November/December 2025

Dentistry

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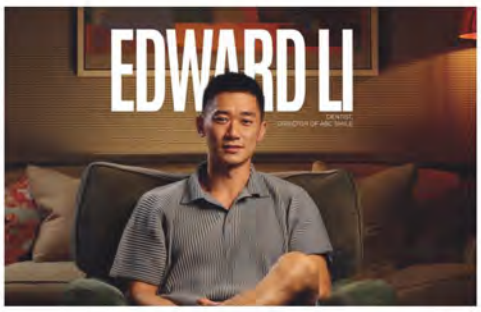

Applying Colgate® Duraphat® Fluoride Varnish

Delivering better oral health guidance[1] states that fluoride varnish is one of the best options for increasing the availability of topical fluoride regardless of the levels of fluoride in any water supply. The guidance also states it is quick, easy and does not provide any aesthetic challenges.

Prior to applying the fluoride varnish advise the patient, parent or carer on the purpose, benefits, process, possible side effects and alternatives to fluoride varnish.[15] Ensure the patient has eaten prior to the application and let them know that the fluoride varnish is applied using a small brush and that it is quick, simple and painless.

It is also useful to understand that the opaque yellowish tint found in Colgate® Duraphat® Fluoride Varnish is only temporary. It will wear off or can be brushed off 4 hours after application if desired. This tint acts as a useful guide which may be helpful when applying to a fidgety child. A tint is not usually seen as a problem when applying for caries control, as it is usually applied to vulnerable surfaces including pits and fissures and approximal surfaces, unlike when applying to cervical margins as a desensitiser.

Let your patients know Colgate® Duraphat® Fluoride Varnish has a pleasant raspberry taste and fruity smell.[16] Other fluoride varnishes (not licensed for caries control) can offer a range of flavours intended to engage children. This may cause confusion by implying the product could be used for caries control in children. A paper on the use of flavoured fluoride varnishes was recently reviewed, suggesting that flavour is not an effective way to engage a child.[17] The review suggested a better way of engaging a child would be to offer them a choice of safety glasses or ask them which side of the arch they would like to start on.[17] These alternative approaches would offer the child an element of control. More importantly, the child would be receiving Colgate® Duraphat® Fluoride Varnish, clinically proven to release fluoride ions to both promote remineralisation and inhibit demineralisation during any drop in pH within a 6 month period.[9]

Dispense Colgate® Duraphat® Fluoride Varnish, onto a Duraphat® Varnish dispensing pad using the dosage circle relating to the patient's dentition. This visual guide helps support safety in terms of maximum dosage applied. This is as an alternative to dispensing small amounts at a time on the back of a glove or in a Dappen dish, with the potential of losing track of the total amount dispensed.

Dry the teeth using a cotton wool roll. Colgate® Duraphat® Fluoride Varnish sets in the presence of saliva so there is no need to totally dry the teeth. This means Colgate® Duraphat® Fluoride Varnish can be used in many settings including the community, even with the child sitting on a bean bag. Although Colgate® Duraphat® Fluoride Varnish sets in the presence of saliva, it is useful to start the application on the lower arch to help manage any excess saliva during the application process.

The majority of fluoride varnish applications are for caries control in children. However, it is increasingly important to consider their use with adults at higher caries risk. This includes the planned caries pathways for higher risk adults put forward as part of the proposed dental reform, aligning with the 10 year NHS plan.[18]

Post application instructions

Advise your patient that they should not eat or drink for 30 minutes following the application and only to eat soft foods for the next four hours. Also advise your patient their toothbrushing should be suspended for the remainder of the day but should resume the following morning. They should have no high fluoride preparations including fluoride supplements on the day of application.

Protect your patients, your team and your dental practitioners' responsibilities with Colgate® Duraphat® Fluoride Varnish.[1,11-13,18]

Duraphat

Scan for more information on Colgate® Duraphat® Fluoride Varnish

22,600 ppm Fluoride

†Colgate® Duraphat® fluoride varnish for patients 3 years of age and over.

