership with the University of Salford. For more information, please contact ucer@icedental.institute or Mel Hay at mel@mdic.co, call 01612 371842 or visit www.ucer-clinic.dental.

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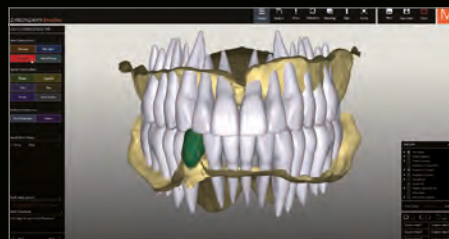
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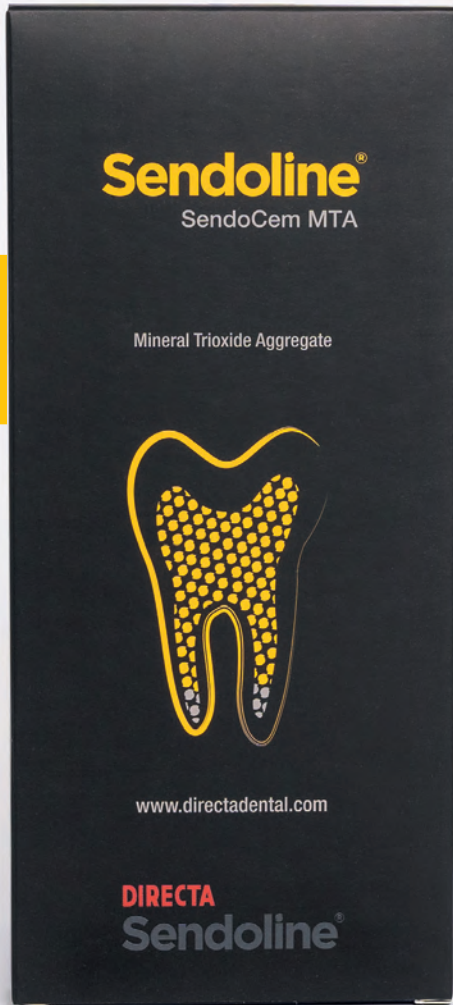
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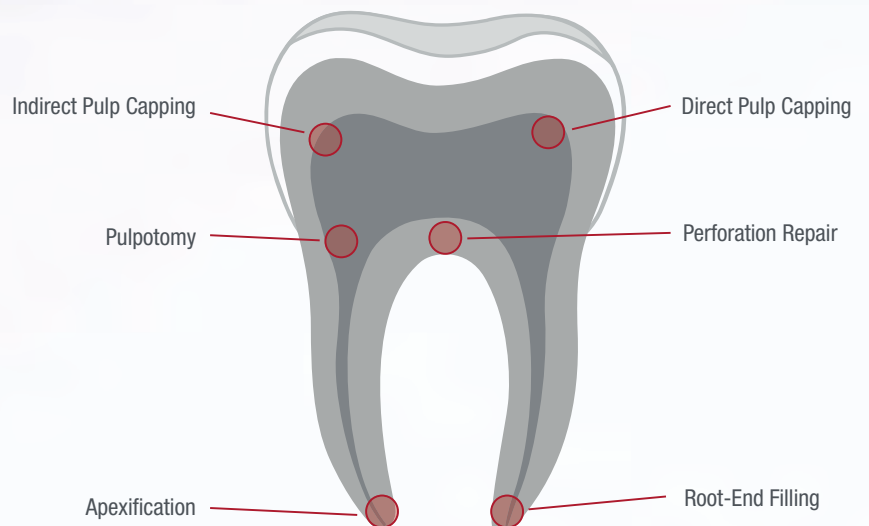
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INDICATIONS



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'Gold standard' biomimetic Class IV restoration

Beatrice Welsh describes a biomimetic approach to restoring a severely fractured Class IV restoration using minimally invasive free-hand composite resin

Beatrice Welsh

Founder, Artistika Courses



A male patient made an emergency appointment because his upper left central had snapped off. His main concerns were his appearance and that he wanted minimally invasive treatment. He was willing to consider having additional smile enhancement treatment afterwards.

Despite his last dental visit being three years ago, other than sharp edges rubbing against his tongue, the patient was pain-free and not experiencing any extreme sensitivity.

Upon examination (Figure 1), a non-complicated oblique fracture on his 21 involving both enamel and dentine was obvious. Ethyl chloride vitality testing elicited a positive response. Periapical radiography showed no pathology, so no endodontic intervention was required.

The patient had not kept the fractured piece of tooth, so reattaching it using heated composite wasn't an option. Therefore, the most appropriate alternative was a stress-reduced direct composite class IV restoration utilising a biomimetic minimally invasive approach.

A Class III composite restoration on 11, which was exhibiting microleakage and untidy margins, was also present. This would be replaced at the same time.

The patient had a Class III malocclusion, with heavy occlusal contacts in the anterior region. Heavy attrition was detected on both the upper and lower incisors. Prosthetic space was limited which would create an additional challenge.

Treatment planning

Various options were discussed including a ceramic restoration, but this would require more tooth reduction, which was something the patient wanted to avoid.

Consequently, because 21 was vital, a biomimetic minimally invasive approach was recommended to preserve pulp vitality and maximise longevity of the restoration.

A stress reduced biomimetic approach was recommended because it is the gold standard and least invasive option. This would be a free-hand layered, Class IV stress-reduced composite restoration on 21. The faulty Class III restoration on 11 would be replaced as well.

A hygienist's visit for a scale and polish was arranged, as well as a full case assessment consultation and follow-up appointment.

As part of the treatment planning, a discussion



Figure 1: Initial presentation with black background for contrast



Figure 2: Digital mock-up of final restoration using a mirror image of 11



Figure 3: Primary anatomy, shape of mock up with silicone matrix in situ



Figure 4: Rubber dam in situ

was held to emphasise the importance of treating the existing malocclusion in order to resolve the traumatic anterior relationship to protect and prolong the longevity of the other teeth and planned restorative work, and to improve function. The patient agreed to proceed with the treatment plan.

An Essix night guard would also be prescribed

pending a decision on corrective treatment for the malocclusion, which the patient accepted could put the anterior teeth and restorations at risk.

Biomimetic treatment protocol

Treatment began by taking appropriate extraoral and intraoral photographs.

Then shade assessment was made by ►



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Structur 2





Figure 5: Bevel refined for smoother transition and enhanced aesthetic result



Figure 6: Biobase created with Everex Posterior (GC) and APX (Kuraray)



Figure 7: Initial build-up after the clamp was replaced



Figure 8: Adding intrinsic characterisation using white and ochre Estelite color



Figure 9: The enamel layer completed using Estelite Asteria NE. The restoration is really taking shape!



Figure 10: Creating the secondary anatomy including striations

creating a button try-in and a composite mock-up for the patient to approve. I used Clearfil AP-X (Kuraray), shade A3D, for the deepest layer of the dentine replacement, followed by a more superficial dentine replacement layer with Estelite Sigma Quick, shade OA3 (Tokuyama). The enamel layer was added using Estelite Asteria (Tokuyama), shade NE.

The patient's occlusion was checked and assessed in maximum intercuspation and excursive movements. Palatal and incisal edge adjustments were made to the mock up. After the patient approved the mock-up, a silicone index was created using Unodent's Impreg AC Impression Material Putty Soft Rapid (Fast Set) Dark Blue (Figure 3).

Local anaesthetic was administered before complete isolation was achieved using Isodam heavy blue rubber dam and modified B6 and B5 Brinker rubber dam clamps (Coltene) (Figure 4). The interproximal surfaces of 11 and 21 were cleaned using an ultrasonic scaler, before the existing Class III restoration in 11 was removed.

Restoration of 21 began by preparing the tooth. This involved creating a minimal rounded bevel margin, removing any irregular and non-supported enamel prisms, and extending the fine bevel 2-3mm cervically using a Perfection Plus diamond bur FG Medium Grit 556.

The bevel should be extended as long as the fracture extension. Afterwards, finishing the preparation with a coarse abrasive disc (Optidiscs, Kerr) was performed to create a feathered margin and seamless integration of the restoration. This facilitates a gentle shade transition to ensure an optimised aesthetic result (Figure 5). The surface of the enamel and dentine was then conditioned by air particle abrasion using Aquacare 28 µm Al₂O₃ particles and an Aquacare air abrasion unit (Velopex).

Selective enamel etching was performed with 37% H₃PO₄ for 20 seconds, then rinsed and dried.

The first build-up stage was to provide immediate dentine sealing (IDS) to reduce post-operative sensitivity by sealing the dentine tubules and to increase the bond-strength. A fourth generation self-etching two bottle adhesive ►



Figure 11: The final restoration



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system, SE Bond Seal and Protect (Kuraray), was used. The primer was gently rubbed onto the dentine only, air-dried to remove the solvent, before a second application of the primer was applied to the dentine and air-dried again to remove the solvent. The bond was then rubbed onto the dentine only, the excess removed with a clean/dry microbrush. This was light cured for 20 seconds. Optibond FL (Kerr) bottle two adhesive was then applied to the sealed dentine surface and the excess removed using clean Microbrushes (Centrix) before light-curing for 20 seconds.

The second stage was to build a resin coat over the IDS by applying a 0.5mm layer of Clearfil Majesty Flow (Kuraray), shade A2, to the dentine (Figure 6). This will secure the hybrid layer and increase bond strength of the restoration to the tooth. This was then overlaid with Everex Flow (GC), shade A3, and finally Estelite Sigma Quick (Tokuyama), shade OA3, to complete the build-up of the deep dentine replacement area or biobase.

For the enamel layer build-up, Optibond FL was applied to the etched enamel surfaces and any excess removed using clean microbrushes. This was light cured for 20 seconds. The palatal

shell was built up using Estelite Universal Flow Medium CE (Tokuyama) and the silicone index. Once the palatal shell was in place, the clamp was repositioned (Figure 7). Then the dentine mamelon replacements were built up using Estelite Sigma Quick AO3. Characterisation was created using white and ochre Estelite Color (Tokuyama) (Figure 8) and Transopal Flow (Ivoclar). Estelite Asteria (Tokuyama), shade NE, was used to create the final labial enamel replacement layer (Figure 9). Because of their patented Rapid Amplified Polymerisation Technology, Tokuyama composite resins can be completely cured to a greater depth in just 10 seconds, but do not require such a high level of camphorquinone. This means that they have a longer working time in ambient light and don't experience the post-curing 'yellowing' associated with conventional composite resins with a higher camphorquinone content, as they 'age'.

Glycerin gel was applied to allow full polymerisation of the oxygen inhibition layer before a second light cure for 10 seconds was applied. Once cured, we finished the tooth's primary anatomy using Optidiscs (Kerr). Then

the secondary anatomy using various shaped medium grit diamond burs 2135 and 2200.

We used a H48LQ flame-shaped tungsten finishing bur (Komet), for a more controlled and smooth finishing of our primary and secondary anatomy (figure 10). Then Enhance (Dentsply) points and cups to complete the finishing stage.

Final polishing was achieved using a combination of Optishine (Kerr), Flexicups and Flexipoints (Cosmedent), and for the ultimate shine and finish Diacomp Twist (EVE) silicone polishers and Flexibuffs with Enamelize (Cosmedent). Please note, that because all Tokuyama composite resins are manufactured using patented spherical filler particles, I find it is possible to produce a significantly higher degree of shine in a significantly lower amount of time than is possible with any alternative brand of composite resin material. This saves me a lot of time and effort and the lustre is retained for a longer period of time (figure 11).

Occlusal protection

The patient has a Class III malocclusion, with heavy occlusal contacts in the anterior region, and evidence of heavy attrition on both the upper and lower incisors. In order to protect the new restorations and the rest of the dentition, an upper night Essix splint was prescribed along with appropriate occlusal adjustment to ensure proper function.

An intraoral Trios (3Shape) scan was taken and then the upper night guard splint fabricated. At the control appointment, and following complete rehydration of the teeth, optimal integration of the restorations on 11 and 21 was observed (figure 12).

The occlusion was assessed and stable bilateral contacts were established during maximum intercuspation and excursive movements. However, there was a traumatic anterior bite which put the teeth and restorative work at risk. We discussed the need for correction of the malocclusion and an extensive full examination. We stressed the importance for a healthy mouth, free of disease and the need to replace the missing posterior teeth to improve function and prolong longevity of the dentition and restorative work. However, until this is delivered the patient will continue to wear the night guard.

The patient was extremely happy with the appearance of his new restorations and will be recalled for future appointments for a comprehensive examination and scale and polish.

Conclusion

This was quite a challenging case involving a seriously broken-down central incisor. However, by utilising biomimetic principles and state-of-the-art restorative materials, it was possible to deliver a predictable, stress-reduced, hyper-realistic, direct composite restoration that blended with the environment, with an extremely satisfying outcome for the patient and relatively quickly and easy. An outcome the patient was extremely pleased with. **D**

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Figure 12: Extraoral view before and after

More than 1 in 4 present with active caries¹⁻⁴

Are you aware of your patients' caries risk factors?



Anna, 61

↪ Exposed roots



Josh, 15

🦷 Orthodontic appliances



Mason, 6

🍒 Frequent snacking



Carole, 28

🚫 Prescription medications

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Name of the medicinal product: Duraphat® 50mg/ml Dental Suspension. **Active ingredients:** 1ml of suspension contains 50mg Sodium Fluoride equivalent to 22.6mg of Fluoride (22,600 ppm F⁻) **Indications:** Prevention of caries, desensitisation of hypersensitive teeth. **Dosage and administration:** Recommended dosage for single application: for milk teeth: up to 0.25ml (=5.65mg Fluoride), for mixed dentition: up to 0.40ml (=9.04 Fluoride), for permanent dentition: up to 0.75ml (=16.95 Fluoride). For caries prophylaxis the application is usually repeated every 6 months but more frequent applications (every 3 months) may be made. For hypersensitivity, 2 or 3 applications should be made within a few days. **Contraindications:** Hypersensitivity to colophony and/or any other constituents. Ulcerative gingivitis. Stomatitis. Bronchial asthma. **Special warnings and special precautions for use:** If the whole dentition is being treated the application should not be carried out on an empty stomach. On the day of application other high fluoride preparations such as a fluoride gel should be avoided. Fluoride supplements should be suspended for several days after applying Duraphat®. **Interactions with other medicines:** The presence of alcohol in the Duraphat® formula should be considered. **Undesirable effects:** Oedematous swelling has been observed in subjects with tendency to allergic reactions. The dental suspension layer can easily be removed from the mouth by brushing and rinsing. In rare cases, asthma attacks may occur in patients who have bronchial asthma. **Legal classification:** POM. **Product licence number:** PL 00049/0042. **Product licence holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Price:** £22.70 excl VAT (10ml tube) **Date of revision of text:** July 2024.

