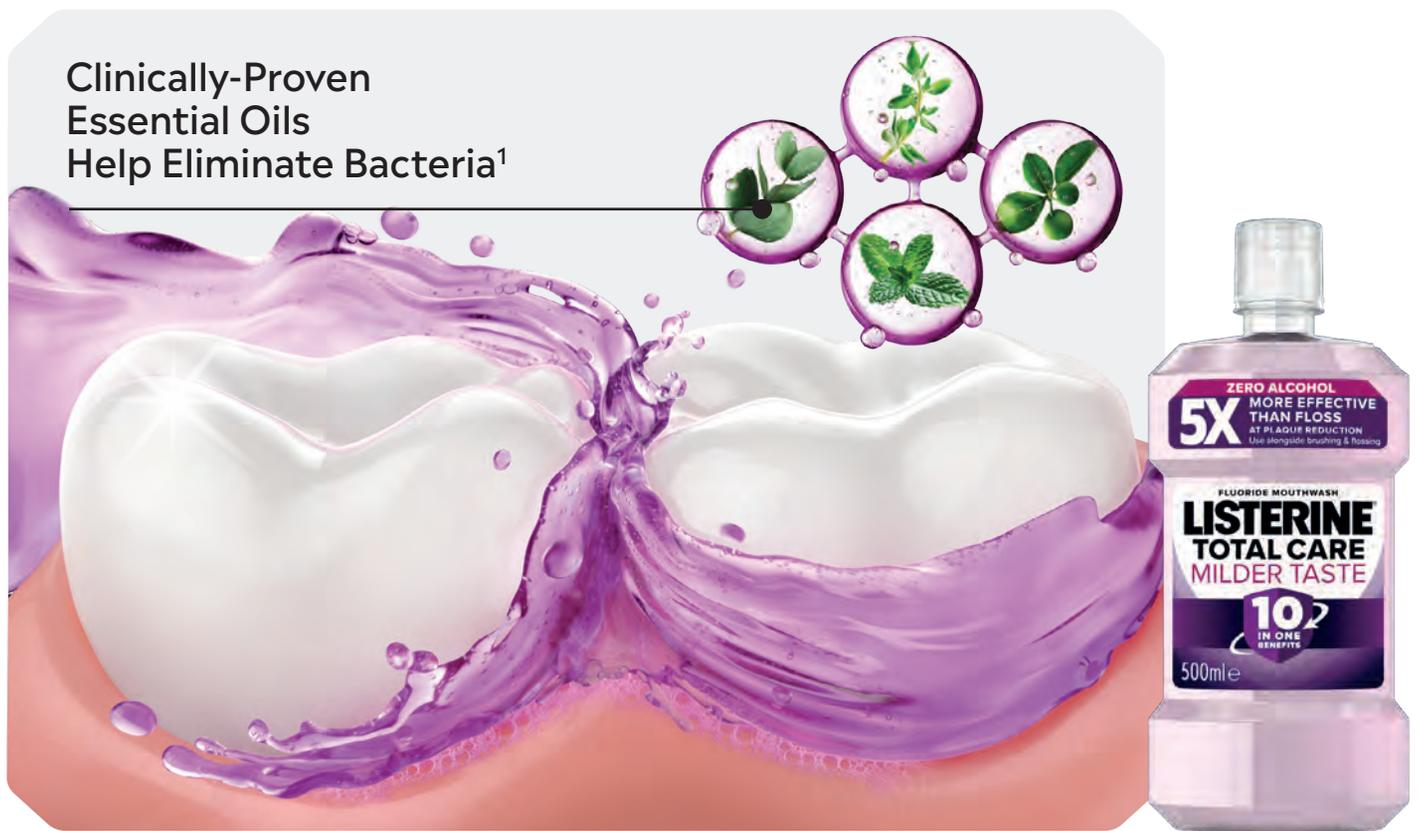


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Dentistry

NHS 10-YEAR HEALTH PLAN UNVEILED

The 10-Year Health Plan lays out the government's plans for the future of healthcare in the UK, with therapy-led reform and graduate tie-in confirmed. The Department of Health and Social Care (DHSC) said it 'delivers one of the most seismic shifts in care in the history of the health service'.

Prime minister Kier Starmer said: 'The NHS should be there for everyone, whenever they need it. But we inherited a health system in crisis, addicted to a sticking plaster approach, and unable to face up to the challenges we face now, let alone in the future.'

'That ends now. Because it's reform or die. Our 10-Year Health Plan will fundamentally rewrite and future-proof our NHS so that it puts care on people's doorsteps, harnesses game-changing tech and prevents illness in the first place.'

Among the changes detailed in the plan are several measures to 'tackle the current lottery of access to dentists'. The report says: 'By 2035, the NHS dental system will be transformed so it provides high quality care at the right time and nobody goes without because they cannot afford it. We will build a service which is attractive to and values dental care professionals.'

So, what changes are there for dentistry?

Compulsory NHS tie-in for dental graduates

At the time of print, under the plan, newly-qualified dentists will be required to practise in the NHS for a minimum period. Though not officially confirmed, the period is currently intended to be at least three years.

The report says this change is because training a dentist costs the taxpayer up to £200,000.

A Neighbourhood Health Service

The government plans to launch a Neighbourhood Health Service, bringing multiple healthcare services, including dentistry, under one local team. This aims to shift care out of hospitals and into

the community.

Within this model, dental therapists will undertake check-ups, treatments and referrals to dentists for anything beyond their scope. Dental nurses will provide oral health advice and work with local schools and community groups.

Sir James Mackey, chief executive of NHS England, said: 'The Neighbourhood Health Service is a huge opportunity for us to transform how we deliver care over the next decade – starting right on people's doorsteps.'

'By bringing together a full range of clinicians as one team, we can deliver care that's more accessible, convenient and better for patients, as well as reducing pressures on hospitals.'

New health centres will be opened to house the neighbourhood health teams, open 12 hours per day, six days per week.

Health and social care secretary Wes Streeting said: 'By shifting from hospital to community, we will finally bring down devastating hospital waiting lists and stop patients going from pillar to post to get treated.'

'This government's plan for change is creating an NHS truly fit for the future, keeping patients healthy and out of hospital, with care closer to home and in the home.'

Contract reform

The government said it would initially work with dentists to improve the dental contract in the short term. From the 2026-27 financial year, the contract will 'better reflect the cost of treating patients with higher needs' and reduce the amount of low-value activity

performed by dentists.

This will be achieved through 'changes to financial incentives and improved system oversight'. The DHSC hopes initial changes will 'improve access to care and ensure dentists are rewarded fairly'.

The plan also proposes 'even greater change' in the long term through more fundamental contract reform. Work will begin this year to create a contract that 'matches resources to need, improves access, promotes prevention and rewards dentists fairly, while enabling the whole dental team to work to the top of their capability'.

The report reads: 'With a new dental contract at its heart, NHS dentistry will be more transparent for patients. It will provide more readily accessible, good quality care – including better prevention – to those most in need.'

Dental nursing scope expansion

A proposal within the plan would allow dental nurses to administer fluoride varnish to children in between check-ups.

This is in addition to the greater emphasis on dental nurses delivering oral health education within the Neighbourhood Health Service plans. This change would allow dental nurses to 'lead individual and community oral health education efforts'.

Preventive action for children

In March, a national supervised toothbrushing scheme was announced to be rolled out from April 2025. Building on this focus on children's oral health, the government will encourage greater use of fissure sealants to protect young people's teeth.

Upskilling the dental workforce

Dental care professionals will be encouraged to work to the 'top of their clinical potential', beginning in 2026 and 2027. The government said it wants to make use of the wider team, particularly dental therapists.

Water fluoridation

The plan pledges to expand fluoridation in the north east of England from 2028 to reach 1.6 million more people by April 2030. Existing fluoridation schemes in the north east, West Midlands and east of England will also be refurbished to benefit a further six million people. The government will assess additional rollout in areas where oral health outcomes are currently worst.



See the dental industry's reaction p10



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Begging, borrowing or stealing progress?



Guy Hiscott
Editor's view

For the past few months, I've been hearing familiar murmurings about work being underway in the corridors of the Department of Health: quiet assurances from people I respect and trust that we might actually see something land before too long.

Experience teaches a certain caution, of

course – so when the new 10-Year Health Plan was formally announced last week, I might not have been jumping for joy, but I did allow myself a small sigh of relief.

Even if the plan itself isn't reinventing the wheel. On first look, much of what's in it is familiar ground for anyone working at the sharper end of dentistry. Hygiene-led care. Longer opening hours. Outreach services. More ambitious use of the wider dental team. These aren't radical departures – they're recognisable ideas, already being used in the real world.

And that's not a criticism. In fact, the best reason to be cautiously optimistic is because these ideas are almost completely unoriginal. These ideas have been lived and tested by progressive practices and forward-looking individuals for some time. Indeed, some of the UK's fastest-growing businesses have been increasingly adopting more flexible NHS models. These are the practices that shifted toward prevention-focused workflows, made space for therapists and hygienists to lead care, and restructured how they manage

time, access, and patient communication.

These therefore aren't abstract policy ideas – they're real-world mechanisms with track records. And now, the NHS plan is picking them up, packaging them, and proposing to roll them out more widely.

It brings to mind that old saying: 'good artists borrow, great artists steal'. (Not that I'm accusing the government of being a great artist!)

The principle holds: there's no shame in taking what already works and making it national policy. In fact, it's exactly what should be happening. Too often we treat innovation as something top-down and centrally planned. This time, for once, it might be the other way around.

That said, no one should mistake this plan for a full solution. Yes, it reflects real-world thinking. But it doesn't fix the deep structural problem: the contract.

The outdated UDA system remains in place. The incentives still skew the wrong way. Access is still strained. And we're still not paying dental professionals for the kind of care that keeps patients out of the chair in the first place.

This plan might open the doors a little wider and hand out a few better tools, but it doesn't rebuild the house. Genuine, foundational contract reform remains the missing piece.

So, while the 10-Year Health Plan deserves acknowledgement, and perhaps even a cautious welcome, it's only one part of what's needed. Let's hope it signals momentum. Let's hope it gives policymakers the confidence to go further. But let's also be clear: the real work isn't finished. It's only just beginning.

Toothbrush-shaped ultrasound could be used for gum monitoring

The team at the American Chemical Society have developed a small, non-invasive ultrasound method capable of imaging teeth and gums – even hard-to-reach molars and premolars at the back of the mouth.

Published in ACS Sensors, the toothbrush-shaped ultrasound transducer provides a less invasive screening for gum disease. Following demonstrations on animal tissues, the device produced measurements similar to those of a manual probe.

Smaller transducers that are about half the length and width of traditional devices are available. However, researchers say current models have limited image resolution because

they are only able to produce and detect low frequencies.

To overcome these limitations, the team created an even smaller toothbrush-shaped transducer. This operates at a higher frequency and can produce high-quality images of teeth and gums.

Author Jesse Jokerst said: 'We designed this tool to meet the realities of clinical dentistry. It is miniaturised, accurate and easy to use.'

'Future work will use this device with patients to image below the gumline, where we will monitor treatments and diagnose earlier to reduce dental pain and help patients keep a healthy smile.'

Mind the gap

There was a time when the interests of patients and dentists were broadly aligned with the law and professional standards. Not any more, Kevin Lewis discovers, as external drivers of change take over

Kevin Lewis | Consultant editor



“ We live in an age of conspiracy theories. The existence of such theories is hardly a new phenomenon but they have blossomed because they now have what they have always dreamed of – rocket fuel to propel them to a whole new global audience in the shape of social media, coupled with a cloak of anonymity for those who feel the need for it. Many do not, of course; instead they actively crave the attention and pseudo-celebrity that they can receive from fellow conspirators.

On local TV recently I was listening to the parents of a young child (aged 6-ish) who had already endured three general anaesthetics to remove 16 of the primary dentition after the teeth had ‘crumbled’ and the child was in agony with toothache. Various dentists had explained that (and you are probably ahead of me here) caries was evidently the root cause of this sad state of affairs, coupled with the parents’ unwillingness to follow the dietary and oral hygiene advice that been offered. But all these dentists were wrong, the parents

insisted... the real explanation was to be found on social media, where their extensive research had uncovered a massive ‘cover up’ by the local water authority involving illegal discharges of toxic chemicals which were known to ‘rot’ bones and teeth. The source of the toxic chemicals was a local factory, the owners of which all had shares in the water company... etc, etc. You can probably invent the rest of the story yourself, and possibly even the denouement when the permanent dentition enters the fray.

In addition to living in an age of conspiracies, we certainly live in an age where the consumer reigns supreme and what the consumer wants, the consumer should get. Both provide opportunities for misinformation and disinformation to flourish, and alongside this it is also necessary to ‘rubbish’ any real evidence or information that does not suit whatever end you are trying to achieve. I would love to think that a healthcare profession like dentistry is above all that, but then again, I am an old-fashioned boy who still believes in the tooth fairy. I also believe that the consumerist lobby and agencies like the (then) Office of Fair Trading did dentistry and dental patients no favours back in 2001 and 2012 respectively when they pressurised the government and, as a result, the GDC into relaxing many of its traditional views on advertising and the promotion of dental services, the balance of power in the dentist-patient relationship, and the flow of

We are being let down by those whose heads have been filled with the populist myth that **dentistry is not special, but a lucrative free-for-all that is ripe for the picking**

information to patients who are weighing up their dental care options especially in the private sector. The Cresta Run aside, it was about as slippery as a slippery slope can get.

And here we are in 2025, with UK dental patients left much less protected than in most other developed countries around the world. The no-doubt-well-meaning changes lobbied for by the above agencies, could not have anticipated the social media explosion but they have brought us to a more dangerous place, nevertheless. And by ‘us’ I mean patients and dentists alike.

The risk for patients is that they will be ‘groomed’ to want and seek out procedures that they don’t need and which they may well come to regret, like extensive and highly interventive procedures that they hope will emulate their Instagram, TikTok and Love

Island icons and role models. Picture if you will an elderly care home in years ahead, where every resident has been nipped, tucked,

MIND THE GAP

“ The gap that has opened up in the years since Montgomery, through McCulloch and up to the present time, needs filling by the GDC. And soon.

plumped, filled, whitened, aligned, Turkeyed and otherwise ‘enhanced’ in their earlier life. What a depressing image to conjure with. And it’s my bet that *Non, Je Ne Regrette Rien* will not be on the playlist for the Christmas party.

Smash and grab

It’s not good enough for dentists to argue that they were only providing what the patient wanted (or ‘demanded’) – and especially not when they go to such great lengths to steer all patients down the same, maximum intervention treatment routes. These practices operate on a strictly ‘table d’hôte’ basis, and no à la carte alternatives are available. They favour a ‘smash and grab’ one-night stand over long-term relationships. At its worst, it is driven by pure commercial interest and greed and the plundering of patients to achieve short-term, maximum profit.

But it is also true that dentists are (mostly) human and naturally prefer spending their time on some things rather than others. Being on a specialist list is the purest form of this, but even back in the day when pretty much all dentistry was on the NHS, treatment patterns differed widely. I am reminded of a wonderful moment early in my dento-legal career when the (then) Dental Practice Board was questioning why a dentist was providing close to 200 complete dentures per 100

patients treated. She explained that she only worked part time, providing all the complete dentures on referral from colleagues in a large group practice. She added that she had tried crowns, bridges, inlays and onlays, veneers and fillings – but the only thing she could get to stay put on edentulous ridges was complete dentures. When I stopped laughing, I was lost in admiration because in my experience the only place one of my own full denture creations stayed put was in a glass of water by the patient’s bedside.

Ahead of the game

The GDC has fought a half-decent rearguard action in the shape of its guidance on consent within Standards for the Dental Team.

Unlike many other sources of guidance, it has stressed the importance of treating each patient as an individual, tailoring the information provided to each individual and recognising that consent is a process not a one-off event, the aim being not just to pass on information but crucially to achieve understanding of all the options and their relative benefits, limitations and risks (and having records to demonstrate how you did all of that). The GDC was ahead of the game in those days, all this guidance being in place before the much-quoted Supreme Court decision in the case of Montgomery a decade ago.

But since then, there has been another landmark Supreme Court Judgement that for some reason has received less attention than Montgomery. This was the 2023 case of *McCulloch v Forth Valley Health Board* in which the detailed decision was illustrated by a hypothetical situation where there are 10 possible treatment options.

If, say, three of them would not be considered reasonable by a responsible group of clinicians working in the same field then there is no legal obligation for a clinician to discuss those options (although it could be argued that there is still an ethical obligation because a competent patient is still free to choose even the most barking mad treatment

options – but note the caveat below).

But the decision then went on to clarify that: ‘It is important to stress that it is not being suggested that the doctor can simply inform the patient about the treatment option or options that the doctor himself or herself prefers.

Rather, the doctor’s duty of care, in line with Montgomery, is to inform the patient of all reasonable treatment options applying the professional practice test.’

The caveat to which I refer above is that a clinician can still decline to provide treatment which (s)he considers inappropriate (or barking mad). If it might be considered reasonable by a separate group of responsible clinicians acting reasonably, the clinician should still present this to the patient as an option, explaining why they are not recommending it. It is not acceptable to airbrush this option out of the consent discussion altogether. The GDC confirms that dentists should not provide treatment against their better judgment, nor treatment which they consider to be against the best interests of the patient, nor in circumstances when they are placing their own commercial interests above the patient’s best interests.

The gap that has opened up in the years since Montgomery, through McCulloch and up to the present time, needs filling by the GDC. And soon. Digital marketing and practice promotion through social media, practice websites and in conversations taking place in many hundreds (or thousands) of the UK’s dental practices, is flying in the face of the law and thumbing its nose at the current (unenforced) GDC guidance and patients are being unnecessarily harmed.

We cannot expect to be treated like a profession unless we act like one, and collectively we are being let down by those whose heads have been filled with the populist myth that dentistry is not special, but a lucrative free-for-all that is ripe for the picking. **D**

And here we are in 2025, with UK dental patients left much less protected than in most other developed countries around the world



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King's Birthday Honours 2025: who's who in dentistry?

The King's Birthday Honours list is released each year on the King's official birthday on 14 June. Among those awarded Commander of the Order of the British Empire (CBE), Officer of the Order of the British Empire (OBE) and Member of the Order of the British Empire (MBE) this year were several members of the dental profession.

Jason Wong, chief dental officer (CDO) for England, said: 'Congratulations to colleagues on the King's Birthday Honours list. Delighted to see so many from the dental and oral health family.'

Sara Hurley, CBE

Former chief dental officer for England

Sara Hurley held the position of CDO for England between 2015 and 2023. She has been awarded a CBE for services to dentistry.

As CDO, Sara Hurley made updates to the UDA system including enhanced UDAs for higher needs patients, issued instructions to suspend and resume primary care dentistry during the COVID-19 pandemic, and advocated for greater use of skill mix in dental practice.

Before the civil service, she worked in the Royal Army Dental Corps and acted as chief dental officer for the army.

Peter Brennan, OBE

Consultant oral and maxillofacial surgeon

Peter Brennan is both a consultant surgeon and an honorary professor of surgery at the Portsmouth Hospitals University NHS Trust. He was awarded an OBE for services to surgery and patient safety.

He described the news as 'extraordinary', saying: 'When I read the letter, I was dumbfounded and overwhelmed. I'm literally blown away by the news – it's the most extraordinary thing that has ever happened in my career.'

Peter Brennan has collaborated with airline pilots, National Air Traffic Services, and the Red Arrows to apply their safety insights to healthcare. His research has helped reduce medical errors through a focus on teamwork, flattening hierarchies and mitigating the impact of human error.

He said: 'We all make errors – it's part of being human. But by understanding and addressing the causes, we can make the NHS safer for everyone.'

Roslyn McMullan, OBE

Chair, Probing Stress in Dentistry NI

A retired consultant orthodontist, Roslyn McMullan is chair of Probing Stress in Dentistry NI, working to raise awareness of mental wellbeing in the dental workforce. Her OBE was awarded for services to mental health and wellbeing in the dentistry profession in Northern Ireland.

Roslyn (Roz) is a past president of the British Dental Association (BDA), past secretary to the Audit Committee of the British Orthodontic Society and chaired the Hospital Training Committee of NIMDTA for nine years.

Peter Cranfield, MBE

Associate postgraduate dean, NHS England

Peter Cranfield is a dentist and training

programme director and associate postgraduate dean for NHS England. He has been awarded an MBE for services to dental education.

Peter is regional advisor for Health Education East of England and is heavily involved in organising and teaching in dental foundation training.

Linda Greenwall, MBE

Dentist and founder, Dental Wellness Trust

Linda Greenwall is a dentist specialising in restorative dentistry and prosthodontics. In 2011, she founded the Dental Wellness Trust, a charity promoting dental wellness in children from less fortunate in the UK and worldwide. She was awarded an MBE for services to dentistry and to charity.

The Dental Wellness Trust put out a message congratulating Linda. It read: 'We are immensely proud to announce that our founder, Dr Linda Greenwall, has been appointed a Member of the Order of the British Empire (MBE) by King Charles III in his Birthday Honours List 2025. This has been given in recognition of her longstanding, charitable work in community dentistry.'

'We wholeheartedly congratulate Dr Linda Greenwall MBE on this tremendous accolade and praise her unwavering passion and commitment to improving the oral health of children in underserved communities. She leads by example, motivating many to join her quest.'

Linda is also chair of the British Dental Bleaching Society (BDDBS), which lobbies for changes in controversial bleaching legislation and educates dentists in tooth whitening.

Fiona Sandom, MBE

Former chair, British Association of Dental Therapists

Dr Sandom has been awarded an MBE for her outstanding services to dental therapy and the NHS in Wales.

In a release from the British Association of Dental Therapists (BADT), the association calls her contributions to the profession 'truly remarkable'. She has held multiple roles within the BADT, including serving as both president and chair, and has been 'vital' in advancing the role and recognition of dental therapists across the UK.

Fiona currently serves as the DPSU lead and north Wales regional lead for Health Education and Improvement Wales (HEIW). She completed her PhD at Bangor University in 2023, where she helped to introduce the dental hygiene programme.

She also committed to the prescription-only medicine exemptions project spanned over 11 years – much of it in her own time – driven by her dedication to securing greater clinical autonomy for dental therapists and hygienists. This action resulted in a pivotal change in legislation allowing dental therapists and hygienists to finally be fully autonomous clinicians.

NEWS IN BRIEF

Urine converted into dental implant material

A yeast platform that converts human urine from wastewater into hydroxyapatite, a substance used to make dental implants, has been developed.



Newlyweds may transmit mental illness

Newlyweds' anxiety, depression and insomnia levels become more similar due to sharing of oral bacteria, a new study has found.



Depression and oral microbiome link

Having a less varied range of microbes in the mouth may be associated with depression, a new study has found.



Three in four adults not seeing a dentist

Three quarters of UK adults are not meeting the recommendation of seeing a dentist every 12-24 months, according to a new survey.



Racism and sexism 'normalised'

Evidence of racism and sexism has been found in the structures and person-to-person interactions across the NHS.



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Plans for NHS dentistry in Wales could see 64% dentists go fully private

Patients in Wales could be offered treatment at any available practice within their area under new plans for NHS dentistry, sparking criticism from the profession.

Rather than visiting a single surgery, proposed changes could see Welsh patients offered visits at any practice within their health board area – with check-ups for those with healthy teeth taking place every 18 to 24 months.

All patients over 18 would be placed onto a central waiting list, known as the Dental Access Portal (DAP), before being allocated a surgery on a first come, first served basis. If an adult patient needs treatment, they would remain with the same surgery

until it is complete or if they needed close post-treatment monitoring.

Children would be assessed but stay at the first surgery they are allocated.

In addition, the plans would also see the community dental services take responsibility for the highest needs patients.

Some charges for patients would also change. For example, a regular check-up would go up from £20 to £24.75 while the charge for urgent treatment would go up to £41.25 from £26.80.

However some charges would drop, including a single crown dropping to £239.15 (including laboratory fee) from the current £260.

The British Dental Association (BDA) says removal of patients from practice lists to a centralised database would 'undermine continuity of care', spelling the end of the 'family dentist'.

The system would also bring changes to the way dentists are paid, with rewards proposed for those delivering a 'care package' to patients with ongoing or complex needs.

The changes are expected to be rolled out in April 2025.

'Untested' alternative

Russell Gidney, chair of the BDA's Welsh General Dental Practice Committee, said: 'On improving access and outcomes and refocusing on prevention, the Welsh Government set lofty goals, but its reforms risk achieving the exact opposite.'

'Now dentists are stuck between the devil and the deep blue sea, between a failed status quo and an unpopular, untested alternative.'

'Common sense must prevail. Ministers must be willing to listen, pilot plans and avoid a leap in the dark that could destroy this service.' **D**

What does the profession think?

A BDA survey of dentists across Wales* found that:

- Significantly, 73% of dentists say they are likely to reduce their NHS commitment in the event the model is imposed next year, with 64% saying they are likely to go fully private
- Only 2% feel that changes would support the long-term sustainability of NHS dentistry in Wales
- Just 2% agree that reforms would improve population health, with only 5% saying that they would enhance prevention. In addition, 2% feel reforms would support continuity of care, with the same proportion believing it would enhance early detection of oral health conditions. Around 8% say that reforms would actually improve access to NHS care. But only 6% think the proposed system would provide good value for money for the taxpayer
- More than two in five (42%) said they would be unwilling to go back to working under the historic discredited system of targets going forward. And almost three quarters (72%) would not be willing to work under the proposed reforms as they stand.

*Online survey of 176 general dental practitioners in Wales, fieldwork 5 May to 5 June 2025.



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NHS 10-Year Health Plan: the dental industry reacts

Kate Fabrikant, medical leader for northern Europe at Haleon

'The publication on the long-anticipated NHS 10-Year Health Plan represents a positive step towards shaping the future of our healthcare system. The clear emphasis on prevention is welcomed, as oral health continues to face a crisis point.

'Our latest research has shown that three quarters of UK adults are not regularly visiting a dentist. This is having a serious impact on the nation's oral health, with 64% of oral health professionals believing that it has worsened over the last year. Poor oral health hygiene practices at home can lead to more serious health conditions developing, putting further strain on healthcare.'

Paul Schreier, CEO of Simplyhealth

'The government's 10-Year Health Plan for the NHS rightly prioritises shifting care away from hospitals and into communities. The move toward more preventive, patient-focused healthcare is necessary and we welcome the government's specific commitment to tackle the longstanding challenges in patients' access to dental care, and its recognition of the dental sector's role in advancing neighbourhood teams particularly in underserved communities. These challenges are long-standing, and require bold, wide-ranging action from all parts of the system.'

'Businesses have a vital but underused role to play in community-based care and the shift from sickness to prevention. Employers are central to people's lives and uniquely positioned to support preventative health through simple, affordable, whole of workforce health support. This support prevents illness, eases pressure on frontline care and boosts productivity.

'What's more, there is much the public sector can learn from private innovation, particularly in relation to the expansion of the NHS App, where private companies are already harnessing digital advancements and tools like AI to improve and personalise health-related services.'

Neil Carmichael, executive chair of the Association of Dental Groups

'The ADG warmly welcomes the general direction of the NHS 10-Year Health Plan announced. On the whole the principles of bringing health care and treatments closer to patients' homes is a positive one.

'However, our members will be keen to know where dentistry will fit into these Neighbourhood Health Services. It is crucial to understand how we can work towards a joined-up system that includes dental services.

'And of course, key to enabling this will be a keen focus on shoring up the massive gap in the

dental workforce which is missing over 3,000 dentists across NHS and private services currently. The impact of the 10-Year Health Plan will be in the detail – and as ever, the ADG is here to engage and support progress.'

Becks Fisher, director of research and policy at Nuffield Trust

'Our failure to get dentists working in the NHS is at the heart of why a comprehensive service has collapsed. The government is right to think about how to address that, and how to make use of a wider range of staff.

'But a three-year work requirement for new dentists isn't a full or simple solution. NHS rates are simply not competitive with the private sector in many areas. While this remains the case, it's all very well to force dentists to do three years' work for the health service, but they will still tend to simply drift away afterwards. What we need is a proper reform of a dental contract.

'Making more use of other staff like dental therapists is an excellent idea. But the recent NHS history with roles such as physician associates, which caused confusion and backlash, shows that this needs to be handled very carefully. There must be plenty of time for roll-out, a proper understanding from the start of the role and its limits, and regular monitoring.' **D**

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Muddy waters

Nigel Jones discusses why the retention of NHS dentists is such a challenge



As an observer of dentistry in the UK for many years, I've got used to the anticipation of the next report or policy publication that will help shed light on the future for NHS dentistry. It rarely happens.

As I type, the DHSC survey on the cost of care has been completed, the

consultation on the proposed new NHS contract in Wales has closed and we should be about to hear from Wes Streeting on his 10 Year Health Plan for the NHS to address Lord Darzi's diagnosis published last September.

All have the potential to influence the decision making of those dentists battling to continue offering NHS dentistry and yet, history tells us they are more likely to muddy rather than clear the waters. Perhaps quicksand rather than mud is a better comparison to use as such external events tend to give just enough encouragement for a continuation of the struggle and the more you struggle in quicksand, the deeper you sink.

However, breaking free isn't straightforward.

Continually adapting to adverse situations takes its toll until any belief that a person can change their circumstances is eroded even if that person does have the power to do something about it.