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Colgate® Duraphat® Fluoride Varnish - The ONLY varnish to use for caries control†

Prevention is the cornerstone of modern dentistry, irrespective of setting. The most progressive preventive care often includes a comprehensive approach including patient-led actions (such as behaviour change) alongside evidence-based professional-led actions (such as patient education and professional interventions).[1]

Despite improvements, dental caries remains a concern.[2-5] Latest data shows 33% of children present with obvious caries with an average of 3.5 teeth affected.[3-5] Caries is not limited to children, with over 1 in 4 adults presenting to general dental practice with active caries affecting an average of 2.[1] teeth.[2]

Not all fluoride varnishes are the same

Dental teams are presented with a wide range of professional products to support caries prevention including fluoride varnish. It is vital to understand that not all fluoride varnishes are the same. Although they may have similar compositions, they are intended for a different use. This difference can be clearly identified by their regulatory status as defined by the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA states:

- A medicine is any substance or combination of substances presented as having properties for treating or preventing disease in human beings[6]
- A medical device's principal mode of action does not include treating or preventing disease[7]

Colgate® Duraphat® Fluoride Varnish is the only fluoride varnish with the legal status of a medicine, indicated for caries control. All other fluoride varnishes currently on the UK market are medical devices, providing treatment of hypersensitive teeth only. Although some may also suggest an implied caries benefit, this is not their intended purpose or mode of action. As a medical device their primary mechanism is to act by physical or mechanical means.[7] Medicines, on the other hand, act through pharmacological (as is the case with Colgate® Duraphat® Fluoride Varnish, licensed to deliver caries control), metabolic, or immunological effects.[6]

Why does this matter?

Delivering better oral health guidance recommend twice yearly application of 22,600ppm fluoride varnish for all children aged 3 years and above for caries prevention. This increases to 3-monthly applications for those at increased caries risk. For adults at increased caries risk, it may be a 3 or 6-monthly application, dependant on their caries pathway.[1,8]

To be clinically effective, a fluoride varnish delivering caries control should release free fluoride ions to both promote remineralisation and inhibit demineralisation during any drop in pH for 6 months following application.[9,10] For this reason, the evidence-base also states to use a fluoride varnish licensed for caries control.[1] Colgate® Duraphat® Fluoride Varnish is the only licensed product available. Using a fluoride varnish licensed for caries control also meets dental practitioner's responsibilities as a prescriber.[11,12] This point is also important for appropriately trained extended duties dental nurses (EDDNs)[11,12] and for dental hygienists and dental therapists working to exemptions.[13]

Transparent information

Unlike other fluoride varnishes which are all medical devices, the Colgate® Duraphat® Fluoride Varnish product licence information is publicly accessible via the MHRA website.[14] This includes the Summary of Product Characteristics (SPC) which lists everything you need to know to make a considered choice prior to application. It includes the product indication which is:

'For the prevention of caries in children and adults as part of a comprehensive control programme

- For the prevention of recurring (or marginal) caries
- Prevention of progression of caries
- Prevention of decalcification around orthodontic appliances
- Prevention of pit and fissure (occlusal) caries'

This prescribing information can also be found in an abridged format on all marketing materials for Colgate® Duraphat® Fluoride Varnish. Seeing this type of information allows dental professional to understand if the product is classified as a medicine. The other indicator is the product licence number on the outer carton.

For clarity, it is also worth mentioning the alcohol in Colgate® Duraphat® Fluoride Varnish. This promotes the flow of the product during application and because it is being used as a medicament and is not an intoxicant, it has been agreed (on the authority of the West Midlands Shari'ah Council) that it is suitable for use by Muslims,[1] provided that the product is used in small amounts, well below those which would intoxicate, and is not being used for reasons of vanity.

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Dentistry

‘IRREVERSIBLE DAMAGE’ CAUSED BY ILLEGAL TOOTH WHITENING TREATMENTS

Tooth whitening treatments that ‘burn gums and destroy teeth’ are being administered illegally across the UK, according to a BBC investigation.

The report revealed that some tooth whitening gels contain more than 500 times the legal limit of bleaching agent for over-the-counter products. These illegal products were found for sale on social media, sometimes being handed over in car parks and on doorsteps.

UK law states that products containing more than 0.1% hydrogen peroxide can only be administered by General Dental Council (GDC) registered dental professionals. Products for use by registered professionals are limited to a 6% bleaching agent concentration.

However, the investigator was able to obtain a fraudulent whitening qualification and purchase gel with up to a 53% peroxide content. They were also given a ‘training course’ in the form of a series of messages sent via Whatsapp and advised to ‘practise on family and friends’.

Advertising the benefits of the illegal treatments, the provider said ‘it’s really cheap to do and the profit is insane’.

‘I was in agony’

One patient reported losing four teeth after she paid £65 for tooth whitening treatment at a beauty salon in Lancaster. She said pain began shortly after the treatment and ‘got worse and worse’ as time went on.