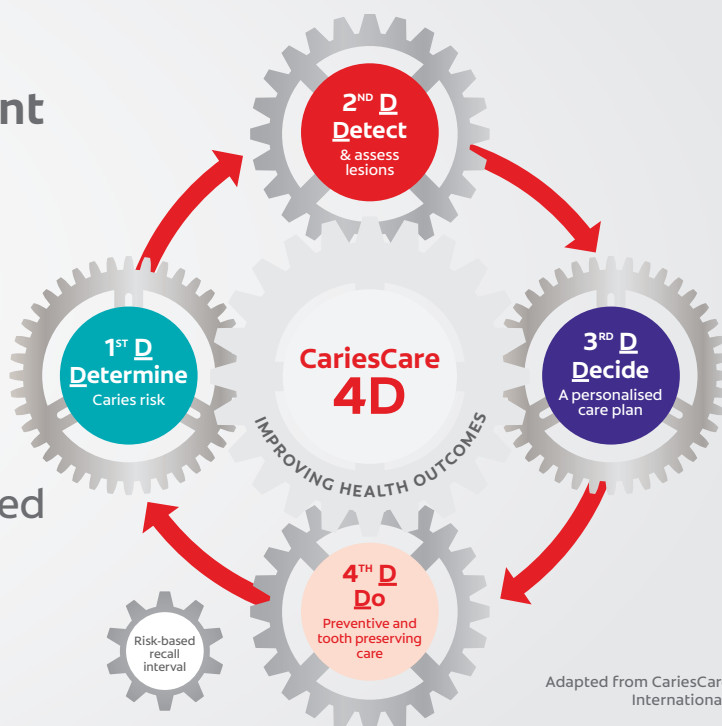
Assessing caries risk

CariesCare International⁶ promotes a patient centred risk-based approach to caries management

CariesCare Practice Guide:

A **4D process** to help **prevent** and **control caries**⁶

- 1ST D** **Determine** caries risk
- 2ND D** **Detect** and assess
- 3RD D** **Decide** on a personalised care plan
- 4TH D** **Do** preventive and tooth-preserving care



Download our CariesCare Guide* adapted to help you deliver UK evidence-based caries care for your patients

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Name of the medicinal product: Duraphat® 2800 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 0.619 %w/w (2800 ppm F⁻). **Indications:** For the prevention and treatment of dental caries (coronal and root) in adults and children 10 years of age and over. **Dosage and administration:** Adults and children 10 years of age and over: Use daily instead of normal toothpaste. Apply a 1cm line of paste across the head of a toothbrush and brush the teeth thoroughly for one minute morning and evening. Spit out after use; for best results do not drink or rinse for 30 minutes. **Contraindications:** Individuals with known sensitivities should consult their dentist before using. Not to be used in children under 10 years old. **Special warnings and precautions for use:** Not to be swallowed. **Undesirable effects:** When used as recommended there are no side effects. **Legal classification:** POM. **Marketing authorisation number:** PL00049/0039. **Marketing authorisation holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Recommended retail price:** £5.10 (75ml tube). **Date of revision of text:** July 2024.

Name of the medicinal product: Duraphat® 5000 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 1.1%w/w (5000 ppm F⁻). 1g of toothpaste contains 5mg fluoride (as sodium fluoride), corresponding to 5000ppm fluoride. **Indications:** For the prevention of dental caries in adolescents and adults 16 years of age and over, particularly amongst patients at risk from multiple caries (coronal and/or root caries). **Dosage and administration:** Brush carefully on a daily basis applying a 2cm ribbon onto the toothbrush for each brushing, 3 times daily, after each meal. **Contraindications:** This medicinal product must not be used in cases of hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** An increased number of potential fluoride sources may lead to fluorosis. Before using fluoride medicines such as Duraphat, an assessment of overall fluoride intake (i.e. drinking water, fluoridated salt, other fluoride medicines - tablets, drops, gum or toothpaste) should be done. Fluoride tablets, drops, chewing gum, gels or varnishes and fluoridated water or salt should be avoided during use of Duraphat Toothpaste. When carrying out overall calculations of the recommended fluoride ion intake, which is 0.05mg/kg per day from all sources, not exceeding 1mg per day, allowance must be made for possible ingestion of toothpaste (each tube of Duraphat 5000mg/100g Toothpaste contains 255mg of fluoride ions). This product contains Sodium Benzoate. Sodium Benzoate is a mild irritant to the skin, eyes and mucous membrane. **Undesirable effects:** Gastrointestinal disorders: Frequency not known (cannot be estimated from the available data); Burning oral sensation. Immune system disorders: Rare (≥1/10,000 to <1/1,000); Hypersensitivity reactions. **Legal classification:** POM. **Marketing authorisation number:** PL00049/0050. **Marketing authorisation holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Recommended retail price:** £7.99 (51g tube). **Date of revision of text:** July 2024.

A helping hand

Ray Cox makes the case for using the services of a broker to save yourself time and money

Ray Cox

Managing director, Medifinance



There are, of course, exceptions to every rule.

But unless a rich aunt has remembered you or the Lady Luck of Lottery has smiled upon you, significant amounts of money for investment into your practice will require a bank loan.

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While securing low interest rates will always be a vitally important element of any funding arrangement, understanding the way banks now operate is absolutely essential if you want terms and conditions that truly meet your needs.

The era of the approachable local bank manager who would evaluate your business and arrange funding based on your case has ended. I'm not saying that banks aren't approachable – they are – but they operate very differently now. Only by acknowledging this and playing by their rules do we get the best deals.

Knowing the rules

Medifinance is a finance broker that has specialised in working with the health professions for decades. Our team includes a number of ex-specialist healthcare bank managers. In short, we have a thorough understanding of and contacts in the finance and health markets. We do understand the rules and how to work with them to the considerable advantage of our clients.

And keep this in mind. A finance broker is not a finance adviser. They not charge a fee for brokerage services provided and earn commission from the funder only when a successful funding arrangement has been concluded.

If I run past you a few of the major considerations that we always cover with our clients whenever they are seeking funding, I think you will appreciate what a good finance broker brings to the table.

1. Preparing a plan

If you are going to make a significant investment in your practice or you are buying a new practice, a written plan is essential.

Develop this with your team and your advisers, think through carefully what you are looking to achieve and do the costings realistically. Include details of any feasibility studies and market or location evaluations you've conducted, if relevant.

We provide our clients with business planning templates that are an invaluable aid for this process.

2. Going through your plan

Putting it very simply, finance brokers know what the banks want and need to see when they are considering applications for finance.

If you approach the situation without adequate preparation, you might receive a favourable response, but the conditions will not be optimal. It is more likely that you will be turned down and this could well impact on applications you may make to alternative lenders.

3. Your personal property as security

You do need to be very careful and evaluate carefully what you are risking before you even think about doing this. Particularly if your property is leasehold, you can find yourself committed to terms and conditions that have seriously damaging long term implications.

We always give this a high priority when we discuss investment projects with our clients, helping to clarify possible pitfalls and potential options.

4. One size does not fit all

One of the problems with completing online applications is that they work to a formula and neither you nor the potential lender may take into account issues that could be important and/or significantly affect any agreement.

Interest rates and refinancing

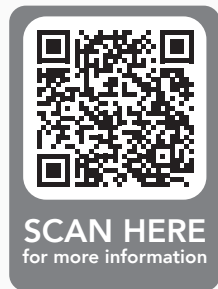
A knowledgeable finance broker offers more flexibility than dealing directly with a lender yourself. For example, a broker can refinance your loan to take advantage of various factors during the loan term.

From the very start a broker will always negotiate competitive interest rates but, more importantly, ensure that there are no unpleasant surprises lurking in the small print. **D**

If you have any financial needs or would like a business template, please contact Ray Cox on 07785 7578782 or rcox@medifinance.co.uk.

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Who owns white space?

Justin Leigh discusses why the answer could be costing you time and money

Justin Leigh

Founder, Focus4growth



If you've looked at your practice diary recently and seen glaring gaps, you're not alone. White space – those unfilled appointments in the diary – has become a chronic problem for many dental practices across the UK.

And it's costing you. Not just in missed revenue, but in lost opportunities to serve patients and grow your practice sustainably.

White space used to be something we talked about occasionally – a few odd gaps here and there. Post-COVID, it's become a regular headache. Some practices report hundreds of hours of unfilled time every month. That's not just inefficient; it's dangerous for the long-term health of your business.

But here's the question I always ask practice teams when I run training sessions: who owns white space in your practice?

Ask around and you'll get different answers. Some say it's the responsibility of the front-of-house team. Others say it's the treatment coordinator's job – after all, they're supposed to follow up on patients and keep the diary full. Some believe the burden lies with clinicians – if patients aren't rebooking, maybe it's a case acceptance problem.

The truth? White space is a shared problem. And until your team treats it that way, it won't get solved.

The ownership problem

Most dental practices are made up of busy people with full roles. And when white space appears, it's easy for everyone to assume 'someone else' is dealing with it.

But white space is like any recurring issue: when it's not owned collectively, it doesn't go away. In fact, it usually gets worse.

When nobody owns the diary, the diary controls the practice.

In high-performing practices, white space reduction becomes a team responsibility. Not in a vague, 'we all care about it' way, but in a structured, accountable, and measurable way.

What's causing the gaps?

Before we fix it, we need to understand why white space is happening in the first place. There are several contributing factors:

- Ineffective recall systems: many patients slip through the cracks because there's no structured process for getting them back in
- Poor rebooking habits: if patients leave without

an appointment, especially for hygiene or routine reviews, they're more likely to disappear entirely

- Unclear roles: no one is tracking or managing white space daily. Often, it's only noticed when it's already too late
- Low accountability: staff may assume someone else is chasing patients or filling the diary, but without clear ownership, it doesn't happen
- Mindset issues: sometimes team members see white space as inevitable rather than something they can influence.

Technology's role

My co-trainer Paul Abrahams is a highly experienced clinician and one of the profession's strongest advocates for the smart use of technology in practice.

Paul often says that one of the biggest missed opportunities in reducing white space is failing to help patients see and understand the importance of treatment. And that's where technology becomes a gamechanger.

Tools like intraoral cameras, digital scanners, and treatment visualisation software allow patients to go beyond being told they need treatment – they can see it with their own eyes. When patients connect emotionally with their own clinical need and visually understand the potential outcomes, they become far more likely to commit.

It's not about selling, it's about engaging. Empowering patients with understanding leads to more informed decisions, higher acceptance rates, and fewer treatment plans left 'pending.'

Technology isn't just about efficiency; it's about trust and clarity. And in the context of white space, it can turn an uncertain patient into a booked appointment.

Shifting the mindset

In our Eliminating White Space course, one of the first shifts we help practice teams make is this: 'You can't eliminate what you don't track – band you can't fix what you don't own.'

We break white space down into team-wide responsibilities:

- Reception teams are supported to proactively offer future appointments, follow up on cancellations, and call patients on short-notice lists
- Treatment coordinators (TCOs) follow up on unscheduled treatment and present the value of completing a patient's full plan
- Clinicians make clear recommendations, reinforce the importance of



rebooking, and support the reception team by handing patients over clearly and warmly

- Practice managers ensure there's visibility of white space, a plan to address it, and a culture of shared accountability.

When every role contributes to keeping the diary full, it stops being a stressful firefighting issue and becomes part of the rhythm of the business.

Systems beat spontaneity

The key is to build a simple but consistent system. Here's what that often looks like in practice:

- A daily white space check at morning huddles
- Weekly diary reviews led by the practice manager
- Clearly assigned follow-up tasks for each team member
- A recall system with clear ownership and automated reminders
- Scripts and confidence training for team members handling cancellations.

When a practice implements even just a few of these, the change is remarkable. Not just in appointment volume, but in team morale. Everyone feels more in control, and the practice stops leaking time and money.

The payoff

White space isn't just a diary problem, it's a growth problem. If your chairs aren't full, your practice isn't reaching its potential. And if your team isn't working together to fix it, it's going to stay that way.

But once you create shared ownership and simple systems – with the smart use of technology and consistent team behaviour – everything changes. We've seen practices reduce white space by 60% within weeks, not through pressure or blame, but through collaboration, communication, and clarity. **D**

This September, Paul Abrahams and Justin Leigh are co-leading the Eliminating White Space course – a hands-on programme for dental practice teams who want to take control of their diaries and build sustainable growth. Register now or find out more at: go.focus4growth.co.uk/white-space-course.

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¹.BOCOUTURE Summary of Product Characteristics. Merz Pharmaceuticals GmbH:
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Why wait?

Mark Topley explains why the new CQC Standards are your best opportunity yet

Mark Topley

Dental CSR and ESG consultant



There's a quiet shift happening in dental regulation, and like most changes in compliance, it could pass you by – until it's suddenly urgent. But this one isn't just another box to tick. Done right, it's a shortcut to becoming a practice that patients choose, teams love, and inspectors admire. The new CQC focus on sustainability and community is your opportunity to stand out.

A well-led practice is future fit

We've all heard the term 'well-led' for years, but the CQC has now raised the bar. Their updated Quality Statements now include sustainability and community engagement under the banner of leadership and culture. That means from now on, leadership isn't just about what happens inside the building – it's about your impact on the world around it.

Inspectors are no longer only looking for systems and processes. They're asking whether leadership is proactive, whether the team is involved, and whether your practice is embedded in and contributing to its community. And yes, that includes your environmental footprint.

The cost of waiting

Let's be honest – most practices aren't actively trying to damage the planet or ignore their community. But in the absence of clear leadership, things slip. We waste energy. We use disposables without thinking. We forget to track progress. That's not just bad for the planet, it's bad for the bottom line.

In fact, inefficiencies in a typical practice can add up to thousands of pounds a year:

- £375 lost in energy waste from computers
- £1,000 through expired consumables
- £1,850 in operational inefficiencies such as mis-sorting of waste and poorly managed heating and cooling.

That's money you're already spending for no return. A handful of changes, made well and led clearly, can claw back that cash while strengthening your standing with your team, your patients, and your regulators.

What the CQC expects

Here's the key: this isn't a tick-box list, it's a culture shift. Although we're at the early stages and the inspections are considered to be a light touch (for now), many inspectors will want to see that practices are not only thinking about sustainability and community, but doing something about them – and doing it in a way that involves the whole team.

- Some great ideas to help you stand out:
- Assess and reduce your energy, waste, and water usage
 - Ensure that your procurement choices reflect sustainable values
 - Involve patients and team members in environmental and social initiatives
 - Tell your story and track your progress.

And make sure this is part of how the practice is led – not just delegated to a well-meaning team member with a compost bin and a poster.

The advantage of acting now

While others scramble later, you can step up now. By treating sustainability and community engagement as core leadership responsibilities, you create a culture where people belong, contribute, and take pride. That's the real definition of 'well-led'.

The business case backs it up. Teams in responsible businesses:

- Are four times less likely to leave
- Are 18% more productive
- Generate 15% higher turnover.