That's why I am so full of admiration for the three separate groups of dentists with whom I have been lucky enough to spend time with in the

past month. Whether it was a sophisticated appraisal of strategic options, a sobering analysis of practice finances, the guidance from a business coach or a simple alignment of the planets, the dozens of dentists I met have been able to shake off the shackles and take back control over their professional lives in a way that is seeing them prosper in and out of work.

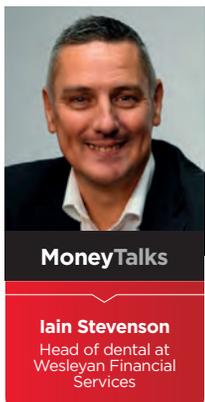
And before you think that this is another thinly veiled attempt to encourage dentists to 'go private', one of the most impressive of those dentists runs a small group of practices whose business model is built around the NHS. Echoing some of the advice I heard Ben Atkins giving at the British Dental Conference and Dentistry Show, this practice owner has taken the time to fully understand the granular detail of the NHS contract and to build strong collaborative relationships with the various ICBs relevant for his dental group. So, it can be done.

And this is one of the great challenges for the retention of dentists within the NHS. The relative simplicity of a life in the private sector where you can look at policy statements, contract reforms, expenses uplifts and flexible commissioning initiatives with mild interest is increasingly too appealing to ignore.



Plan smart this summer

Iain Stevenson explains how embracing early financial planning will mean less stress in April

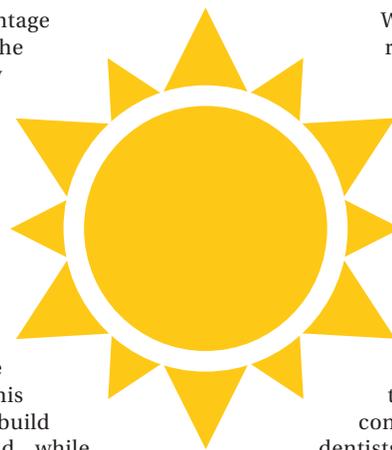


For self-employed dentists, tackling financial planning early – during the quieter summer months – offers clear advantages. While the end-of-tax-year deadline may seem distant, now is the perfect time to organise finances and make strategic decisions.

The final months of the tax year can be overwhelming for self-employed dentists, who are already managing patient appointments and administrative tasks. Rushing important financial choices in this environment can lead to mistakes or missed opportunities. By starting the process in the summer, dentists have the space to reflect on their earnings, expenses, and investment options with a clear head.

One major advantage of early planning is the ability to save steadily throughout the year. Rather than scrambling to contribute large sums to pensions or ISAs at the last minute, dentists can make regular contributions, which not only maximise pound-cost averaging but also encourage consistent saving. This approach can help to build a solid retirement fund while reducing year-end stress.

Regular saving fosters better financial habits, making it easier to prioritise long-term wealth growth and tax efficiency. It also can help to avoid the temptation to spend windfalls or excess income impulsively. Over time, these habits create a more secure financial future.



While the end of the tax year remains a good time for top-ups, waiting until the last minute to make financial decisions often leads to missed opportunities or unnecessary tax penalties. By using the summer to review finances, strategise, and make incremental adjustments, dentists can make more informed choices that benefit them in the long term. In conclusion, self-employed dentists who plan ahead during

the summer tend to experience less stress, more thoughtful decisions, and stronger saving habits. By embracing early financial planning, dentists can ensure that the final months of the tax year are reserved for review, not panic. Start now, and set the stage for a more financially secure future – that's a prescription worth following. **D**

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How the Forth Bridge inspired a new varnish to tackle caries

Saroash Shahid explains why a new varnish inspired by techniques used to protect bridges from adverse weather could be the answer to the UK's caries crisis

Researchers at Queen Mary University of London have developed a new dental treatment, called Varnish VLC, to protect the teeth from decay and acid erosion, using cutting-edge civil engineering technology used to create the paint that covers the Forth Bridge in Scotland.

The flake glass technology used to create the varnish has been used to protect tanks, vessels and pipelines from corrosion due to its capabilities to protect against moisture and other harsh elements. It has also been used in the maintenance of steel bridges, including the Forth Bridge, providing up to 25 years of protection.

Dr Saroash Shahid, reader in dental biomaterials at Queen Mary and lead researcher on the project, describes how the varnish was developed and what he hopes it can achieve:

'The main inspiration came from looking at current treatment options for early caries. They generally fail in terms of protection from acid or wear. For example, fluoride varnishes rely purely on a chemical process, which can be very slow. If you look at resin-based options,

they tend to have poor wear resistance and don't offer strong acid protection.

'Protection from wear and protection from acid penetration are the two key components you want when protecting a tooth from caries progression: that's when we started looking around and came across flake glass, which is used in deep-sea oil pipelines to protect against wear and corrosion. What they call corrosion, we call erosion – but essentially, it's the same thing.

'The oral cavity is a harsh environment and not very different from that of the deep sea. One moment someone might consume something hot, then something cold, followed by an acidic drink and then something neutral.

'We also came across a BBC article about the Forth Bridge from a number of years ago. It explained how they had struggled to paint it for so many years and that the paint just doesn't work. Then they used flake glass in a paint or epoxy coating, and that's now expected to last 25 years. That was remarkable. Since then, it's still holding up on the Forth Bridge.

'Another thing we did was match the refractive index of the flakes to that of the resin to create a very translucent or even transparent coating. This is great because it doesn't affect the aesthetics of the tooth

'That's when we began exploring what flake glass was and started working on incorporating it into dental applications around 2010–2011. We couldn't go for epoxy because it has a different chemistry and takes very long to set. Instead, we adapted it into light-cured resin formulations (similar to dental composites) to be used in dentistry and developed it into a coating to protect teeth – just like it protects the Forth Bridge.

'The unique selling point of the product is its longevity in protecting against acid and wear. It has a wide range of potential applications.

'In vitro lab tests show it lasts longer than any existing commercial products currently used to protect teeth. As a result, I think it will be very useful in preventing the progression of early caries lesions into full-blown caries, in paediatric or even elderly patients.' **D**

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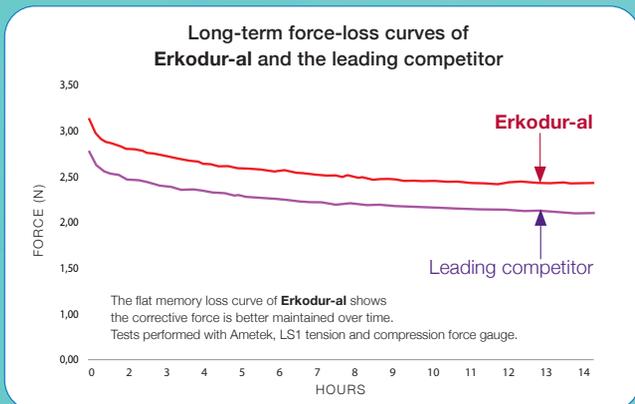
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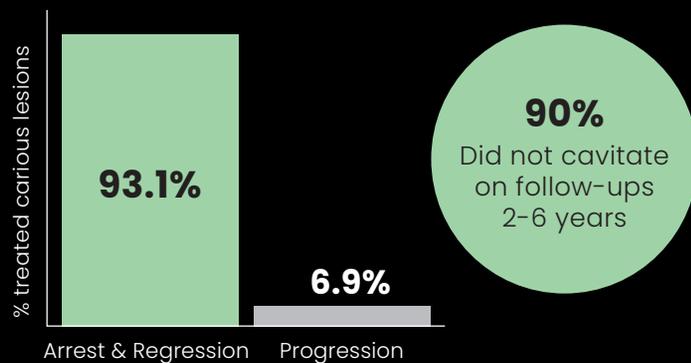
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*Long-term clinical study in public pediatric dental clinic in Chur, Switzerland

Building on success

Guy Hiscott talks to **Cagatay Guler** about Solventum's legacy and innovation as they unveil new products

Cagatay Guler
VP EMEA, Solventum



Guy Hiscott (GH): The spin out of Solventum as a separate business from 3M took place just over a year ago, and on the back of events like IDS in Cologne and the Dentistry Show it feels as though there's real momentum building behind that transition. What's the feeling like in camp?

Cagatay Guler (CG): I get this question a lot, because I think the mood comes across to the other side of the table, and people are not sure if it's real.

I'm really not embellishing when I say it's exhilarating. Our journey has been turbocharged – everything we've done has been very successful, and I think that builds the confidence that all of our team members are now exuding. There's more of a sense of ownership now, and an excitement of taking a part in something historic – we have a clearer sense of purpose as a business now than ever before.



Remember, we knew we were going to spin Solventum out of 3M for some time, so while that officially happened a year ago, we started the process long before to make sure that we didn't miss a step – that none of our customers felt any disruption to the technologies and solutions that they've come to depend on. I think we've achieved that.

GH: We're starting to see the pipeline of new innovations come through with the products you unveiled at IDS in Cologne – a new restorative material, a new fluoride varnish, and the aligner attachment. Do you have a favourite?

CG: That's like asking a parent which of their children are their favourite! I love different aspects of each new product.

Our new 3M Clarity grip attachments digitise something that is supposed to have been digitised, but hasn't been – until now. We're only able to bring this in because we're combining our knowledge of material sciences and digital sciences, and it's a game changer.

But I also love 3M Filtek Easy Match because it's not just an analogue product; it's an adaptive analogue product. Think about it: it adapts to your teeth – you just select one of the three shades and voilà, that's it.

From a very different, and selfish perspective, I have a special love for 3M Clinpro, our new fluoride treatment. I always hated getting fluoride treatments for my daughter – but Clinpro just makes it easy for everyone, so it makes a big difference for me personally!

GH: These products are all quite distinct but each one feels as though you've looked at the market, considered the pain points that clinicians have, and applied some lateral thinking to your R&D process. Is that indicative of the roadmap for Solventum going forwards?

CG: Absolutely. Again, I always go back to our mission: enabling better, smarter, safer healthcare to improve lives. Anything that we do will have to meet that mission. I think you would agree that all three of these things are improving lives.



Our recipe is clear, and we're able to put our R&D resources towards this principle first and foremost. We talk to dentists, day in and day out. We observe their work. Sometimes, they may not even realise there's a gap, or a problem – but we can see it, we can take it back, and work on trying to fix it or look at whether we have a technology that bridges that gap. I look at our pipeline and while we can't make it public, I think it's spot on at hitting those points.

GH: Is there anything you can share about the release schedule?

CG: I can't divulge all the details but in broad terms, the new products announced recently are three of the technologies that we believe are game changing in their fields: one in the restorative space, one in the preventive space, and the other in the alignment space.

What we're working on is really giving the dentist the freedom to choose all of those solutions, depending on the patient needs, on one platform. We believe we're the only company who can claim to go in that direction.

We will continue to invest in restorative materials, so you will see much more innovative composites coming through. We will continue to invest in our technologies that bridge or bring restorative solutions and combine them with other treatments.

And we'll look at all these things from the perspective of the dentist: if they are delivering a treatment, what steps can we get engaged with, and help them make it happen under one umbrella?

You can call it procedure-based development. That's what we're working on: really developing products and solutions that are procedure based, rather than single products.

It's a holistic viewpoint. We're a company with a long legacy of success – we have a legacy of 70 years of innovation, and we're building on that now with a razor focus. 3M Healthcare is now Solventum, but we still own that legacy. We're building on it to solve the challenges that matter to all our stakeholders. **D**

Prevention, connected

EMS launches new GBT machine and new outlook

EMS has officially launched its next-generation GBT machine in the UK, introducing new levels of connectivity, efficiency, and patient comfort to Guided Biofilm Therapy.

Building on four decades of Swiss engineering, the device is designed not only to streamline the hygiene workflow, but also to offer clinicians deeper insights into how care is delivered, all while keeping the patient experience central.

But for the European pioneer – and its UK team – the launch is more than a hardware upgrade. For EMS UK in particular, the launch reflects an evolving approach to partnership with practices: one that emphasises service, data, and long-term value.

Speaking to EMS UK & Ireland general manager Harry Morris and product manager Sophie Godsman, it becomes clear that the GBT Machine is as much about strategic intent as it is about technical innovation.

Smarter tools for modern practices

The big-ticket advancement in the new GBT Machine is connectivity. For what EMS claims is the first time in prophylaxis, the unit grants clinicians access to a personalised dashboard via EMS Partner 2.0: a digital interface that tracks treatment data, powder consumption, and maintenance schedules.

'This is the first fully connected device in prophylaxis,' explains Sophie.

'Clinicians can now see exactly how they use their device. It helps them optimise performance, track outcomes, and receive remote support. It also gives us the tools to better support them.'

The machine features introduces the Piezon PS 'No Pain Max' module, designed for gentler, more intuitive scaling.



'We've improved the patient experience and made the system easier to use,' Sophie adds. 'It's more sustainable too, with reduced plastic use, tempered glass, and more robust aluminium construction.'

This design evolution is about more than aesthetics. EMS has focused on making the device both easier to maintain and better aligned with the sustainability goals that are increasingly important to modern dental practices.

Beyond equipment: a new focus on support

While the new technology is central to the noise around EMS, Harry is adamant that the GBT Machine represents a wider strategic shift for the business.

'It feels like a new chapter,' he explains. 'We've always had strong products, but with our rapid growth, keeping up with after-sales service has been challenging. This launch gives us a chance to improve that.'

For Harry, EMS's focus is no longer just on delivering devices. Rather, it's about equipping practices for long-term success.

He explains: 'Customer experience is the focus now – not just at the point of purchase but in the months and years that follow.'

Internal training and restructuring have supported this direction, and Harry reports that feedback from service technicians has been positive. 'Even our after-sales teams are energised by what this means for their role,' he adds. 'It's a tool that helps everyone do their job better.'

Community service

Alongside the product launch, EMS has announced the return of the GBT Summit in 2025. Scheduled for 31 October at the Royal College of Physicians in London, the event will bring together clinicians, hygienists, and practice teams for a full day focused on prevention-first care.

The summit will feature a range of respected speakers, including gut health specialist Dr Megan Rossi, Dr Victoria Sampson, Professor Luigi Nibali, and leading hygienists and therapists from across the UK.

Positioned as a learning event rather than a sales platform, the GBT Summit reflects EMS's intention to lead by sharing knowledge. It's an extension of the company's evolving identity, says Harry: not just as a manufacturer, but as a partner in driving better clinical outcomes.

A measured step forward

For EMS, the GBT Machine is more than a product release. It represents a recalibration of how the company connects with clinicians: by embedding smart technology, focusing on sustainability, and prioritising aftercare.

For practices, it signals the ongoing evolution of prevention in dentistry – where patient comfort, data insight, and workflow efficiency are increasingly intertwined.

Clinicians interested in learning more can explore the technology via EMS's website or attend a hands-on demo. But more broadly, the message is clear: EMS is not just updating a machine; it's rethinking what support in modern dentistry should look like. **D**





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Managing TMD, bruxism and TMJ disorders in general practice

Mattias Billing outlines how general dentists can better support patients with TMD and related conditions – without overstepping into specialist territory

Mattias Billing
Dental surgeon



Temporomandibular disorders (TMD), bruxism and related jaw joint issues are increasingly common concerns in general dental practice. Yet, many clinicians still find these conditions complex and challenging to manage.

With growing awareness of the links between oral health, sleep, stress and systemic wellbeing, it is more important than ever for dentists to adopt a holistic, evidence-based approach. Here, Dr Mattias Billing explores how digital tools, interdisciplinary collaboration, and conservative strategies can empower general dentists to better support patients with TMD and related conditions – without overstepping into specialist territory.

Simple principles

In the first 10 years running my own practice, I used to mount every case with a facebow onto articulators. Later, I upgraded to Cadiax Compact, which had a built-in failsafe to identify patients who were off the disc.

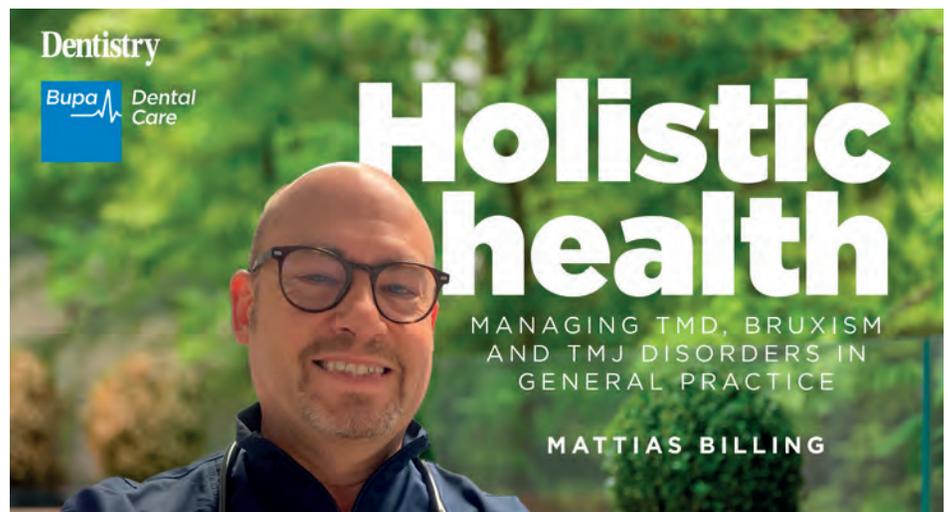
Despite this accuracy, most of my dentistry at the time was still conformative, as the consensus was that reorganised treatment was specialist territory. Recent developments in digital technology, such as Modjaw and Align Technology, have shown that digitalisation of articulators can help dentists create more predictable digital workflows.

As aligner orthodontics involve some level of bite reorganisation – leading to horizontal and vertical changes – these changes can now be visualised, planned and explained to patients in advance. With the recent boom in scanning, most dentists can now also accurately diagnose tooth surface loss and monitor erosion and wear, which can also impact these movements over time.

The sooner you integrate simple principles for avoiding TMD and managing it effectively when it occurs, the fewer long-term issues you'll encounter. By understanding the etiology of various diagnoses – such as bruxism (recently reclassified as a movement disorder linked to sleep and breathing) and the impact of rheumatological changes in jaw joints, we can refer more accurately.

Tooth wear and OSA

Tooth wear may also reflect psychological wellbeing and be linked to parafunctional habits, such as nail and hair biting, or involuntary jaw



movements like lip, tongue and cheek biting. Identifying these signs during checkups allows for timely intervention.

Other bite-related changes are emerging in the overlap between medicine and dentistry, particularly in the treatment of obstructive sleep apnoea (OSA). Studies show that some mandibular advancement devices (MADs) can cause occlusal changes over time. These changes may be acceptable in patients with underlying medical conditions, but are less justifiable in those presenting only with snoring.

In a Swedish study, researchers observed a 1mm vertical and 1mm anterior movement of the lower jaw over a ten-year period in patients with a neutral class I bite – changes that were irreversible. For patients with an overjet or class II bite, the shift was 2mm in both directions and continued to progress over the next decade.

Practical advice for general dentists

As a guide for general dentists managing TMD patients, I recommend three recent publications:

- *Management of painful Temporomandibular disorder in adults: NHS England Getting It Right First Time (GIRFT) and Royal College of Surgeons' Faculty of Dental Surgery:* This paper evaluates the evidence base for various treatments, helping patients make informed decisions and avoid costly, ineffective options. It also outlines an evidence-based TMD care pathway useful for dental teams
- *Management of chronic pain associated with temporomandibular disorders: a clinical*

practice guideline: This paper addresses patients with mild to moderate chronic TMD (lasting over three months). It recommends jaw and posture exercises and cognitive behavioural therapy (CBT) as first-line treatments. Involving the patient's GP for pain relief or further referral may be necessary for prolonged or complex cases

- *Temporomandibular disorders: INFORM/IADR key points for good clinical practice based on standard of care:* This article presents a 10-point programme focused on patient-centred decision-making. It emphasises thorough clinical diagnosis and history-taking before initiating treatment. Initial management should focus on reducing exacerbations and improving quality of life through self-management and conservative approaches such as CBT. Oral appliances like Michigan splints may be used, but only for a limited time and with follow-up. Changing the occlusion or reorganising the bite is not recommended unless under specialist care.

The general recommendation is to establish a non-invasive pathway to identify TMD early and refer patients for physiotherapy or CBT before it affects their teeth or your dental work. This may include TMD exercise apps, jaw relaxation aids, mindfulness tools, and sleep improvement strategies. **D**

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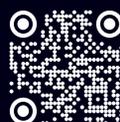
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Introducing the 2025 Dentistry Top 50

A celebration of the individuals actively shaping the future of UK dentistry in a time of challenge and change

The Dentistry Top 50 is back for another year.

This list highlights the people who are actively shaping the profession – in clinics, classrooms, policy meetings, startup boardrooms and community campaigns. Whether they're fighting for better access, mentoring the next generation, innovating in clinical care or pushing boundaries in business, these 50 are making things happen.

Because dentistry needs these people more than ever.

It's been another tough year: NHS access remains in crisis. Costs are rising. The private sector is adapting in real time to shifting patient expectations – and the profession is still

grappling with how to stay resilient, motivated and adaptable. But as always, the profession has done more than cope – it's responded, with creativity, compassion and conviction.

The names on this list exemplify that, setting the tone for what the next chapter of dentistry in the UK should look like.

Pushing dentistry forward

There's no one formula for making the Dentistry Top 50. You'll find educators and innovators, mentors and media figures, researchers, entrepreneurs, campaigners and frontline clinicians. What they share is a clear and tangible contribution to dentistry.

This year, we're putting even more weight on recent impact: this isn't about legacy. It's about momentum, impact, and the voices pushing dentistry forward.

Yes, there are familiar names. But there are also rising stars, unsung heroes and quiet leaders. And we've worked hard – through weeks of editorial discussion and careful debate – to ensure each entry has earned its place for what they've done, not just who they are.

We don't expect everyone to agree with every choice – and that's part of the point. The Top 50 is here to spark conversation, shine a spotlight, and most of all, celebrate progress.

Welcome to the Dentistry Top 50 2025. **D**

News feature



Rana Al-Falaki

Dentist

Best-selling author, periodontal specialist and leadership coach, Rana has pioneered the combination of evidence-backed wellbeing teachings with clinical excellence and leadership. This culminated in the DH-backed Breathe Dental Wellness initiative, a platform tackling the mental health crisis in the profession head-on by supporting clinicians with tools for balance, resilience and long-term sustainability.



Ben Atkins

Oral health ambassador, Oral Health Foundation

A past president of the Oral Health Foundation, Ben's work as a campaigning voice on prevention and oral health inequalities has only accelerated since stepping away from clinical practice. He advises on dental policy at local and national level, and as chairman of the Dental Industry Awards, champions innovation and excellence across the profession.



Simran Bains

Dentist

Award-winning young dentist and BACD board member, Simran is paving the way for the next generation of dental professionals, driving education and engagement in her local area and further afield through everything from study clubs to bigger meetings. She is secretary of the West Midlands division of the College of Dentistry and serves on multiple editorial boards.



Avijit Banerjee

Professor of cariology and operative dentistry, King's College London

One of the UK's most respected voices in dental academia and beyond, Avijit has been at the forefront of minimally invasive dentistry (MID) throughout much of his career. His most recent book of many – a textbook offering the whole team a clear practical guide to MID – is one of the definitive works on the subject. In 2025 he was appointed editor-in-chief of the *British Dental Journal*.



Chris Barrow

Business consultant and coach

Chris' voice has been synonymous with thought leadership and strategic business insight in dentistry for more than 20 years. With his finger firmly on the pulse of the profession, he continues to influence and guide practice teams through education and expert advice.



Shannu Bhatia

President, British Society of Paediatric Dentistry

A clinical reader and consultant at Cardiff University, Shannu has made her name as a widely published academic in paediatric and community dentistry. She works to help dental professionals address burnout as chair of the community of practice of wellbeing and resilience at the Association of Dental Education in Europe.



Anushika Bhatia

Founder, Damira Dental Studios & director, ADG

Starting from a single practice in 2003, Anushika has expanded her business into a network of 42 practices across the south of England. Her leadership has established the group as a major player in UK dentistry, underpinned by a commitment to diversity and a supportive workplace culture. As a director of the Association of Dental Groups, she has been a driving force in ensuring that the association's work is both practical and positively received by clinical teams.



Professor Iain Chapple MBE

Head of research, University of Birmingham

A globally recognised expert in periodontal care, Professor Chapple lends his expertise as a consultant to organisations across dentistry. With more 240 scientific publications to his name, he has brought his extensive knowledge to bear in advancing the understanding of gum health in all its guises – including a key role in the 2025 EFP-backed paper on the adjunctive use of mouthwash.



Simon Chard

Principal dentist

Cosmetic dentist and entrepreneur Simon is the co-founder of sustainable oral health brand Pärila, which eclipsed expectations when crowdfunding for expansion in 2024. A board director at the British Academy of Cosmetic Dentistry, he is also an international lecturer known for championing digital workflows and innovation in aesthetic dentistry, and has become a go-to media voice on the future of digital dentistry.



Eddie Crouch

Chair, British Dental Association (BDA)

Eddie has been representing the interests of UK dental professions at the highest level – often in the public eye – since his election as BDA chair in 2020. A vocal campaigner for dentistry, who famously challenged the government over NHS contract terms in 2008, he continues to drive national conversations on workforce, access and contract reform, ensuring dentists are heard and supported.



Cat Edney

Dental therapist

A fierce advocate for the full utilisation of dental therapy, Cat's work as an educator and speaker is reshaping how it is understood and integrated in modern practice. Through her own training course, Cat empowers dental therapists to work to their full scope of practice and supports practices in seamlessly implementing dental therapy into its workflow.



Rhona Eskander

Principal dentist

Award-winning cosmetic dentist Rhona is co-founder of sustainable oral care brand Pärila, which ran a hugely successful crowdfunding campaign in 2024. An advocate for wellbeing and mental health, she champions women's empowerment, using her media platforms to drive change and challenge beauty standards.



Andy Evans

CEO, Dentaid The Dental Charity

Under Andy's leadership, Dentaid has gone from strength to strength in its mission to deliver transformative dental care to vulnerable people across the UK and overseas. In 2024, the charity launched an innovative partnership with NHS Hampshire and Isle of Wight – the first of its kind – in a move that provided more than 20,000 dental treatments in its first 12 months alone.



Clare Faulkner

President, Society of British Dental Nurses (SBDN)

When not working as a dental matron at Birmingham Dental Hospital, Clare leads the SBDN's efforts to raise the profile of dental nursing and strengthen the profession's voice. Under her presidency, the society is driving recognition, representation and professional development for dental nurses across the UK.



Nina Frketin

Dental technician

Nina is the founder of Nightshift, a global initiative empowering women in dental technology. As an international speaker, mentor and *Laboratory* editorial board member, she has established herself as an essential voice for excellence and change in the dental lab community.



Arnold Gangaidzo

Principal dentist

As media lead for the Black Dental Network, Arnold's work has been pivotal in supporting and empowering Black dental professionals in the UK through education and community-driven initiatives. A clinician dedicated to giving back, he is also a mentor in the clear aligner field, helping clinicians build confidence and skills.

Dentistry *Top*
50
2025

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James Goolnik

Principal dentist

Leading anti-sugar activist, James is known for championing holistic approaches to oral health – to the extent that his newly opened London practice is dedicated to delivering this concept. A past chair of the British Dental Bleaching Society, he is chair of the Private Dentistry Awards judging panel, helping to set high standards and celebrate excellence in the profession.



Linda Greenwall MBE

Principal dentist

A pioneer in tooth whitening who has spent her entire career leading from the front, Linda is founder of the Dental Wellness Trust, delivering toothbrushing and oral health programmes to vulnerable children in the UK and abroad. Awarded an MBE in the King's Honours 2025, she continues to push the profession forwards through initiatives such as the Women's Dental Network and the annual Saving Kids' Teeth Conference.



Debbie Hemington

President, British Association of Dental Therapists (BADT)

As president of the BADT, Debbie is at the forefront of the organisation's efforts to strengthen recognition, expand scope of practice, and integrate dental therapy more deeply into everyday care. A passionate advocate for education, Debbie has spent over 20 years teaching at Eastman Dental Hospital alongside her clinical work, shaping and inspiring the next generation of clinicians.



Robbie Hughes

Principal dentist

Cosmetic dentist Robbie is the founder of Dental Excellence and Avant Garde Dentistry, businesses transforming modern private practice through technology, education and patient experience. Blending entrepreneurial vision with deep technical understanding, Robbie has redefined digital workflows to become a global leader in innovation in cosmetic dentistry.



Preetee Hylton

President, British Association of Dental Nurses (BADN)

Preetee is a committed advocate of better safeguarding in dentistry, working to raise awareness and implement best practices in protection and support, particularly for domestic abuse. In her presidency of the BADN, Preetee promotes professional education, leadership and empowerment across the dental nursing workforce.



Sam Jethwa

President, British Academy of Cosmetic Dentistry

Sam is founder of Bespoke Smile Advanced Dentistry and Academy. Known for his expertise in veneers, functional occlusion and smile design, he lectures internationally and mentors clinicians on predictable, facially-driven cosmetic dentistry.

News feature



Andrea Johnson

Dental technician and founder, Den-Tech

An award-winning dental technician and educator, Andrea Johnson serves as the orthodontic and maxillofacial laboratory manager at an NHS Foundation Trust and lends her voice to multiple advisory boards on the future of dental care. She also acts as chair and CEO of Den-Tech – a charity providing dental appliances to vulnerable people. For the past two years, Andrea has led volunteer trips to Uganda, transforming the lives of those with limited access to dental care.