The patient said it had taken years and tens of thousands of pounds to repair the damage caused. Her dentist informed her that only the removal of four teeth would cure her pain.

The beautician who administered the treatment was ordered to pay £250 compensation for unlawfully practising dentistry.

There have been no successful prosecutions brought forward by the GDC since 2021, relying on customers reporting malpractice. A GDC spokesperson said: ‘The GDC’s investigations are reactive, rather than proactive, in line with our statutory remit and objectives.’

‘Nerve damage and even tooth loss’

The British Dental Association (BDA) said it was ‘appalled but not surprised’ at the results of the investigation.

BDA chair Eddie Crouch said: ‘In the UK, only qualified dental professionals are allowed to carry out teeth whitening. In the wrong hands, teeth whitening can be extremely dangerous. It isn’t just the excruciating pain, or the burnt lips and gums, but also the fact that it can lead to nerve damage and even tooth loss.

‘The BBC’s investigation has found that these illegal teeth whitening providers are undeterred by the prospect of a criminal record or a fine which, since 2016, can be an unlimited amount. The risk must seem worth the reward to these fraudsters.

‘We urge people not to gamble with their oral health and the government to organise a crack-down on these dangerous practices and mis-selling as an urgent priority.’

Dentistry launches petition to reform ORE booking system

Dentistry UNLOCKING THE ORE

Dentistry has launched a petition calling for a priority booking system to be introduced for the overseas registration exam (ORE).

A significantly in-demand exam, the ORE booking system currently works in a way similar to securing concert tickets – whoever is fastest on the day. As a result, those who have previously tried and failed to book an exam place will have just as much of a chance as somebody who is attempting to book for the first time.

According to research by the Association of Dental Groups (ADG), in June this year an estimated 5,000 fully-trained overseas dentists were in the registration queue to practise as dentists in the UK.

As a result, we believe that a quick, short-term solution to getting enthusiastic and talented overseas dentists into the UK dental system is for the General Dental Council (GDC) to introduce a priority booking system for both Part 1 and Part 2 of the exams.

This, we believe, will reduce participant anxiety, protect the reputation of UK dentistry and, ultimately, help to plug the shortfall in the dental workforce.

Improving UK dental access

We understand that this is not the only solution – wider, long-term policies need to be considered to make the ORE a more effective system.

We believe, however, that this will alleviate the months of uncertainty faced by thousands of clinicians attempting to book the exam and restore some faith in a system that could have a key role to play in improving dental access in the UK.

You can sign the petition online at **https://bit.ly/3LfO2CK**.

This is feeling at ease with your career in dentistry.

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This is health

Contacts...

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Mission statement

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

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Asking for too much?

Guy Hiscott
Editor's view

It's a broken record. Or preaching to the choir. Or any other cliché. Call it what you will, but however you choose to slice it, the naked truth that there are scores of qualified dentists waiting to step into the UK workforce – and unable to do so – is the inconvenient truth that just won't go away.

It's less an invisible barrier, more the elephant in the room: I'm speaking, of course, about the Overseas Registration Exam (ORE), the gateway that overseas-qualified dentists must pass to join the UK dental register.

As a quality control, it's a robust system. Dentists passing it have been put the wringer to be clinically sound enough to practice in the UK – even if cultural differences in approach might take a bit more bedding in, their clinical knowledge is up to scratch. Pass rates go some way to proving this: according to the GDC, Part 1 averages around 70% and Part 2 between 59-74%.

The problem isn't the exam. It's the booking and capacity system around it.

In the middle of a UK-wide NHS access crisis, this system is where logic comes to die. On one hand we have tens of thousands of patients struggling to access NHS dentistry. On the other, we have overseas dentists – trained, competent and motivated – ready to step in. I'd argue that the solution is clear. I'd also argue that the system is… anything but.

The current ORE booking system is arbitrary, fast-moving, and stressful. It's a melee where slots have disappeared before most people can even load the booking page successfully.

Tried to get a slot multiple times in a row? Tough. Been working in the UK for years? Tough.

And while this goes on, the backlog grows. At last count, something like 6,000 overseas-qualified dentists are ready but unable to practise while waiting to sit the exam. Some of them, as you may have heard over the summer, are working in McDonalds rather than seeing patients in need.

It's the human cost of this that drives me up the wall – it's just so unnecessary.

That's precisely why we've launched our Unlocking the ORE campaign.

I don't think we're asking for all that much: essentially, it's more places and a booking mechanism that is transparent, fair and predictable rather than a lottery.