Those aren't dreams. They're data. And they're yours for the taking if you embed this work into your leadership model today, not when the inspectors come knocking.

What's stopping you?

Most practice leaders don't need convincing about the 'why'. The challenge is the 'how'. It's finding time, structure, and accountability. It's getting the team on board and making progress you can prove.

That's exactly why I created the Certified Sustainability Advocate (CSA) course.

This short, focused online and on-demand programme gives dental teams a simple, practical roadmap to meet the CQC's new standards in sustainability and community, with tools to:

- Assess current impact
- Identify quick wins
- Build a team-led sustainability plan
- Document and evidence progress
- Engage patients and stakeholders.

It's the fastest way to get started, to stand out, and to lead the way rather than be forced into action later.

Final thought

This isn't just about compliance. It's about leadership. It's about becoming the kind of practice that your team wants to work in, that your community is proud of, and that patients talk about for all the right reasons. If we know these standards are only going to get stronger, why wait? **D**

The Certified Sustainability Advocate course is open now. Equip your team, demonstrate your commitment, and lead the way in sustainable dentistry. Find out more and register at gopracticegreen.com.



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Dentistry
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A legacy reborn

Charting a bold new path in multidisciplinary dentistry, **Jeet Parekh** explains how award-winning Kai Dental honours his father – in both name and ethos

Jeet Parekh

Owner and clinical director



Taking over a thriving private dental practice requires strategic thinking and the ability to blend time-tested methods with innovative ideas to create an inspiring new brand. However, when the business is your late father's legacy, the emotional significance adds another layer of complexity to an already challenging task.

Kai Dental, a private practice in the cosmopolitan Queensway area of Bayswater, London, has been a proud part of the Parekh family legacy since 1999. It began when implant surgeon and cosmetic dentist Kirit Parekh acquired Queensway Dental Care – a small, three-surgery practice opposite the busy Queensway Underground Station. The clinic remained a cornerstone of the local community for some 25 years, with Kirit at the

forefront, transforming it into a hub for modern implant dentistry.

Inspired by his father's vision, Jeet Parekh followed his father to study dentistry at the University of Manchester. A specialist orthodontist, Jeet took over the practice in 2019, rebranding it Kai Dental in memory of his late father.

At first glance, taking over a dental business with such a strong legacy – and owned by a parent – appears the perfect introduction to practice ownership. But for Jeet, it came with its own unique challenges.

'The biggest challenge was that my father was not only a fantastic clinician but an amazing character. Fifteen years on, I still get people coming up to me telling me what a great person he was. So, stepping into that and being my own person was the biggest challenge. Dentistry – and the world – has changed so much since he left us, but we've held onto some of his philosophy. He was a very forward-thinking dentist, which continues to drive the practice.

I also must mention my mother, who took over soon after my father died. Without her tenacity, I would not be where I am today.'

Specialising in orthodontics has allowed him to put a very different stamp on the practice. 'In many ways, having focused on a completely different field has made things easier as I have faced fewer clinical comparisons,' Jeet adds.

But what he does share with his late father is a great pride in the quality of the practice's clinical work – and this is thanks to a great team as well as the investments he has made to propel the business to new heights. In October 2023, Kai Dental returned to its original location within the Park Modern complex opposite Queensway Station. Kai Dental blends Kirit's pioneering ideals with Jeet's modern vision, offering exceptional multidisciplinary dentistry and patient care.

He says: 'There are few orthodontic practices with such a strong multi-disciplinary background, and I feel that is a really strong point for us.'



Embracing technology

Jeet is a keen advocate of innovation. He says Kai Dental has experienced some significant game-changers that have shaped workflows and improved the patient experience. Last year, this dedication earned the practice the prestigious title of London's Most Improved Practice at the Private Dentistry Awards – a significant milestone. So, how did he achieve this recognition?

'It's been a balancing act – making massive changes whilst honouring my father's legacy. Although we have reinvented the brand, we have incorporated the family history because "Kai" is a nod to my father's name. An AI-powered dental monitoring system has opened up so many avenues for us I didn't expect. It's allowed us to remotely monitor aligners and fixed appliances. It also gives me the confidence to carry out complex extraction or temporary anchorage device-based treatment with aligners whilst being able to keep a very close eye on progress. But I didn't expect how well patients responded – and it's a genuine USP. From now on, we will onboard all patients to the platform.'

A firm believer in efficiency, Jeet says clinical record-keeping tools have massively helped reduce time spent writing notes and reports. The practice will also be restarting with a CRM shortly, making it easy for any staff member to pick up on new and old leads.



He adds: 'Embracing technology where we can – we have a dedicated scan room, and all new patients are scanned before seeing the dentist – has also been instrumental.'

He thanks the design-and-build team for helping bring his vision to life. It's a tranquil, aesthetically pleasing and ergonomic environment with a neat, rounded reception desk and splashes of gold to add a high-end feel. Sleek cabinetry and a minimalist design in the treatment rooms align with the simplicity of the waiting area. Belmont treatment centres are at the heart of each surgery to allow effortless movement around the patient.

'We have used them for so many years that I cannot imagine switching to anything else,' Jeet says. 'We bought some new Cleo II treatment centres when we moved to our current location, and we have had our Compass for around eight years. Before that, we had a couple of older Belmont chairs, too. They have been highly reliable for us and fit in well with the aesthetics of the practice.'

As someone who bridges the profession's past and future and is a self-confessed tech geek, Jeet believes technology may have gifted the profession 'some exciting opportunities' but cannot see the fundamentals of dentistry changing.

'Clinically, excellent diagnosis and treatment planning will always form the most essential part of what we do, and technology merely helps. Using AI to diagnose radiographs, for example, is an interesting use of tech, but in my experience, it always requires a clinician to check. Dental monitoring is fantastic, but an experienced clinician and a well-trained team must programme everything.'

'In essence, developing excellent relationships with our patients remains crucial.

Technology helps rather than supplants. For example, supplementing a consultation with a brief video discussing treatment options with the patient's scan in the background can aid in patient education and is something I have incorporated to some success over the last year.'

The future

His father's passion and legacy have both inspired his career path and informed his practice ownership ethos. Like his father before him, Jeet also understands the importance of nurturing good relationships across the spectrum.

'People are at the heart of what we do – staff, patients and referring dentists. I've now been here long enough to treat two generations of families, and building that long-term relationship isn't necessarily something achieved quickly in a fully orthodontic practice. But I still get to see a lot of my patients every six to 12 months when they pop in to see their general dentist. Our relationship with our referring dentists is also robust. I'm fortunate to be on close terms with many of our referring dentists, and most weeks, I am in touch with one of them either about a shared case or mentoring them in their aligner cases.'

So, what does Kai Dental's future look like, and what is Jeet's vision for growth? 'We have put a lot of work into outreach to new referring dentists and mentoring them; our referral packs and follow-up processes all support this. Our relationship with them is a strong point for us. In the long term, building strong relationships is going to be what fuels our success.'

For more information, visit kaidental.co.uk and kaiorthodontics.co.uk.



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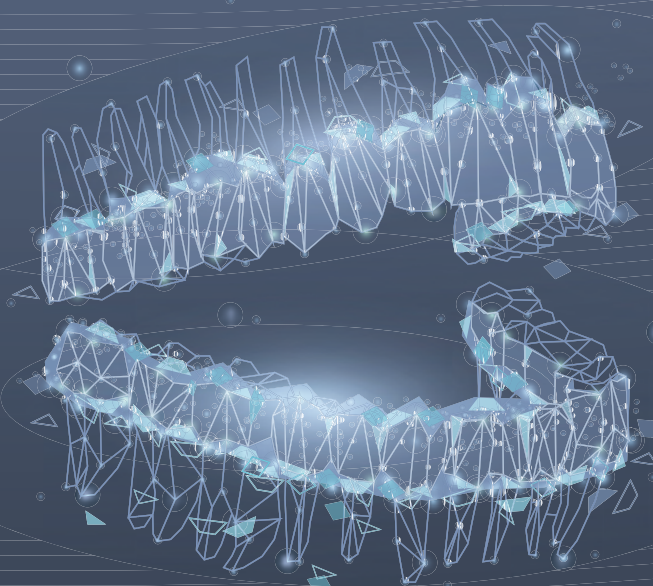
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Dentistry Show London is always a buzz. It's great to be here. It's so nice to meet people, catch up with people you know, make new connections, attend lectures, get your CPD. Sometimes the profession can be a bit lonely, if you're going to surgery, coming back, not mixing with people. It's a really nice way to connect and feel the buzz.

REENA WADIA, FOUNDER & CEO | SPECIALIST PERIODONTIST - RW PERIO & PERIO SCHOOL

Dentistry can be quite lonely, It's you, a nurse, and four walls and a person on a rotating belt that tells you how much they hate you every time. So it's nice to come to events with like-minded people, be able to network and see friends, colleagues and the new equipment. It's nice to see products without people coming in and giving you a hard sale in your practice so I really love it and I really look forward to these Dentistry Show events.

RACHEL DERBY, CLINICAL DIRECTOR AND OWNER, CHAPEL DENTAL

I love coming to events. It gives me the opportunity not only to talk to BDA members and non-members, hopefully encourage them to join the BDA. Sadly, so much of our interaction these days is on the screen. It's always great to get face-to-face with people and to talk to all colleagues that you haven't seen for a long time. Dentistry Show London gives you the opportunity to hear speakers, like myself, but others within the industry, real experts in their field, and provides opportunity to get the CPD for doing so.

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The future of dental SEO

David Nelkin shares why all you know about getting discovered through search engines is changing

David Nelkin

Founder and CEO of
Xcelerator Dental



Remember when SEO (search engine optimisation) was all about getting to the top of Google? Those days are gone. We're witnessing the biggest revolution in search since Google itself launched – with the majority of searches now ending without a single click to any website.

Zero-click searches, AI-generated answers, and visual content have transformed how patients find dental practices. If you haven't fundamentally changed your SEO strategy in the last 12 months, or are not in the process of doing so, you're already falling behind.

The old playbook of 'ranking number one' isn't just outdated – it could actually be harming how prospective patients find you. Let's have a look at why this should be top of your priority list and how to make sure your practice stays ahead in this new search landscape.

Why your current SEO approach may be holding you back

Let's start with one of the most common questions I get asked when I'm chatting with practice owners: 'How can we get to number one on Google?'

I get it – we all want to be at the top. It's a natural inclination for a business owner. But this focus on rankings as the primary goal is what I call a 'vanity metric' – it might feel good when you see yourself at the top, but it doesn't necessarily drive practice growth. Here's why:

Zero-click searches are the new norm

Nearly 60% of searches now end without the user clicking any link at all. They get their answers directly on Google's search page and move on. Historically, people would click links to find what they were looking for. With this being the case, and likely to increase further, SEO is about how and when you appear for relevant searches on the SERP (search engine results page).

Google's search results pages are hyper-personalised and localised

Two people searching for 'dentist near me' on a different corner of the same street could see completely different results.

Being 'number one' is meaningless without context

Are we talking about the paid ads, the map pack, the organic listings, or inclusion in the new AI-generated Gemini results at the top? Each section serves different user intents, and they all count as 'number one' in their own way.

All of this means that measuring SEO performance by which terms you are 'number one' for doesn't hold much weight anymore. So how do you do it? With people starting to find out what they need about you directly on the SERP – and at times Google even removing links for people to call you or visit your website – you

We're witnessing the biggest revolution in search since Google itself launched

need to be looking at SEO as part of a cross-channel marketing strategy to drive information and reputation about your practice.

The six major SEO changes transforming dental marketing

These are the six most significant changes reshaping dental SEO today:

1. Engagement metrics are now king

Google's algorithm now heavily weights how users interact with your presence on their search results page. Are users clicking your listings? Are they engaging with your Google Business Profile by requesting directions, clicking to call, or messaging you? These signals tell Google that your practice is relevant and should be shown to more searchers.

Last year, there was a big leak of Google's documentation that confirmed the importance of engagement in search visibility, making it as, if not more important, than traditional SEO factors like keywords and backlinks. This is a massive shift in how you should approach SEO. ▶



Practice life

2. AI is revolutionising search behaviour

Google's Gemini and other platforms like ChatGPT are fundamentally changing how people search. Instead of typing keyword queries, users are asking conversational questions and having chats, often without ever clicking through to a website.

From what we're seeing, these AI search tools tend to favour businesses with:

- Fresh, regularly updated content (not just on your website but across social media and review sites too)
- Q&A style content
- A strong online presence across multiple platforms
- Reviews not just on Google, but a diverse mix such as Meta and TrustPilot
- Mentions in 'best of' and similar guides or listings of local businesses.

3. Zero-click searches are the new normal

In 2024, nearly 60% of Google searches ended without a single click to any website and we're expecting that to rise significantly in 2025.

For your dental practice, this means you want to be considering your Google Business Profile as your new homepage. The information there – your photos, services, products, posts, Q&As and reviews – is often the only content potential patients will see before deciding whether to contact you or not.

The human brain processes images 60,000 times faster than text, so this is a great opportunity to showcase who you are and why patients should choose you

4. Hyper-localisation is now a thing

Each year, Google typically makes two or three big algorithm updates, which has a major impact on the visibility of some businesses in the SERPs. In February 2025, they made a 'diversity' update – this penalised businesses that dominated both local (map listings) and organic search results, creating opportunities for a wider range of local businesses to be seen.

This means that you may have seen – or will see – a drop in some of your rankings if this is something you are tracking, and emphasises the importance of a renewed and cross-platform approach to your dental practice marketing.

5. Visual search is likely to become increasingly prominent

In 2016, visual content took up just 2% of mobile search results, and by 2024, that had jumped to 30%. From what we are seeing in large data sets, we expect this to continue to grow significantly.

The human brain processes images 60,000 times faster than text, so this is a great opportunity to showcase who you are and why patients should choose you. Google is now using



AI to analyse the content of your images and videos, using them to determine relevance for specific searches and even matching keywords patients have left in your reviews to your images automatically.

6. Social media and SEO work hand in hand

Google is increasingly pulling content directly from social media platforms into search results. Short videos from Tiktok, Instagram Reels, and Youtube Shorts are prominently featured in the 'short videos' section, which now appears ahead of traditional video results on the Google SERP; you may have seen the 'video shorts' tab appearing for you recently.

Short-form video is non-negotiable in 2025. Even simple 30-second videos addressing common patient questions can dramatically improve your visibility

This integration means your social media presence directly impacts your search visibility – and it also looks like Google is considering recent posts you make on these channels as updated content, which it factors into its algorithm.