Rhiannon Jones

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

Dual-qualified as a dental hygienist and dental therapist, Rhiannon's work as president of the BSDHT is focused on championing greater recognition and representation across healthcare. Under her leadership, the body is working to shape conversations on scope of practice, education and regulation in dental hygiene and therapy.



Karen Juggins

Consultant orthodontist

The driving force behind the #KeepBritainSmiling and #KeepStokeSmiling campaigns, Karen's work has galvanised some of the UK's biggest sporting names – including Manchester United Football Club – into promoting oral health and community wellbeing. Through her work, the Premier League Primary Stars initiative has added an oral health component to its work in schools across the UK.



Zaki Kanaan

President, Association of Dental Implantology (ADI)

The first clinician to have held presidency of both the ADI and the BACD, Zaki is a respected voice in implant and cosmetic dentistry. A leading figure in private dentistry, he shares his extensive clinical knowledge by lecturing internationally while also running a thriving London practice.



Siobhan Kelleher

Dental hygienist

Siobhan is the tireless founder and clinical lead of the Ikigai Oral Hygiene Community – a movement based on a Japanese word translating to 'reason for being' that aims to help oral health professionals connect with their work more deeply. An award-winning educator in her own right, she delivers accredited courses that empower dental professionals across dentistry.



Sandeep Kumar

CEO, Mismile Network

As one of Europe's leading Diamond Apex providers and founder of Mismile, Sandeep's name is synonymous with Invisalign. Through his trailblazing Mismile network – the only GDP network endorsed by Align – he has supported thousands of professionals in running and their practices and building thriving businesses.



Kevin Lewis

Consultant editor, Dentistry

Following a long career in practice and dental indemnity, Kevin is now an ambassador for the College of General Dentistry and remains as one of the UK's most insightful voices on the topic of dentistry. He remains an in-demand public speaker and lecturer, and an honorary member of organisations across the profession.



Professor Zoe Marshman

Professor of Dental Public Health, School of Clinical Dentistry, University of Sheffield

A leading researcher in child oral health and policy, based at the University of Sheffield, Zoe led the NIHR-funded Brush study that has helped shape national strategy on children's oral health. Her work was instrumental in shaping the government-backed plan for supervised toothbrushing in schools, announced in early 2025.



Helen Paisley

CEO of Community Dental Services (CDS) CIC

A committed advocate of special care and community dentistry, Helen has been at the helm of CDS since 2022 – a social enterprise delivering special care, paediatric and prison dentistry across the East of England and Midlands. Her leadership has rewritten the script on community dentistry – culminating in the launch of a state-of-the-art CDS training centre in 2025 that offers a valuable resource for the profession in general.



Nilesch Parmar

Principal dentist

Carving out space at the intersection between clinical practice, entrepreneurship and thought leadership, Nilesch has become one of UK dentistry's most powerful ambassadors. A regular voice in media – both professional and otherwise – he uses his platform to speak out on NHS dental reform, access issues and oral health inequalities. This campaigning has stepped beyond dentistry in the last 12 months, partnering with The Hygiene Bank and Philips to take on hygiene poverty in the UK.



Kish Patel

CEO and founder, Smile Clinic Group and Smile Dental Academy

One of the architects behind the Smile group's meteoric rise, Kish - along with his equally recognisable business partner - has built a business known as much for its solid care as its unmistakable energy and community buzz.



Kunal Patel

Principal dentist

The entrepreneurial principal of multi-award-winning Love Teeth Dental group, Kunal is a leading voice in cosmetic and digital dentistry. A media commentator and key opinion leader who was the face for the national NHS 111 campaign, he helps shape the profession through innovation and mentorship.



Gauri Pradhan

Principal dentist

Gauri is co-founder and trustee of the International Dental Organisation, a charity providing guidance and support to overseas dental professionals. An outspoken champion of NHS dentistry, she works to address access challenges from her own Bristol practice - itself no stranger to the national news, thanks to the hordes of patients its regular NHS open days attract.



Raj Rattan MBE

Dental director, Dental Protection

With a distinguished career that spans clinical practice, policy advice and dentolegal consultancy, Raj's work is pivotal to the lives of countless dental professionals. A prolific author who's written on myriad aspects of dental practice, and a highly-regarded lecturer, he continues to shape the profession through his leadership of Dental Protection.



Manrina Rhode

Principal dentist

One of the UK's leading voices in cosmetic dentistry, Manrina has grown from practice owner to mentor, supporting other dentists in building clinically superior, brand-led private practices - while walking the walk herself. As a board director at the British Association of Private Dentistry, she works to shape the future of aesthetic and private dental care in the UK.



Nicki Rowland

Founder, The Magic Dentist

Tackling dental poverty through innovative, child-focused oral health education programmes, Nicki's charity is attempting to reshape the landscape of children's oral health in underprivileged communities. She works to support oral health education at primary school level, stop children missing school due to toothache and reduce admissions to hospital for tooth extractions.



Victoria Sampson

Dentist and practice owner

Award-winning clinician and researcher Victoria is bringing the science of salivary diagnostics and microbiome testing into general practice. She co-founded a multidisciplinary health centre and collaborates with NASA, ESA and Harvard on oral health science.



Fiona Sandom MBE

Dental therapist

Fiona has played a pivotal role in advancing the profession across the UK, notably through her 11-year commitment to securing prescription rights for dental therapists and hygienists - a milestone that has transformed clinical autonomy. Most recently, she was awarded an MBE in the King's Birthday Honours List 2025 for her outstanding services to dental therapy and the NHS in Wales.



Milad Shadrooh

Principal dentist

Known to millions as the Singing Dentist, Milad is a leading oral health ambassador using entertainment to promote better dental habits. A regular media commentator and sought-after speaker on branding and marketing, when not entertaining audiences across the world with his trademark oral health-tinged approach to the charts, he champions public engagement and professional empowerment within dentistry.



Bill Sharpling

Director, Londec

Bill is driving new pathways for professional education and development in dentistry, expanding access to high-quality training and support across the profession in his numerous roles. He is associate dean (CPD) and director of Londec at King's College London, and sits as chair of the faculty of clinical dental technology and dental technology at the College of General Dentistry. Earlier this year, he was appointed to a leadership position in the Dental Artificial Intelligence Association.



Claire Stevens CBE

Consultant in paediatric dentistry

One of the leading voices championing children's oral health on a national scale, Claire has historically served as both past president and media spokesperson at the British Society of Paediatric Dentistry (BSPD). She currently influences policy and public health through senior advisory roles, including with the Department of Health and Social Care as senior clinical adviser.



Simon Thackeray

President, BAPD

A founding board member of the BAPD as well as current president, Simon is known for his forthright voice on regulation and politics in dentistry. He also currently serves on the BDA's GDPC committee, and brings over three decades of private and NHS experience to his work as an expert witness.

News feature



Professor Paul Tipton

Founder, Tipton Training

A giant in postgraduate dental education, Professor Tipton is founder of one of the UK's leading private dental academies. Over nearly four decades, he's trained thousands of dentists in advanced restorative and aesthetic techniques, setting the highest bar for professional training. He shows no signs of stopping - continuing to lecture across the world and applying his insight to emerging technologies in dentistry such as AI.



Jin Vaghela

CEO and founder, Smile Clinic Group and Smile Dental Academy

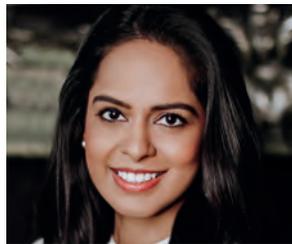
As one of the Smile group's instantly recognisable leaders, Jin's focus on innovation, patient experience, and smart clinical systems is driving rapid growth for his practices and training business. When not focusing on blending high-quality care with the high-energy culture Smile has become known for, he is also a visiting lecturer at UCL Eastman Dental Institute.



Monik Vasant

Principal dentist

A pioneer in minimally invasive aesthetic dentistry, Monik has helped thousands of dentists across the UK and beyond to master adhesive dentistry and advanced aesthetics. The founder of Freshdental Clinic and Institute, he lectures across the globe, including regularly teaching on the University of Geneva's master's programme in micro-invasive aesthetic dentistry.



Reena Wadia

Principal dentist

A leading voice in periodontics, Reena Wadia is the founder of RW Perio - a specialist clinic on Harley Street - and the driving force behind Perio School, a global platform for periodontal education. The bestselling author of *The Perio Handbook*, Reena has a line of oral care products stocked by Harrods, and serves as an expert adviser to the BDA Indemnity Board.



Professor Nicola West

President, British Society of Periodontology (BSP)

As head of the Clinical Trials Unit at the University of Bristol, Professor West leads world-class research into periodontal and peri-implant disease. Her time as BSP president has seen the organisation expand its reach, playing a critical role in interpreting global guidance for the UK profession and strengthening the organisation's clinical and academic ties across Europe.



Jason Wong MBE

Chief dental officer (CDO), England

Jason has been instrumental in driving the national agenda on oral health improvement, workforce development, and access to care since 2020 - progressing from deputy and acting CDO before securing his place as the incumbent. He was awarded an MBE in 2020 for services to dentistry and oral health, recognising decades spent in local and regional leadership, working to improve patient outcomes and elevate the role of dentistry within the wider health system.





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retention through tailored dental plans and marketing services, helping practices attract, convert, and retain more patients. With over 85,000 CPD subscribers, thousands of practices supported and a team of experts behind every solution, Agilio is the trusted partner for dental teams who want to do more with less effort.

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2024 was a great year for Barclays in the dental sector. With its tailored financial solutions, we were able to help new and existing dental businesses nationwide. Its range of services included new acquisitions, refinancing deals, management buyouts (MBOs), asset finance, and more – all part of its continued mission to be your lender of choice. It understands the distinct needs of dental professionals, and its specialised healthcare team is located across the UK. This understanding and local expertise means it is able to provide bespoke guidance as trusted advisors to everyone it works with. Through continuous collaboration with partners, it recognises the importance of ongoing evolution to meet the growing demands of the dental sector. Since the launch of its dental proposition, it has listened to your feedback and used it to refine its policies and offerings to maintain its competitive edge.

2025 is set to be a crucial year as Barclays aims to support dental operators of all sizes and needs. Every dental business matters, and we're

committed to being part of your journey and contributing to your success.

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Digimax Dental

Digimax Dental are the world's highest rated dental marketing agency based in Marylebone, London. It has been helping practices stand out and grow since 2003.

Its team consists of dental web designers, SEO experts, branding specialists and graphic designers. From website design and branding through to SEO – at Digimax Dental, every marketing need for your practice is catered for, requiring minimal input from you. Its deliverables are made using a personalised concierge style approach, where the client and its business is front and centre. The evidence suggests that its 'success formula' works. Its creative director, Shaz Memon, adds: 'We have a company vision that completely aligns with our customer service goals, which our entire team buys into.'

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Philips

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Dentistry AWARDS 2025

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Overall winners

Dental Nurse of the Year

- Susan Kessell

Dental Hygienist of the Year

- Jacqui Armstrong

Dental Therapist of the Year

- Aashish (Aash) Udayabhanu

Practice Manager of the Year

- David Drew

Young Dentist

- Shivam Divani

Website of the Year

- Siha Dental Facial

Patient Care

- Evolve Dentistry

Team of the Year

- Denbigh House Dental Practice

Practice of the Year

- Dr Rez Dental

Dental Nurse of the Year

North

- Susan Kessell – Winner
- Phoebe Kirkbride – Highly Commended

South

- Lisa Hilton – Winner
- Brittany Pittham – Highly Commended

London

- Rebecca Silver – Winner
- Mihaela Marian – Highly Commended

Practice Manager of the Year

North

- Amanda Reast – Winner
- Dora Akinjagunla – Highly Commended

Midlands

- David Drew – Winner
- Patrycja Galonzka – Highly Commended

South

- Maiara Ban – Winner
- Alex McWhirter – Highly Commended

Receptionist of the Year

- Christine Bonanno – Winner
- Zoe Parr – Highly Commended

Apprentice of the Year

- Grace Brindle – Winner
- Alice Corrigan – Highly Commended
- Joanna Richards – Highly Commended

Dental Hygienist of the Year

North

- Jacqui Armstrong – Winner
- Jillian Crossley – Highly Commended

South

- Justine Ping – Winner
- Alison Craig – Highly Commended

London

- Shakhnoza Tosheva – Winner
- Mareih Hashemi – Highly Commended

Dental Therapist of the Year

North

- Aashish (Aash) Udayabhanu – Winner
- Anne Marie Connolly – Highly Commended

South

- Shannon Flack – Winner
- Chrystal Sharp – Highly Commended
- Esme Stewart – Highly Commended

Philips Rising Star

North

- Kendra Smith – Winner
- Lauren Chipman – Highly Commended

South

- Fadheelah Nadeem – Winner
- Darsh Thacker – Highly Commended



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Nominees are chosen for their exceptional skills, patient care and community contributions. The event not only honours individual and team accomplishments, but it also inspires continued excellence in oral healthcare.

Find out who won right here – congratulations to all!

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Young Dentist

London

- Simmi Daryani – Winner
- Chiara Burgio – Highly Commended

Midlands

- Simon Rana – Winner
- Hassan Kanani – Highly Commended

North East

- Zain Remy – Winner
- Paul Midha – Highly Commended

North West

- Ben Gregory – Winner
- Surbin Gong – Highly Commended

Scotland & Northern Ireland

- John Paul Delaney – Winner
- Mary Catherine O'Dolan – Highly Commended

South East

- Elyssia Yannoulias – Winner
- Tarun Singh Nagpal – Highly Commended

South West & Wales

- Lily Ferreira – Winner

Website of the Year

North

- Scottish Denture Clinic – Winner

Midlands

- Allsopp Smiles – Winner
- Skintique Beautiful Smiles – Highly Commended

South

- Floss and Smile – Winner

London

- Siha Dental | Facial – Winner
- Optimal Dental Health – Highly Commended

Dental Laboratory of the Year

- S4S London Dental Laboratory – Winner
- Remo Dental Laboratory – Highly Commended

Dental Technician of the Year

- Deepa Bharakhda – Winner
- Edward Day – Highly Commended

Clinical Dental Technician of the Year

- Matthew Varley – Winner
- Craig Mark Broughton – Highly Commended

Sustainable Business Award

North

- Ohh! Oral Health Hygienist – Winner
- Dr Rez Dental – Highly Commended

South

- Grosvenor House Orthodontic Practice – Winner



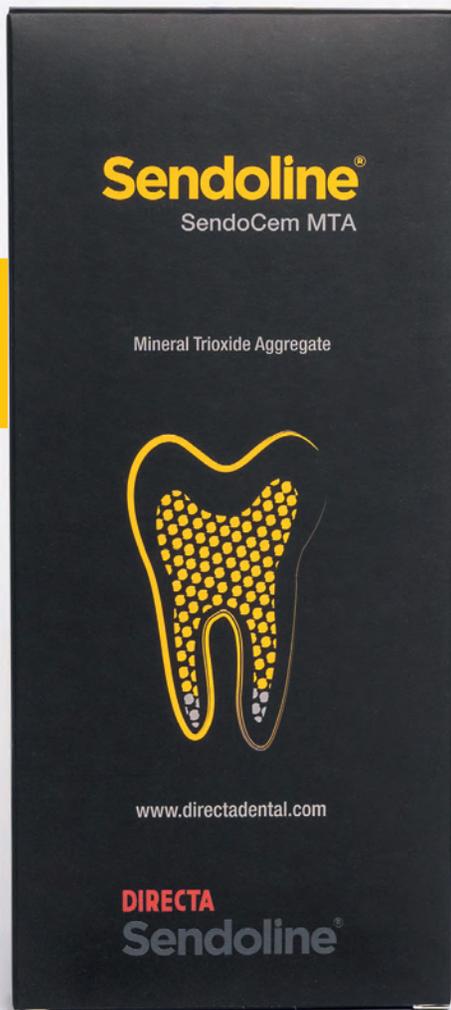
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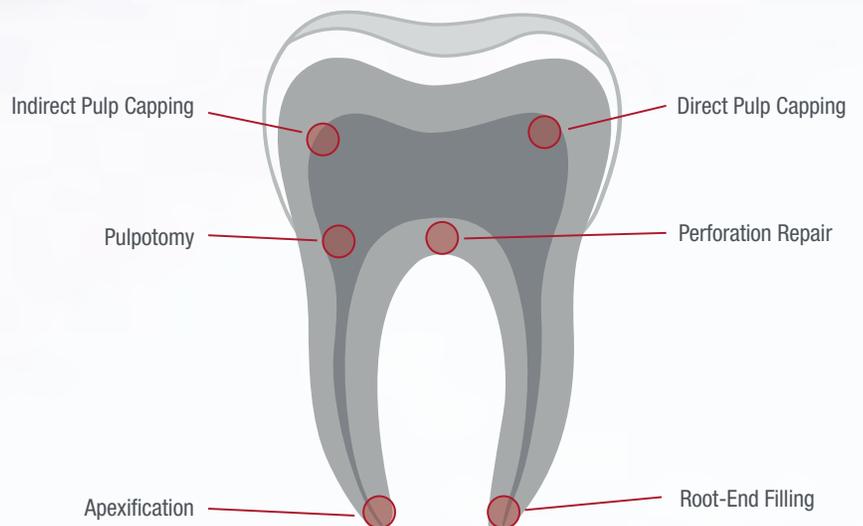
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London

- Siha Dental | Facial – Winner
- Balham Smile Clinic – Highly Commended

Midlands

- Helix House Orthodontics – Winner
- Church Street Dental Practice – Highly Commended
- Shiraz Endodontic Practice – Highly Commended

North

- Holly House Dental Practice – Winner
- Smile Stylist Manchester – Highly Commended

Republic of Ireland

- Ace Braces Orthodontics – Winner

Scotland

- Ocean Drive Dental Care – Winner
- Ohh! Oral Health Hygienist – Highly Commended

South West & Wales

- Hereford Dental Implant Clinic – Winner
- Evolve Dentistry – Highly Commended
- Larkham House Dental Practice – Highly Commended

Patient Care

South West & Wales

- Evolve Dentistry – Winner
- Larkham House Dental Practice – Highly Commended

South East

- Adelaide House Dental Practice – Winner

London

- Dr Mali Dental Clinic – Winner
- Greenwich Dental Health – Highly Commended

Midlands

- Shiraz Endodontic Practice – Winner
- Skintique Beautiful Smiles – Highly Commended

North East

- Gayathiri R Balasubramaniam – Winner

North West

- Dr Rez Dental – Winner
- Holly House Dental Practice – Highly Commended

Scotland

- Cherrybank Dental Spa – Winner
- The Gentle Touch, Kelso – Highly Commended

Ireland

- Ace Braces Orthodontics – Winner
- North Down Implant and Orthodontic Clinic – Highly Commended

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Practice of the Year**Midlands**

- Helix House Orthodontics – Winner
- Hermitage Dental Practice – Highly Commended

Scotland

- Sunrise Dental Clinic – Winner
- Cherrybank Dental Spa – Highly Commended
- Dentistry @ No3 – Highly Commended

North East

- Taylored Dental Care – Winner
- Auckland Cosmetic Dental Clinic – Highly Commended

North West

- Dr Rez Dental – Winner
- Holly House Dental Practice – Highly Commended

London

- Serio Dental – Winner
- Balham Smile Clinic – Highly Commended

South East

- Dental Art Beaconsfield – Winner
- Centre of Dental Excellence – Highly Commended

South West & Wales

- Hereford Dental Implant Clinic – Winner
- North Cardiff Dental & Implants – Highly Commended
- Thornbury Dental Wellness Clinic – Highly Commended

Ireland

- Ace Braces Orthodontics – Winner
- North Down Implant and Orthodontic Clinic – Highly Commended **D**

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Thrive Together

Dentistry reports from the inaugural summit hosted by the Dental Mums Network

What happens when you bring a group of women in dentistry into one room? Not to talk about the latest composite bonding protocol or how to prep a tooth, but to talk about life, imposter syndrome, burnout, the weight of invisible loads and everything in between. That's exactly what happened at Thrive Together, the inaugural summit hosted by the Dental Mums Network.

Not your typical dental event

The day began in a way most dental conferences never do. Breathwork and grounding, led by Dr Aditi Bhalla, followed by a fun, energising movement session by Vicky Midwood. It was calm, playful, and intentional. A reminder that before we can pour into others, we must first connect with ourselves. This set the tone for everything that followed.

The first talk, delivered by Dr Priya Gupta, focused on mental overload, decision fatigue and the invisible load. She helped name what so many women feel but rarely articulate, the unrelenting to-do list in our minds and the exhaustion that comes with carrying everyone else's needs.

Leading with purpose

Dr Wajiha Basir shared her story of building practices while raising a young family. Her talk was inspiring and relatable, not a glossy highlight reel, but a clear message: women make great leaders. She showed that with community, structure, and the right support, women can build thriving businesses while staying true to their values.

Open conversations

The Inner Cycle was an open Q&A with the audience, led by Sarita Stefani and Dr Vivienne Hall, exploring key aspects of female hormonal health. From postpartum hair loss and heavy periods to infertility and the early signs of perimenopause, nothing was off limits.

Attendees said they felt safe enough to ask questions they'd never voiced before. One woman shared: 'I've never spoken about my painful, heavy periods in public before, but I felt so safe in that space, I opened up about it in a room of 100 women. That session was invaluable.'

For many, it was the first time they'd truly felt empowered to learn more about their own bodies and to ask the questions that so often go unspoken.

Redefining confidence and balance

Dr Nicola Gore challenged the idea of 'having it all', encouraging women to focus on what truly matters instead of chasing perfection. Following that, Ellicia Dillon delivered a lively session on imposter syndrome, helping women identify unhelpful self-beliefs like the perfectionist or superwoman. Her interactive approach sparked



laughter, self-awareness, and real confidence. Together, the talks were a reminder that success isn't about doing it all, it's about doing what aligns with our values, with courage and intention.

Real, raw, and resonant

The Unfiltered Panel – featuring Kayley Mccauley, Sakina Needham, Dr Bibiana Yetty, and Dr Zainab Al-Mukhtar; shared openly about motherhood, identity, ambition, and guilt. For many, it was a standout moment that reassured them they weren't alone in feeling overwhelmed or behind.

Dr Zainab's line: 'Motherhood broke me and made me,' deeply resonated.

The panel reflected on the pressure to appear perfect online and the limits of sharing honestly when patients are watching. The conversation offered relief, connection, and a strong sense of sisterhood.

Honest questions, practical wisdom

One of the standout sessions of the day was the Audience Panel, where questions were asked by the attendees and answered by the attendees. It was a powerful reminder that everyone in the room was an expert in their own right. The conversation spanned anxiety, infertility, motherhood, career balance, and managing the hard stuff no one usually talks about. It was raw, real, and deeply connecting.

Dentistry doesn't just need more CPD. It needs more humanity.

The day ended with Dr Hardeep Kaur Basi and Hanan Baba, who delivered two impactful, interactive workshops on time management, burnout, and stress. Through group discussions and reflection, attendees were challenged to rethink how they live, lead, and look after themselves. Less pressure, more purpose.

The joyful touches

Of course, it wasn't all introspection. There was joy, too. A bubble tea bar brought smiles and surprise. A chocolate fountain added fun. And a massage therapist was fully booked from start to finish.

These weren't gimmicks. They were reminders that we matter too. That self-care isn't indulgent, it's essential.

If Thrive Together taught us anything, it's this: dentistry doesn't just need more CPD. It needs more humanity. We need space to exhale. To laugh. To cry. To belong.

There is room in this profession for ambition and softness. For business-building and bubble tea. This wasn't just an event, it was the beginning of a movement. **D**

To stay up to date with the Dental Mums network, sign up to their free membership at <https://www.dentalmumsnetwork.co.uk/membership/>



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‘How do I stay relevant?’

With techniques and technology evolving fast in dentistry, **Sarah McKimm** advises a reader on how to feel relevant and keep learning throughout their career

THE SCENARIO

I'm a dentist with more than 20 years of experience in general practice. Lately, I've been feeling increasingly anxious about how much the profession is evolving – digital dentistry, AI diagnostic tools, facial aesthetics. It seems as though every CPD course is a new world that I haven't entered yet.

The younger associates around me are confident with scanners and offering cosmetic treatments. I love what I do, but I'm starting to feel like if I don't evolve, I won't be able to maintain my career. Part of me wants to jump into these new skills, but another part worries I'll never catch up or that it's too late to pivot. How do I stay relevant and confident when the profession is changing so fast?

Dear Reader,

Thank you for writing in with such honesty. Your concerns are both valid and very human – and it takes courage to share what's going on beneath the professional surface. What you've expressed will resonate with so many clinicians, especially those who've been in practice for a long time. You are far from alone in feeling this shift as dentistry continues to evolve at pace.

What stands out most in your letter is how much you care – about your work, your patients, and doing things well. That kind of care can't be taught. It's built through years of experience, of showing up, of earning trust.

Two decades in general practice is an incredible achievement. You've already adapted to huge changes before – remember when record cards sat in piles on the side, X-rays were developed in the dark room, and amalgam was mixed by hand? You've moved with the profession before, and that adaptability is still very much within you.

That said, this current wave – AI, digital workflows, facial aesthetics – is a lot. It can feel like every CPD course opens a door into a whole new world, and for many, it's uncharted territory. Feeling overwhelmed or unsure is completely natural, especially when others seem to speak the 'language' fluently. But it's important not to compare.

Younger associates may feel at home with digital tools because they trained with them – but they're still finding their feet too, just in different ways. What they bring in digital confidence, you more than balance with depth of experience, diagnostic insight, patient rapport, and real-world clinical skill.

‘Being relevant isn't just about technology’

Being relevant isn't just about technology – it's about connection, trust, and care. The heart of dentistry hasn't changed. Patients still want to feel safe, heard, and well cared for. And that's something you already do exceptionally well.

It's perfectly okay to feel torn – excited by the idea of learning something new, yet unsure where to start or worried it's 'too late'.

But it's never too late to grow. I've felt that pressure too, especially in my counselling work. What I've learned is that when I try to approach CPD from a place of 'should' or 'must', I shut down.

That kind of external pressure often leads to overwhelm, especially for those of us who are neurodivergent or sensitive to high expectations.

But when I follow my curiosity or connect my learning to something that genuinely matters to me – like how I can better support my clients – it becomes more meaningful and less overwhelming. And it doesn't feel so lonely when you do it alongside someone else.

During my counselling training, I buddied up with a peer. We challenged each other, supported each other when things got tough, and made sense of things together.

That connection was invaluable – and I've found the same in professional development. If there's a new area of dentistry you'd like to explore, consider teaming up with a colleague. You'll not only share the learning, but the emotional load as well.

Here are a few reflections and tools that might help as you navigate this phase of your career:

1. Follow your curiosity, not the pressure. Start with something that genuinely interests you – not something you feel obligated to do. If you're drawn to digital scanning or facial aesthetics, let yourself explore that. Learning is far more sustainable when it's self-directed and meaningful.
2. Start small – and let that be enough. A webinar, a half-day course, or simply shadowing a colleague is a perfectly valid way to begin. You don't need to master everything overnight. Gentle steps still move you forward.
3. Learn alongside someone else. If you can find a colleague who's also curious about a new skill, consider learning together. It makes it feel less daunting – and having someone to talk things through with can make all the difference.

4. Honour what you already bring. Your experience, your judgement, your patient relationships – these are irreplaceable. You're not starting from scratch. You're building on a solid, deeply rooted foundation.

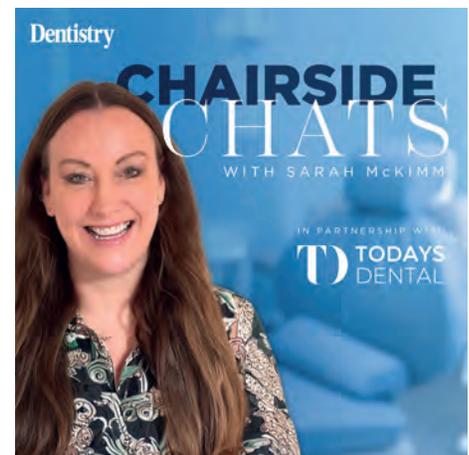
5. Let go of the idea that you must do everything.

You don't have to chase every trend. Focus on what aligns with your values and feels right for your practice. Growth doesn't mean changing who you are – it means evolving in ways that fit.

So yes, the profession is changing – but that doesn't mean you're being left behind. You get to grow at your own pace, in your own way, and still hold onto everything that makes you a great clinician.

You're not behind. You're exactly where you need to be – and you're still very much needed in this profession.