I think it's timely – there is a bidding process in play to increase capacity. And in response to our petition (at almost 1,500 signatures at the time of writing) the executive director of strategy at the GDC, Stefan Czerniawski, has acknowledged the shortcomings in the booking system and committed to reform. I do believe the regulator is listening to this.

But we must press them to go all the way. We can't allow systemic bottlenecks to undermine the potential locked up in our workforce potential.

The access crisis isn't going to be fixed by a single ORE silver bullet, solely by overseas recruitment, of course – recruitment is no substitute for contract reform, funding and making life in the NHS palatable for more clinicians. But when there are capable dentists on the threshold, ready to pitch in, the idea of leaving them waiting is baffling.

The ORE is a credible qualification. But the booking system must be fit for purpose. In today's climate especially, we should insist on nothing less.

Meet the *Laboratory* Leading 20 2025

Now in its third year, the *Laboratory* Leading 20 returns once again to celebrate the people shaping the future of UK dental technology. Each year, this initiative shines a spotlight on those whose influence, innovation and passion continue to elevate dental labs.

Curating this year's list was no easy task. Once again, the level of talent, innovation and generosity across UK dental technology made selection a challenge – and a joy. Every name featured has demonstrated exceptional skill, creativity or leadership that's making a difference right now.

Unlike awards with strict criteria, *Laboratory* Leading 20 is subjective. There's no public voting or ranking – instead, the final list reflects the panel's view of those driving dental technology forward over the past year.

We received nominations from across the profession, after which FMC and the *Laboratory* editorial board carefully reviewed and selected the final 20.

The process considers influence, visibility, success both within and beyond the lab, and contributions that benefit the wider profession.

Congratulations to all those who made it, and thank you to everyone who submitted nominations.

Visit https://bit.ly/4oLD4mQ to meet the *Laboratory* Leading 20 for 2025…

Re-Evaluate Rinse

It's Time For An Evidence-Based Recommendation

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]

LISTERINE®

*Sponsored by LISTERINE®

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Only one quarter of DCPs deliver mostly NHS treatment

Almost 75% of dental care professionals (DCPs) spend the majority of their time working in mixed or private practice, new data reveals.

The General Dental Council (GDC) has published working patterns data from more than 56,000 DCPs – equivalent to 70% of the DCP register.

What are the working patterns of DCPs?

Some of the key findings from the data include:

- Clinical focus: 87% were doing some clinical work, with nearly half (48%) working in fully clinical roles
- Working hours: 94% were working less than 40 hours a week, with nearly half (49%) working between 30 and 40 hours
- NHS and private care: more than a third (36%) said they delivered a mix of NHS and private care, while over a quarter (26%) were spending at least 75% of their time delivering NHS care. More than a third (36%) were spending at least 75% of their time delivering private care
- Dental nurses dominate: more than three-quarters (77%) had dental nurse as their primary field of practice, followed by dental hygienists (10%)
- Employment varies by role: nearly four-fifths (79%) were employed, though this varies significantly by role – with 65% of dental therapists and 68% dental hygienists being self-employed
- Dental setting: nearly two-thirds (65%) stated 'general dental practice'. The next most frequently mentioned setting was 'specialist dental practice' (12%). For orthodontic therapists the most common dental setting was 'specialist dental practice' (64%), and for dental technicians the most common setting was 'laboratory' (67%)
- Location: the majority (82%) said they worked in England, followed by Scotland (10%), Wales (5%) and Northern Ireland (3%)
- Place of work: More than three-quarters (77%) stated they worked in one place of work, 14% said they worked in two workplaces, and 8% said they worked in more than two workplaces. Dental hygienists and dental therapists reported commonly working in two (39% and 38% respectively) places of work
- Current employment: 98.5% of respondents said they were currently working within the dental sector, with 1.5% not currently in dentistry but seeking work.

Theresa Thorp, executive director of regulation at the GDC, said: 'This is our second year collecting the working patterns data, and with a 70% response rate, we're building a robust picture of how dental professionals work across the UK – from the diversity of employment patterns across different roles, to the balance of clinical and non-clinical work, and the mix of NHS and private care delivery.

'By continuing to build this picture, we are providing the sector with the transparent data it needs to make informed decisions about workforce planning, ultimately supporting better patient care. We're grateful to the dental professionals who participated and the organisations that encouraged their members to take part.'

Mouth cancer cases in England hit record high

Cases of mouth cancer in England have reached the highest levels on record, prompting experts to call for greater public awareness of early symptoms.