What your dental practice should do now

This new SEO landscape requires a fundamentally different outlook to how you approach your SEO strategy. Here are some takeaways to get you started:

1. Optimise your Google Business Profile

- Make weekly posts with real photos of your practice, team, and (with permission) patients. Showcase awards, services and offers
- Respond to all reviews within 24 hours
- Upload new photos regularly (Google's AI can identify dental equipment, treatment rooms, etc)
- Fully populate all services, attributes, and Q&A sections
- Enable messaging options, including WhatsApp and SMS
- Verify your exact pin location (this is crucial – competitors can suggest changes that dramatically impact your visibility).

2. Create and share short video content consistently

Short-form video is non-negotiable in 2025. Even simple 30-second videos addressing common patient questions can dramatically improve your visibility. Consider creating:

- Brief treatment explainers
- Patient testimonials
- Practice tours
- Provider introductions
- FAQ responses.

Post these across all platforms (Youtube Shorts, Instagram Reels, Tiktok) and ensure your social accounts are linked to your Google Business Profile. It doesn't need to be perfectly polished – authentic content performs better.

3. Diversify your review strategy

While Google reviews remain the most important, platforms like Yelp, Facebook, and industry-specific sites are increasingly influencing your search visibility, especially in AI-generated results.

Implement a system to encourage reviews across multiple platforms, and always respond promptly. The content of these reviews (especially treatment-specific keywords) significantly impacts your visibility for those search terms.

4. Adapt your website content for AI search

Conversational, question-based content is essential for ranking in today's AI-driven search environment:

- Structure content around natural questions patients actually ask
- Use conversational, easy-to-understand language
- Include comprehensive FAQ sections on every treatment page
- Regularly update content to show freshness signals
- Ensure strong internal linking between related content.

5. Build local connections and citations

Local links now matter more for map rankings than traditional organic results. Focus on:

- Getting listed in 'best of' local guides
- Building relationships with complementary local businesses for cross-promotion
- Ensuring your practice is listed in local business directories
- Participating in community events to generate local mentions.

The future is already here

These changes aren't coming – they're already here, and they're moving rapidly. The practices that adapt quickly will gain significant market share, while those clinging to outdated SEO tactics will find themselves increasingly invisible to potential patients.

At Xcelerator Dental, our mission is to redefine success in dental practice growth, and create a future where dental practices and marketing partners work together in true alignment, for sustainable success.

We're committed to staying ahead of these changes, implementing these strategies for our clients, and measuring what truly matters: new patient enquiries, treatment starts, and revenue growth.

The days of focusing solely on keywords and rankings are over. Today's dental SEO is about creating a robust, engaging presence across multiple platforms, with particular emphasis on visual content, conversational information, and patient interaction.

The practices that embrace this new reality won't just survive the change but are the ones who will be most likely to thrive. Will yours be one of them? **D**

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Xcelerator Dental, a specialist dental marketing agency that helps practices grow through digital marketing focused on new patient conversion.

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These changes aren't coming – they're already here, and they're moving rapidly. The practices that adapt quickly will gain significant market share

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Will the NHS contract consultation work?

As dentists in Wales are being asked for their views on a proposed new NHS dental contract **Nigel Jones** speaks to **Lauren Harrhy** to get her views

Nigel Jones

Director, Practice Plan



Lauren Harrhy

Principal dentist and BDA board member



Nigel Jones (NJ): As someone who was on the negotiation team in the tripartite negotiations with the Welsh government and the NHS in Wales to try to develop a new contract, now that there's a contractual framework out for consultation, what's your initial take on things?

Lauren Harrhy (LH): The initial take from the profession, which I would also reflect, is that the relationship between our historic patient base and the practice is at risk.

The way that the consultation looks to be planning the new contract is that patients, once stable, will be returned to a centralised waiting list for each health board area until they're due to have their next dental check-up.

Now, we don't know what the demand is for this. The Welsh government doesn't know what the demand is either, so we don't know how long that waiting list will be. Obviously if you're in a health board area where there aren't that many NHS practices but there are plenty of people, that waiting list will be very long and access back into dental practices will be tricky.

There are good things to highlight as well. The aims of the contract are to make it easier for patients to access NHS care. And it should also, if it works properly, feel like the treatments we're doing are recognised and remunerated more appropriately now. It doesn't mean that there's more money, but it should mean that, psychologically, we'll feel that we're not doing more endo for free and so on.

Another feature of the consultation is that the patient charge revenue (PCR) collection is to be taken out of the practices. This has had mixed reviews. I thought this was a positive because essentially, we end up as tax collectors for the government and all the problems that

come along with that.

Also, our card machines and our banking fees mean that we never actually get our full contract value while we're collecting money that we essentially give out or have withheld from the board. So there are pros and cons with that.

NJ: Picking up on the centralised patient waiting list, Lauren. I've been trying to work out what that will mean for continuity of

care because everything I've read tells me that continuity of care is important.

However, this seems quite an efficient way of helping improve access but not necessarily an effective way of ensuring continuing care is ensured. Would that be an appropriate thought?

LH: I think so. They're calling the centralised waiting list the Direct Access Portal, or DAP. So, the DAP in overall terms seems like a great idea. Patients register online with the DAP, and then when capacity becomes available at an NHS practice within the health board, they can have an appointment with that practice.

The practicality is that managing the DAP is an enormous administrative burden on the health board. Also, it means that patients who don't have very good access to transport will find it difficult to move between practices. So, equity of care is going to be tricky, and I think as more practices hand back their NHS contracts, we'll see that those waiting lists become longer.

NJ: You touch on an interesting point there in terms of practices handing back contracts because I guess a lot of people will struggle from a patient care perspective with the sort of setup proposed.

For me there's also this question mark about goodwill and what that break in continuity

means in terms of patient loyalty and how that might affect the value of people's businesses. Is it your sense that people will hand back contracts?

LH: Absolutely. There's no doubt that there will be practices who will look at this contract and think that it is not for them. They may have spent years, decades even, building up goodwill with their patients, so they have a loyal patient base who they enjoy looking after. And I think that this puts that at significant risk.

NJ: I suppose there's almost a sense that if you just go with the contract and see how it goes, what you might find is a dilution of your goodwill that reduces your ability to go private in the future. So, I guess it will focus the minds of a lot of people right now.

LH: Absolutely right. I've had a bit of a flavour of this already because I did reduce my contract a couple of years ago and private dentistry take-up has been lower than I expected because my patients were reallocated to other practices. They included patients that I'd been looking after for up to eight years at that point.

Quite a few of them thought it was OK as they'd got a place at another NHS practice. What they didn't really appreciate (and why would they?) was that the way that contract variations worked in Wales meant that they weren't going to get seen quickly or all that often.

So, I've had a taste of the breakdown in goodwill that can happen when patients feel that they're on a waiting list somewhere already. The problem I foresee with this is unless patients are made aware of the fact that the DAP is going to mean a long and potentially inconvenient wait for appointments for them, and they won't get to see the same dentist every time, which can be important to patients.

They will think: 'That's OK because I'm on an NHS waiting list.' That might discourage them from picking up private dental treatment where it might have been the more appropriate thing for their circumstances.

NJ: Yes, it's an interesting concept. It'll be fascinating to see how that plays out in reality. D

If you're looking to switch plan provider or are considering a full or partial move away from the NHS, contact Practice Plan on 01691 684165, or visit www.practiceplan.co.uk.

Why she still comes in

Raabiha Maan shares a heart-warming tale of why your presence is as valuable as your skillset

Raabiha Maan

Practice principal and founder of the Patient Journey Academy



They weren't coming for check ups, not really.

Every six months, without fail, they'd walk through the doors together, an elderly couple, hand in hand, with the kind of closeness you don't see much anymore. He'd beam as she talked. She'd smile and nod along, always gentle, always warm. And sure, we looked at their teeth. But it quickly became clear: they came for the conversation.

This was back in 2017, not long after I joined the practice. I was early in my career, still figuring out what I wanted to do. And yet, from that very first appointment, they treated me like I mattered. Like I had something special.

I remember one day during a routine check up, he looked at me and said: 'You're going to own this place one day.'

I laughed. Properly laughed: 'Oh, I don't think so,' I told him. 'I've got no money. Not even a plan.'

But he smiled knowingly: 'No. I see it. You will. You're different from the dentists before. I've been coming here for over 30 years. Trust me.'

I brushed it off, but something in his voice stayed with me.

Three years later, I became the owner of that very practice. And when I told him, his face lit up with the kind of proud grin you wish you

could bottle: 'I told you,' he said. 'I just knew.'

That moment, more than any contract or bank transfer, made it all feel real.

Chapters of life

They stayed with me through the years, through many chapters of my life. They were there when I was pregnant. One day, by complete chance, they turned up just as my baby had come by to visit the staff. Their faces lit up. They talked about her for months afterward. These conversations meant we weren't just dentist and patient. We were a part of each other's lives.

But life, as it does, shifted. Two years later, he passed away.

When his wife came in for the first time without him, we cried. Right there in the surgery, amid gloves and masks and all the PPE... we cried. And then, gently, we smiled. We remembered him. The way he talked. The difference he made in the world, to her world, to mine.

She still comes in. Every six months. Just like they always did. And we talk.

The value of your presence

People talk a lot about dentistry being stressful. About burnout. Targets. The broken systems. And they're not wrong. There are days where it can all feel like too much. But then someone like her walks in.

And I wanted this to be a reminder that sometimes, it's about simply being there. Showing up. Being a constant in someone's life

when everything else is changing.

It's easy to lose sight of that, especially now, when every scroll on Instagram shows another flawless transformation, another dentist smashing private goals, another composite that looks like art. You start to wonder if you're falling behind. If you're not good enough. If you're doing it all wrong.

But here's the truth: your value isn't just in your skillset. It's in your presence.

Some of the most meaningful appointments I've ever had weren't about the teeth at all. They were about connection. About listening. About remembering their child's name, asking how the wedding went, or simply giving someone 10 minutes to feel seen.

Because the heart of dentistry isn't in the perfect crown or the beautiful before and after.

It's in the moments no one else sees.

And sometimes, the most powerful thing you'll ever offer your patients is simply your presence.

And the most powerful thing in that, for you, is purpose. **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, or scan the QR code Follow Raabiha on Instagram @drraabihamaan.



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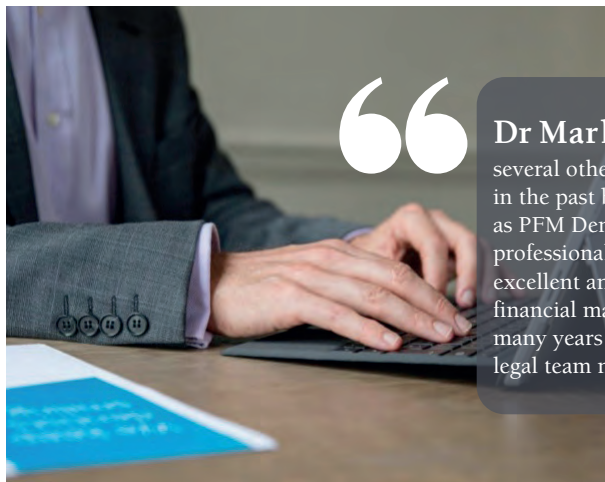
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”



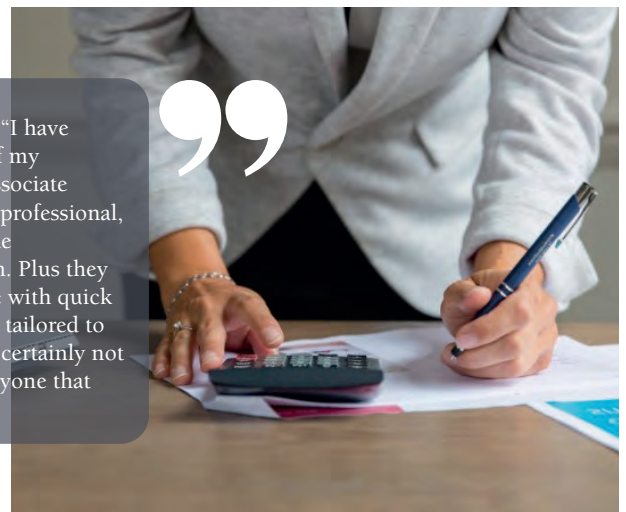
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A life-changing confidence boost

Lesley Turner discusses the rise in popularity of aesthetic dentistry in the UK since the pandemic and its potential to transform the lives of patients

Lesley Turner

Business development manager



The demand for aesthetic dentistry in the UK over the past few years has been driven by several factors. The influence of social media, celebrity culture, and the increasing importance placed on personal appearance have all contributed to the growing interest in cosmetic dental treatments.

The availability of patient finance, allowing them to spread the cost over a period of months has also made it easier for patients to access these treatments.

What is driving growth?

Patients, especially in the younger age groups, are more aware of the options available to them and seem to be willing to invest in their smiles.

The growth in the aesthetic dentistry market in the UK is further driven by increasing consumer demand for aesthetic dental procedures, advancements in dental technology, and a rising awareness of dental aesthetics among the population.

Emerging technologies such as computer smile imaging, intraoral camera, tomography digital X-rays and 3D printing are also making cosmetic dentistry effective and more comfortable, adding to its appeal. To add some context, according to a study by researchers at University College London (UCL) published in 2023, around one third of people aged under 35 had undergone a cosmetic dental procedure or treatment in the previous 12 months, with an average spend of £3,677.

Also, one in 10 of those aged 25-34, had spent £25,000 or more.

This will help to explain why spending on cosmetic dentistry in the UK rose from £1.8 billion in 2020 to £2.56 billion in 2024 according to MBD analysis of government estimates.

Which treatments are growing?

Tooth whitening

Whether it's over-the-counter products or professional procedures carried out by a dental professional, tooth whitening is one of the most sought-after cosmetic treatments.

Costs generally range from £150 to around £700, depending on the individual case, showing there are options to fit almost any purse.

Veneers

These thin shells of porcelain or composite resin, custom-made to fit over the front surface of teeth, are a popular choice for those wanting a perfect smile.

They are used to correct a variety of dental issues, including discolouration, chips and gaps, helping to achieve a perfect smile.

Composite veneers have been gaining popularity, possibly due to their affordability when compared with traditional porcelain veneers.

Dental bonding treatment costs vary according to the type of material used, as well as the procedure and the clinic. Costs can range from less than £200 for a small change up to £600 plus for more complicated procedures or composites.

Gingival contouring

Gingival contouring is a procedure that permanently corrects uneven gum lines and is a great option for patients with receding gums. Gums do not usually regrow and so the results are usually permanent.

Once again, the complexity of the work will have a bearing on the cost of the procedure, but this can commonly be between £495 and £795.

Smile makeovers

This type of treatment plan aims to help patients achieve their perfect smile. This can include both cosmetic procedures and those such as crowns, fillings or implants to restore dental function and/or missing teeth.

Costs for smile makeovers will naturally vary considerably depending on the types of procedures and treatments involved and can run into many thousands of pounds.