Take gentle care, Sarah. **D**



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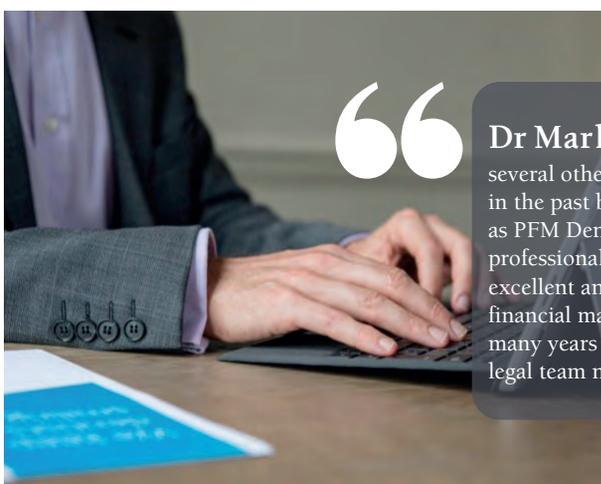
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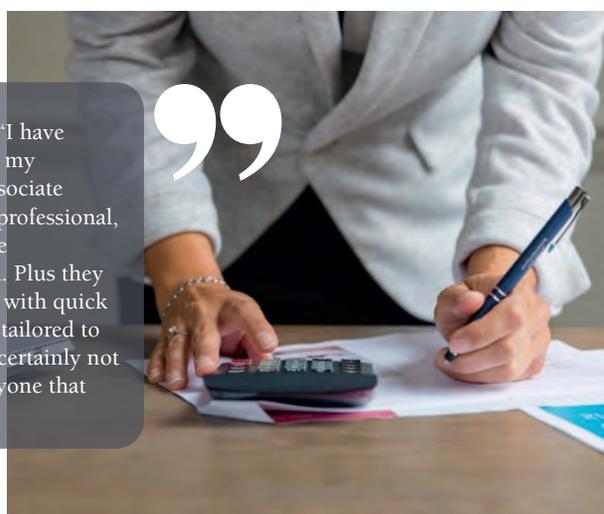
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Dr Mark Lawrence “We have used several other specialist dental accountants in the past but none have been as pro-active as PFM Dental Accountancy. Their level of professionalism and approachability has been excellent and an added bonus is the “in-house”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

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



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Pricing strategies for dental labs – what are you worth?

'You are worth charging for' – **Ashley Byrne** explains some of the key mistakes dental labs make when pricing services

Busy doesn't always mean profitable

Dental technicians are a proud bunch. We work hard, we solve problems, we get the job done. But somewhere along the way, many labs have backed themselves into a corner where they're busy all week and still wondering where the profit went. Sound familiar?

It's a situation I've seen far too often and sadly it's on the rise. As part of the DLA board, I get to speak to a lot of lab owners and they often tell me they're flat out with work, doing late nights to hit deadlines, investing in digital kit, hiring where they can – but month after month, the margins are getting tighter. What's going wrong? The truth is that many labs are still charging like it's a decade ago. Prices haven't moved with the times, even though everything else has. Materials, wages, rent, equipment, software, electricity – the list goes on. And with some of the larger clinical corporates now pushing for rebates, discounts and preferential pricing, it's getting dangerously close to unsustainable for many labs. These deals might look tempting in the short term, but the long-term risk is huge.

Once you've agreed to knock 15-20% off your work for volume, how do you go back? And what happens when the volume drops but the discount stays?

The invisible work we're not charging for

The issue isn't always just what we're charging – often it's what we're not charging for. Digital design work, implant planning, shade analysis, remakes

caused by poor scans, late changes, rush jobs... We absorb so much because we want to help, because we're relationship-focused and because we're proud of our work.

But let's be clear: every extra minute your team spends fixing a case that should've been right the first time is money lost. And that adds up, fast.

I've spoken to lab owners who haven't reviewed their price list since 2018. In that time, the cost of zirconia has shot up, composite kits have doubled, technician wages are under pressure from a shrinking talent pool, and the cost of electricity has me in sweats just thinking about it. It's no wonder so many labs are feeling the pinch. We can't keep delivering more, investing more, and expecting less in return.

You're not just a supplier – you're a clinical partner

We need to reframe how we see our role. Labs are not just service providers; we're clinical partners. We help dentists plan, design, adjust, and perfect. We take digital data and turn it into something functional, aesthetic, and patient-ready. That is not a low-skill task – it's a bespoke service. And it should be priced as such. This isn't about being expensive. It's about being sustainable. The best labs aren't the cheapest – they're the most consistent, the most collaborative, and the most committed to high standards.

Dentists have long been charging for their expertise. When they sit down to do a smile design consult, they charge for it. When they take time to plan a case, it's in the treatment cost. So why are we so hesitant to do the same?

Raising prices without losing clients

Raising prices doesn't need to be a dramatic, client-losing move. Start by getting a clear view of your real costs – materials, technician time, and all the quiet overheads like software licences and servicing. Once you know your baseline, you can build a pricing model that works for you and your team.

You don't need to itemise every tiny thing; in fact, dentists often prefer bundled pricing that's clear and consistent. Communicate clearly. Let your clients know that your prices are changing to reflect increased costs and to protect the quality and reliability they depend on. The key is confidence. You're not asking for a favour – you're running a business. And most dentists will understand, especially when they see how much you're investing in staying current, delivering precision, and supporting their outcomes.

Beware the corporate trap

One of the biggest risks right now comes from the increasing influence of large clinical corporates. Many are looking to tie labs into rebate deals, exclusive discounts, or framework pricing models that chip away at your margins with the promise of volume. It's tempting – especially if you've had a slow month or want the security of big-name clients. But be cautious. These agreements often come with tight turnaround times, minimal loyalty, and a long list of expectations. If your prices are already tight, even a small rebate could push you into loss-making territory without you even realising it.

The smartest labs I know are careful with these deals. They assess them like any other business decision: does this serve us? Can we maintain quality at this price? Is this sustainable if things change?

At the end of the day, that's what matters most – building something sustainable. Something that rewards your team, supports your clients, and leaves you with a business that works for you, not just for them.

Final thoughts

We're in a period of change. Labs are more digital, more central to clinical outcomes, and more skilled than ever. It's time our pricing reflected that. Let's stop being afraid to charge for our time, our knowledge, and our value.

Don't let rebates or 'preferred supplier' deals define your worth. You're not just a technician – you're a professional. You're a partner in patient care. And yes – you are worth charging for. **D**



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Collaborative care for optimising treatment outcomes

Cemal Ucer explains how a successful patient-centred approach requires a combination of technical skill and thoughtful planning

Cemal Ucer

Oral surgeon, ITI fellow



A full mouth restoration is a comprehensive dental treatment plan that aims to improve the overall health, function and appearance of teeth and gingiva. The procedure is often used to treat patients who have complex dental and oral health needs, and may involve a combination of different interventions, including dental implants, crowns, veneers, bridges or dentures.

In cases of severe maxillary and mandibular atrophy, full mouth rehabilitation may also include various surgical techniques, such as soft tissue grafting and advanced implant procedures. Clinicians may work closely with dental laboratories or specialist referral services at different stages of treatment to optimise outcomes.

Providing appropriate, customised care that addresses both the physical and psychosocial needs of the patient requires not only familiarity with advanced surgical techniques and materials, but also a collaborative approach to care (Su N et al, 2020). Patient involvement in their treatment has been shown to improve outcomes and prevent complications, as well as to enhance clinician satisfaction in daily practice (Krist AH et al, 2021).

Psychosocial wellbeing, together with oral function, orofacial pain and orofacial aesthetics, forms the basis for an assessment of oral health-related quality of life (OHRQoL). To ensure patients' needs are met in all these areas, clinicians are encouraged to employ methods that are tailored to each individual patient. This helps encourage patient participation in decision-making, adherence to instructions, and understanding of all variables and potential complications, ensuring fully informed consent is obtained (Su N et al, 2020).

The classic full mouth rehabilitation treatment plan – starting with consent

A thorough examination of the patient's dental and medical history, along with appropriate scans, like cone beam computed tomography (CBCT), and radiographic scans are needed to evaluate the condition of the whole mouth, including bone quality and gingival health.

Clinicians may use digital 3D imaging and/



or traditional analogue techniques to gain a comprehensive picture of the patient's oral health and to predict treatment outcomes. Smile design technology can help with planning specific restorative approaches, and can enhance patient communication. Such tools can assist in explaining why you have recommended certain treatments over others, and what measures patients might need to take to optimise outcomes, ensuring consent is fully informed (Saini RS et al, 2024).

General considerations for success

Appropriate case selection and careful treatment planning are critical to a successful outcome, and patient preferences should be considered (Pasam N, 2021). Assessments will need to be made regarding the most effective treatment on a case-by-case basis. For patients with a severely atrophic jaw, this may include an evaluation of the comparative benefits of a fixed versus a removable prosthesis or hybrid solutions, and grafting of bone or soft tissue – or both – may be considered. Planning treatment according to anatomical and prosthodontic needs can aid greatly in improving both aesthetics and function of the final restoration (Dzalaeva F, 2021).

Where minimally invasive treatment is considered appropriate, this may be achieved through using guided surgery, flapless implant placement, or the use of short implants (Felice P et al, 2020). For some patients, zygomatic or pterygoid implants may be considered to be a minimally invasive option (Chrcanovic BR et al, 2012).

Occlusal rehabilitation for fully edentulous patients may be achieved by simultaneous reconstruction of both dental arches or by following a quadrant-based approach. The principles underlying complete mouth rehabilitation are founded on three established concepts: the presence of a consistent

physiological rest position of the mandible, the acknowledgment of a variable vertical dimension of occlusion, and the acceptance of a dynamic and functional centric occlusion. Therefore, the goals of rehabilitation encompass the health of the periodontium, the vertical dimension, interocclusal distance, a balanced functional occlusion, and aesthetic considerations (Pasam N, 2021).

In fully edentulous cases, speech and language considerations are essential. Phonetic analysis, especially involving fricative sounds (e.g., 'f' and 'v') and sibilants (e.g., 's'), is a valuable diagnostic tool. Fricatives help determine the correct incisal edge position of the anterior maxillary teeth, while sibilants are key for establishing the correct location of the lingual tooth surfaces, which influences the occlusal vertical dimension (Cone MR, 2026).

Gaining skills to meet the needs of patients

Dental professionals wishing to meet the complex needs of their edentulous patients, can take greater control of the whole treatment plan through advanced learning. Eminent specialist oral surgeon, Professor Cemal Ucer, along with a team of expert faculty, teach a comprehensive course in Full Mouth Rehabilitation at the ICE Postgraduate Dental Institute and Hospital. The course, taking place over three parts, with an optional additional supervised clinical training opportunity, offers delegates advanced learning in complex oral implant rehabilitation, which includes the development of a customised approach to care.

As full mouth rehabilitation cases involve so many variables, clinicians must remain at the forefront of evolving techniques and technologies. Success lies in the combination of technical skill, thoughtful planning, and a patient-centred approach. By fostering interdisciplinary collaboration, engaging patients in shared decision-making, and pursuing ongoing professional development, dental professionals are well-positioned to deliver care that not only restores function and aesthetics, but also transforms lives. **D**

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

Please contact Professor Ucer at ucer@icedental.institute or Mel Hay at mel@mdic.co, 01612 371842, www.ucer-clinic.dental.



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Zirkonzahn's Military School welcomes university students

Training that builds a bridge between academic preparation and a professional environment, focusing on modern dental technologies and manual modelling

The Zirkonzahn School ('Die Zirkonzahn Schule', founded by MDT Enrico Steger) has grown to become a very special place to learn dental technology. Located amidst the fascinating scenery of the Alps, every year the vibrant school facilities host dental technicians and dentists from any country and any level of expertise, to strengthen their craftsmanship, techniques and skills in digital technologies by means of a diligent and complete working schedule.

The Zirkonzahn School includes six educational programmes developed considering the specific and differentiated targets' needs. They last from a few days to several months and, in some cases, they are run in an international ambiance. Among these, the Military School offers the most traditional training. Specifically tailored for young students of dental technology, over five days participants are challenged to learn and practice modern CAD/CAM technologies and manual modelling, working on simple cases made of Prettau® zirconia. The programme is focused on the concept of discipline and for this reason it is characterised by a military orientation: after getting up early, morning exercises and working tasks are performed following a strict and well-planned schedule with a diligent attitude. With intensive practical work and strict schedules, the school program aims to creating a bridge between school or academic preparation and real-world experience.



An immersed experience

Last April, the Military School welcomed students from Trinity College (Dublin) for the first time. Four students of dental technology shared this unique experience accompanied by two of their instructors:

At first it was a bit challenging, but the software was so intuitive that we managed to learn how to use it in a very short time

Valerie Tsukanova said: 'What struck me the most was how work was structured at the Military School. We lived together the entire time, fully immersed in dental technical work, with nothing external to distract us from our focus. The biggest challenge for me was shifting my perspective – from the more manual approach we had at university to a digital one – while learning modern workflow procedures.'

Maja Borkowska added: 'I really enjoyed learning a new software from scratch. At first, it was a bit challenging, but the software was so intuitive that we managed to learn how to use it in a very short time, especially considering how brief this experience was.'

Justine Brotarlo commented: 'It was truly a pleasure to spend this time with my

colleagues – it felt like we were a real team. The early wake ups, combined with sports activities and a sense of discipline, helped us build a strong group spirit. Even though we already knew each other from university, this experience was completely different, and I really enjoyed living at the same place where the school activities were performed.'

For more information the program and participation at the Military School, contact Zirkonzahn's Education Team: +39 0474 066 650, education@zirkonzahn.com or visit www.zirkonzahn-education.com.

Visit Zirkonzahn's YouTube channel to see videos and interviews from past participants!



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Building connections

Cathal Hayes discusses how collaboration and the network around you is key

Cathal Hayes

Head of Clinical Transformation and Strategy, PortmanDentex



As dentistry continues to evolve, so too does the way clinicians connect and grow their network. Across the UK and Ireland, professional collaboration is emerging as a critical force whether through clinical partnerships, shared learning or streamlined referral systems. For many, it's not just about delivering care; it's about delivering it together.

PortmanDentex, a dental group that is on a mission to reimagine group dentistry and wellness, is embracing this shift by cultivating a culture where connection, community, and clinical excellence go hand in hand.

With a network of over 370 practices, the group is reshaping what it means to practise modern dentistry by utilising its growth and scale and providing the support needed to benefit the clinicians and ultimately the patients.

At the heart of this effort is a deep focus on supporting clinicians, not only within individual practices but across regions, disciplines, and experience levels. The aim? To build a stronger, smarter, more collaborative dental community.

Introducing the Referral Hub: expanding your clinical reach

A standout example of this collaborative vision is the group's recently launched Referral Hub, a platform designed to connect dentists with increased referral opportunities, including leading specialists and dentists with special interest across PortmanDentex. Historically, referrals can often be clunky, inconsistent, and sometimes based more on proximity than specialism.

The Referral Hub that can be found on the PortmanDentex website, brings together over 650 – and growing – of our group's leading clinicians across a range of disciplines including endodontics, oral surgery, orthodontics, periodontics, and more, in one central place. Referring dentists can explore our clinician's profiles and areas of interest, then refer directly via our secure online platform.

It's a practical tool with a powerful impact simplifying the referral journey, improving access to advanced care, and encouraging richer clinical relationships between dentists and puts the patient at the centre of a multi-disciplinary approach to care.

More than just a digital system, the Referral Hub reflects a deeper commitment to professional growth. By creating easier pathways for collaboration, it empowers clinicians to learn from one another, share expertise, and ensure patients benefit from the full breadth of talent within the group.



Rosconnor Specialist Dentistry, Derry: a new purpose-built location

In early 2025, Rosconnor Specialist Dentistry relocated to a purpose-built multi-surgery building which also gave way to aligning their look and feel with the refreshed PortmanDentex visual identity; brought to life in a way that respects and complements the practice's well-established reputation and local presence.

From planning to opening, our central and operational teams worked closely with the Rosconnor Specialist Dentistry team to support a smooth and collaborative transition, ensuring their values and patient-first approach remained at the centre of every decision.

The result is a welcoming, professional environment that enhances the experience for both patients and the practice team.

The power of a connected community

Beyond infrastructure and branding, it's the people who bring the PortmanDentex ethos to life. Across the network, clinicians regularly

participate in study clubs, peer mentorship, webinars and networking events, all designed to support continuous learning and connection.

This culture has developed organically, fuelled by a genuine desire among clinicians to collaborate.

Whether discussing complex cases or sharing business tips, dentists within the group know they don't have to work in isolation. There's always someone to learn from and someone to support.

As the dental profession navigates everything from rising patient expectations to digital innovation, one thing is clear: the power of connection is here to stay.

PortmanDentex's model built on smarter referrals and a thriving clinician community, offers a compelling glimpse into the future of dentistry. One where collaboration isn't an add-on, but the foundation.

To find the Referral Hub and more on PortmanDentex visit portmandentex.com



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Opening a practice – have you thought about compliance?

Compliance is not what inspires most dentists to open their own practice. However, for the group of squat practice owners attending Bobby Bhandal's 'Build your dream dental practice! Squat success' course, a session with compliance guru Dr Pat Langley brought the issue to centre stage: mastering regulation is a central challenge for anyone starting out.

Pat – a registered dentist, founder of Apolline and now Clinical Director at FMC and Dentistry Compliance – has supported countless practices through the regulatory maze. Her approach is candid and pragmatic, grounded in decades of seeing what really works – and what can quietly trip up even the most motivated new practice teams.

Where most squat practices struggle

What stood out most during the session was how many owners feel overwhelmed by what is expected, particularly in the early days. 'Does everyone find this overwhelming?' one attendee asked – a question that resonated around the room. Pat was quick to reassure:

you are not alone, and the landscape is getting more complex for everyone.

A recurring theme the importance of understanding that compliance should not just be a 'tick-box' exercise. It is not about amassing paperwork for its own sake. Pat stressed: 'Policies need to reflect the way you will actually be working in your new practice. Do not copy and paste – make it meaningful and make sure your team is involved.'

Policies need to reflect the way you will actually be working in your new practice. Do not copy and paste – make it meaningful and make sure your whole team is involved

highlighted how generic documents are always scrutinised by inspectors. Instead, focus on real-world policies and risk assessments that fit your unique practice.

Emerging pressures: more than just the basics

Attendees were especially interested in how compliance now covers broader areas – environmental impact, staff wellbeing, equality and patient inclusion. Pat noted that CQC inspections increasingly include questions on how you support vulnerable groups and whether you are working to reduce your practice's environmental footprint.

'It is a lot to balance,' she acknowledged. 'But it is also an opportunity to build a culture that is truly patient-centred.'

She also touched on practical pitfalls: missing or outdated DBS checks, audits done as a 'tick-box' exercise and evidence gaps around infection control or recruitment. Her advice? Make audits and risk assessments meaningful, use them to drive improvement, and build systems that help you keep up to date – before things become urgent.

Turning insight into action

Pat's session ended with a message of encouragement: compliance is challenging, but it can be managed. Early support, robust systems and a culture of continuous improvement make all the difference. For those wanting a smarter way to stay on top of it all, digital compliance tools – such as those offered by Dentistry Compliance – can automate reminders, organise documents and help turn compliance from a headache into an everyday habit.

With the right mindset and support, compliance does not need to be chaos. It can be the foundation for a thriving, patient-focused practice.

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The rebel who might just save NHS dentistry

Ashkan Pitchforth was once dentistry's most controversial figure. Now, he might be its only hope

Ashkan Pitchforth

Founder and CEO of South Cliff Dental Group



By any traditional metric, Ashkan Pitchforth is an anomaly and, depending on whom you ask, a menace or a messiah. Tattooed, pierced, and once publicly scrutinised for baring too much skin on Instagram, his presence is far from the white-tunic stereotype of dentistry's old guard. His past steroid use and flamboyant fashion choices, more John Galliano than John Major, have made him the dental industry's most notorious enfant terrible.

And yet, the same man once dismissed as a scandalous outlier is now the most sought-after name in UK dentistry. Behind the headlines and Instagram drama lies something much more disruptive, and infinitely more consequential: a radical new business model that could be the lifeline NHS dentistry so desperately needs.

The numbers no one can ignore

At the helm of South Cliff Dental Group, Ashkan has built something that defies expectations and gravity. His practices are reporting practice-level EBITDA margins over 35% and group-level figures above 25%. For context, corporate giants across the UK and Europe typically hover around 15% at best. These aren't just good margins; they are market-defining, investment-reshaping numbers.

EBITDA is the gold standard in valuing a dental group; the metric that dictates how much a business is worth, how much capital it can attract, and what kind of return its investors can expect. By embedding Ashkan's high-yield model into an existing portfolio, corporate groups aren't just improving performance, they're adding millions to their valuation overnight. For private equity firms and lenders alike, it's not just compelling. It's transformative.

Private equity firms, fellow CEOs, and even government policymakers are now circling like sharks in a feeding frenzy, desperate to uncover his so-called 'secret sauce'. But perhaps the most damning indictment of the status quo isn't how many are watching Ashkan, it's why they must.



A broken NHS, a rogue solution

The NHS dental contract is widely acknowledged as dysfunctional. Even Lord Darzi's independent review called for sweeping reforms, though successive governments have done little more than apply cosmetic tweaks to a decaying framework. In April 2025, the British Dental Association (BDA) declared the service 'unsalvageable' under its current structure. Practices are converting to private models en masse. Patients are left behind.

Ashkan didn't wait for Whitehall. Instead, he engineered a self-sufficient, highly scalable NHS-aligned business model; one that achieves 110% target delivery while maintaining industry-topping profitability. It's a model that doesn't just 'work' within the NHS, it thrives, proving that the issue isn't the concept of public dentistry, but how it's delivered.

And he's doing it without begging for legislative reform. He's proving that reinvention can be driven not by ministers, but by mavericks.

From visionary child to industry disruptor

Ashkan's knack for innovation isn't new. In 1999, at age 12, he won a national Nortel Networks competition for designing a wrist-worn personal communicator, eerily similar to what we now know as the Apple Watch. He was showcasing this concept at the NEC's Tomorrow's World Live Exhibition years before Apple even filed patents.

He was destined for the Royal College of Art, until cultural and familial expectations intervened. Reluctantly, he chose dentistry, shelving his creative soul. But after a steroid-induced heart failure in 2023, and a second chance at life, the rebel in him was reborn. The artist returned, this time determined not just to innovate, but to reshape an entire sector.

As a result, he took South Cliff Dental Group, a group of 24 practices in which he is the CEO and owner, through a two-year rebuild process with two key principles in at the helm: how to create a dental group which achieves 100% of its NHS target year-on-year and an EBITDA percentage greater than any group in the world.

In just two years, he shattered expectations, unveiling a business model so effective, it left industry insiders and onlookers alike stunned. Clinically, this enhances every aspect of patient care (outcomes, experience and overall journey) when compared to traditional NHS delivery models. Importantly, the model is fully scalable.

With the appropriate clinical and operational teams in place, it can be effectively deployed across individual practices, corporate dental groups, and the broader NHS network representing a



transformative opportunity for the future of UK dentistry.

A culture-challenger, not a CEO clone

Let's be clear, Ashkan does not fit the boardroom mould. His appearance alone challenges every unspoken rule of 'professionalism'. But perhaps that's why he sees solutions no one else can. While others chase conformity, he chases possibility. And it's not just style. His substance is formidable: academic excellence, an unmatched work ethic and a track record of delivering what others call impossible.

His mission? To be better. Then, once he's succeeded, to move on and do it all again. Dentistry, he says, is merely the medium. Vision is the message.

Ashkan's charisma is nothing short of magnetic. Dinner with him feels less like a meal and more like a front-row seat to a life lived at full volume – part raconteur, part revolutionary. Guests leave in disbelief, not just at his stories, but that someone with such intensity, humour, and charm walks among us. Nights often end not with polite goodbyes but with dancing to Avicii, David Guetta, or unapologetic pop classics, well past midnight. By 5:30am, he's up again, not nursing a hangover, but sharpening his vision to save NHS dentistry.

Final word: don't judge the lab coat

In an industry paralysed by inertia, the most controversial figure might just be its saviour. The NHS doesn't need another committee. It needs a revolution. And Ashkan Pitchforth – steroid survivor, fashion-forward futurist, and anti-establishment executive – might be the unlikely insurgent dentistry never knew it needed.

So ask yourself this: what if the only way to rescue NHS dentistry... is to trust the bad boy?

For more information visit
www.southcliffdentalgroup.com.

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A first-choice career destination for young dentists

How **Colosseum Dental** offers a clear, supported pathway from foundation training to confident, capable practice

For dentists at the beginning of their professional journey, selecting the right environment for growth and development is a crucial decision. Colosseum Dental UK has established itself as a leading destination where early-career clinicians are not only welcomed but actively supported. With a strong commitment to learning, development, and people-first values, Colosseum stands out as a compelling choice for those seeking a meaningful and rewarding future in dentistry.

What distinguishes Colosseum is its personalised approach to career development. Each clinician receives a bespoke development plan, created in collaboration with the clinical team, the learning and development team, and Chief Medical Officer Dr Farzeela Rupani. These plans are carefully designed to align with individual aspirations, ensuring that professional growth is both achievable and sustainable.

Dr Rupani, who brings extensive experience as a practising dentist and former educator at King's College London and Guy's and St Thomas', is a strong advocate for the role of education in shaping successful careers. She shared: 'I am incredibly proud of what we've achieved here at Colosseum Dental. As a clinically-led organisation, our commitment to people is at the heart of everything we do. While delivering exceptional patient care remains our foremost priority, we equally value and invest in the individuals who make that care possible. We are deeply committed to fostering both personal and professional growth across all stages of a clinician's career. From experienced practitioners who've been practising for years, who continue to pursue

advanced learning, to newly qualified dentists embarking on their journey post-FD+1, we provide tailored support to help every individual realise their full potential. We firmly believe that the success and sustainability of our organisation are intrinsically linked to the development and fulfilment of our people.'

The CDUK Academy

In 2023, the business launched the CDUK Academy, a purpose-built learning initiative designed to support clinicians and their teams throughout their careers. The Academy serves as a dynamic platform for professional development, specialisation, and long-term career planning. It offers a comprehensive curriculum ranging from foundational CPD to advanced clinical training, all tailored to individual goals, made accessible to all through varying convenient locations or remote learning.

The Academy is also part of a broader European network, as Colosseum Dental operates in 11 countries. This international presence provides access to a wide pool of knowledge, training opportunities, and best practices. Colosseum collaborates with leading brands and training providers to ensure its teams benefit from the latest tools, techniques, and clinical content.

A Great Place to Work

It's no wonder that Colosseum Dental has been recognised as a certified 'Great Place to Work®', an accolade based on direct feedback from its employees. The organisation has also been named a Best Workplace for Women, for Development, and for Wellbeing – testament to its dedication to fostering a positive, inclusive, and empowering workplace culture. A huge part of Colosseum's people strategy is based on a belief that when clinicians feel supported and valued, they deliver their best work, ultimately benefiting patients.

For young dentists, one common consideration is whether to pursue NHS or private dentistry. According to Chief Commercial Officer Lee Catlin: 'There's a misconception that private dentistry is the easiest and most lucrative path. In

reality, early exposure to NHS patients helps young dentists build strong patient relationships, develop a diverse treatment portfolio, and gain the depth of experience that leads to long-term clinical confidence and financial success.'

Colosseum Dental offers a balanced mix of NHS and private work, allowing clinicians to develop a broad skill set while exploring the commercial aspects of dentistry. This dual exposure fosters a resilient and adaptable clinical foundation that supports both professional growth and long-term earning potential.

Being part of a dental group like Colosseum Dental also offers advantages over independent practice. The organisation's scale enables better negotiation on materials, lab fees, and equipment, reducing costs and administrative burdens for clinicians. Centralised support across marketing, finance, facilities, HR, and clinical governance allows clinicians to focus on patient care and professional development.

Robust support

Unlike some larger corporate dental groups, Colosseum maintains a focused footprint with 80 practices across the UK. This size allows for robust support while preserving a close-knit, collaborative culture. Clinicians benefit from the resources of a large organisation without losing the personal touch that fosters genuine connections and shared goals.

Colosseum's practices are located in vibrant communities across the UK, offering a wide range of clinical experiences. Whether clinicians are interested in general dentistry, cosmetic treatments, or specialisation, they provide modern facilities and supportive teams committed to excellence.

Colosseum Dental UK offers more than just jobs – it offers careers with purpose. For young dentists, this means a clear, supported pathway from foundation training to confident, capable practice. With access to world-class training, a culture of care, and a network of peers and mentors, Colosseum Dental is committed to helping clinicians realise their full potential.



For more information about careers at Colosseum Dental UK, visit www.colosseumdental.co.uk/careers or contact Lee Catlin at lee.catlin@colosseumdental.co.uk.



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Anyone who listened to the BDA's Eddie Crouch in conversation with Practice Plan's Nigel Jones at Dentistry Show Birmingham recently will have picked up that there is little optimism that NHS dental contract reform will appear any time soon. There was also scant confidence that contract holders would receive a sufficiently generous expenses uplift to cover the hike in the costs of employing staff either.

The GDC's recent Working Pattern Data report showed only 15% of practices are fully NHS, with a further 27% spending 75% or more of their time on NHS treatments. This means 42% of practices will be tied to a fixed pricing structure and find it difficult to pass on these increased costs.

A way to mitigate this would be to introduce private dentistry into the practice via a dental membership plan. Unlike pay-as-you-go private dentistry, a membership plan, as well as providing a predictable monthly income for the practice, allows patients to budget for their oral healthcare. We have also found that plan members tend to be more regular attenders than pay-as-you-go patients as their oral health examinations and hygiene appointments are, in effect, already paid for. This means, regardless of whether they have had a big bill that month they can still keep their appointment as it's been accounted for in their budget.

Patients are also more likely to remain loyal to the practice if they have signed up to a membership plan. This helps dental teams to get to know their patients better and to build relationships based on trust, which is essential when it comes to acceptance of recommended treatment plans.

Fall in love with dentistry again

Having extolled the virtues of dental membership plans, it's important to remember that not all plan providers are the same. There are some whose business model is solely to administer the plan and collect the fees. Whereas others offer additional services. However, it's always worth checking whether these additional services are included in the admin fee, or whether there are additional charges.

In the case of Practice Plan clients, they can take advantage of our full-service wrap without any hidden costs. During our 30 years of helping dentists fall in love with dentistry again, we have developed a wide range of support services to offer our clients. As well as marketing and design services, practices signing up with us can



gain access to a comprehensive programme of events delivered by industry leading figures. This includes our regional events, exclusive webinars, consultancy services and the highlight of the year for a lot of people, our annual Workshop Tour. This is in addition to marketing support, a library of blogs and podcasts, and the support of both a designated field-based regional support manager and a relationship support adviser at head office.

The happiness effect

Held in 16 venues across the UK the annual Workshop Tour offers an opportunity for the whole practice team to come together to learn something new that they can take back and apply in practice. This year we're changing things a bit and have partnered with training company Laughology to provide a day that promises to be as entertaining as it is informative. 'The Happiness Effect: how to build a thriving team using the science of happiness' will be presented by Dave Keeling, actor, stand up, and lead happiness consultant at Laughology. Although this may sound like an excuse for a bit of a laugh and a giggle, everything Laughology does is rooted in psychology and neurology. So, there is scientific research behind it.

The ultimate aim of the day is to help teams work together by helping build communication, trust, and collaboration. Dave will help attendees adopt a growth mindset so they can improve their problem-solving skills and learning. Crucially, all this will help build a culture of wellbeing within the practice which will aid employee retention; something of supreme importance these days. As any of the business coaches we work with will tell you, you can have the slickest premises in the most prime of locations with staff on the highest wages in the area. However, if you have a culture that makes your employees' hearts sink

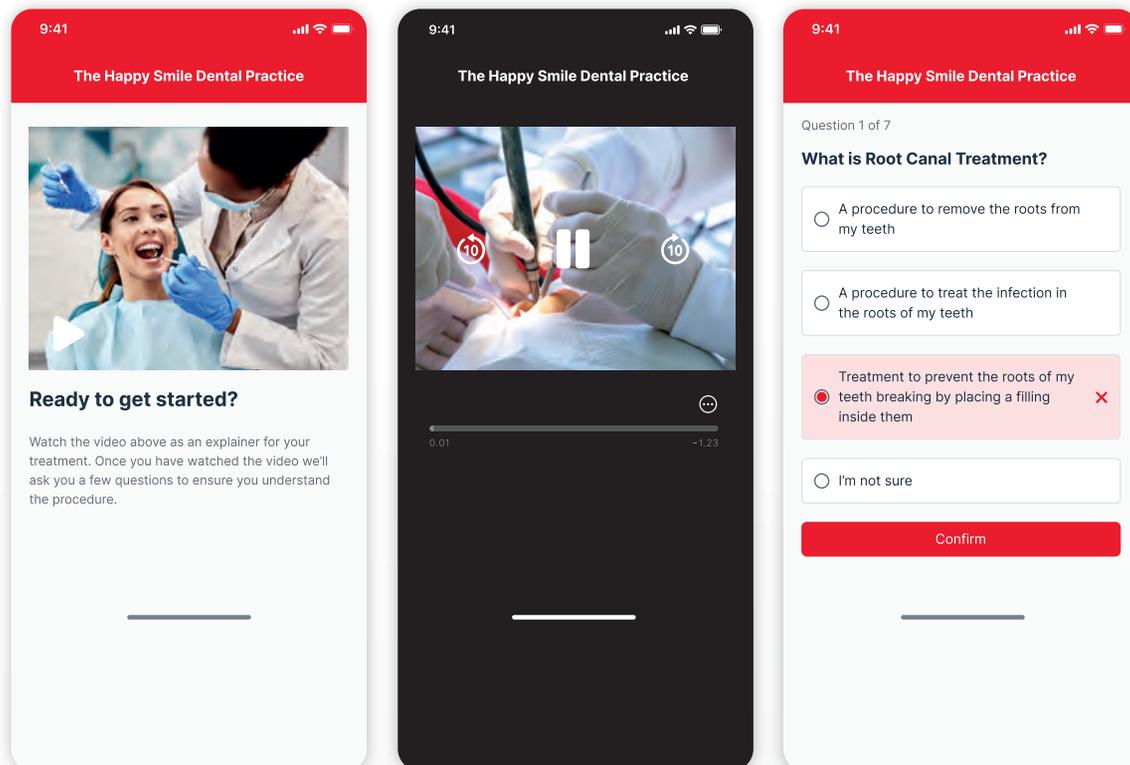
as they enter the building then you're unlikely to reap the rewards you'd hoped for as you'll be in a Groundhog Day of resignations and recruitment.

As author, Dale Carnegie said: 'People rarely succeed unless they have fun in what they are doing' and at Practice Plan we're known for having fun. While we are serious about looking after our clients, we don't take ourselves too seriously. Anyone who has seen our presence at Dentistry Show Birmingham or has been lucky enough to be invited on one of our Club Weekends can attest to that! Our combination of experience, expertise and unrivalled support is what sets us apart from most other plan providers. We have relationships with practices going back nearly 30 years, so we must be doing something right!

We've helped thousands of owners introduce private dentistry into their practice over the years and if we had a penny for every one who has said 'I wish I'd done it sooner' we'd be filthy rich by now! Handing back or rebasing an NHS contract is a big decision which is why we never push anyone into making it. It's your business so you are in control. Also, if it's not right for your business, then we'll tell you so, nicely. Our aim is to help build thriving businesses not just to 'sell' membership plans.

This year, Practice Plan celebrates 30 years of welcoming practices into the family, helping them to grow profitable businesses through the introduction of practice-branded membership plans. So, if you're looking to switch provider or are considering a full or partial move away from the NHS and would like a provider who will hold your hand through the process whilst moving at a pace that's right for you, why not start the conversation with Practice Plan, on **01691 684165**, or for more information visit the Practice Plan website: <https://www.practiceplan.co.uk>

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Young Dentist

STEERING THE DEVELOPMENT
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INTENTION SETTING

How daily habits can
help you achieve
success at dental school

SNUS AND NICOTINE POUCHES

The impact on gingival
tissues and oral mucosa

MEET...

WIKTOR PIETRASZEWSKI

The multiple-award winner shares
his passion for dentistry and the
importance of finding balance



'Broaden your horizons'

Winner of Best Young Dentist 2024, **Wiktor Pietraszewski** shares his passion for dentistry and the importance of finding balance

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

Wiktor Pietraszewski (WP): I didn't get into dentistry the conventional way – my predicted grades held me back at interview, and I missed out. I do think the UK selection process misses some great candidates, but that's a conversation for another day.

I've always been artistic, loved science and working with my hands, so dentistry felt like the perfect blend of medicine and creativity.

YD: Can you share your career journey so far?

WP: After not getting into dentistry in the UK, I completed a BSc in Human Physiology at the University of Leeds and then moved to Poland to study Dentistry. I did my FD year in a dental hospital, then moved to Malta for some year-round sunshine and to gain private practice experience early on.

Two years working in Malta helped me develop my skills early on and helped me put together my first restorative dental portfolio. In 2020, during the height of COVID, I moved back to the UK, where I now work in two busy London specialist practices focused on complex restorative and prosthodontic dentistry.

YD: What are your favourite aspects of dentistry?

WP: I love documenting cases and showing patients the process – it helps them understand the value and complexity of their treatment. Teaching and inspiring fellow dentists has also become a huge passion.



Wiktor Pietraszewski
Dentist



YD: And your least favourite?

WP: The endless admin, audits, and ever-changing compliance can be exhausting. It takes valuable time away from treating patients or developing educational content.

YD: What has been your most rewarding experience as a dentist?

WP: Building trust through complex treatments and then being asked to care for the whole family is incredibly rewarding. It's a reminder that excellence and empathy go hand in hand.

YD: Winning Best Young Dentist is a significant achievement – what do you believe set you apart?

WP: I stayed true to myself and focused on clinical quality, education, and transparency. My entry reflected that – well-documented cases, a clear sense of purpose, and contributions to the wider



profession, not just showing off basic before and afters.

YD: What are your top tips for anyone entering the awards?

WP: Document your journey well and showcase your thought process, not just the results. Use high-quality images, include some of your life outside the clinic, and make sure your 'why' shines through.

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

WP: I plan to grow my Punch rubber dam course across the UK and internationally, and expand hands-on teaching with Kuraray Noritake, focusing on both direct and indirect restorative workflows. Clinically, I'm aiming to take on larger ceramic and full

mouth rehab cases, while personally I'm prioritising family, my cat Tony, travel, and intentional living.

YD: How do you stay motivated to innovate and grow in a field that is constantly evolving?

WP: I surround myself with passionate peers and choose CPD that inspires me and has real clinical application. Teaching also forces me to keep learning and evolving.

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

WP: I've reduced my clinical days to four, which was one of the best decisions I've made. Protecting time and not ignoring my hobbies has been very important. I love gardening to relax, and I love looking after my lawn – I would

recommend lawn maintenance to any dentist looking to destress!

YD: Who is your inspiration?

WP: I'm inspired by dentists who combine artistry with integrity, and those who've built their own path in the profession. I also draw daily inspiration from my colleagues – and my wife, who's also a dentist (a very talented one) and always pushes me to be better.

YD: What advice would you give to younger dentists?

WP: Master the basics first – your first investments should be loupes and a camera so you can see and learn from your own work. Be pragmatic; always use rubber dam for adhesive dentistry, focus on perfecting simple procedures before progressing, and don't follow the crowd – go abroad for courses, broaden your horizons, stay humble and curious. | **YD**

Building trust through complex treatments and then being asked to care for the whole family is incredibly rewarding

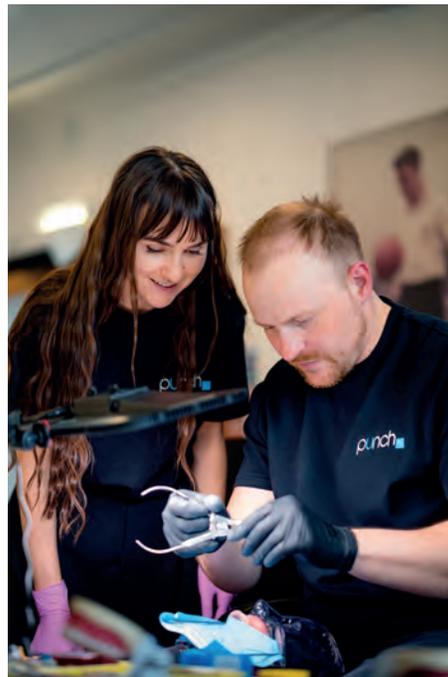
For more details on Wiktor's hands-on rubber dam course, Punch, hosted at Craven Cottage, London, please visit www.drivicthedentist.com/punch or follow @drivicthedentist on Instagram.

Dentistry AWARDS 2025

The Dentistry Awards

The Dentistry Awards, are a celebration to recognise and reward excellence in dentistry, recognising dental professionals for their achievements and advancements.

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



Setting the right intentions

Tina Bhardwaj explains how she starts the day and why a routine can help set you up for success at dental school

Before I had a proper morning routine, I'd wake up feeling groggy, scroll on my phone and rush through the start of my day without much thought.

However, over time, I've come to realise the way I spend my mornings altogether shapes how the rest of my day goes, especially as a dental student.

By having such a busy schedule filled with clinics, lectures and revision it is so easy to feel overwhelmed; but by setting the right intentions for the day it makes all the difference. Throughout my experience at university, I've been able to build a routine which helps me feel refreshed and ready to take on the day as a second-year dental student. Many people assume a morning routine needs to be perfect. However to me, it's about creating habits which make you feel prepared for the day ahead. So, let's delve into how I spend my mornings.

My step-by-step morning routine

8:00am - waking up and feeling refreshed

Waking up early in the morning isn't always easy. I know we all feel the same when we just want to hit the snooze button and sleep in a little longer. However, I've come to realise that the hardest part is simply just getting out of bed. Once I've freshened up, brushed my teeth and washed my face, I feel a lot more ready to start my day.



8:15am - journalling and setting my intentions for the day

Taking a few moments to write down what I'm grateful for and setting positive affirmations has made a huge difference in my mindset. Some days, my gratitude for the day can be as simple as, 'having a great breakfast', 'the weather being nice and warm' or something a little deeper.



Tina Bhardwaj
Dental hygiene and therapy student

In doing so, it allows me to organise my thoughts and focus on the positive aspects of my days rather than overthinking. I have been using the journal *The Six-Minute Diary* for a couple of years. I love how the pages are laid out, as they allow me to focus on what I want to accomplish each day and on the things I'm grateful for. In the evening, I can reflect on these and be thankful for the intentions I've set and the progress I've made throughout the day.

8:30am - breakfast every day

I always have a nourishing breakfast that gives me the energy I need to stay focused for the rest of the day. Recently, for busy mornings when I have university, I usually have some golden syrup porridge with fruit in the mornings. However, on days when I have a bit more time, I love to sit down with some toast and a nice cup of tea.



9am - going to the gym

Going to the gym in the mornings has been a real gamechanger for me as it gives me a boost of energy and clears my mind of anything I'm carrying with me. I used to delay going to the gym till the afternoon so I could lie in a little longer, but that would end up with me feeling too drained to go.



On the days I don't go to the gym, I always try to go on a walk as it serves as a positive influence on the rest of my day - especially a busy one.

10am - refresh and get ready to be productive!

After the gym, I come back and have a nice warm shower, and I make myself a yoghurt bowl with granola and honey to keep me going and refuel myself.

By this time, I feel like I've accomplished so much of my day already and it's only just started.

10:30am - planning my day

To keep myself organised, at the start of each week, I create a to-do list and plan out the tasks I need to complete for the week. I've figured out that, without a to-do list I usually waste a lot of time trying to figure out what to do and overthinking my tasks of the day.



By having a simple, structured list it keeps me focused, which is key in dental school, especially with the workload.

11am - change of scenery

I try not to stay in the same space, for example, my room, as it can feel draining, and I usually associate my room with resting and re-energising.



I love to head to a cafe, thus changing up my environment, and helping me stay focused. I also love to take walks around the docks, as fresh air helps me clear my mind after a revision session and lets me feel a sense of accomplishment for the day.

Why does this routine work for me?

This routine has worked best for me because:

- It lets me start my day with the right intentions
- It helps me prioritise my wellbeing and manage my time effectively
- I'm able to maintain the discipline to improve every day.

As a dental student, my days come with variability such as early morning lectures and clinics, so it isn't always possible to follow the same routine.

However, I've come to realise consistency is key and if I have a foundation for the morning, I feel more prepared for what the day brings. If you're struggling to navigate your morning routine as a dental student, my best advice is to start with smaller steps. Whether it's setting aside five minutes to journal, or simply just waking up on time.

Eventually, those habits will start to build over time and a routine will unfold that suits you best. **YD**

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Dr Aris Stamatelatos, 2023/2024 delegate ★★★★★

The Restorative Course has changed every aspect of my practice, for the better! I can diagnose, treatment plan, communicate and deliver dental treatments far better now than I ever could before attending the course. All of the complex aspects of modern private dentistry have been presented in an easy-to-implement way. I highly recommend the course to anyone who wants to become a better and more confident dentist.



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Snus and nicotine pouches: oral health implications

Patric Aria Saraby explores the impact of snus and nicotine pouches on gingival tissues and the oral mucosa

As smokeless nicotine products gain popularity in the UK, particularly among younger adults, dental professionals are seeing new patterns of oral soft tissue pathology.

Products like snus and nicotine pouches are often promoted as 'healthier' alternatives to smoking, but their prolonged contact with the gingiva and oral mucosa can result in significant changes to these tissues.

This article explores their effects, provides clinical guidance, and outlines key patient education strategies.

Snus and nicotine pouches

Snus is a moist, tobacco-containing product placed under the upper lip. Common in Scandinavia, it is illegal to sell in the UK but remains in use via personal imports

Nicotine pouches, unlike snus, are tobacco-free. They deliver pharmaceutical grade nicotine through the oral mucosa, are legal and widely available in UK supermarkets and online.

Both products rest directly on the mucosa and gingival tissue, leading to localised exposure and potential oral health implications.

Effects on gingival tissues and oral mucosa

Localised gum recession and mucosal lesions

Prolonged placement causes mechanical trauma and chemical irritation. Users often develop localised

gingival recession and snus-induced lesions (SILs), which may appear keratotic or leukoplakic. This can result in localised gum disease.

Localised bone loss

A lot of patients will experience severe localised bone loss in the areas where they repeatedly leave the pouch under their lip.

Increased risk of oral cancer

Repeated use of snus can cause oral lesions (SILs) including leukoplakia, which is a precancerous lesion characterised by white patches or sores in the mouth. This can develop into oral cancer if left untreated.

Vascular and healing impact

Nicotine is a vasoconstrictor that reduces blood flow to the gingiva, impairing healing and contributing to tissue breakdown.

Clinical symptoms

Patients may report dryness, irritation, or a 'burning' sensation where the pouch is placed. Long-term mucosal effects are still under investigation.

Putting it into practice

These products may go unreported by patients who don't see themselves as 'smokers'. Routine history-taking should include specific questions about nicotine pouch or snus use. In addition, clinicians should watch for:

- Localised gingival recession or soft tissue lesions, especially in the upper anterior vestibule
- White or keratotic patches
- Delayed healing following hygiene treatment or surgery.



While often framed as harm-reduction tools, their impact on gingival and mucosal tissues should not be underestimated

Rising use in the UK: a public health watchpoint

Recent data highlights how rapidly nicotine pouch use is growing in the UK:

- 5.4% of UK adults have tried nicotine pouches; 1.0% are current users
- Among 11-18-year-olds, 3.3% have tried them, and 1.2% are regular users
- Usage is higher among men, 18-24-year-olds, and former smokers or vapers
- The average user consumes three cans per week.



Patric Saraby
Associate dentist



Aggressive marketing, flavoured products, and easy accessibility contribute to the trend. This poses challenges for both clinical practice and public health messaging.

Conclusion

Snus and nicotine pouches are reshaping how nicotine is consumed. While often framed as harm-reduction tools, their impact on gingival and mucosal tissues should not be underestimated.

Dental professionals play a critical role in identifying early damage, educating patients, and advocating for a more informed and cautious use of these increasingly popular products.

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Educating patients: key talking points

1. 'Less harmful' does not mean harmless. Make it clear that reduced combustion risk does not mean the product is safe, particularly for soft tissues
2. Highlight visible damage. Use mirror exams or photos to show early gingival or mucosal changes
3. Recommend regular reviews. Encourage three-to-six-month reviews for patients using nicotine pouches
4. Discuss healthier alternatives. Suggest cessation strategies or regulated nicotine replacement therapies as safer pathways.

that switch to oral nicotine pouch products relative to continuing smoking or stopping all tobacco use. *J Clin Pharmacol* 63(10): 1108-1118

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Making Tax Digital for Income Tax is coming!

Seb Stracey explains what the changes are and how this might affect you

For a few years, HMRC has promised to roll out the biggest change to the self-assessment regime, since self-assessment was introduced in 1996. After various delays, it is now set to be implemented from April 2026. Making Tax Digital for Income Tax ('MTD for ITSA') is a radical reform in the way income and expenses for the self-employed and landlords, is reported to HMRC.

Currently, income is reported to HMRC on an annual basis. Income for the year ended 5 April is declared on a tax return and submitted by the following 31 January, with payments due in January and July.

From April 2026, this is all set to change. From April 2026, if your total business and/or property income exceeds £50,000, you will need to:

- Keep digital records of all income and expenses
- Use cloud-based accounting software which is HMRC compliant
- Submit quarterly updates to HMRC (rather than just one annual tax return form).

If your income is between £30,000 and £50,000, these requirements will come into effect from April 2027.

The quarterly updates are in addition to the regular annual filing, so for the first year 2025/26 tax returns will be due alongside the quarterly filings for 2026/27. HMRC at this stage have stressed that there are no changes to the tax payment dates and these will remain in January and July.

The quarterly updates are in addition to the regular annual filing, so for the first year 2025/26 tax returns will be due alongside the quarterly filings for 2026/27

How this affects dental associates and principals

These changes will have a direct impact on the way you manage your accounts, and we are aware that HMRC has already started contacting affected individuals, with more clients due to receive these letters in the coming months.

To comply with MTD for ITSA, you will need to:

- Use digital, cloud-based accounting software to maintain your records and submit quarterly reports
- Ensure you have a dedicated business bank account, if you don't already have one. This is crucial for keeping personal and business finances separate and simplifying your record keeping for MTD for ITSA
- Prepare to report your income and expenses every three months rather than just annually.



Seb Stracey
Partner, Humphrey & Co

We understand that these changes are significant, particularly for busy professionals managing clinical responsibilities alongside their finances. Therefore, it is important that you are in contact with your accountant regarding the changes during the next year.

HMRC have launched a pilot scheme

We don't believe there is any reason to worry. If you are already on top of your record keeping, on a frequent basis, you may find you only have to make minor changes to comply

to allow accountants and taxpayers to trial the system, which we believe will be invaluable in ironing out any issues and allowing clients to become more familiar with what will be involved, before it is mandatory.

What should I do now?

As mentioned above, there is a pilot scheme which may appeal to many as a 'softer' landing on the new regime. We would recommend speaking to your accountant about this. At Humphrey & Co we have already begun registering clients for this, to ensure we are as prepared as possible for April 2026.

If you are not planning to join the pilot, we would still recommend getting ready for April 2026. This should involve speaking to your accountant to ensure there isn't a duplication of any work, to understand their approach and ask any questions, plus familiarising yourself with the timelines.

Whilst the changes are drastic, we don't believe there is any reason to worry. If you are already on top of your record keeping, on a frequent basis, you may find you only have to make minor changes to comply. If you are usually a little behind with getting things ready for your accountant, it will simply mean a change to when you do things.

The silver lining, is that whilst the red tape and compliance burden has increased, you should be able to get a better picture of your finances throughout the year and this should lead to a closer relationship with professionals around you. **IYD**

We are firm believers that as dentists your time can be better spent earning money through dentistry rather than coping with the peculiarities of the tax system. Should you wish to discuss the above or any other accounting or taxation matter, please contact Seb Stracey on 01323 730631 or sstracey@humph.co.uk.

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'A journey of constant growth'

We spoke to **Patric Aria Saraby** about why he chose a career in dentistry, his long-term goals, and what excites him most about the profession

Young Dentist magazine (YD): What first sparked your interest in dentistry?

Patric Saraby (PS): When I was born, my mother was still a dental student at the Karolinska Institute in Stockholm. My parents were refugees from the Iran-Iraq war, and we didn't have much since my dad was the only one working while my mum studied. Since they couldn't always find someone to look after me, my mum would sometimes bring me along to her university lectures. She'd sit me in the corner and tell me to be quiet – so there I was, a three-year-old, listening to dental lectures in Swedish! Of course, I didn't understand much at the time, but those early experiences left an impression.

YD: Who or what influenced your decision the most?

PS: I grew up surrounded by dentistry, my mum now owns a clinic and my dad does a lot behind the scenes. I started helping out there as early as 13, so it's always been a real family business! What first sparked my interest wasn't the technical side, but the transformation I saw in patients. I watched people walk in with pain or insecurity and leave with confidence and comfort. That impact was powerful.

YD: Were there any experiences during dental school that deepened your passion for dentistry?

PS: There were many moments that shaped me during dental school. One that stands out is the transition I went through at UIC Barcelona. My degree started in English for the first two years, but from third year onward, everything – exams, lectures, clinics – was in Spanish. That transition brought intense pressure, but it also forced me to adapt quickly, grow resilient, and stay focused on why I was there. At the same time, I had this dream to give the graduation speech. It felt like the least I could do to honour my parents, who escaped Iran and sacrificed so much to give

my sister and me a better life. I found out that the graduation speaker is typically the class delegate, so I ran for the role in first year.

I was elected by my peers in the English programme and, incredibly, when we merged with the Spanish cohort in third year, they also voted for me, even before knowing me well. That gave me a huge boost of confidence and a sense of responsibility. Holding the delegate role from first through fifth year helped me develop leadership skills that I brought with me into the clinics. And yes, I did end up giving that graduation speech, in front of my parents and grandparents. It was one of the most emotional and meaningful moments of our lives, and it reminded me why I chose this path. Dentistry isn't just a profession, it's how I honour the people who made my journey possible.

YD: What do you love most about being a dentist?

PS: I love the blend of science, art, and personal connection. Dentistry lets me be hands-on, problem-solve creatively, and really get to know people. I love that I can make someone's day better, whether it's relieving pain, improving a smile, or just listening. There's something special about speaking and getting to know my patients and creating that relationship with them.

YD: Is there a particular patient story that reaffirmed your passion for dentistry?

PS: Yes, one moment that really stayed with me happened not too long after I joined Bupa Dental Care in Westbourne. The practice hadn't had a dentist taking on NHS patients for over two years, so when I started, there was a huge backlog of patients who had been waiting a long time, many in pain or struggling with untreated issues. One patient in particular came in who hadn't seen a dentist in over five years. She was visibly anxious, overwhelmed, and had multiple urgent dental needs. She told me she had given up trying to get seen and had even started pulling her own teeth at home. That broke my heart. I took the time to really listen to her story, explain the treatment options gently, and reassure her that we'd take it one step at a

time. Over the course of a few appointments, we managed to restore her oral health but more importantly, we restored her trust in dentists. By the end, she was smiling freely and even cracking jokes in the chair. Weeks later she sent me a card through the post thanking me for everything.

We have the chance to rebuild trust, restore confidence, and quite literally change someone's quality of life. It reminded me why I chose this path and why I want to keep showing up every day.

YD: What are your career goals for the next few years?

PS: Since graduating, I've mapped out a clear and ambitious plan with key milestones. I've dreamt of being featured on the cover of Young Dentist magazine, win the Young Dentist Award, and eventually specialise. I'm particularly drawn to periodontics. I love that it requires building long-term relationships, educating patients, and helping them take control of their oral health to save their teeth. Alongside that, I also plan to take part in charity dental missions. Giving back has always been a big part of my 'why', and I want to use my skills to make a difference in communities with limited access to dental care. It keeps me grounded and reminds me of the bigger picture in healthcare.

YD: Are there any innovations or trends in dentistry that excite you?

PS: I'm really excited about the rise of AI in dentistry, it's going to change the landscape completely. From diagnostics to treatment planning, AI has the potential to increase accuracy, reduce human error, and improve patient outcomes. For example, AI-assisted radiograph interpretation is already helping detect caries, periapical lesions, and bone loss earlier and more reliably.

But what excites me most is how it can support clinical decision-making while freeing up more time for us to focus on the human side of care – building trust, educating patients, and tailoring treatment to individual needs. I see AI not as a replacement, but as a powerful tool that will elevate the way we practise dentistry in the years to come. | **YD**

Patric Saraby
Associate dentist





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Foundation training in dentistry: why it could be two years

Balneeta Bhamra explains why she believes additional time could be beneficial for foundation training in dentistry

When I first started foundation training, I was excited, nervous, and full of questions. Would I be confident enough? Would patients trust me? Would I be able to handle the pressure of real-life dentistry? After years of dental school, it suddenly felt like I was stepping into the deep end.

Now, as I reflect on the past year, I can genuinely say that it's been one of the most rewarding and transformative experiences of my life. Foundation Training has given me far more than just clinical experience, it's helped me grow as a clinician, a team member, and an individual. It's taught me about communication, resilience, responsibility, and the immense value of reflection.

Learning on the job

From day one, the learning curve was steep. Every patient presented a new scenario, and I was constantly adapting; whether it was explaining treatment plans clearly, navigating difficult conversations, or learning how to manage anxiety (both theirs and mine). These were lessons I could never have fully grasped in a lecture hall.

There were moments of self-doubt, especially in the early weeks. But I was lucky to be surrounded by a supportive team of nurses, supervisors, and peers who offered encouragement and honest feedback. Their guidance helped me stay grounded during difficult days, and their reassurance helped me keep going when I felt unsure.

I began to see progress in small, significant ways. I was completing procedures more efficiently, handling unexpected situations with more composure, and connecting better with patients.

The fast pace

One thing I've realised is just how much we're expected to



Balneeta Bhamra
Foundation dentist

learn in a short space of time. From handling busy clinics to managing complex treatments and navigating NHS systems, it's a lot to take in over just 12 months.

The volume and variety of work is intense. You're constantly juggling clinical duties with audits, assessments, and CPD requirements. And on top of that, you're adjusting to a full-time working schedule for the first time. It's a big leap from university life, and there's not much room to pause. Still, this pace forces growth. You learn to manage your time better, to prioritise tasks, and to think on your feet.

It's exhausting at times, but also incredibly motivating. There's something rewarding about seeing your own progress in real time. While I feel proud of how far I've come, I can't help but wonder: how much more confident and competent could we become if we had just a little more time?

Why I believe foundation training could be two years

I don't say this to criticise the current system. I say it because I've had such a positive experience that I would have valued more of it. An additional year could allow newly qualified dentists to:

- See a wider range of cases with less pressure
- Spend more time developing specific skills, whether clinical (like endodontics or oral surgery) or interpersonal (like communication and patient management)
- Build resilience and confidence gradually, with time to reflect, grow and consolidate.

It would also give us more time to find our rhythm, not just clinically, but emotionally. Dentistry is a demanding profession, and a slower, more supported transition could make a lasting difference to our wellbeing and professional longevity. From a patient perspective, having a more confident and well-prepared clinician can only be a good thing.