Orthodontics

Modern orthodontic treatments, including clear aligners such as Invisalign, have made it easier for adults to straighten their teeth discreetly. These treatments not only improve aesthetics but also contribute to better oral health.

Orthodontic braces are forecast to register the fastest growth as a segment during the period between 2023 and 2030, according to UK Cosmetic Dentistry Market Size and Outlook.

Costs and considerations

As has been mentioned above, the cost of aesthetic dental treatments can vary widely depending on the procedure and the complexity of the case. While some treatments like tooth whitening are relatively affordable, others such as full arch implants can cost tens of thousands of pounds.

However by offering patient finance more complex and costly treatments can be brought within the reach of patients who initially may not have been able to afford them. Working with a patient finance provider such as Medenta, practices can offer patients the option of spreading the cost of their treatment over a period of months, interest-free in many cases.

This helps to overcome the issue of cost versus affordability, as the patient need only worry about being able to meet the monthly fee rather than the total cost. This can also mean that patients are able to go ahead with more extensive treatment plans than they initially envisaged.

Offering patient finance can also be a positive draw to some patients. A number of practices have reported that prospective patients often ask whether patient finance is available at their practice during their initial phone call. Making it known that the facility to spread the cost of treatments is indeed available can be a valuable marketing tool as well.

Aesthetic dentistry in the UK is transforming smiles and enhancing lives. With a wide range of treatments on offer, patients can achieve the smile they've always dreamed of.

Whether it's a simple whitening procedure or a complete smile makeover, the benefits of aesthetic dentistry go beyond appearance. The boost to a patient's confidence and overall wellbeing can be life changing. Patient finance offers a way for a practice to help patients to achieve that kind of transformation. **D**

For a list of references, please email newsdesk@fmc.co.uk.



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Future trends in dental consent practices

Biju Krishnan discusses how technology is changing the patient experience

Biju Krishnan
Dentist



If you've ever tried to explain root canal therapy to a patient who's just Googled 'do dentists cause pain on purpose?' – then you'll appreciate how vital informed consent is in dentistry. It's not just a legal box to tick; it's a cornerstone of patient trust and ethical care. But as the digital age advances, so too does our approach to this all-important step.

Technology is redefining how we engage with patients before, during, and after treatment – making consent not only easier to obtain and document, but also clearer, faster, and dare we say... a little less boring. From teledentistry to touchscreen tablets and compliance software that doesn't require a PhD to use, the future of dental consent is looking bright – and just a little bit sci-fi.

Let's drill into the trends reshaping this space...

Teledentistry and remote consultations

Teledentistry is no longer a futuristic concept – it's here, and it's transforming how we approach initial consultations and consent. Remote video assessments allow dentists to evaluate oral health concerns and discuss treatment options before a patient even sets foot in the practice.

This has significant implications for consent. Patients have more time and space to consider treatment plans from the comfort of home, away from the stress of the dental chair and that strange smell that no one can quite identify. They can ask questions, involve family members in decisions, and access follow-up information via email or patient portals.

Teledentistry is no longer a futuristic concept – it's here, and it's transforming how we approach initial consultations and consent. Remote video assessments allow dentists to evaluate oral health concerns and discuss treatment options

For clinicians, this means the ability to record consultations, store digital consent forms, and reduce chairtime stress.

Interactive patient aids

Ever tried explaining the risks of a surgical extraction using only words, and received nothing but a confused nod? Enter: visual and interactive consent tools. These range from 3D models and animations to touchscreen presentations and explainer videos. These aids break down complex procedures into digestible, understandable segments, and are especially helpful for visual learners (and let's be honest, most of us zone out after the word 'incision').

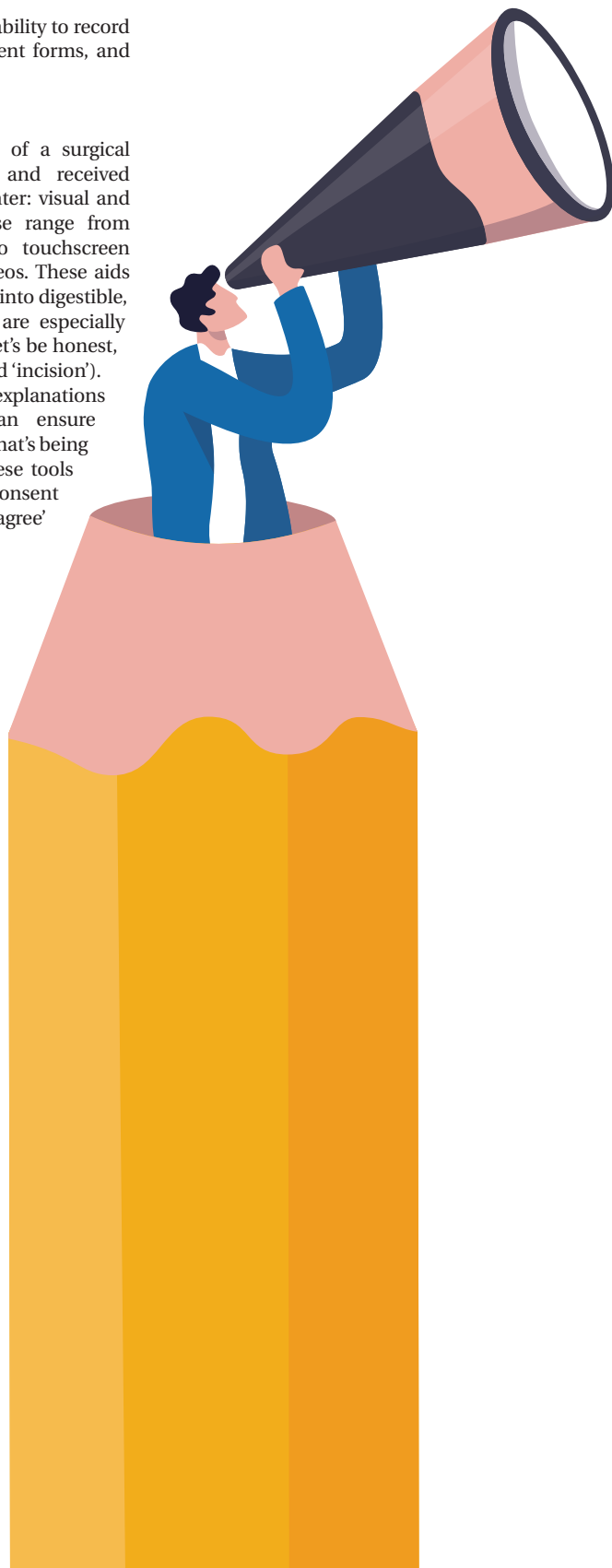
By supplementing verbal explanations with digital aids, dentists can ensure patients genuinely understand what's being proposed. More importantly, these tools can be embedded into digital consent forms, helping patients click 'I agree' with confidence, not confusion.

Digital consent platforms

Remember that one consent form that went missing right before an audit? Or the one where the patient signed in the box meant for 'comments'? Digital consent platforms are putting those days behind us.

These systems allow for secure, time-stamped, cloud-based consent documentation. Patients can sign electronically – on tablets in practice or on their own devices at home – and practitioners can ensure that consent forms are updated, legible, and actually attached to the right patient record.

Platforms such as Dentistry Consent move the process a big step forward, taking gaining valid consent to the next level by not only getting the signature, but also testing that patients have understood what they have just consented to. So, if a complaint arises, the old excuse of 'I didn't really understand what I was signing' no longer holds up – protecting both your practice and your peace of mind.



Artificial intelligence and smart alerts

We're not saying robots will replace dental assistants, but AI-driven platforms are making compliance a lot smarter. Some systems now use AI to analyse treatment plans and patient data to suggest necessary consent documentation or flag when something might be missing.

Think of it as your digital conscience – but one that doesn't sigh when you forget to fill out a field. This reduces human error and ensures patients are appropriately informed before anything sharp comes near their molars.

Bonus: It's a huge help for new practitioners still mastering the labyrinth of compliance documentation (and for seasoned dentists who simply don't want to deal with it anymore).

Of course, no technology can replace empathy, good communication, or the human touch. But it can support it – and in the world of dental consent, that's worth smiling about

Fairer, more inclusive consent

One of the less talked-about – but deeply important – benefits of tech-driven consent practices is inclusivity. Language translation tools, closed captioning for video aids, and screen-reader compatibility make it easier to involve patients from diverse backgrounds or with differing needs.

For example, digital platforms can offer consent documents in multiple languages, ensuring non-native speakers understand treatment risks and alternatives. Similarly, patients with disabilities can navigate accessible platforms designed for screen-readers or voice commands. In short, technology is making consent fairer, not just faster.

Dentistry compliance software

Let's be honest: no one becomes a dentist for the paperwork. But regulatory bodies are increasingly focused on how well practices document consent and follow protocol.

Modern compliance software doesn't just help you sleep better – it integrates everything from medical histories and risk assessments to consent forms and clinical notes, often with audit trails that are as comprehensive as they are headache-saving.

Better still, many platforms now come with dashboards and real-time alerts, so you know when forms are missing or out of date. It's like having a hyper-vigilant office manager who never calls in sick.

What this means for the future?

We're moving toward a model of dental care where patients are genuinely informed partners in decision-making – thanks to technology. This shift not only protects clinicians legally but improves patient outcomes and satisfaction.

Digital consent is more than just a fancy upgrade. It's a bridge between ethical practice and modern convenience. As tools become more intuitive and integrated into daily workflows, we'll see greater consistency, transparency, and trust between dental teams and their patients.

Of course, no technology can replace empathy, good communication, or the human touch. But it can support it – and in the world of dental consent, that's worth smiling about.

Conclusion

Technology isn't here to replace consent conversations – it's here to improve them. With digital platforms, visual aids, and smarter systems, we're entering a future where patients are better informed, dentists are better protected, and no one has to decipher handwriting that looks like it was done during an earthquake. **D**

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.

Visit www.dentistry.co.uk/consent to get started.

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Sjobbe Besseling, DDS, Netherlands

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What makes a leading dental practice?

Elyssia Yannoulis of Dental Art Beaconsfield shares what has driven its success and the key factors of a great dental practice

Being recognised as the national and regional 'Practice of the Year 2024' is a tremendous honour for Dental Art Beaconsfield, a private practice founded by my father, Dr George Yannoulis, in 2007 and now proudly run by both of us. This award validates the dedication, innovation and commitment we invest in our work every day.

Winning this award was not an overnight success, but the result of continuous effort, learning and adapting. For other practices looking to elevate their standards, we want to share the key factors that have driven our success: a strong team, exceptional patient experience, cutting-edge technology and a clear brand identity.

Teamwork

Building an exceptional practice begins with creating a culture where every team member is valued and motivated. A collaborative environment, driven by open communication and problem-solving, ensures the entire team

works toward delivering the highest standard of patient care.

Recognising the vital role of each team member, we prioritise teamwork and promoting continuous professional development to ensure that everyone is aligned with the practice's mission.

Key elements of a strong team:

- Patient-centred care: a commitment to personalised care that caters to individual needs
- Collaborative practice meetings: monthly discussions to review cases, reflect on challenges, celebrate successes, ensuring constant practice improvement
- Continual learning and development: our dedication to ongoing education keeps our team at the forefront of dental advancements, allowing us to provide the highest quality care to our patients
- Community engagement: active participation in community health initiatives, such as dental health awareness

programs, not only supports local health but also fosters goodwill and trust

- Team building and wellbeing initiatives: we place immense value on the health and wellbeing of our team recognising that a happy and cohesive team is integral to providing exceptional care to our patients.

Patient-centric care

At Dental Art Beaconsfield, the patient experience is at the heart of our practice, and as a father-daughter run clinic, we treat every patient as an extension of our own family. We believe that every interaction – from booking an appointment to follow-up care – shapes the overall experience.

Our personal approach ensures that patients feel genuinely cared for, respected, and valued at every stage of their journey with us. Delivering exceptional patient care goes beyond good service; it's about creating a warm, welcoming environment where each patient's wellbeing is our top priority.





Key aspects of an exceptional patient experience:

- **Accessibility and inclusivity:** accessibility is a core value at Dental Art. We strive to make our practice welcoming for everyone, with facilities that accommodate individuals with mobility challenges, hearing or visual impairments, and other needs. Flexible appointment times support patients with busy schedules, while interest-free payment plans make high-quality care accessible to all. This commitment to inclusivity empowers patients to take charge of their long-term oral health with confidence and comfort
- **Enhanced comfort and environment:** Dental Art showcases vibrant colours and original artwork from local artists. This creates an inviting and uplifting atmosphere that eases patient anxiety, making each visit both memorable and enjoyable
- **Comprehensive patient education:** empowering patients through education is key to their satisfaction and long-term health. We take time to explain procedures, preventive care, and oral health tips in easy-to-understand language, helping patients make informed decisions and take an active role in their care. Digital tools and visual aids also help clarify complex information, leaving patients feeling confident about their treatment plans.

Technology

Dental Art stands out with its commitment to cutting-edge dental technology, utilising

digital radiography, 3D imaging, and intraoral cameras for precise diagnostics and tailored treatment planning.

With advanced CEREC technology, patients can receive same-day crowns, eliminating the need for multiple appointments and enhancing convenience.

By investing in these advancements, Dental Art not only elevates patient satisfaction and confidence but also empowers them to take an active role in their oral health.

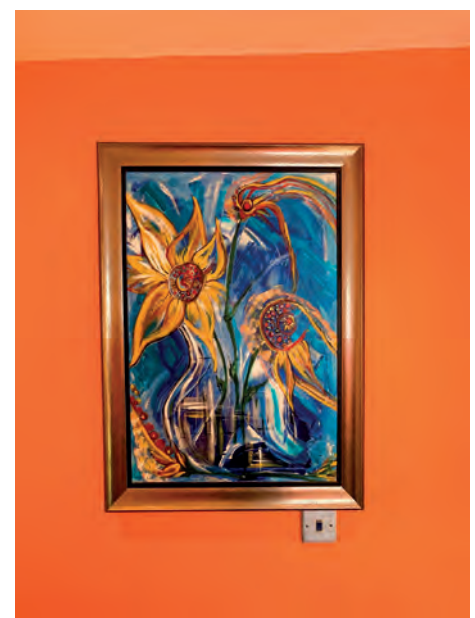
Through education and transparency, patients gain a deeper understanding of their treatments and are motivated to maintain their long-term oral health.

Branding

Branding is essential for a dental practice's success, as it creates a unique identity and influences patient perception. A strong brand can attract new patients, engage current ones, build trust, establish credibility, and create awareness and loyalty.

The branding of Dental Art is centred around the idea that every smile is a work of art. This philosophy is brought to life through a vibrant, modern aesthetic featuring bright orange and blue colours, which create a warm and inviting atmosphere. Original artwork from local artists adorns the walls, giving the practice a gallery-like feel that sets it apart from the traditional clinical look of many dental offices.