The benefits of extending Foundation Training aren't just about improving our

experience, it's also about delivering better care and reducing stress-related burnout early in our careers. We often talk about supporting new graduates, but time is the one thing we don't seem to offer enough of. If foundation training were two years, I believe it would create more competent, confident, and compassionate dentists who are better equipped to handle the complexities of modern practice.

Stepping into the unknown

Now that my foundation year is coming to an end, I find myself facing a new kind of uncertainty trying to figure out what comes next. I'm in the midst of applying for jobs, attending interviews, and considering whether to pursue Dental Core Training (DCT) or move into general practice.

There are so many directions to go in: NHS or private, corporate or independent, fast-paced practice or one with more mentoring and support. Each path offers something different, and it can be hard to know what you really want when you're still finding your feet. Interviews have become learning opportunities in their own right.

They've made me think about what kind of environment I thrive in, what kind of mentorship I value, and how I want to grow in the next stage of my career. It's not just about whether I get offered the job, it's also about whether I can see myself developing there. It's a bit daunting, but I've found some reassurance in the uncertainty. This year has shown me that I'm capable of adapting, of asking for help, and of navigating new challenges. So, while I don't have all the answers yet, I feel more prepared than I did a year ago and that's a win in itself.

Looking ahead

Foundation training has shaped my understanding of what kind of dentist I want to be: one who listens, who cares, and who never stops learning. If I could change one thing, it wouldn't be the pressure or the workload. It would simply be the time. **YD**

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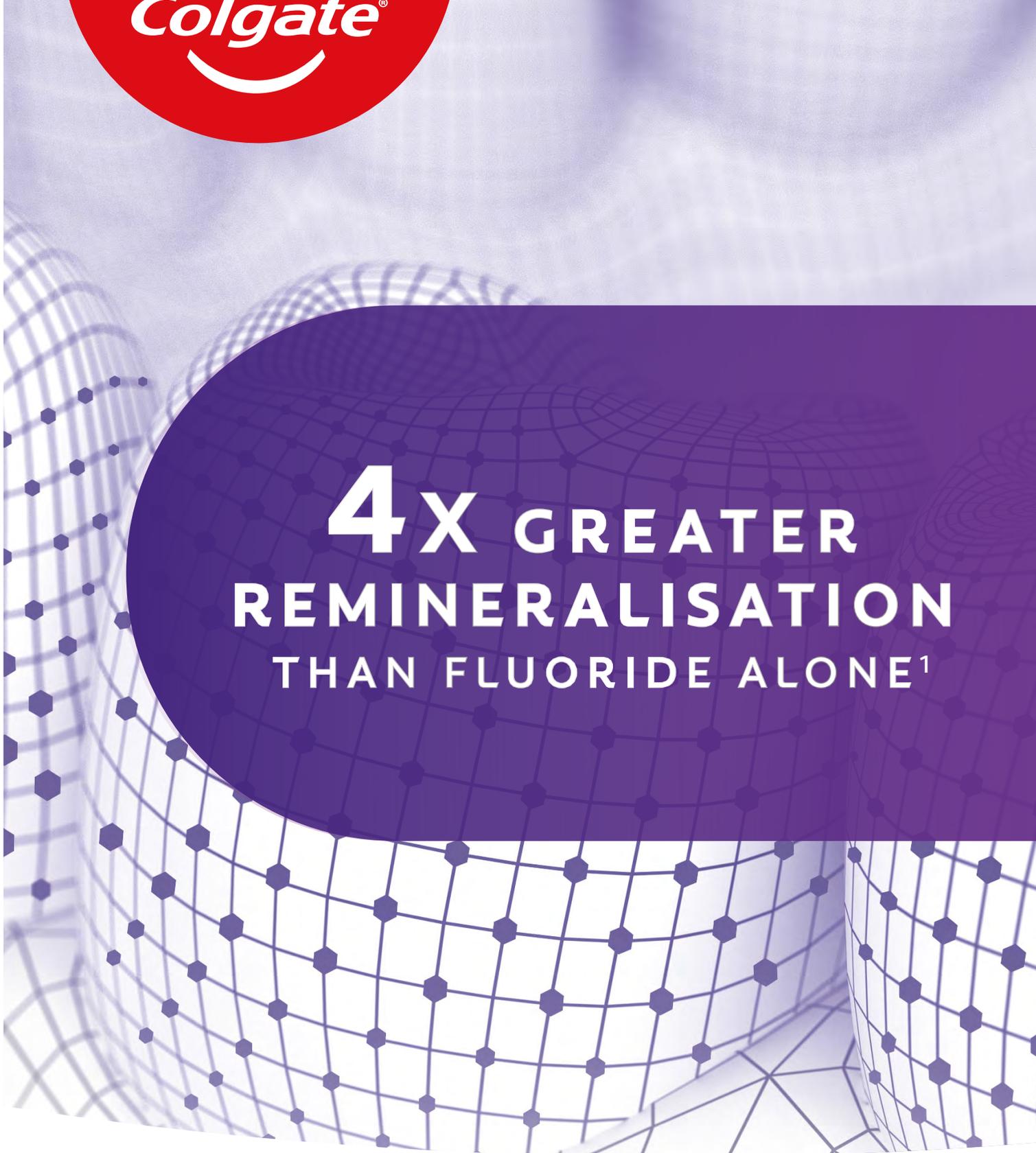


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References: 1. Cantore M et al., J Clin Dent 2013; 24(Spec Iss A): A32-44. 2. Wolff M et al. J Clin Dent 2013; 24(Spec Iss A): A45-54. 3. Santarpia P et al. Am. J. Dent 2014; 27(2):100-5.

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How to attract attention for the right reasons

How can you ensure that your practice stands out against the rest while remaining on the right side of the regulators? **Leo Briggs** explains the ethical side of marketing

Leo Briggs

Deputy head, the DDU



Effective marketing is essential to ensure your practice and its services are visible to as many potential patients as possible, but you don't want to waste money on campaigns that have to be withdrawn or end up damaging your professional reputation.

The following five tips will help you balance promoting your practice with your ethical and legal obligations.

1. Check claims are not misleading

While you may be employing a marketing agency, the GDC still expects you to take responsibility for checking that information containing your name is accurate, not misleading and complies with its GDC's guidance on ethical advertising.

This expressly requires you to: 'Use clear language that patients are likely to understand; back up claims with facts; avoid ambiguous statements; and avoid statements or claims intended or likely to create an unjustified expectation about the results you can achieve.'

In addition to the GDC, you must ensure that your marketing complies with the Committee of Advertising Practice (CAP) Code as the Advertising Standards Authority (ASA) has the power to remove any advert found to contravene the Code and can refer persistent offenders to Trading Standards. The CAP provides specific guidance on the documentary evidence required to make dental and cosmetic claims and you can find further guides for dental professionals on its website covering areas such as teeth whitening and non-surgical facial aesthetic treatments.

If you're unsure whether your promotion is within the rules you can use the CAP checking service or contact your dental defence organisation.

2. Don't advertise POMs

You must not promote prescription-only medicines (POMs) such as botulinum toxin injections to the public, even if they are going to be administered by a registered healthcare professional. This applies to all forms of advertising, such as practice websites, posters

and leaflets, as well as social media.

CAP guidance also warns: 'There's no getting round [the rules] by tweaking the product's name (beautox is an example) or even leaving it out altogether and referring to anti-wrinkle injections if what you're offering is Botox.' The ASA can take enforcement action against those who fail to comply which can include referral to the Medicines and Healthcare products Regulatory Agency (MHRA).

If you offer botulinum toxin injections at your practice the CAP also says you can promote consultations, provided it's clear that this is to discuss various treatment options 'and a product won't be sold or administered if a customer isn't suitable'. You can also provide factual information about the product on your website, but not on your home page.

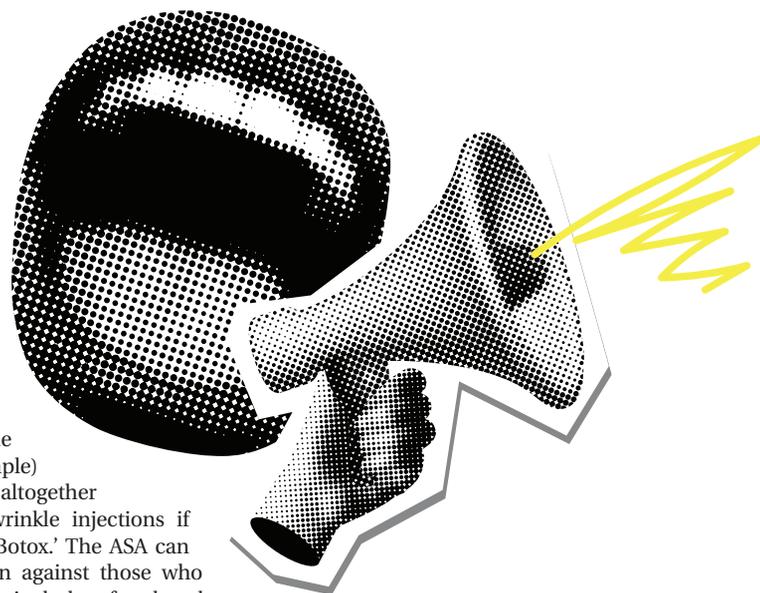
3. Get informed consent

Before and after images are often used to promote dental and cosmetic services but you must ensure patients are happy for their confidential information to be used in this way and they should not be identifiable unless absolutely necessary.

For consent to be valid, you need to ensure the patient understands precisely what information will be retained, displayed or published, where and when, who will see it and the likely consequences.

Patients must also know that they can withdraw their consent at any time and be able to do so. For this reason, particular care should be taken with using images in online marketing, where this may be more difficult to monitor and enforce.

The CAP has specific guidance on the use of before and after images and patient testimonials covering the need to retain signed and dated proof that the images are genuine with contact details for the person featured and the potentially misleading use of pre- and post-production techniques for example, retouching 'after images'. As above, you can't use before and after images to show the effectiveness of POMs.



4. Take care with third party promotions

In principle, it's OK to promote your practice with offers such as a free initial consultation, provided the terms and conditions are clear but the GDC has warned about the use of promotions on social media sites. It says: 'If you promote your services on marketing or social networking websites, you must make clear that the treatment advertised may not be appropriate for every patient and that it is conditional on a satisfactory assessment being carried out. You must assess the patient, obtain appropriate consent, obtain a medical history and explain all the options before carrying out any work.'

5. Beware of potentially misleading titles

You cannot use the words 'specialist', 'specialises' or 'specialising' when referring to yourself or your practice unless you are on the appropriate GDC specialist list. However, the GDC says you 'may use the terms "special interest in...", "experienced in..." or "practice limited to..."'

The GDC allows dentists to use the title 'Dr' provided it is made clear that this is a courtesy title only and it is not otherwise implied they are qualified to carry out medical procedures. The CAP says particular care is needed when providing injectable aesthetic treatments and that 'the safest and simplest way to avoid confusing consumers is to avoid the Dr title unless a general medical qualification is held'. **D**

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Fund your growth wisely

Ray Cox emphasises the vital importance of consistently reviewing your business's financial strategies

Ray Cox

Managing director, Medifinance,



In life there are very few things we don't look back on and think 'maybe I could have done it better'. Learning is a process that is inevitably accompanied by mistakes... and nothing highlights this more than running a business.

Sadly, for all the health professions, very little (if any) guidance on commerce and business practice is given to students by universities. Thus, if when the time is right, you feel you want to set up your own practice, a considerable number of potential difficulties and challenges await you. There are, of course, some excellent business courses available and you would be well advised to research these and commit to attending particularly any that specialise on your profession.

Additionally, make every effort to take on board and retain a team of advisers who, in combination, have the skills, knowledge and experience to help give your business a sound start and keep it focused on profitable and sustainable growth. In my view, your team should include an accountant, a finance broker, a marketing consultant and perhaps a consultant to help you put in place your business plan and strategy.

Make money work for you

I am now going to concentrate on what is essentially the reason why anyone wants to start and run a business. I am making the assumption that you have chosen a caring profession because you care; but to consistently and reliably provide that care it has to make money. And the more it makes the more it can invest in 'doing it better'.

The important thing to recognise, from the start, is that the money market does not stand still. It is sensitive to and driven by a host of economic factors and technological changes. Without going into vast detail about the vagaries and variables of everything that influences the finance sector, I will give you one piece of one piece of advice that will stand you in good stead at whatever stage you and your business are at. It's simple...

Regularly review your finance options

To be honest, most businesses don't, and it costs them. A couple of hypothetical examples to make the point:

- You set up your practice a few years back and were over the moon simply to get funding. Your business is now established and profitable so perhaps it's a good moment to look again at the terms and conditions originally offered and maybe renegotiate a more favourable deal from a position of strength
- Several projects and purchases have been funded over the years, resulting in a somewhat unstructured and

incremental approach. It could well be financially beneficial to take a close look at your funding portfolio and the possible refinancing options.

See problems as opportunities

By and large, healthcare across the board is a market sector that can withstand the ups and downs of the economy better than most. Nevertheless, issues such as sudden hikes in interest rates can make you think twice before making planned purchases and investments.

Importantly it will also make your competitors think twice.

And whilst they're still thinking, you have a golden opportunity to get ahead. Use it!

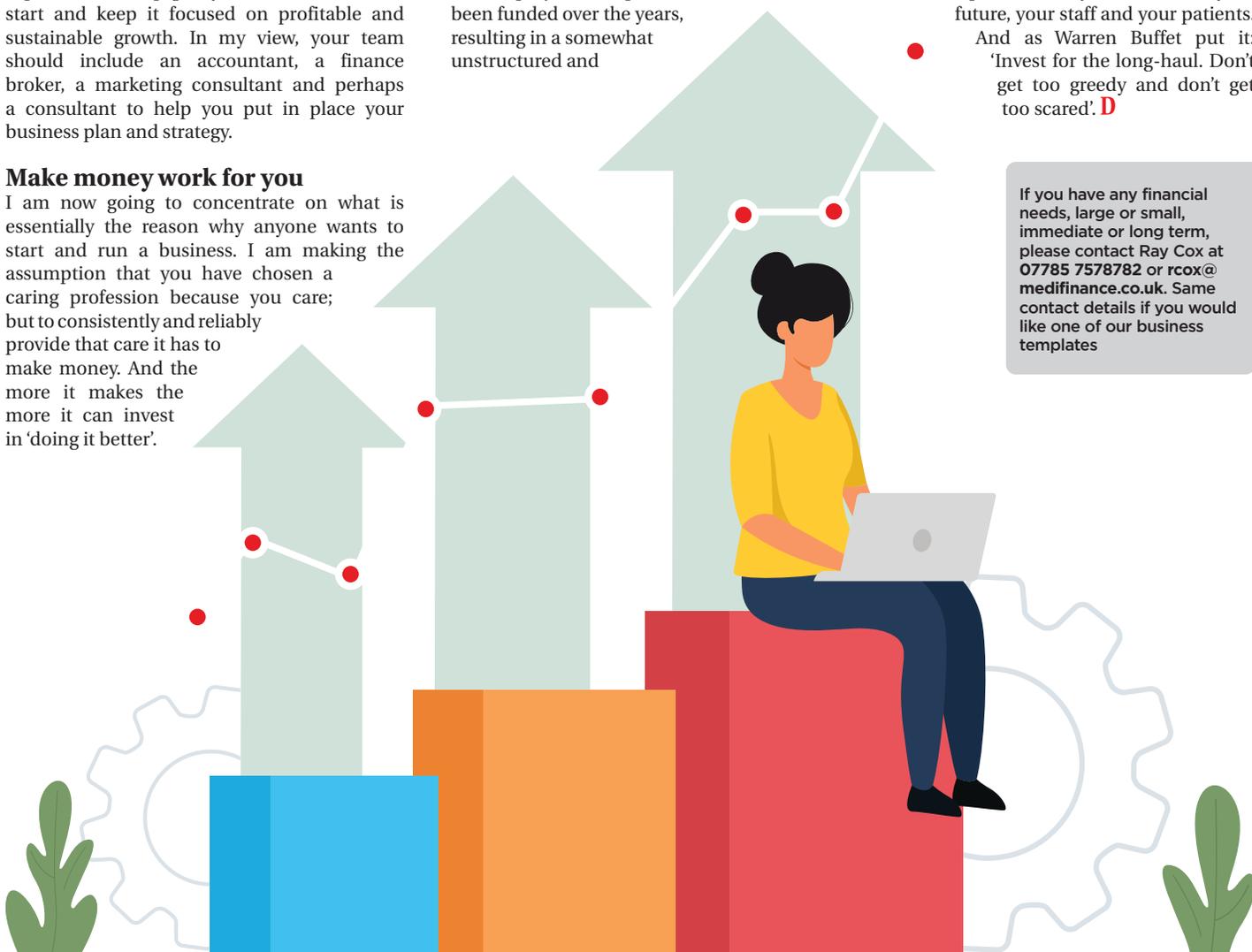
Another factor that may be considered a negative is inflation. This may vary over time, but it can be advantageous, especially when purchasing equipment on fixed-rate leasing, since repayment will be made with currency that has decreased in value.

Overall, my advice is simple. Take making money seriously and fund your business wisely.

Good profits allow you to invest in your future, your staff and your patients.

- And as Warren Buffet put it: 'Invest for the long-haul. Don't get too greedy and don't get too scared'. **D**

If you have any financial needs, large or small, immediate or long term, please contact Ray Cox at 07785 7578782 or rcox@medifinance.co.uk. Same contact details if you would like one of our business templates





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From white space to meaningful time

Justin Leigh discusses how to create diary space and use it with intention to grow the business

Justin Leigh
Founder, Focus4growth



Last month, we looked at eliminating white space, those frustrating gaps in the diary that drain team energy, reduce efficiency, and lead to missed opportunities.

Since then, you may have begun tightening your scheduling and reclaiming valuable time. But here's the real question: what should you do with that time once you've got it back?

You've reduced diary gaps. Now here's how to make that time count – for your patients, your team, and the long-term health of your practice. Because eliminating white space isn't the finish line – it's the starting point for something much more meaningful.

1. Replacing gaps with quality

It's easy to fall into the trap of treating time as something to be filled. But a busy diary isn't necessarily a healthy one. What matters most is how that time is used.

Once the gaps are closed, we have a choice: do we chase throughput, or do we use that time to deepen the quality of our care? In many cases, the best return on time isn't faster treatment – it's better connection.

Patients notice when they aren't rushed. They value being listened to. And they're more likely to proceed with treatment when they feel informed, supported, and understood.

2. Creating space for better conversations

Many practices are now using reclaimed time to improve patient communication – whether through follow-up calls, unrushed consultations, or proactive treatment coordinator sessions.

This isn't about sales. It's about:

- Giving patients the time they need to understand their options
- Answering questions with care and clarity
- Helping people feel confident, not pressured, when making treatment decisions.

That kind of trust takes time – and now you have it.

3. Looking after the team behind the treatment

When every minute is packed, pressure builds. And when pressure builds, team morale and patient experience often decline together.

Using diary time wisely also means protecting your team's wellbeing:

- Schedule regular huddles to prepare, debrief, and align
- Build in protected time for training, reflection, or internal planning
- Give breathing room between sessions, where possible, to reduce burnout.

The most sustainable practices aren't necessarily the busiest – they're the ones where people are consistently able to do their best work.

4. Building in proactivity and prevention

One of the most powerful uses of reclaimed time is planning ahead. Instead of constantly reacting to what's urgent, practices can now focus on what's important:

- Reviewing patient recall systems
- Reaching out to patients who have delayed treatment
- Identifying ways to improve the overall patient journey.

This shift from reactive to proactive makes the entire practice feel calmer, more considered, and more effective.

5. Redefining growth on your terms

Growth doesn't always mean cramming more into the diary. It can also mean:

- Higher patient satisfaction and word-of-mouth referrals
- Reduced stress and improved team retention
- Increased patient trust, confidence, and commitment to their own oral health.

In other words, a more sustainable, values-led way of working – where everyone benefits.

You've done the hard work of eliminating white space. Now it's time to use that space with intention. Not to squeeze more in. Not to chase numbers. But to build a practice that listens, supports, and grows with purpose. **D**

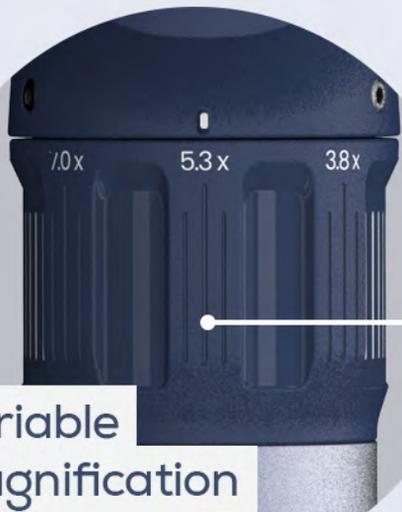
Join Paul Abrahams and Justin Leigh on 12 September at the EMS Dental UK head office in St Neots, Cambridgeshire, for a one-day, team-focused workshop on Eliminating White Space. To learn more, visit: <https://go.focus4growth.co.uk/white-space->



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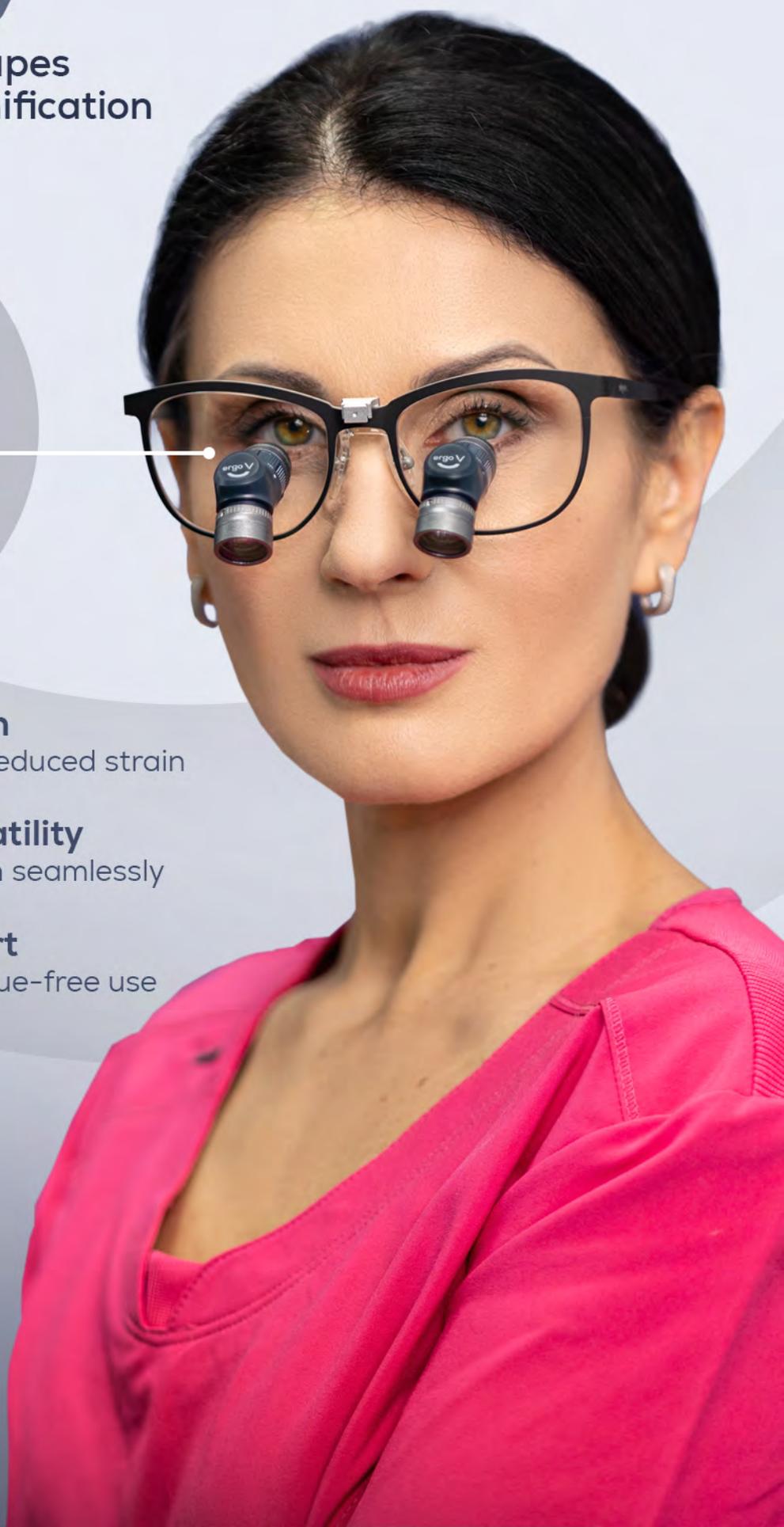
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CRMs that convert

David Nelkin shares the secret of turning enquiries into lifelong patients

David Nelkin
Founder and CEO of
Xcelerator Dental



Picture this: a potential patient sends a WhatsApp message on a Saturday afternoon asking about booking a consultation for cosmetic treatment. Your team doesn't see it until Monday morning and replies with: 'Hi, thanks for your message. When would be a good time to call you?' But by then, it's too late. The patient has already replied: 'Don't worry, we went somewhere else.'

Sound familiar? I see this scenario play out repeatedly across dental practices. They invest thousands in marketing, SEO, and paid advertising to generate enquiries, only to watch potential patients slip away because they lack the systems to nurture those enquiries properly, or they focus entirely on acquisition without considering conversion.

This is where a dental customer relationship management system (CRM) becomes your secret weapon. Not just for storing contact details, but for transforming how you convert enquiries into treatment starts and lifelong patients. Let's have a look at why this might be the missing piece in your practice growth puzzle.

What is a CRM (and why should dentists care)?

Let's start with the basics. A CRM is essentially a digital system that manages all your patient interactions from first enquiry through to treatment completion and beyond. Think of it as your digital front desk manager that never forgets a follow-up, never loses a lead, and works 24/7 to nurture potential patients.

Now, I can already hear some of you saying: 'But David, we've got spreadsheets that do this' or: 'Our team keeps notes on everything.' I've seen practices running multi-million-pound operations using sticky notes and Excel files to track their leads. It's like trying to perform root canal treatment with a teaspoon – technically possible, but possibly not the most effective approach.

The reality is that without a proper CRM, you're flying blind. You have no idea how many enquiries you're receiving, where they're coming from, how long it takes to convert them, or crucially, how many you're losing along the way. You're essentially running a business without knowing your most

important metrics, which means you have no foundation for improving or optimising your conversion processes.

The cost of not having a CRM

When you equate this to actual figures, the cost of not having a dental CRM hits home. The average dental practice loses 55% of their enquiries simply due to no structured, or poor, follow-up processes. When you consider that the average cosmetic case value can be £3,000 to £10,000, those missed opportunities add up quickly.

I recently worked with a practice in Manchester that thought they were doing well with their lead management. They had a receptionist who was diligent about noting down enquiries and following up. But when we implemented our CRM and started tracking properly, we discovered they were only converting 5% of their website enquiries into bookings for orthodontic consultations. Within six months of proper nurturing and systematic follow-up, that conversion rate jumped to 62%. That's a potential additional £588,000 in annual revenue from the same marketing spend (based on 35 leads a month, a 70% in-practice conversion rate, and an average treatment value of £4,000).

How a CRM transforms your dental practice growth model

At Xcelerator Dental, our approach centres around three core principles: promote, convert, grow. While promotion gets people to know about your practice, and conversion turns website visitors into enquiries, it's the 'grow' phase where a CRM really shines – turning those enquiries into patients and patients into advocates – and this is our core focus as a dental growth agency.

A properly implemented CRM doesn't just store information; it actively works to convert leads through automated nurturing sequences, timely follow-ups, and personalised communication. It tracks every interaction, measures conversion rates, and identifies where leads are dropping off so you can continuously improve your processes.

What's particularly important in today's climate is that patient behaviour is evolving rapidly. People expect immediate responses, they want to communicate via WhatsApp or SMS, and they're doing more research before committing to treatment. Your CRM needs to adapt to these changing expectations, not force patients into outdated communication patterns.

Five core CRM functions that drive results

Let me break down the five essential functions that make a CRM genuinely transformative for dental practices:



1. Daily action lists

Gone are the days when following up with leads was left to memory, good intentions or sticky-notes. A proper CRM creates daily action lists for your team, ensuring every enquiry gets timely follow-up. No more: 'I thought you were calling them back' or 'It's been a week since they enquired.'

Your front desk team gets a clear list each morning of who to call, what to say, and when to follow up next. It is accountability made simple, and it ensures no potential patient falls through the cracks.

2. Automated communication

This is where the real magic happens. Your CRM should seamlessly handle email, SMS, and WhatsApp communication, all from one platform. You can set up nurturing sequences that automatically send educational content, appointment reminders, and follow-up messages based on where patients are in their journey.

For example, someone enquiring about Invisalign might automatically receive a welcome email immediately, followed by patient testimonials a few days later, then information about payment options, and finally a gentle follow-up call reminder for your team. All of this happens automatically, freeing up your team to focus on the patients who are ready to book.

3. Lead scoring and win probability

Not all enquiries are created equal. Your CRM should help you identify which leads are most likely to convert so your team can prioritise their efforts accordingly. Someone who's viewed multiple treatment pages, downloaded a price guide, and asked specific questions about financing is clearly more engaged than someone who submitted a generic contact form.

This intelligent prioritisation means your team spends more time with hot leads and puts cooler prospects into longer-term nurturing sequences.

4. Professional email communications

Plain text emails from generic practice addresses can look unprofessional and perform poorly. Your CRM should send simple, but beautifully designed, branded emails that reflect your practice's identity and appeal to your patient base. These HTML emails with proper formatting, images, and clear calls-to-action typically see three to four times higher engagement rates than basic text emails.

More importantly, these templates should be optimised for conversion, not just aesthetics. Every email should have a clear purpose and guide the recipient towards the next step in their patient journey.

5. Two-way integration with your practice management system

Your CRM should integrate seamlessly with your practice management system. This means no double data entry, no switching between systems, and a complete view of each patient's journey from first enquiry to ongoing treatment.

When your CRM talks to your PMS, your team can see appointment history, treatment notes, and communication history all in one place. It's efficiency and patient care rolled into one. It's worth noting that this integration depends on the capability of something called an API on the side of your practice management system.

The power of nurturing

Here's something many practices I've worked with get wrong: they assume that if someone doesn't book immediately, they're not interested. In reality, most significant dental treatments require consideration time. People need to research, discuss with family, consider finances, and build trust with your practice.

A good CRM nurtures these prospects over time with educational content, patient success stories, and periodic check-ins. We've seen leads convert into high-value treatments 6 to 12 months after their initial enquiry, simply because they were properly nurtured rather than abandoned after one unsuccessful call.

Think of it this way: that person who enquired about dental implants but didn't book immediately isn't a dead lead – they're a future £8,000 case who just needs more time and information.

The role of AI – beyond the buzzword

While it's important to get the basics right first, artificial intelligence is genuinely transforming how CRMs work. Modern systems can predict the best day and time to send messages to individual patients, automatically score leads based on their behaviour, and even detect sentiment in communications to flag urgent issues.

For example, AI can analyse that Sarah typically opens emails on Tuesday evenings, so it schedules her communications accordingly. Or it might identify that a particular lead has used urgent language in their enquiry and flag them for immediate attention.

However, don't get caught up in AI bells and whistles if you don't have the fundamentals in

place. A simple CRM that's used consistently will outperform the most sophisticated system that sits unused.

Why now is the time

The cost of acquiring new patients is rising every year. Google Ads are more expensive, SEO is more competitive, and patients are more discerning. In this environment, conversion becomes your superpower. It's far more cost-effective to double your conversion rate than to double your marketing spend.

Practices without proper CRM systems are quite literally losing money every day. They're paying for leads they're not converting, missing opportunities for upselling existing patients, and failing to turn patients into advocates who refer others.

Meanwhile, practices with sophisticated CRM systems are not just surviving but thriving, because they're maximising the value of every enquiry and every patient interaction.

From chaos to clarity

At Xcelerator Dental, our mission is to simplify the path to growth and take the stress of marketing away from dental practices, so they can focus on delivering exceptional patient care. A properly implemented CRM is central to this mission because it creates clarity from chaos.

Instead of wondering whether leads are being followed up, you have data. Instead of hoping patients will remember to book their next appointment, you have automated reminders. Instead of treating every enquiry the same way, you have intelligent nurturing that speaks to patients based on their specific interests and behaviour.

Your CRM becomes your digital front desk manager, patient journey coordinator, and conversion optimiser all rolled into one. It's not about having more technology for technology's sake - it's about having the right system that genuinely improves patient experience whilst driving practice growth.

The practices that will thrive in the coming years are those that recognise this shift and invest in systems that help them work smarter, not harder. Your patients deserve a smoother, more professional journey, and your team deserves tools that make their jobs easier and more effective.

The question isn't whether you can afford to implement a proper CRM – it's whether you can afford not to. **D**

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

The agency has won multiple industry awards including every Website of the Year award at all three major dental awards in 2024, as well as the CSR award in 2023 and 2024 for sustainability initiatives.

<https://www.xceleratordental.com/knowledge/crm-systems-that-convert-dental-enquiries-into-patients>



Retention begins with engagement

Mark Topley shares why your team culture is the real solution

Mark Topley

Leadership and culture coach



Recruitment will always be part of running a dental practice. But if that's all you're focusing on, you're just refilling a bucket without plugging the holes. And those holes are costing you – in time, stress, morale, and money. According to Oxford Economics, the average cost of replacing a team member in the UK is over £30,000 once you factor in lost productivity, recruitment, and onboarding.

It's far cheaper – and far more effective – to keep great people than to constantly replace them.

The good news? Retention isn't mysterious. But it does require intention. Because the root of high turnover isn't usually about pay or perks. It's about engagement – the day-to-day experience of being part of your team.

If you want people to stay, you have to give them a reason to. Not just a payslip. A purpose. A place they feel proud to be part of. And leadership that makes them want to show up, not just clock in.

That's why the practices that keep great people – even in today's climate – all have one thing in common: they work intentionally on engagement.

Engagement isn't a bonus, it's the foundation

We sometimes treat engagement like the cherry on the cake. Something nice, if we've got time, budget, and bandwidth. But it's not the cherry. It's the sponge (or the fruitcake, if you're me).

Engagement is what holds your team together when the pressure's on. It's what keeps people from looking elsewhere when another practice offers £1 an hour more. And it's what drives performance long after the buzz of a pay rise has faded.

When people feel seen, trusted, and part of something that matters, they don't just work for you – they work with you.

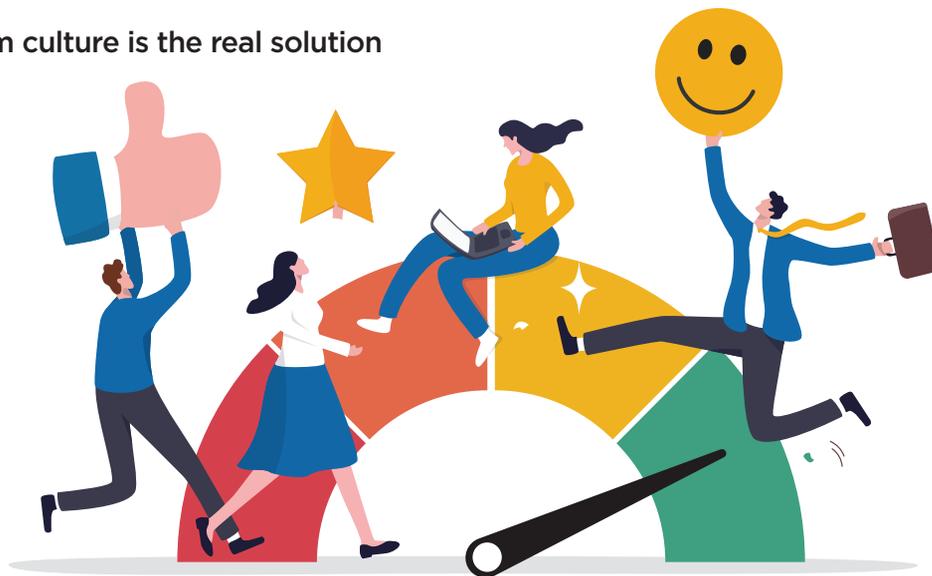
Quiet quitting, loud costs

Over the past couple of years, a new trend has emerged – and it's more damaging than it first appears. You've probably heard of 'quiet quitting'... team members doing the bare minimum, emotionally checking out, but still taking up space on the rota.

It's not always obvious. They're not causing trouble. They're just not really there.

From talking with practice owners, I'd estimate that at least half of practices have someone who's started to quietly disengage. And when that happens, the rest of the team feels it. Morale drops. Frustrations rise. The atmosphere changes.

And the danger? If you don't address it, others follow.



Retention starts before resignation

The most effective leaders I work with don't wait until someone hands in their notice to take action. They treat retention like hygiene – something that's built into the daily routine.

It's not about flashy interventions or grand gestures. It's about consistent signals that say:

- 'You matter'
- 'Your work makes a difference'
- 'I see you – and I've got your back.'

That's what engagement really is. And it's why your leadership – not your incentives – will make or break your team.

Five signals your team needs to see

Here are five core shifts I focus on in my retention work with practices (and yes, there's a full guide for those who want to go deeper):

1. Share purpose

People don't just want a job – they want to feel their work matters. Remind them why you do what you do. Tell stories. Share patient wins. Connect the dots between the routine and the mission.

2. Create culture

Culture isn't posters and policies – it's how it feels to work here. Set clear expectations. Reward the right behaviours. And fix anything you're tolerating that doesn't align with your values.

3. Build trust

Trust comes from consistency. Say what you mean. Do what you say. And check in regularly – not just when something's wrong.

4. Support and challenge

People thrive when they feel backed and stretched. Don't wait for annual reviews. Give feedback

often – and make it specific and positive, not just corrective.

5. Delegate authority, not just tasks

Ownership is powerful. Let people lead small areas. Ask for input. The more trusted someone feels, the more committed they'll become.

These aren't secrets. They're not new. But in the rush of daily life, they're often forgotten. And when they are, your best people quietly start slipping away.

What to do next

If this feels familiar – if your gut is saying 'this is us' – don't panic. But do act.

The worst thing we can do as leaders is wait for the next resignation before we pay attention to the team we already have.

The good news? It doesn't take a full overhaul. In fact, I've pulled together a toolkit with 10 simple, high-impact actions you can take right away. They're quick, practical, and they work – especially when you're short on time and headspace. It's called the Retention Success Guide, you can download it instantly for just £7 and start making small, positive shifts today.

Because here's the truth: you don't need to be a perfect boss. But you do need to be a present one. The kind who leads with purpose, listens more than they talk, and sees leadership not as a title – but as a daily habit. Retention isn't luck. It's leadership. **D**

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Three mortgage hurdles dentists don't expect

Richard Ollive shares why your profession could be complicating your path to home ownership

Richard Ollive

Dental specialist financial adviser,
Wesleyan Financial Services



For many dentists, owning a home is a significant lifetime milestone – one that symbolises a new chapter after years of intense study, training, and sacrifice. But even as your career flourishes and your income grows, securing a mortgage can bring unexpected challenges.

From student debt to short-term contracts and complex incomes, dentists face a unique blend of financial hurdles that can make traditional lending feel like pulling teeth.

Here are three obstacles to be aware of – and what you can do to overcome them.

1. Student debt

Graduating from dental school is a huge achievement, but it often comes with a sizeable price tag. With tuition fees and living costs, it's not unusual for dentists to graduate with significant debt.

While your new earnings might cover monthly repayments comfortably, lenders see that outgoing as a direct impact on affordability – one of the key criteria when assessing mortgage applications.

As a result, you might find that the amount you're offered is lower than expected. Some lenders take a narrow-minded view of your current finances, without considering the long-

term earning potential that comes with your clinical career path.

Fortunately, specialist brokers can point you toward mortgage providers who understand that while your student loan might be high now, your future income trajectory is healthy and stable. After all, a newly qualified associate today could be a practice owner tomorrow.

2. Frequent moves

In dentistry, relocating for training posts, VT placements or associate roles is common. But while these moves help sharpen your clinical skills, they can blur your credit history.

Multiple changes of address or time spent in shared housing can lead to a patchy credit history, especially if you're financially linked to previous housemates through shared bills. To lenders, this might appear as instability, even when it's just part and parcel of a dentist's early career.

Before applying for a mortgage, take a moment to polish your financial records. Check your credit score using services like Experian or Equifax, and make sure all outdated addresses and associations are cleared up. It's a bit like preventive care – tidying things up now could avoid a more serious issue down the line.

3. Short contracts, complex income

For many dentists, especially those starting out, work is often structured through short-term

contracts – particularly within the NHS. These might reflect standard employment routes in the profession, but to a traditional lender unfamiliar with the dental world, they can appear unstable or inconsistent.

And it's not just early careers that raise eyebrows. If you're a practice owner, associate, or someone juggling NHS and private income, your earnings may come from a mix of dividends, drawings and ad-hoc payments – especially if you're operating as a limited company or sole trader.

Despite being well-established professionally, you might still face pushback from lenders who struggle to assess fluctuating or non-salaried income.

Even a solid, high-earning clinician can find themselves denied a mortgage simply because their income doesn't fit the standard tick-box model.

That's where working with a broker who understands your professional context can make all the difference. **D**

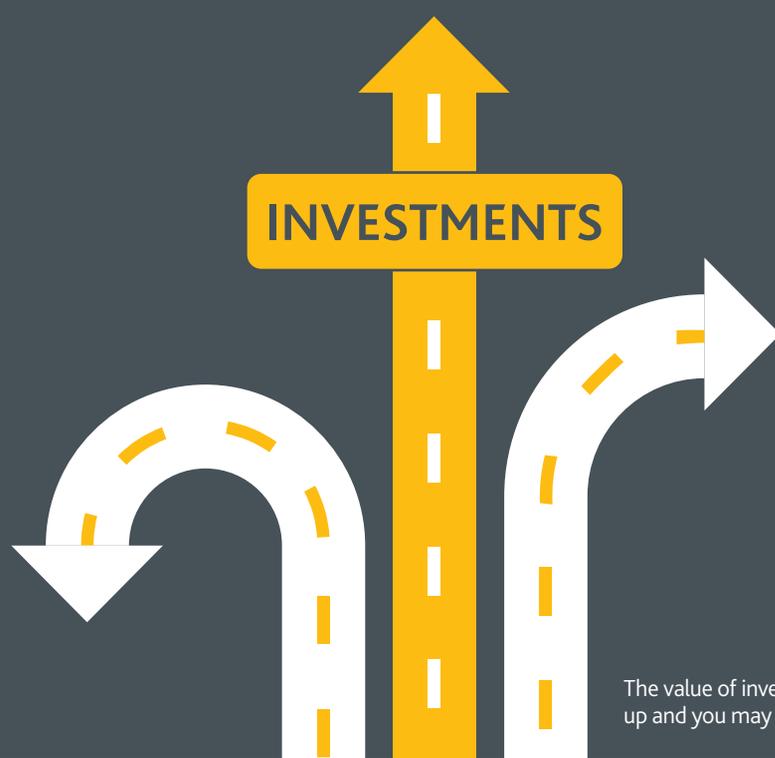
At Wesleyan Financial Services, we act as a broker, connecting dentists to mortgage providers who understand the reality of your career. You can book an initial conversation about applying for a mortgage with a dental specialist financial adviser by visiting wesleyan.co.uk/mortgages-dentists or calling 0808 149 9416.



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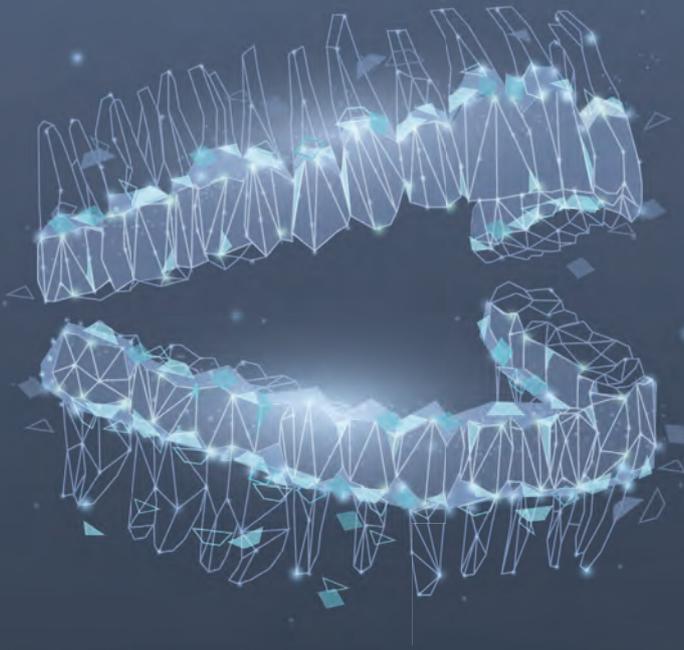
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Keep costs down

Zaki Kanaan identifies the areas where savings can be made – essential for the long-term survival of the dental practice

Zaki Kanaan
President, ADI



For the last few years, the bombardment of news stories about the UK's economy have left many feeling anxious. Whether its high interest rates, increased levels of debt or fragile consumer confidence, the financial strength of the UK has been walking a tightrope for a while. In April 2024, over 550,000 businesses were in significant financial distress, a jump from the year prior (Middleton J, 2024). In January 2025, this rose to 650,000 – hard times are ahead (Jack S, 2025).

Dental practices are not exempt. Maintaining a successful business is vital, not just for the continual care of patients but for the economic security and wellbeing of the dental team. One reason for the financial distress is HMRC's more aggressive recovery of overdue taxes, meaning that businesses must find more ways to increase income (Jack S, 2025). This can be achieved in several ways, from offering more treatment options and taking on referrals to running courses and training sessions. But these revenue streams may not always be viable and finding ways to save money can be just as essential for the protection of your revenue and the business as a whole.

What's necessary?

When it comes to cutting costs, the important question to consider is 'what is necessary?' Once these have been identified – supplies, power, uniform, insurance etc. – then the next step should be investigating whether there are more cost-effective alternatives. Contacting the providers and negotiating a better deal each year is a great way of fighting the inflated costs, ensuring that money isn't spent unnecessarily on things that are needed.

Similarly, finding better bulk-buying options for supplies (such as a monthly delivery instead of a weekly one) can produce better deals. Failing a new deal, keeping an eye open for what other companies are offering is crucial. Not only may this help with negotiating a more suitable deal, but practitioners may find excellent discounts or sales that better serve the business. These cost-effective solutions are simple yet invaluable and can make it easier to invest in other parts of the business.

Marketing

Dental practitioners should invest in marketing to spread awareness and attract new patients. However, this comes at a cost. Whether taking out adverts or printing promotional material, practitioners should assess the time and money they are putting into marketing and



how effective it is. If more patients are joining due to word of mouth, rather than from seeing marketing material, then practitioners may decide to better invest marketing costs in other avenues – this is very important for those promoting dental implant treatments. With more patients, there is more economic stability, but a broader marketing push must be weighed up against how many new patients stay on as regulars, with the crucial caveat that personalised digital marketing approaches can build a loyal patient base (Prasad A, 2021).

Social media is one of the cheapest marketing avenues: the main cost is time. Whether cultivating a loyal audience through personalised videos or reaching new patients by jumping on trends, there is a limitless potential with who is reached via social media – but it does demand regular attention.

Tidy up on tech

Sometimes spending money can save money: investing in newer, more efficient technologies may keep costs down in the long term. This can be split between direct and indirect results. Examples of the former include 3D printers, which produce dental equipment quickly and precisely, reducing error and the amount of labour needed. Whilst a large investment, the benefits can be enormous, with stronger

long-term savings from a more streamlined workflow. For technologies that indirectly help manage costs, consider the growth of AI services for functions like transcription and note-taking services. These make the workflow more efficient, taking tedious tasks away from the practitioner and freeing them up to treat more patients. This keeps the business moving.

The Association of Dental Implantology (ADI) supports its members with a range of exclusive offers. This includes savings on professional indemnity insurance via All Med Pro, free access to CPD journals, and discounts on services like Kiroku and Dental Audio Notes. These offers don't just keep costs down – they ensure that dental professionals with a passion for implantology have the best products and services to achieve continual clinical excellence.

When faced with mounting costs and financial turbulence, being able to identify areas to save on is essential for the long-term survival of the dental practice – and the continual maintenance of your patients' oral health. Cut costs and improve the workflow.

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

For more information about the ADI, visit www.adi.org.uk

The modern locum: more than just a temp

Jen Upton believes we need to redefine agency work in a profession built on trust, consistency, and clinical excellence project

Jen Upton

Marketing and people engagement director, S4S Team



The term 'locum' still carries an air of unpredictability for some. It's often associated with quick fixes, unfamiliar faces, or a perceived lack of consistency in patient care. But in today's fast-evolving dental sector, this stereotype is not only outdated, it's fundamentally wrong. The modern locum dental nurse is highly skilled, deeply committed, and often among the most adaptable professionals in the clinical workforce.

Changing the narrative around career progression

Over the past decade, the dental profession has witnessed a shift in how care is delivered – and by whom. With increased pressures on recruitment, rising demand for flexible working, and growing awareness of burnout, agency work has become a practical and empowering choice for many experienced dental nurses.

These nurses are not opting out of the profession; they're choosing a new way to stay in it long term – one that aligns better with their lives, values, and goals.

Clinical excellence without compromise

Today's locum dental nurses are often among the most qualified in the industry. Working across multiple practices, they're regularly exposed to varied systems, clinicians, and patient groups. This accelerates their adaptability and deepens their clinical knowledge.

Far from being temporary seat-fillers, modern agency nurses carry extensive compliance documentation – from GDC registration and immunisation records to Enhanced DBS checks and professional references. Many undertake additional CPD beyond core requirements, demonstrating both ambition and initiative.

And while every practice is different, high-performing locums learn to quickly adjust to new workflows, equipment, and team dynamics. This level of clinical versatility is a skill in its own right.

Workplace value beyond the surgery

Modern locum nurses often become the 'fresh eyes' practices didn't know they needed. Their presence can reinvent

a team under pressure, bring new ideas to the table, and help maintain high standards – especially during staff shortages, sickness cover, or maternity leave.

But it's more than that. When treated as part of the team – not as outsiders – locum nurses often report increased motivation, loyalty, and a desire to return to practices that show appreciation. This benefits everyone: staff, patients, and the practice's overall reputation.

When respect drives results

Despite all this, many locum professionals still encounter a subtle stigma. The perception that they're not 'real' team members can lead to a lack of inclusion or undervaluing of their contributions. However, locum dental nurses are often the professionals who walk into a room knowing no one and leave having earned trust, delivered quality care, and upheld standards – all within a single shift.

Respect isn't just a courtesy; it's a strategy. Practices that build positive relationships with their agency staff enjoy smoother transitions, better patient outcomes, and a stronger safety net when times get tough.

Confidence in continuity

It's easy to assume that continuity of care can only be achieved through long-term, permanent staff. However, experienced locum dental nurses often provide exactly that – continuity through competence. Their ability to quickly build rapport with patients, integrate into team structures, and deliver consistent standards of care ensures a seamless patient journey, even when core staff are unavailable. With many dental nurses returning regularly to the same practices, they become familiar, trusted faces – not just to the team, but to the patients too.

Future-proofing the dental team

As the dental sector continues to adapt post-pandemic, the workforce will need to be more agile than ever. Practices that embrace locum dental nurses as partners, not placeholders, will be better equipped to maintain continuity of care without sacrificing quality.

It's time to retire the outdated image of the 'temp' and recognise the modern locum for what they are: highly capable, committed, and essential to the evolving future of dentistry. **D**



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Cosmetics and consent

Biju Krishnan discusses the unique considerations surrounding consent in elective cosmetic treatments

Biju Krishnan
clinical director, FMC



In the realm of dentistry, few topics have evolved more rapidly, or provoked more philosophical eyebrow-raises, than cosmetic treatments. Once the domain of celebrities and beauty queens, cosmetic dental work is now as routine as a six-month hygiene appointment – widely accepted, regularly requested, and part of everyday dental care. Patients come in requesting Hollywood smiles, TikTok-trending teeth shapes, and Instagram-ready grins. And while our bonding agents, composite shades, and clear aligners have all kept pace, one crucial factor remains as nuanced and essential as ever: consent.

But not just any consent. We're talking about informed and valid consent – especially when it comes to elective cosmetic procedures. Because while the risks may be relatively low, the expectations? Often sky high.

Let's dig in.

The changing nature of consent in dentistry

In traditional restorative or medically necessary dental care, consent has a relatively straightforward framework. The patient needs the treatment, you explain the risks and benefits, they agree, and off you go.

Cosmetic dentistry flips that logic on its freshly whitened head.

Here, the need is subjective. The desire is aesthetic, and the outcome is often judged not by function but by feeling.

Patients are not just asking: 'Will this work?' but: 'Will I like how I look?' – a far more complex and slippery standard to manage.

This means that our conversations around consent need to evolve. It's no longer sufficient to simply outline procedural steps and risks. We must now dive deeper, discussing motivations, expectations, limitations, and even emotions.

And no, sadly: 'I saw it on Pinterest' does not count as a fully informed rationale.

The psychology behind the smile

A smile is more than enamel and dentin. It's identity, confidence, and how we show ourselves to the world. So, when a patient requests veneers or alignment for purely cosmetic reasons, they're often hoping for more than just straighter teeth.

They want transformation.

Sometimes that's realistic – orthodontic alignment or aesthetic bonding can truly boost self-confidence. Other times, patients may be chasing something less tangible: the approval of others, the reversal of aging, or even the elusive promise of 'looking like someone else entirely.'

This is where dental professionals must tread carefully. Consent is not just a legal checkbox

but a psychological safeguard. It's our duty to ensure that patients understand what can – and cannot – be changed, and to assess whether their expectations are grounded.

Cue the age-old adage: under promise, over deliver. Or, in modern cosmetic terms: 'You'll look like a better version of you – not a Kardashian.'

Technology to the rescue

Fortunately, we now have an increasingly sophisticated toolbox to help bridge the gap between expectation and reality. Smile design software, digital mock-ups, augmented reality previews, and chairside wax-ups all offer powerful ways to help patients visualise outcomes.

This is more than a cool gadget – it's a consent facilitator.

Imagine trying to describe a shade of white verbally – 'kind of like a cool B1 but with a little A2 around the margins.' Now compare that to a high-resolution simulation where the patient can see the proposed change in real time. No contest. These tools allow patients to feel more involved in the process and to make informed decisions based on visuals, not vague promises. They also give clinicians a moment to say: 'Yes, that's achievable,' or, 'Actually, your facial proportions suggest a different approach.'

Bonus: these previews can also help with post-treatment satisfaction. When patients have seen a mock-up, they're less likely to experience 'smile shock' – that awkward moment when they realise what they imagined in their mind's eye doesn't quite match the finished result.

(And yes, there is nothing quite like a patient who points to your meticulous cosmetic work and says: 'Hmm. It looks... different' – I've been there! Several times!)

Grey areas and red flags

Of course, not all consent scenarios are created equal. Here are a few cautionary tales from the chairside trenches...

The overcommitted perfectionist

No matter how perfect the shade or shape, they'll find a flaw. These patients need more time in the consultation chair than in the dental chair. Use digital previews, multiple appointments, and very clear documentation of discussions. If something doesn't feel quite right, don't be afraid to hit pause or refer the case on – sometimes the best treatment is knowing when not to treat.

The external influencer

Sometimes a friend, spouse, or influencer is driving the desire for cosmetic work. Always ensure that the patient is making the decision autonomously. If someone else is dominating the conversation, gently (but firmly) re-centre the focus on the patient's own wishes.

The body dysmorphic question mark

When a patient's dissatisfaction seems disproportionate to the actual appearance of their teeth – or they're fixated on microscopic 'imperfections' – proceed with extreme caution. Cosmetic dentistry cannot treat body dysmorphia, and in such cases, referral to a mental health professional is not only wise – it's ethical.

Legal and ethical essentials

Let's not forget the serious side of consent: the legal ramifications. While cosmetic procedures tend to be low-risk medically, they're high-risk emotionally. Disappointed patients are statistically more likely to file complaints or pursue litigation in elective cosmetic cases.

Thus, documentation is your best friend:

- Thorough consultation notes
- Signed treatment plans that explicitly mention limitations
- Before-and-after photos
- Written confirmation of discussions around expectations and previews
- Checking consent has been validated – that the person has actually understood what they have consented to – using tools such as Dentistry Consent.

This may seem excessive, but when someone's idea of a perfect smile involves a set of central incisors better suited to a piano keyboard, you'll be glad you had the most robust consent process possible.

Also, make sure to clarify what is and isn't included in the treatment. Are revisions part of the fee? What if they want changes after seeing the result? Outline this up front.

And if you suspect they're picturing something that's more 'Snapchat filter' than dental reality? Say so.

Final thoughts

In the end, elective cosmetic dentistry is about more than aesthetics – it's about expectation management, emotional awareness, transparent communication, and valid consent. The more intentional we are in how we approach these conversations, the more satisfying the experience – for both patient and practitioner.

So, as you pick up your digital scanner or composite gun, remember: it's not just about teeth. It's about trust.

And that's something no smile simulator can generate – yet. **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.

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— Dental hygienists and dental therapists

Who really owns prevention?

Oral health is a shared responsibility. Patients have a role to play, but so does the profession. Without the right knowledge and tools to carry prevention through, we risk failing those who need it most, writes **Rhiannon Jones**

Rhiannon Jones

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



We all agree that prevention is important. It sits at the heart of national policy, features in every set of clinical guidelines, and underpins the daily work of dental professionals across the UK. Yet despite its centrality, there is still an uncomfortable question facing the profession.

Who actually owns it?

While prevention is framed as a shared duty, it too often becomes the task of a few. In the majority of practices, it is dental hygienists and dental therapists who are most actively delivering preventive care, and often within systems that continue to prioritise treatment over oral health education.

This is not a reflection of anyone's commitment, as dental professionals in every role work hard to provide the best care they can. Rather, it is a question of whether the right support, recognition and integration are in place to make prevention truly effective.

If we want prevention to work, it must be more than a principle. It must be something we are trained and equipped to deliver, with the time and space to do it properly. At the BSDHT, we believe prevention should be embedded into the culture of care. It should shape how we train teams, how we interact with communities, and how we design services that are accessible and effective for all.