To strengthen our brand, we leverage digital marketing strategies such as social media, email campaigns, and online reviews to engage patients and reach a wider audience.



Encouraging satisfied patients to share their experiences through video testimonials enhances our reputation, while actively seeking patient reviews builds trust and establishes the social proof essential for long-term loyalty and credibility.

Conclusion

Becoming a 'best practice' doesn't happen by accident – it's the result of a deliberate, strategic approach to every aspect of running a healthcare practice.

By focusing on team development, leveraging the latest technology, fostering clear communication, building a strong brand, delivering exceptional patient experiences, and designing a patient-friendly space, any practice can set itself on the path to excellence.

Our journey to achieving best practice recognition has been a learning process, and we hope these insights help others on their own path to success. **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.



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THE ORAL CLES

— Dental hygienists and dental therapists

The power of professional connection

Rhiannon Jones explores how shared learning, peer support and a strong professional network can reduce isolation and build a more fulfilling career

Rhiannon Jones

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



In a profession rooted in patient care, it is easy to overlook the needs of the dental professionals behind the masks. From chairside roles to running a busy practice, dentistry can often feel like a solitary pursuit.

The very structure of our work, often one-to-one with patients in small clinical teams, can limit opportunities for connection with peers. Yet feeling part of a community is not just something that is nice to have. It is essential for personal wellbeing, clinical development and job satisfaction.

A survey conducted by Dental Protection in early 2025 revealed that nearly two-thirds (63%) of dental professionals in the UK reported feeling frequently burnt out and exhausted. Additionally, 18% described their mental wellbeing as 'of concern'. Those are sobering figures, and they should prompt a closer look at the ways we support each other within the profession.

When you feel valued and understood, it becomes easier to meet the challenges of clinical life. And that is exactly what peer networks and shared learning environments can offer; a sense of belonging, encouragement from those who have been there before, and the confidence that comes from growing together.

Peer support matters

Engaging with others in your field has been shown to reduce professional loneliness, increase confidence and boost morale, particularly during periods of transition or uncertainty. While mentorship and learning have always been part of professional growth, structured peer support adds something unique: the chance to be open, ask questions, and learn without judgement.

This is particularly valuable for dental

hygienists and dental therapists, whose scope of practice continues to evolve, bringing both exciting opportunities and new responsibilities. For those who are newly qualified in particular, a strong support network can be the difference between feeling overwhelmed and feeling inspired.

The British Society of Dental Hygiene and Therapy (BSDHT) has long championed the power of professional community.

Its 12 regional groups across the UK offer localised, in-person study days designed to deliver meaningful continuing professional development (CPD) alongside open, peer-led discussion. These are spaces where both members and non-members can explore new approaches, share what is working in practice, and connect with others in similar roles.

Recent feedback from a number of BSDHT regional events revealed consistently high satisfaction scores, with attendees highlighting the value of being able to 'talk freely', 'meet like-minded professionals', and 'learn in a warm, welcoming setting'. The blend of CPD, networking and real-world insight is clearly resonating, particularly with early-career professionals who often attend for the first time and return for the connections.

Stronger community, better care

When professionals feel supported, their patients benefit too. When professionals share knowledge, discuss case challenges, and feel confident in asking for input, the standard of care rises across the board. This is especially true in preventive care, where effective communication and continuity are essential.

There is growing recognition that clinical excellence is not just about what you know. It is also about who you can learn from, talk to and trust. Communities like BSDHT's regional groups are helping shift the narrative

away from isolated expertise toward shared development. And that is a powerful cultural change for dentistry.

Alongside these peer networks, the BSDHT offers a coaching and mentoring programme for members seeking more individualised support. Whether you are dealing with a particular challenge, exploring new opportunities or simply looking for space to reflect, this confidential, one-to-one guidance can provide clarity and encouragement when you need it most.

If you are at the start of your professional journey or simply looking to reignite your passion for the role, connecting with others could be the catalyst you need. BSDHT's regional groups are open, inclusive and designed to help you thrive – not just survive – in your dental career. The truth is, in a profession where care begins with people, community is a necessity, not a luxury. **D**

To find your local BSDHT group or see upcoming study days, visit www.bsdht.org.uk/regional-groups.

For more on the BSDHT coaching and mentoring programme, visit www.bsdht.org.uk/mentoring/.



Training tomorrow's dental therapists



Debbie Hemington and **Joanne Bowles** explore the current climate for dental therapy education

Debbie Hemington

President, BADT and tutor, Eastman Dental Hospital Education Centre



Joanne Bowles

Chair, BADT and vice-dean for learning, University of Liverpool School of Dentistry



The General Dental Council (GDC) currently lists 23 dental therapy and dental hygiene programmes around the UK (GDC, 2025).

Some programmes offer dental hygiene only programmes, with the majority offering a combined programme especially as now the scope of practice a dental therapist can undertake includes all that a dental hygienist can do and more (GDC, 2013). Programmes are producing circa 350 registrants per year (GDC, 2025).

Dual courses have been in place since 1983, when The London Hospital ran the first combined course. Prior to that there were two separate courses which both had to be completed if a clinician wanted to work as both a dental therapist (restricted to working in hospital or community settings) and a dental hygienist working in general dental practice.

Temporary registrants

The GDC have just released details of the numbers of dental therapists on the dental care professionals (DCP) register (GDC, 2025). While this has increased, it is not due to dental therapists graduating in the UK, but to overseas dentists being able to register as dental therapists while they await their Overseas Registration Examination (ORE).

Many of these professionals are not resident in the UK currently as they need a position that offers them sponsorship to migrate here and work, therefore they do not form part of the available workforce. Once they are successful in the ORE, they will move to working as dentists and not remain in the dental therapist workforce.

Undergraduate training

At this point in time there seems to be quite a bit of uncertainty around the undergraduate training for dental therapists, the numbers of students and also the schools providing these programmes.

The British Association of Dental Therapists (BADT) supports developments in the provision of undergraduate dental hygiene and dental therapy education and is heavily involved in protecting the education standards of the programmes.

The dental landscape has changed massively over the past few years, with dental therapists and dental hygienists now being increasingly recognised as vital to the modern dental workforce, and that skill mix can enhance the delivery of efficient patient care.

As reported in a recent *BDJ* editorial by Professor Philip Preshaw there have been programme closures as well as suspensions of programmes (Preshaw, 2024). Unfortunately, a lot of the time the problem is down to finances, because of the difference in funding of dental hygiene and dental therapy programmes compared to BDS programmes.

We are still awaiting the details of the NHS England long-term workforce plan, but it was previously mentioned that the number of training places for dental hygienists and dental therapists would increase to more than 500 (NHS England, 2023).

However, we currently find ourselves in a situation where there are new programmes starting, yet we are cutting long established, proven programmes. We need to ensure the training providers are well supported both financially and strategically. If programmes are cut, it could be very difficult to bring them back in the future if the plan shows there is a gap in the training numbers.

Challenges

The now famous 'dental deserts' have driven the development of some new programmes, with the hope that they can treat the public but also that the clinicians will remain in the desert after qualification. It remains to be seen if that is indeed the case, but it obviously won't have an immediate effect on the numbers of available clinicians.

Another challenge within dental hygiene and dental therapy education can be the lack of appropriately experienced clinicians in teaching roles, schools can struggle to recruit and retain teaching staff.

Those new to teaching or those part of new programmes need to be supported and given time to settle and transition into these roles, otherwise staff become overworked and overwhelmed, leading to stress and burnout.

Leadership

The correct leadership is essential. From the long-term workforce plan, if student numbers are to increase where will the teaching or academic workforce come from – particularly in the areas of dental deserts?

If the long-term plan is to utilise the team, and for more dental hygienists and dental therapists then it is important that we can ensure that the programmes are supported to ensure the appropriate training of the future workforce. BADT was formed in 1962 by the first UK dental therapists and is run by working dental therapists. It has strong educational expertise on its council as well as highly experienced clinical dental therapists and hygienists and is committed to representing all dental therapists and hygienists locally, nationally and internationally.

It has been pivotal in progressing the profession through the years with the increase in scope of practice and work opportunities such as being able to work in general dental practice in 2002 and was the only organisation to push for dental therapists to be included in direct access proposals. More recently, the huge project on exemptions has been finally completed, affecting all working dental therapists and hygienists and increasing their professional autonomy. **D**

For a list of references, please email newsdesk@fmc.co.uk.

For more information about the BADT, visit www.badt.org.uk.



Dysmorphia and its impact on dentistry

Sam Jethwa looks at the key areas of concern for treating clinicians



British Academy of
Cosmetic Dentistry

SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF
COSMETIC DENTISTRY (BACD)



An essential aspect of ethical cosmetic dentistry is prioritising patient health and wellbeing. Our clinical goal is to improve their smile aesthetics, but this must not be achieved where it compromises oral health and function, or has a negative effect on mental health. Dental professionals must constantly assess whether delivering the treatment patients request is really in their best interests. When it comes to conditions like body dysmorphia, this is made all the more challenging.

A rising concern

Body dysmorphic disorder (BDD) is an anxiety-based condition relating to body image. According to the charity Mind, sufferers may be obsessive about one or more perceived flaws in their appearance, and develop compulsive or repetitive behaviours as a result.

An estimated 2% of the UK adult population are living with BDD, which is around one in 50 people. However, under-reporting is thought to occur due to the reluctance of many individuals to share their experience.

BDD can have a massive impact on peoples' lives, with both mental and physical health consequences. Statistics published by the BDD Foundation show that around 50% of those affected in the UK are unemployed and almost 60% of sufferers aged between 12 and 18 are not regularly attending school.

It is important to note that males are just as at risk as females, though the latter group often receive more media attention.

Dysmorphia in dentistry

A person with BDD may be concerned about the appearance of any number of body parts or features. Dental aesthetics is one.

In dentistry, BDD can lead to unrealistic expectations among affected patients, who will typically be unsatisfied with the results achieved. This is particularly dangerous when the patient is undiagnosed and not aware of their condition. Whatever the case, there are two key areas of concern for the treating clinician.

First and most importantly, providing cosmetic dental treatment to a patient whose mental health condition may affect their

decision making could be unethical. Some of these individuals are likely going to seek drastic changes to their dentition, which require extensive tooth preparation and irreversible change to their natural tissues. Performing this without proper consideration for their motivations – especially if they then aren't happy with the outcome – could mean doing more damage than good.

Secondly, this inability to satisfy the patient's desires could leave them unhappy with the care they received and likely to give the practice a negative review either online or when talking to friends and family. There are also potential legal issues if expectations are not effectively managed or met, creating more difficulties for dentists. As such, cosmetic dentists have to find the right balance of care.

Identification and management

The first step for clinicians is to identify patients who may actively be suffering with BDD. Though we can't diagnose a mental health disorder, we can raise concerns. To be effective, it's important to create a safe environment for a patient to openly share their feelings and experiences. A thorough medical history should be included in a new patient questionnaire in order to highlight anyone who may be at risk. Referral to the patient's GP may be required for further assessment before any dental treatment is performed (Rosten A et al, 2018).

If providing dental care for a patient diagnosed with BDD, continued collaboration with the wider healthcare team is crucial. Expectations should be very clearly managed, with every available tool utilised to explore predicted treatment outcomes.

In any situation, the answer is always to provide the most effective and ethical cosmetic dentistry possible for all patients. Good planning and thorough record keeping are always crucial. We must also be mindful to avoid overtreatment and accept that we simply can't help everyone. Engaging with experienced clinicians, such as those in the BACD, can be a huge source of support for those looking to share experiences and wisdom. **D**

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



Ahead of the curve

John Dargue highlights the importance of investing in new technology within the dental sector

John Dargue

Territory manager for southwest England and south Wales, A-dec



In the ever-evolving field of dentistry, staying ahead of technological advancements is extremely important to help ensure dentists provide excellent patient care and ensure the efficiency and longevity of the practice.

Investing in new dental technology not only helps to improve your practice in the present but also futureproofs practices against the rapid pace of innovation. There are several key reasons why investing in new technology within the dental sector is important for dentists.

1. Ergonomics

Modern dental equipment, such as the A-dec 500 Pro Dental Package, which includes A-dec's flagship 500 dental chair and the innovative new A-dec 500 Pro Delivery System, places a strong focus on ergonomics. Features like adjustable touchscreens with 85-degree adjustable angle left to right and customisable presets are designed to reduce physical strain on dentists, providing more comfortable and efficient procedures.

Equally important is the design of the dental chair to support proper patient positioning, essential for both patient comfort and effective dental procedures. A dual articulating headrest plays a significant role by supporting the patient's head and allowing precise adjustments to open the oral cavity, enabling good access for the dentist.

Chairs with thick backrests can push the dentist farther from the oral cavity, leading to forward leaning and increased muscular strain. In contrast, a thin, flexible backrest on a dental chair with slim upholstery and a cut-away baseplate allows the dentist to position themselves closer to the patient.

This design enables the dentist to keep their legs under the chair and elbows at their side, which contributes towards improving ergonomics. This focus on ergonomic design not only improves the dentist's comfort and efficiency but also improves workflow and reduces fatigue, benefiting both the dental team and patients.

2. Efficiency

Investing in advanced dental equipment is important for enhancing practice efficiency and streamlining procedures. Modern dental delivery systems and chairs are designed with features to help streamline your workflow, so you can focus on what matters most, providing an exceptional level of dental care to your patients.

Contemporary dental delivery systems

are designed to minimise unnecessary movements and keep things as simple as possible. Features like capacitive activation allow dentists to use instruments with a simple touch, eliminating the need for manual switches.

Positive positioning ensures that instruments remain in place, reducing the time spent searching for tools. Moreover, modular designs help with the integration of various devices, adapting to the evolving needs of the practice.

Dental chairs play a crucial role in maintaining dentists' comfort and enhancing workflow. Programmable memory settings allow for quick adjustments between different treatment positions, saving time and ensuring consistency.

Additionally, integrated foot controls, like the A-dec lever foot control, enable hands-free operation, allowing dentists to adjust the handpiece speed whilst keeping their eyes on the patient.

3. Connectivity

The integration of digital platforms, such as the A-dec+ app, revolutionises dental practice management by providing real-time monitoring and diagnostics of equipment performance. This connectivity ensures that dental equipment remains up-to-date and operates at peak performance, reducing downtime and maintenance costs.

Additionally, it enhances communication among dental teams, leading to more coordinated and effective patient care.

The A-dec+ app offers immediate access to

essential performance data, allowing dental professionals to quickly assess the status of equipment, such as compressor pressure and vacuum levels. In case of any issues, the app provides alerts in the 'My Products' section, enabling efficient identification and resolution of problems.

By leveraging apps such as the A-dec+ app, dental practices can proactively manage their equipment, ensuring optimal functionality and longevity. This proactive approach not only improves operational efficiency

but also contributes to a better patient experience by minimising disruptions and maintaining a high standard of care.

4. Futureproofing

Investing in upgradable systems like the A-dec+ platform ensures that dental equipment evolves alongside technological advancements. Software updates bring new features, security enhancements, and efficiency improvements without the need for frequent hardware replacements. This adaptability allows practices to stay current with industry trends and maintain a competitive edge.

Embracing innovation for long-term success

Now that we have explored the importance of investing in new technology within the dental sector, we can see it's not as black and white as it first may seem. It's not just about weighing up the financial investment upfront but evaluating the strategic decision that impacts every aspect of a dental practice.

From enhancing dentists' ergonomics to improving patient care and operational efficiency, the benefits are endless. By embracing innovation, dental practices can navigate the challenges of a rapidly changing industry and position themselves for sustained success in the future. **D**

For more information on how the A-dec 500 Pro Delivery System and the A-dec+ platform can transform your practice, visit www.a-dec.com, call 0800 233 285 or get in contact with your local A-dec territory manager.



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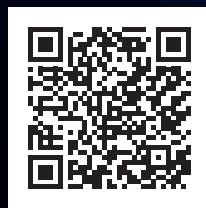
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Upselling orthodontics with whitening

Dan Shaffer explains the benefits of offering professional tooth whitening alongside orthodontic aligner treatment for patients and businesses alike

Dan Shaffer

Dentist, dental technician and educator



The glamorous world of cosmetic dentistry and influencer marketing often means that many patients assume that once their clear aligner treatment is complete, their teeth will be straighter and whiter. In reality, clear aligner treatment does not address staining or discolouration.

From a patient's perspective, if whitening is only discussed at the end of treatment, it can feel like an unexpected extra and one they had not planned for financially or logistically.

From a clinical perspective, professional whitening is a logical next step and supplementary treatment. By introducing whitening as part of their clear aligner treatment from the beginning and presenting it to patients as a way to enhance their results rather than as an optional extra, clinicians can manage expectations, avoid last-minute objections, and ensure patients achieve the final result they had in mind.

Early introduction

The most effective time to discuss whitening is at the initial consultation, not after aligner treatment is complete. Patients should be asked early on how they feel about the colour

of their teeth. Some may not have considered professional whitening before, but once it is raised in the context of achieving an overall aesthetic outcome, they often recognise its value.

Patients undergoing clear aligner treatment have a significant advantage when it comes to teeth whitening. Their trays can be used to apply whitening gel during treatment, making the process seamless and convenient.

When whitening is introduced initially, patients see it as a standard part of their treatment rather than an optional add-on. However, patients must understand that whitening does not provide instant or uniform results. Factors such as enamel structure, diet and previous staining will influence the outcome.

Photographic records and shade guides help patients visualise their progress and set realistic expectations. Encouraging them to take their pre-treatment photos can also provide a helpful reference, as gradual changes may be challenging to notice daily.

Aligners can also contribute to staining if not cleaned properly. Patients who consume coffee, tea, or red wine must be advised that aligners can trap staining agents against the teeth for prolonged periods. Without proper hygiene and whitening as part of their treatment, they may finish with teeth that are straighter but not necessarily brighter.

Incorporating whitening

Whitening should be presented as a natural extension of aligner treatment rather than a separate procedure. Offering a comprehensive smile package that includes whitening ensures patients see it as part of their overall transformation rather than an additional cost.

Now, introducing Pola for Aligners from SDI is an ever-easier way to position whitening as a standard part of aligner treatment rather than an optional extra. The result is that it becomes a natural and less sales-focused part of the treatment process.

Specifically formulated

for compatibility with any aligner system, Pola for Aligners provides a straightforward whitening solution for aligner patients, working within their existing trays without needing separate appointments or additional custom trays.

For clinicians, integrating whitening into the treatment journey rather than introducing it at the end improves case acceptance and avoids difficult discussions around unexpected costs.

Once treatment is complete, patients transition from aligners to retainers, which can also be used for whitening. At their retainer check-up, a take-home top-up whitening kit ensures patients maintain their results over time.

Dietary habits and natural enamel characteristics will continue to affect tooth colour, so patients should be advised on simple maintenance strategies. Offering professional whitening gel as part of their aftercare plan allows them to keep their smile bright without needing additional appointments.

The case for combining

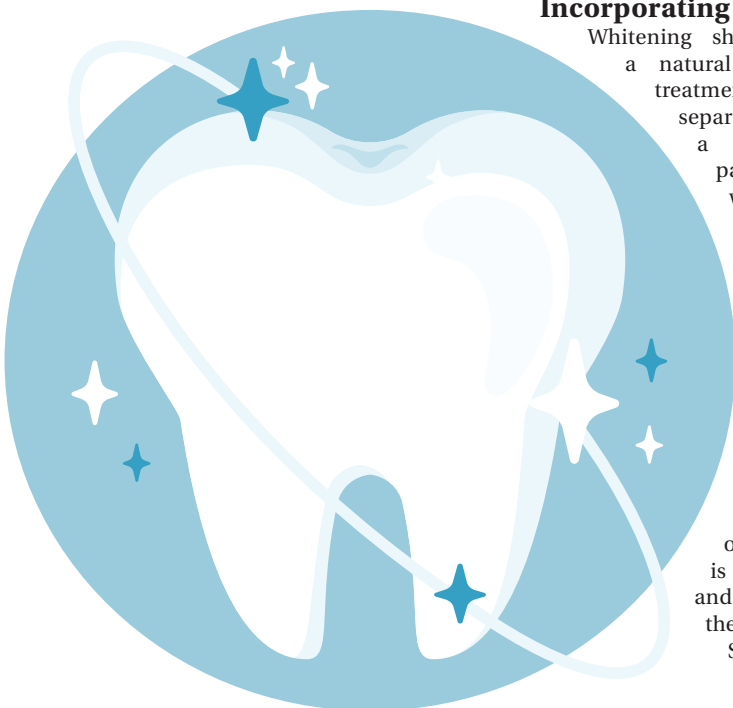
Whitening and aligner treatment should not be viewed as separate procedures but as two essential steps in achieving the final smile patients expect. Addressing tooth colour during the early stages of treatment allows patients to complete their journey with straighter and brighter teeth, eliminating the frustration of unexpected costs or additional appointments.

From a business perspective, integrating whitening into the aligner treatment through a professional and trusted solution such as Pola for Aligners benefits the clinician and the patient. Patients appreciate a straightforward, predictable approach that includes everything they need to achieve their desired results.

This approach improves case completion rates for clinicians and adds an additional revenue stream without requiring separate appointments or additional chairtime.

By combining aligner treatment and whitening simultaneously through Pola for Aligners, clinicians can provide a streamlined, cost-effective, and time-efficient solution that meets patient expectations while maximising the value of every treatment case. **D**

To learn more about Pola Whitening and Pola for Aligners, visit sdidental.co.uk.



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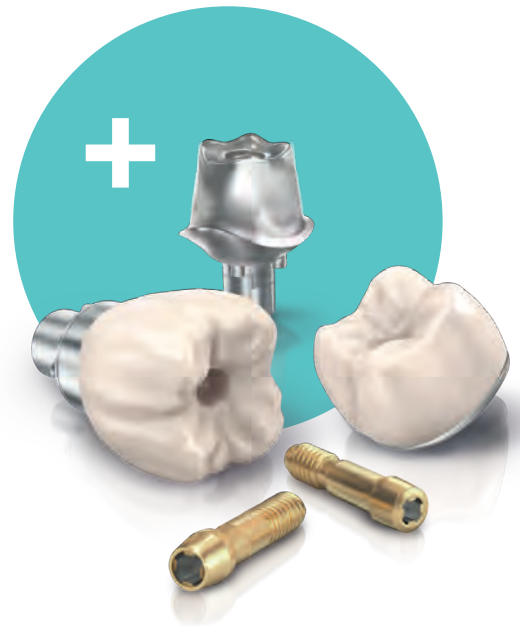
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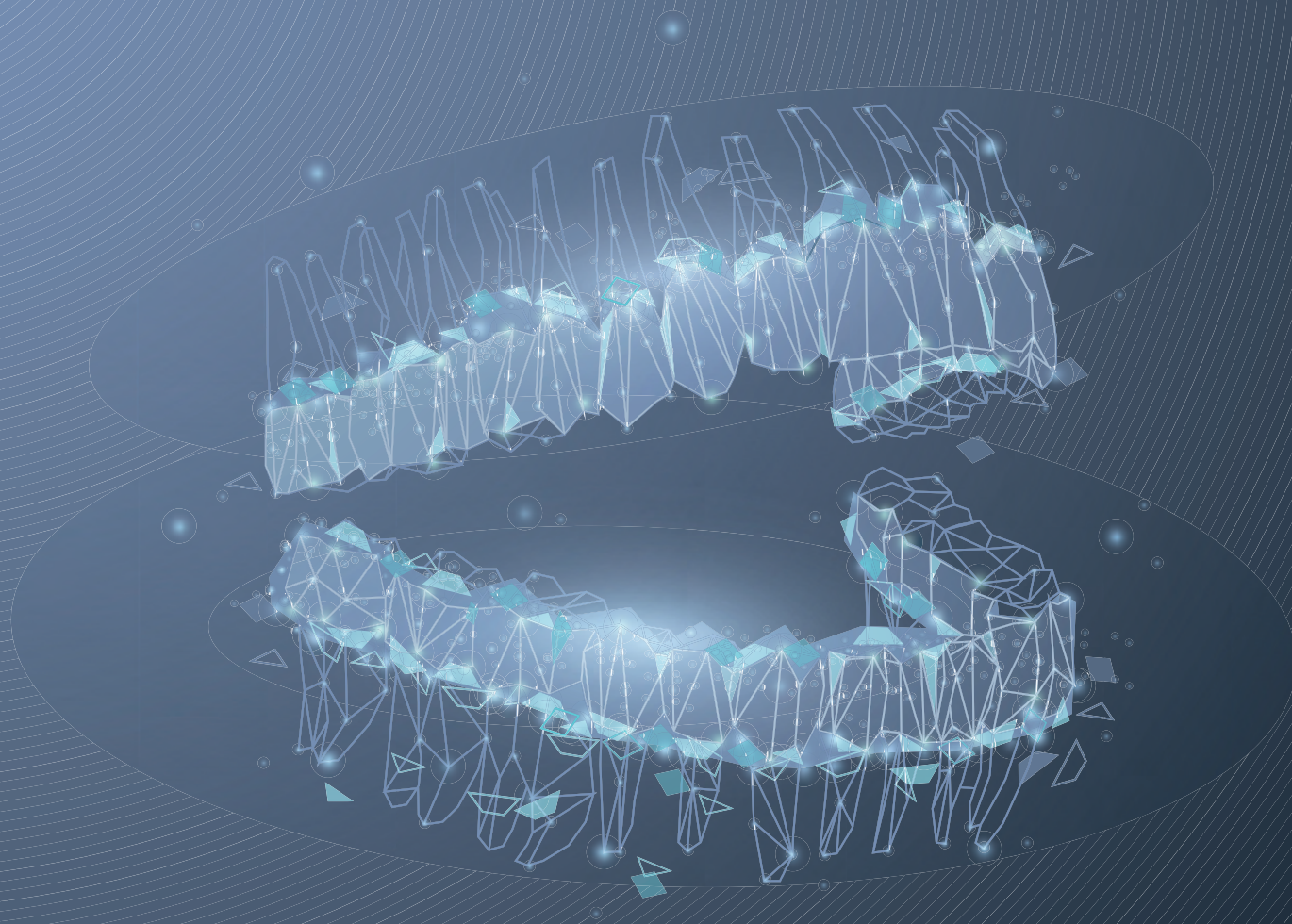


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New webinar on digitally designed full dentures

Presentation of **Zirkonzahn's** digital workflow, materials and techniques for creating full dentures

Minimally invasive procedures are becoming increasingly important and their basic idea to preserve as much tooth structure as possible is undisputed among experts. However, there are still patients who need a complete restoration after total tooth loss. In addition to implant-supported prostheses, full dentures are still a tried-and-tested method, especially for older people. On the topic of digitally designed full dentures, a new webinar is now available for dental technicians and dentists. Offered by the Italian company Zirkonzahn, the webinar provides insights into the company's new workflow for producing full dentures (Florence Totalprox Denture System), including the digital processes involved, the resin materials used and specific bonding techniques.

Webinar content

When producing a full denture with 28 teeth in a completely edentulous situation, one of the primary challenges for restorative teams is ensuring its fit in the patient's mouth, both aesthetically and functionally. However, every patient's initial situation is different: some patients may appear completely edentulous, or they might wear dentures in good or bad condition. In light of these scenarios, the first part of the webinar presents possible solutions tailored to different patient situations.

The webinar continues with the presentation of the digital design of dentures in the Zirkonzahn.Modifier software. The software includes natural tooth libraries and automated set-up functions that greatly simplify the accurate placement and alignment of teeth. This ensures maximum precision and considerable timesaving throughout the entire process. The last part of the webinar focuses on two new resin materials, Abro Basic Multistratum and Denture Gingiva Basic Mono, which are almost monomer free. It also introduces an innovative bonding protocol using Polibond, based on the principle of cold welding. **D**



Participation is free, however registration is required. For more information and registration contact Zirkonzahn's Education team at the company's headquarters: +39 0474 066 650, education@zirkonzahn.com, or visit www.zirkonzahn-education.com (Webinar Florence Totalprox Denture System - Introduction to our system for the digital fabrication of full dentures).

Scan the QR code to know more about Zirkonzahn's Florence Totalprox Denture System and to see real patient cases.



Full dentures created with Zirkonzahn's Florence Totalprox Denture System. The materials used are Abro Basic Multistratum and Denture Gingiva Basic Mono, which are almost monomer free

'A forward-looking experience'

Dentistry Show London 2025 to explore 'The Future of Dentistry' at ExCeL London

Dentistry Show London, one of the most anticipated events in the dental calendar, returns to ExCeL London on 3-4 October 2025, promising two action-packed days dedicated to innovation, education and collaboration in the dental profession.

With the theme 'The Future of Dentistry', this year's show will shine a spotlight on the rapid transformations shaping modern dental practice. From AI-driven diagnostics to next-gen imaging and digital workflows, Dentistry Show London 2025 is designed to equip dental professionals with the insight and tools needed to thrive in a fast-evolving landscape.

'Dentistry isn't standing still – and neither are we,' says Stewart Turner, show manager. 'This year's show is more than just an exhibition; it's a forward-looking experience that will help dental professionals stay ahead of the curve while ensuring time away from practice delivers real value.'

Over the course of two days, attendees will have access to:

- 100+ world-class speakers, delivering presentations across six dedicated theatres
- 180+ leading suppliers and innovators, showcasing the latest materials, equipment, and technologies. Many of which will offer exclusive show-only deals, giving practices a cost-effective way to upgrade tools and systems
- 100 hours of free enhanced CPD, designed to help teams meet learning goals efficiently
- New for 2025 – the Keynote Theatre, providing timely updates on policy, cutting-edge clinical advancements, and high-level insights from influential voices in the profession.