Reframing prevention in practice

This belief informs every aspect of our work. We offer practical, high-quality opportunities for growth through mentoring, CPD, regional study days and peer-led networks. We help members build the confidence and skills to incorporate prevention into routine care, not as an added extra, but as a fundamental part of what they do.

Our new podcast, Dental Health Matters, and our annual Oral Health Conference create further platforms for discussion, learning and leadership.

Prevention also happens beyond the chair. It lives in classrooms, homes and local communities. Many BSDHT members contribute to wider oral health promotion through public-facing campaigns and outreach programmes.

National Smile Month, First Smiles and school-based education are just some of the ways our profession is helping to shift long-term behaviours. The BSDHT is also developing a national oral health scheme for schools that will support early education with consistent, evidence-based messaging.

Crucially, prevention works best when it is shared. Teachers, parents and other non-clinical professionals all have a part to play. When we equip educators with the tools to discuss oral health confidently, we extend the reach and impact of every message we deliver.

Bridging policy and practice

To make this sustainable, we also need alignment across the profession. The BSDHT contributes to consultations and policy discussions to ensure that guidance is clear, realistic and accessible. While every dental professional has a responsibility to stay informed, we recognise that professional bodies must make that process easier and more practical. One of the most significant barriers remains access. Although direct access and PIN registration have helped move things forward, many dental hygienists and dental therapists are still unable to provide NHS care without a referral.

This limits the very thing prevention is supposed to achieve. Patients cannot benefit from early intervention if they cannot be seen until disease has already developed. This is particularly concerning for children, who may miss out on vital opportunities to establish lifelong healthy habits.

The BSDHT continues to call for reform. We believe that prevention must be embedded at every level, from clinical pathways and commissioning decisions to workplace culture and resource planning. Every part of the system should enable dental professionals to work at the top of their scope and reach people before problems begin.

Leadership at every level

Taking ownership of prevention also means investing in leadership at every level. Leadership is not limited to formal roles or titles but is reflected in the actions of those who organise school visits, lead study sessions, or mentor or coach a colleague in their development.

The BSDHT helps members grow into these roles by offering structured opportunities within our committees and Executive Team, and by signposting routes into postgraduate study such as MSc programmes in Dental Public Health.

The future of prevention depends on the choices we make now. It is not enough to agree that it matters; we must ensure it is visible in practice, valued across the system and placed at the heart of care. That means giving dental professionals the confidence, access and autonomy to lead.

Prevention should not be treated as something separate from care but recognised as the foundation on which effective and inclusive oral healthcare is built, and it is time to turn that principle into everyday practice. **D**

To continue the conversation, the BSDHT is launching Dental Health Matters, a new podcast exploring the key issues shaping preventive care today. From education and access to leadership and community impact, each episode offers insights and perspectives for the whole dental team. Look out for details on the first episode, coming soon.

‘Incredibly valuable and rewarding’



Jyoti Sumel shares what dental therapist foundation training can offer

Jyoti Sumel

East of England dental therapy foundation training Lead



Dental therapy foundation training is a stepping stone from university to working in dental practice. It allows dental therapists to hone their clinical skills, working on quality before working on reducing timings. This is a safe environment for dental therapists to feel supported and to ask any questions. Dependent on geographics, foundation training is available in a part-time capacity (two clinical days and one study day) allowing the programme to be balanced alongside another job role. There is sometimes the option of undertaking full-time training (four clinical days and one study day). At the end of the year, if all requirements are met, you will achieve satisfactory completion as well as your CPD hours through the year and a valuable start to your career.

What does it entail?

Dental therapists are based in their training practices with assigned educational supervisors. Their educational supervisors guide them in their clinical roles through directly observed procedures, regular tutorials and offering guidance. Regular study days take place on Fridays covering a range of topics from hands-on composite and oral surgery days to communication skills and orthodontics.

Education supervisor, Abida Hirji, said: Making the transition from university to life in dentistry can be very daunting. However, dental therapy foundation training provides the therapist with a great team of qualified nurses, fully trained reception staff and an open-door policy to support you in your learning needs, both clinical and non-clinical. The year will enhance your skills in all areas of therapy enabling you to grow in confidence, consolidate current skills and be able to take on more complex cases. The mentoring that you will receive will prove to be invaluable whilst you begin your career as a dental therapist. You are also part of a training scheme, where you will meet other therapists in the same position as you, forming friendships which will help in the coming years. A series of study days are provided – both hands-on clinical days and other days covering a wide range of important topics related to dentistry. **D**

Places are still available for dental therapist foundation training in the East of England for a September 2025 start. Applicants must be UK graduates, from within the last two years. Please contact the EoE DFT team: england.dft.eoe@nhs.net.

My foundation year has been an excellent opportunity to enrich my learning and build my confidence in surgery and practice. We have been surrounded by support and been given excellent learning experiences and opportunities to help us grow into confident clinicians. The dental therapist foundation training team and the educational supervisors are friendly, helpful and really want to see you succeed, their support, knowledge and experience has been invaluable.

Molly de Carteret, 2023-2024 dental therapist foundation trainee

The foundation year has been really good, I would recommend it. I have been well supported by my mentors in practice and have been able to do lots of different treatments. The practice is supportive and gives you the time you need to carry out the treatment. It's excellent to have a stable, guaranteed income, which really gives you peace of mind. The study days have been very useful, there have been some amazing courses that would cost so much money otherwise – but they were all included as part of the scheme.

Chloe Marshall, 2024-2025 dental therapist foundation trainee

Having completed my degree in dental therapy/hygiene. I initially lacked confidence in the clinical environment and needed a supportive space to grow professionally. Joining the dental therapy foundation training scheme in the East of England was the right decision to make. Through structured shadowing, hands-on tutorials, study days, and weekly mentoring, I further developed my skills in cavity preparation, caries management, and special care dentistry beyond what is considered standard.

Mohammed Al-Barmawi, 2024-2025 dental therapist foundation trainee

Throughout the programme, I felt consistently supported in an encouraging environment where my professional and clinical confidence grew and flourished – particularly in working to my full scope of practice. The study days worked wonderfully alongside my practice experiences, with knowledgeable speakers providing insights that directly enhanced my understanding of the patients and situations I was encountering on a day-to-day basis. Equally as valuable, the peer support network that developed within our group gave us a real sense of community and provided an invaluable space to learn from each other. Most importantly, the programme effectively bridged the gap between my university experience and real-world practice, ensuring that by the end of the scheme I felt genuinely confident and ready for independent practice.

Laura Testa, 2023-2024 dental therapist foundation trainee

Undertaking dental foundation training straight after graduating as a dental therapist has been an incredibly valuable and rewarding experience. Transitioning directly into this role has allowed me to truly feel like a clinician, as I am now confidently working within my full scope of practice. The opportunity to independently treatment plan and carry out a variety of procedures has been brilliant in consolidating the theory I learned at university into real-world clinical practice.

Sandeep Samra, 2024-2025 dental therapist foundation trainee

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TePe® Interspace

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A journey takes time

Sam Jethwa highlights the need to enjoy the process of becoming the practitioner you want to be



British Academy of
Cosmetic Dentistry

SAM JETHWA

PRESIDENT, BRITISH ACADEMY OF
COSMETIC DENTISTRY (BACD)



Dentistry is a fantastic career choice for many. It's a diverse, often challenging but highly rewarding profession, giving us the opportunity to truly make a difference to thousands of individuals. The majority of dentists are motivated by our patients – wanting to deliver the highest standard of dental treatment and to drastically enhance patients' quality of life. With success in the field also comes recognition for your skills, and the chance to teach or mentor other professionals, which, in turn, also boosts earning potential. All of this makes dentistry even more attractive for future generations.

However, it is essential that we learn to walk before we run. For young dentists, it takes time and dedication to achieve many of these benefits. Being blinded by success can lead to skipping steps, which will not result in the long and prosperous career desired. What's more, focusing solely on hitting goals and fulfilling objectives could have a detrimental impact on mental health.

Pressure testing

It's no secret that dentistry is a stressful profession. Approximately 44% of dentists surveyed in 2019 (Collin V et al, 2019) indicated that the stress they experienced challenged their ability to cope.

But that's not even the full story. According to *The Burnout Report* (Mental Health UK, 2025), there has been a rise in pressure felt by younger generations across the UK workforce, with people aged 18-24 and

25-34 now 4% more likely to need time off work due to pressure and stress. Just under 30% of 18-24 year-olds actually ended up taking time off due to health challenges. The same research found that those in the younger age group were also less likely to trust their line manager or senior leader to discuss workplace pressures, with a drop from 75% to 56% between 2024-25.

It's much easier said than done when it comes to reducing sources of stress and mental burnout. However, it's important to address the factors driving pressure at work as soon as possible. Only then can steps be taken to mitigate any long-lasting effects.

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Happiness and satisfaction

At the same time, individuals need to be proactive in steering their careers towards greater job satisfaction. For some, this could mean working towards a clinical specialism. For others, it could look like patient-focused oral health programmes or supporting colleagues as they develop their own skills. Studies in the field suggest that elements like patient and professional relationships, income,

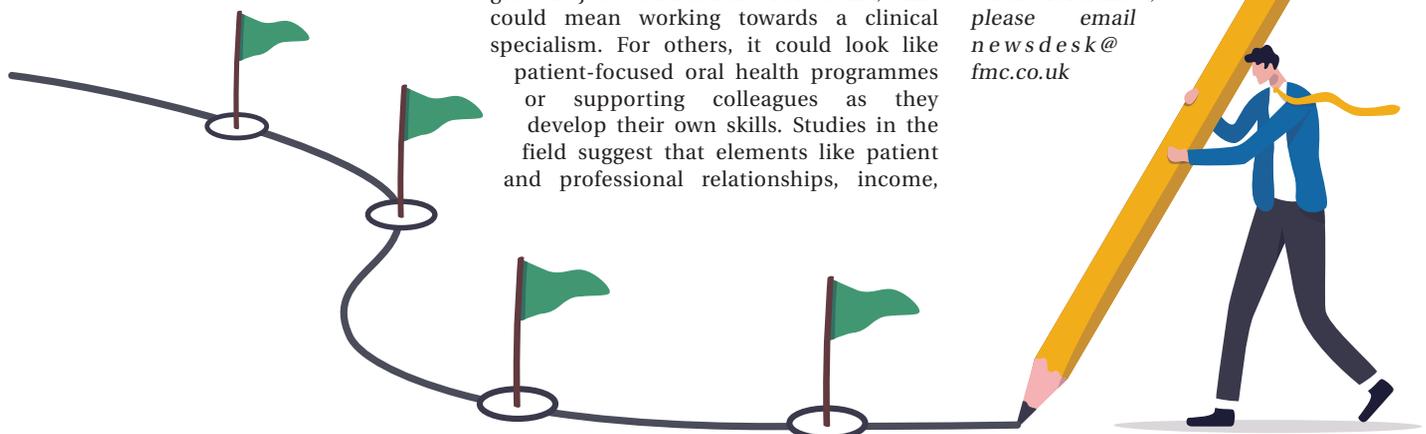
practice management and being treated with respect could also improve job satisfaction (Le VNT et al, 2021). It can also be a massive advantage to join a dedicated professional academy like the BACD, which provides a community of like-minded dentists keen to raise each other up and dispel negativities together.

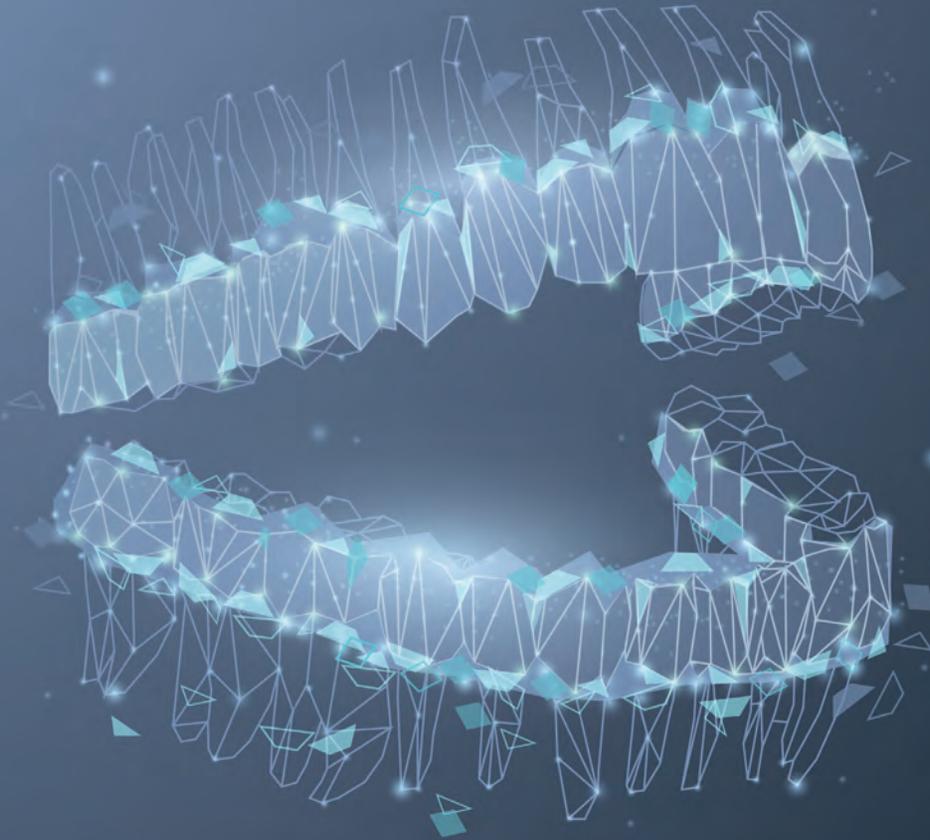
Beyond the dental practice, it's just as important to find contentment in life. A 2025 study published in the *Journal of Organizational Behaviour* found that personal happiness is a major contributor to job satisfaction, encouraging us all to find balance outside of dentistry. The paper emphasised the need for a person-centric approach in the workplace that facilitates personal growth and satisfaction for the happiest workforce. As such, it's important for professionals to find joy both inside and outside the practice, especially when new to dentistry.

Enjoying the journey

No matter what drives you, remember that progression is essential, but it's not everything – balance is key. Advanced clinical procedures, business ownership and wealth may all be in your future, but it will take time and hard work to get there. Aim high, be ambitious, stay motivated – but don't be so blinkered by the destination that you forget to enjoy the journey. **D**

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





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Dentistry Show London (DSL) is set to make a welcome return to ExCel on 3-4 October, bringing a bold new theme: The Future of Dentistry. This year's event promises to be the most dynamic yet, offering cutting-edge clinical insight, practical tools for practice growth, and access to the latest dental innovations – all under one roof.

From world-class education to industry-first product launches and unmatched networking opportunities, DSL 2025 is set to be the must-attend event for the entire dental team.

New theatres and technology

New for 2025, the Keynote Theatre will serve as a central hub for forward-thinking professionals. It will combine essential updates – such as the latest in regulation, NHS policy, and government

direction - with future-focused innovations. From AI in diagnostics to cutting-edge clinical

workflows, expect relevant, real-world insight that will equip you for what's next in dentistry.

Whether you're a practice owner, associate, or DCP, the Keynote Theatre is where technology meets strategy.

Unmissable speakers

The line-up of speakers planned is exceptional with over 100 internationally and nationally renowned personalities taking to the stage to deliver thought-provoking presentations. Covering a host of relevant and topical subjects as well as specialist areas, whole practice teams can get access to the industry's most respected clinical leads and experts in the dental community.

Highlights planned include:

- 'The panel I wish I'd heard sooner: life lessons from women in dentistry' which will see a powerhouse line-up – Raabiha Maan, Devinia Coco Lavan-Iswaran, Chinwe

The line-up of speakers planned is exceptional with over 100 internationally and nationally renowned personalities taking to the stage to deliver thought-provoking presentations



Akuonu, and Shandy Vijayan – share the lessons and experiences that shaped their paths. Expect inspiring reflections and empowering advice

- 'Friend or foe? The role of social media in today's dental practice' hosted by Cat Edney, Chinwe Akuonu, and Manrina Rhode, who will explore the double-edged impact of social media in dentistry, from marketing wins to the pressures of public-facing platforms
- 'From club runners to elite athletes: the impact of performance nutrition on oral health' which will see Professor Peter Fine take to the spotlight to examine how nutrition and fitness affect oral health and how oral health, in turn, impacts performance.

More CPD-rich talks will explore coaching for high-performance teams, managing modern patient demand, the role of vitamin D in periodontal health, and elevating the role of dental nurses in optimal patient outcomes. With these and a host of other original talks planned, delegates will leave inspired and empowered.

Innovation at the core

As dental technology continues to evolve, DSL 2025 will be the perfect opportunity to explore what's new and importantly what's next. With over 180 exhibitors, you'll find everything from digital dentistry breakthroughs to clinical tools, business services, training programmes, and practice management solutions.

The perfect opportunity to explore **what's new and what's next**. With over **180 exhibitors**, you'll find everything from digital dentistry breakthroughs to clinical tools, business services, training programmes, and practice management solutions

On the exhibition floor, discover:

- Exclusive show-only offers
- Live product demos and hands-on experiences
- Start-ups and global brand showcases
- Training providers ready to support your development.

The Future of Dentistry theme will be woven into every element of the show, with innovation and education sitting at the heart of the experience.

Enhanced CPD and networking

Dentistry Show London is not just about inspiration, it's about progress. Attendees can access over 100 hours of free enhanced CPD

across clinical, business, and compliance topics. Designed to support the entire dental team, the programme offers something for every member of your practice.

Networking is also back in a big way. Whether you're looking to reconnect with peers, meet suppliers, or build new business relationships, Dentistry Show London offers the ideal platform. With key decision-makers, industry influencers, and fellow practitioners in one place, expect meaningful conversations and lasting connections.

Visit the dedicated networking lounges, attend in-stand events, or simply stop for a coffee and a chat with someone new. With challenges and changes sweeping across the profession, there has never been a more important time to share experiences, exchange ideas, and build your community.

The event app makes it easy to plan ahead – set meetings, save favourite sessions, and create your personalised two-day schedule. Allowing you to maximise your time and make every minute count.

Dentistry Show London 2025 is an unmissable moment in the dental calendar. With education, innovation, and inspiration at every turn, it is an ideal place to connect with peers, sharpen your clinical edge, and embrace what's next. Join thousands of dental professionals in shaping the future of the profession. For more information and to register for free visit london.dentistryshow.co.uk

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Zirkonzahn Shade Guides

Zirkonzahn

With the new Zirkonzahn Shade Guides, the patient's tooth colour can be precisely determined with monolithic sample teeth made of zirconia. This allows the most suitable Prettau Dispersive zirconia material to be determined in a safe and quick manner.

The colour spectrum is inspired by the Vita classic range, comprised of 16 dentine colours (A1-D4) and three bleach shades. The sample teeth are monolithic and glazed with 3D Base Glaze. Colour theory shows that shape and surface structure considerably influence the colour effect. Striving for perfection, Zirkonzahn creates shade guides in all respective Prettau Dispersive zirconia materials in the shape of a premolar as well as lower and upper incisor.

If the material of the shade guide and the material of the zirconia prosthesis are identical, it is ensured that the colour of the zirconia restoration corresponds one-to-one with the natural tooth colour of the patient.

The shade guides are also available with minimally reduced, sintered sample teeth (minimal cutback), which can be further characterised by the application of different incisal materials. This results in truly unique shade guides that precisely reflect individual approaches and aesthetic demands.

For the dental practice, the manufacturer recommends the Zirkonzahn Shade Guide Prettau Line in the shape of a premolar as well as a lower and upper incisor (also with minimal cutback for individual characterisation), to identify easily the natural tooth colour on the patient.

www.zirkonzahn.com



Zirkonzahn
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Poster prize at BSSPD

Schottlander

From an entry of 26 posters, the winner this year was Bethany Revert from St Georges University Hospitals NHS Trust for her poster 'Surgical management and dental rehabilitation of a Brown's tumour in the anterior maxilla'.

The case report described the multidisciplinary care of a rare case of a Brown's tumour located in the anterior maxilla, occurring as a side effect of secondary hyperparathyroidism.

Pictured is Dr Brian Schottlander, Bethany Revert and Dr Shiyana Eliyas.

schottlander.com



A perfect partnership

Carestream Dental

Sensei Cloud is the renowned practice management software that seamlessly integrates with your workflow. Plus, it's now able to simply connect with Itero intraoral scanners to deliver more efficient care.

The exceptional collaboration means practices using Sensei Cloud have more options than ever before when choosing to work with their preferred equipment and practice management partners.

Sensei Cloud allows clinicians to store patient records in one convenient and easily accessible location, and all scans executed with an Itero scanner are instantly recorded in the software, reducing the need for redundant clinical notes.

goseni.co.uk



Help patient understanding

ADI

It is crucial that patients have the information they need to decide whether dental implant treatment is right for them. This, along with excellent support from the dental team, will ensure they feel comfortable and confident with their treatment choice.

Members of the Association of Dental Implantology (ADI) have access to 50 free 'Considering Dental Implants?' patient leaflets, which explain what implants are, who is suitable for them, and what to expect from the procedure itself. The leaflet also explores common myths around dental implants to help put patients' minds at ease, as well as discussing how to take care of implants and why this is important.

Empowering patients to engage in their dental treatment will reduce the risk of treatment failure long term and ensure that patients feel confident in their choices.

www.adi.org.uk



Accuracy meets durability

Carestream Dental

Intraoral imaging should be simple and accessible. That's why the RVG 5200 digital imaging sensor from Carestream Dental is the perfect solution for any clinician.

The easy-to-use sensor can capture exceptional images quickly and easily. User-defined processing tools also allow clinicians to customise results according to their needs, enhancing diagnoses and ease of use.

Images created with the RVG 5200 have a true resolution of 16 lp/mm, ensuring clinical decisions can be made with accuracy and confidence.

Whilst the RVG 5200 is ideal for those beginning their dental imagery journey, the sensor is created to last long into your career, with a 50% reduction in the number of connection points improving cable durability. Better yet, the sensor is designed to be shock resistant and fully waterproof too.

www.carestreamdental.co.uk



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Carestream Dental

Choose the future of CBCT systems with the CS 9600 CBCT scanner from Carestream Dental, an award-winning and versatile solution for a variety of clinical needs.

With the ability to capture CBCT, cephalometric and panoramic imagery, as well as perform 3D facial and model scanning, the CS 9600 CBCT scanner can support more treatment indications than ever before.

Leading image quality that provides detailed results makes the CS 9600 CBCT scanner suitable for endodontic, orthodontic and dental implant indications. It brings confidence in decision-making, leading to more successful treatment outcomes and happier patients.

The Carestream Dental team is committed to providing simple guidance and support, so your practice can quickly get up to speed with the scanner without delay.

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Outstanding implant dentistry ADI

The Association of Dental Implantology (ADI) recently delivered a hugely successful Team Congress. While networking and enjoying time with friends during a *Downton Abbey*-inspired gala dinner, the outstanding contributions of key individuals in the field were celebrated.

Awards were presented by current ADI president, Dr Zaki Kanaan, to each of the following for their hard work and commitment in the early days of the ADI, which started it all:

- Dr Barry Edwards (first ADI president)
- Professor Edwin Scher
- Dr Ashok Sethi
- Dr Norman Mills.

ADI TEAM CONGRESS 2025



Honorary ADI Membership was also awarded to Dr Tidu Mankoo in light of his ongoing contributions to the association over many years.

Finally, Zaki thanked the ADI team for all that they do behind the scenes to keep the ADI operating smoothly and to deliver such a fantastic event. Special mentions were made for executive director Richard Cantillon, head of marketing Owain Wilson, and events manager Sasha Dickson.

www.adi.org.uk

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.

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In-depth imaging Carestream Dental

Enhance treatment plans with accurate and fast digital imaging. Choose the CS 9600 CBCT Scanner from Carestream Dental, the five-in-one solution that is even smarter and more versatile than ever.

Carestream DENTAL



The CS 9600 CBCT Scanner creates very high-resolution images that help clinicians meet their endodontic needs, and CBCT imaging and facial modelling allows clinicians to develop restorative solutions that can be presented to patients.

Alongside its wide array of uses, the CS 9600 CBCT Scanner is also exceptionally safe. A low-dose mode optimises 2D and 3D exams, with 3D images attainable at up to an 86% lower dose than 2D panoramic images.

Images and scans can also be used with imaging software from Carestream Dental, such as the Prosthetic-Driven Implant Planning Module, which helps clinicians develop optimal results with increased predictability.

www.carestreamdental.co.uk

Driven by innovation

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Planmeca is delighted to announce the unveiling of its brand-new mobile showroom, Plandemo. Packed with the latest in cutting-edge technology, the new vehicle provides the perfect opportunity for you to explore our full product range at a time and location that suits you.

On board, you can try out the innovative Compact i5 dental unit which is kitted out in sumptuous Metallic Gold Ultra Relax upholstery.

See just how easy it is to use the Promax 3D Classic CBCT imaging unit first hand, and the high-quality clinical images it produces.

Experience the rich selection of tools and features available in Romexis with a software demonstration, and find out how same-day dentistry can be incorporated into your surgery with the Planmill 35 milling unit.

www.planmeca.com/plandemo



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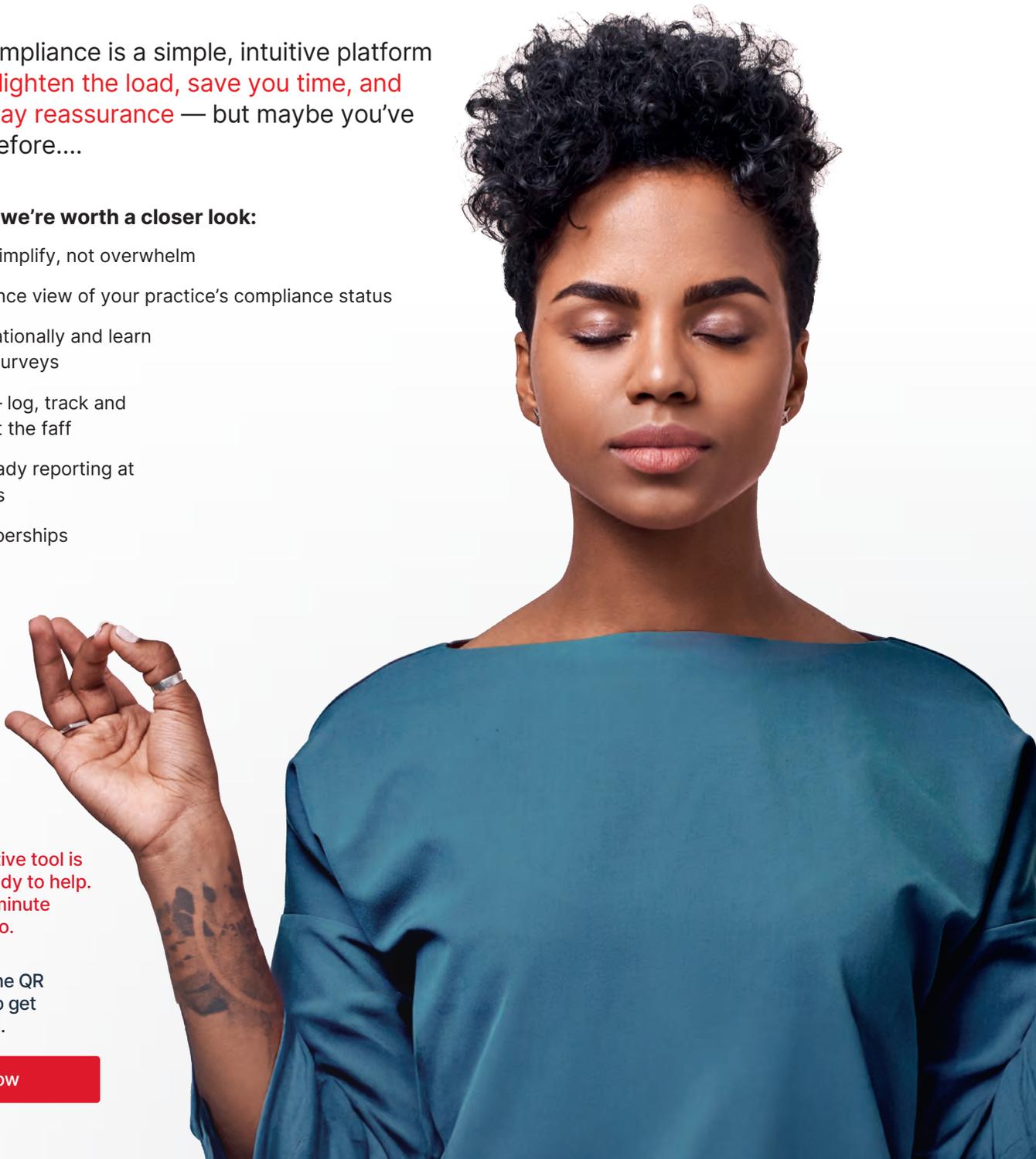
- Designed to simplify, not overwhelm
- Live, at-a-glance view of your practice's compliance status
- Benchmark nationally and learn from built-in surveys
- CPD sorted — log, track and report without the faff
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Systematic reviews, meta-analyses, the **European Federation of Periodontology S3 level clinical practice guidelines**, and a recent consensus report from global experts, convened by **Spanish Society of Periodontology and Osseointegration (SEPA)***, support the adjunctive use of antiseptic mouth rinses.¹⁻³



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