Covering updates in dentistry that affect the whole profession, as well as the most innovative and interesting advances in technology and technique, The Keynote Theatre will be a key hub for forward-thinking dental professionals to stay up to date. Whether it's a look at government and regulatory changes or deep dives into the



integration of AI in dental workflows, the theatre promises thought-provoking sessions that will shape how practices operate in the years to come and will be a dynamic centre for the entire dental team.

Valuable content

Alongside clinical excellence, the event will address the commercial and operational realities of modern practice. Attendees will find valuable content on business growth, team development, patient communication, and more. A wealth of hands-on experiences with new dental technology and live product demonstrations also await, giving visitors a chance to try before they buy and the opportunity to kit out their practice with cutting-edge materials, supplies and equipment.

Dentistry Show London continues to position itself as an inclusive event for the whole dental team. Whether you're seeking new treatment

approaches, evaluating the latest equipment, or simply looking to connect with peers and suppliers, there's something for every member of the practice.

Turner adds: 'Dentistry Show London 2025 is about more than just keeping pace – it's about setting the pace. We're curating a programme that reflects where dentistry is heading and is designed to inspire, inform and empower all dental professionals. Whether you're a practice owner, clinician, dental nurse or part of the wider dental team, there's something for everyone to get their teeth into!'

Networking opportunities will also be abundant, with a packed show floor featuring some of the biggest names in dental manufacturing and services, alongside fast-growing start-ups and training providers. With a 'who's who' in dentistry in attendance, there is no better place to build connections and mingle with peers, colleagues, and friends whilst engaging in topical discussions on a range of subjects including the potential uses of AI and ways to futureproof your business. Register your interest for Dentistry Show London 2025 and be the first to hear the show's updates. With education, innovation, and inspiration at every corner, this is the must-attend event for anyone serious about the future of dentistry.

Further information with all the details can be found on the show's website: london.dentistryshow.co.uk. By following the show on Instagram at @dentistryshowCS you can also receive updates and exciting news about what 2025 has in store.



New materials for full dentures

Zirkonzahn

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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Want to learn how to get the most out of your high-end radiographic systems, or are you experiencing problems that you don't quite know how to fix?

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CS Advantage gives clinicians immediate access to the latest programming for their software, through CS Update.

Plus, any questions can be directed through CS Support, with unlimited access to online training modules, or expert insights from the team itself if you're looking for a personalised experience.

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Step into excellence

Carestream Dental

Join the world of state-of-the-art 3D imaging in your practice with the CS 8200 3D Access from Carestream Dental.

The CBCT solution is not only designed to deliver top of the line images for confident diagnoses and treatment planning, but it is also optimised for an intuitive and easy user experience. For clinicians looking to begin to use CBCT solutions in their own practice, this is an ideal



New Quad Matrix System

Garrison

The Quad Matrix System overcomes the limitations of traditional matrix systems, effectively addressing complex scenarios. Whether it's a single restoration or an entire quadrant of Class IIs, the Quad system provides the solution with its design features:

- The asymmetrical driver-tip design of the Quad rings adapts the split-tip Quad wedge to both sides of the embrasure simultaneously and seals both cervical margins
- The split tip design of the Quad wedges easily adapts bands to both cervical margins in a back-to-back restoration for deeper seal and a more natural emergence profile. The Quad Matrix System supports a wide range of clinical scenarios:
- Back-to-back restorations: simultaneously restore both sides of adjacent Class IIs using two matrix bands, one Quad Wedge, and one Quad Ring
- Deeper caries: achieve a secure seal for subgingival restorations with Firm Bands and Quad Wedges enhanced by the driver-tip design of the ring
- Multi-tooth restorations: Use Universal (blue) and Tall (orange) Quad Rings to create ideal contours and contacts.

www.garrisondental.com

0800 011 2738

info@garrisondental.net



Omnichroma set for continued success

Tokuyama Dental

Exclusively available from Trycare, Tokuyama Dental's groundbreaking Omnichroma filling materials have once again received the prestigious Top Product Award from the *Dental Advisor* trade journal at the beginning of 2025.

This honour once again emphasises the outstanding quality and innovative strength of the Japanese manufacturer. Thus, the Omnichroma family, with its three viscosities, continues to be at the centre of state-of-the-art restorative dentistry.

Praise by the *Dental Advisor's* independent reviewers included: 'Omnichroma is an absolute game changer in dentistry.'

Particular emphasis was placed on its outstanding colour-matching properties, which make the shade selection process redundant, its ease of use and its natural aesthetic results. Omnichroma Flow was praised as the perfect addition due to its versatility for all cavities.

In addition, Tokuyama's Bond Force II, a self-etching single-component adhesive, and Shield Force Plus, a dentine sealing material, have once again been honoured as Preferred Products. These accolades underscore the exceptional quality and added value of the Japanese manufacturer's comprehensive product range.

01274 885544

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choice to maximise an immediate impact on care.

The CS 8200 3D Access is an excellent entry solution to in-house CBCT imaging, but the resulting images are sure to exceed expectations.

With 75-micron CBCT resolution, it's possible to visualise the tiniest clinical details, making it perfectly suited for endodontic indications.

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ADI Team Congress impresses again **ADI**

Clinicians had a chance to immerse themselves within the world of implant dentistry at the recent ADI Team Congress 2025. Held in Brighton, the vibrant three-day event offered everything from hands-on workshops to thought-provoking lectures, an implant-dedicated trade exhibition and plenty of networking opportunities.

Dr Jake Simpkin shared his thoughts on the event as an attendee: 'I've been impressed by the quality of the venue and of the speakers. It's been great for them to be so honest – they have shown their mistakes and it's not just been how amazing they are, they have shared their problems and how they've overcome them.'

Dr Karen Gangotra shared her thoughts on the event as an attendee: 'There's been a great line-up of speakers – I find them really inspirational and there's a lot of evidence-based lectures.'

'The exhibition is great as well, it's good to see what's up and coming because technology is always changing. The ADI Team Congress is the leading event based on implants and it's a big range of implant treatments, which sets it aside.'

To enjoy these events and the many other benefits available from the ADI, become a member today!

www.adi.org.uk



Culture, partnership, growth

Denovo Dental Partners

Denovo Dental Partners does things differently. Denovo provides a shared ownership model, rooted in practice autonomy, driven by a growth-minded ecosystem and enabled by a culture of collaboration and support.

Utilising best practices from models already tried and tested around the world, Denovo addresses challenges and limitations encountered by traditional practice sales. It offers the full business value upfront, incentives to drive practice growth, and integrates partner dentists as significant shareholders and beneficiaries of increased value created within Denovo group.

Partner dentists retain full clinical freedom and autonomy over practice management, ensuring they can provide the dentistry they love while continuing to steer their business – just with the support of the wider Denovo network.

As such, the model protects the independence of each practice, but provides access to the collective power of the Denovo community across the UK.

www.denovo.partners

Kristen.pope@denovo.partners



Added excitement this June

Clover Dental

Networking events are vital for building a web of contacts, but sometimes they can feel repetitive.

Clover Dental Group is the remedy, organising events that seamlessly merge education, excitement and excellent locations for dental professionals to enjoy. The Mercedes-Benz Dental Leaders Expo Stockport is a perfect example, gathering key decision makers within dentistry for an action-packed networking opportunity.

From test driving the latest Mercedes vehicles to participating in a simulator golf tournament, the day's offerings are unique among dental events. Four hours of CPD are also available, with a series of first-class speakers including former England cricketer Monty Panesar, renowned as one of the best spin bowlers.

With breakfast and lunch included, this is an energising day out that ticks all the boxes, and some. For practice owners and industry leaders looking to expand their contacts, join Clover Dental Group at the Mercedes-Benz Dental Leaders Expo and redefine what a networking event can be.

Mercedes-Benz Dental Leaders Expo Stockport will take place on 14 June 2025 at LSH Auto Mercedes-Benz, Brighton Road, Stockport, SK4 2BE.

cloverdentalfitout.co.uk/event/mercedes-benz-dental-leaders-expo-stockport/



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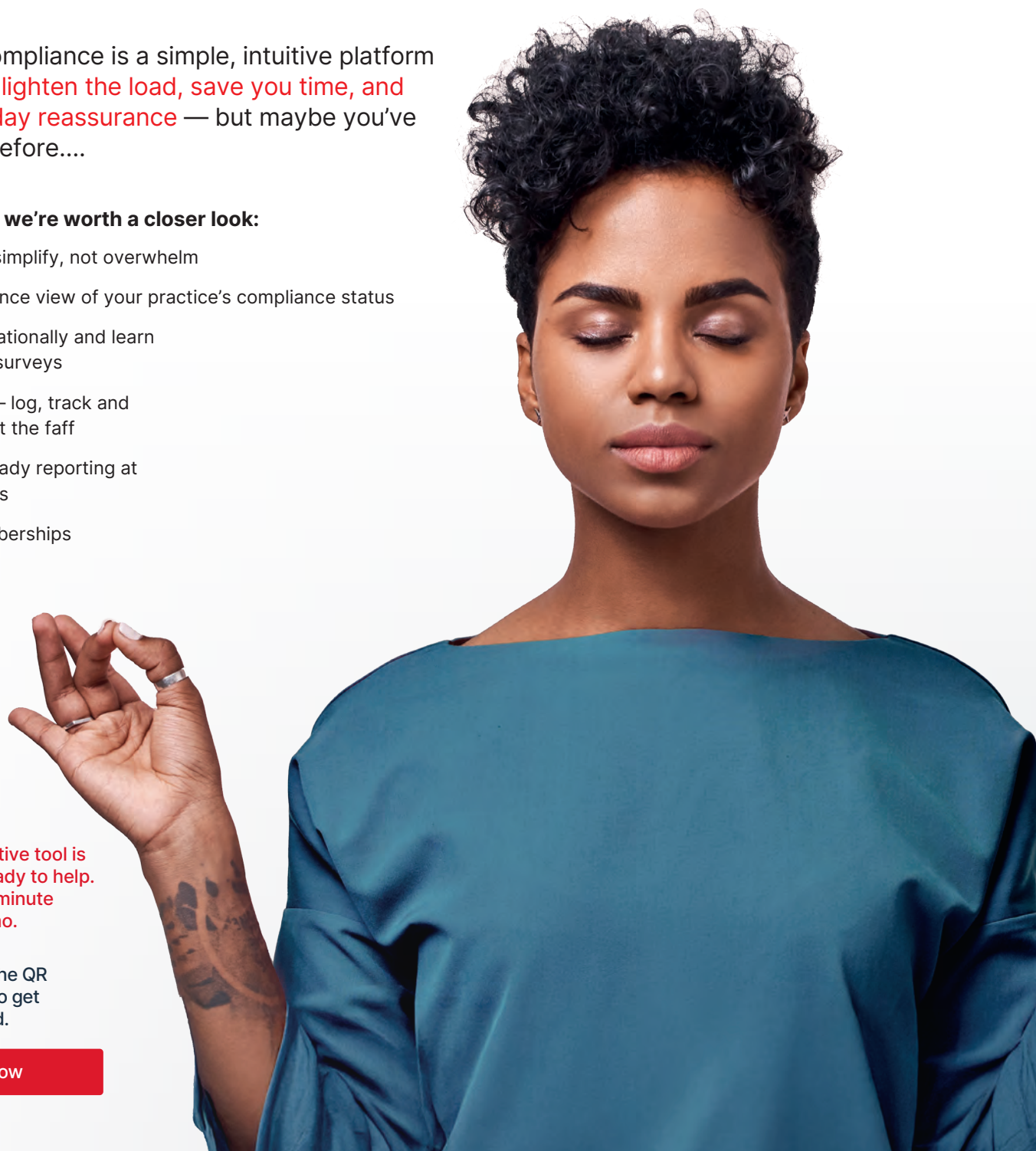
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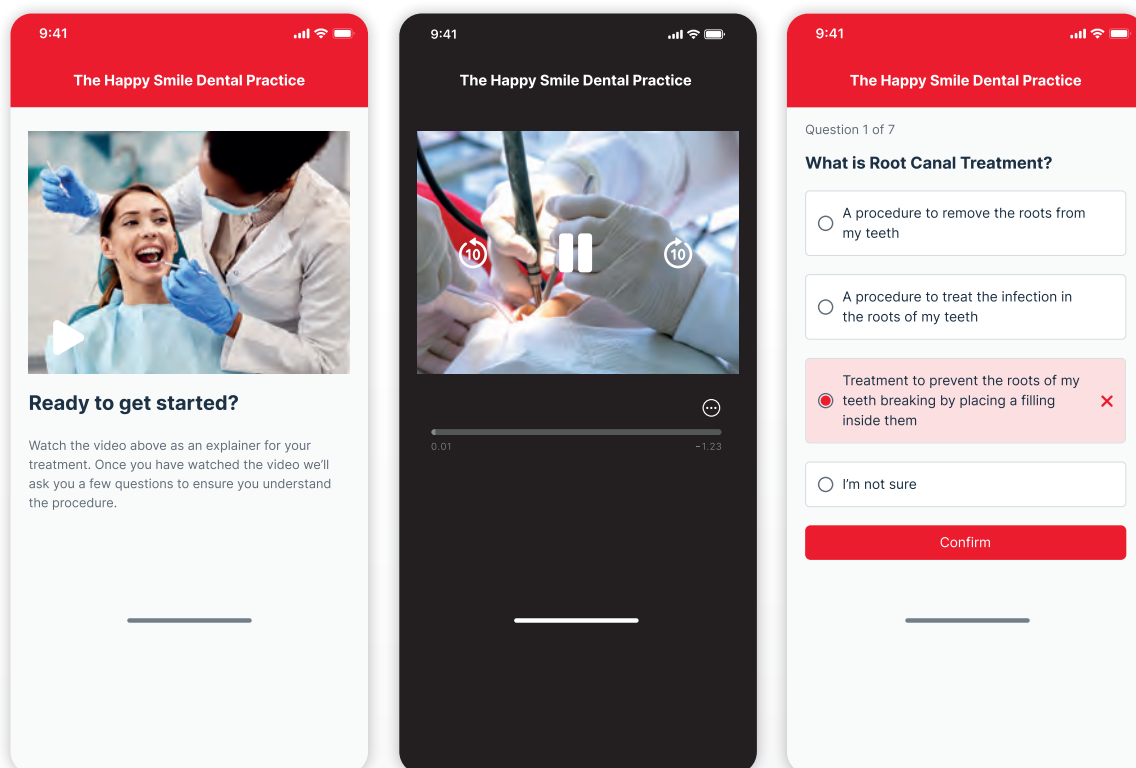
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Call 01923 851772 or visit dentistry.co.uk/compliance

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