New data released today from NHS England shows the number of annual mouth cancer cases in England has reached 9,293. This marks a year-on-year rise – a 37% increase over the past decade, and more than double the number recorded a generation ago.

Deaths have also climbed, with 2,970 people losing their lives. This marks a 42% rise compared with 10 years ago.

True cost of mouth cancer

Nigel Carter OBE, chief executive of the Oral Health Foundation, said the new statistics show that mouth cancer is exacting a growing cost on both people and the health system.

Research by the charity shows that nearly one in four people (23%) do not know it is possible to develop cancer in and around the mouth. Awareness of the most common signs and symptoms is as low as one in five (20%).

Dr Carter says: 'The true cost of mouth cancer isn't just measured in lives lost. It's in the pain, disfigurement and emotional trauma survivors live with every day. The fact that cases continue to rise while awareness remains so poor is deeply worrying. Far too many people still don't know the warning signs or delay getting help.

'We're urging everyone to be mouthaware – check your mouth regularly and seek advice if something doesn't feel right.'

NEWS IN BRIEF

Shame a 'barrier' for dental patients

New research has shed light on the 'self-reinforcing shame spiral' that causes patients to avoid seeking dental treatment.

Childhood trauma tied to dental fear

Young people who have experienced bullying, divorce, violence or abuse are significantly more likely to be anxious to visit the dental practice.

Tooth decay hospitalisations for children rise

Tooth decay remains the most common cause of childhood hospital admissions, according to newly-published NHS England data.

ORE bidding process in final stages

The bidding process for the new overseas registration exam (ORE) contract has reached its final stage, according to the General Dental Council (GDC).

Private Dentistry Awards 2025: finalists announced

FMC is delighted to share the Private Dentistry Awards shortlist for 2025 – congratulations to all of the finalists!

SCAN
THE QR CODES TO READ ON!

Why is a fully-trained dentist working in McDonald's?

Gaby Bissett spoke to an overseas-trained dentist about his frustrations with the overseas registration exam (ORE) and the impact it is having on UK dentistry.

The dentist graduated with a degree in dentistry in 2018. He went on to obtain his master's in oral implant dentistry in 2022.

But today, he works as a fast food server at a McDonald's in Leicester.

In 2022, he moved to the UK in the hopes of developing his dental career. At the time, he had plans to work as a dental therapist whilst he studied and prepared for the ORE. But shortly after he arrived, the dental therapist route was closed for international dentists.

'I suddenly found myself competing for ORE spaces in an extremely competitive environment, something I fear is not going to end any time soon,' he said.

'As I can't work as a dental therapist, I've been forced into non-medical jobs to support myself. It's been almost three years now.'

First come, first served

One of his biggest grievances is the 'first come, first served' method that the ORE operates on. Much like trying to secure Glastonbury tickets, it comes down to those with the faster finger on the day exam spaces are released – or in other words, pure luck.

'It's very stressful for so many reasons but the most frustrating part is it doesn't matter whether you've been applying for three years or three weeks – everyone has the same chance,' he explains.

'You find yourself feeling jealous, which is really natural as you find friends who have just graduated applying and attempting the exam whereas you're on your third, fourth, fifth try.

'It creates a lot of chaos.'

For three years, therefore, he has not been able to work as a dentist. In this time, he has instead worked as a dental nurse and in roles at fast food restaurants – with his latest job being in McDonald's, where his responsibilities include cleaning the toilets.

From living in the north east, Sunderland and now Leicester, he has felt unable to settle.

'When you're stuck in this position, getting paid minimum wage, it doesn't matter where you live,' he says.

'I don't feel like I've entered the UK yet, to be honest.'

Solving the workforce gap

The UK is desperate for dentists. A recent report by the Association of Dental Groups (ADG) suggests that 4.5 million patients are going untreated annually due to the 2,749 shortfall in the dental workforce. Around 5,000 fully-trained dentists are in the queue to practise. But the current ORE and registration 'bottleneck', it argues, is seriously hindering attempts for this gap to be filled.

For him, there are two main solutions: reopening the dental therapist route so international dentists can work clinically whilst they await an ORE space, and provisional registration.

'There must be a route for internationally-qualified dentists to be able to work here, prove themselves and help to solve the NHS dental crisis,' he says.

'One way to do this is through provisional registration, which does exist but seemingly only in hospital settings. I do understand that public safety is important – but judgement can be taken on the education and experience of an individual. Much like foundation training, international dentists should be able to work under supervision, many of whom will also have more experience than newly-qualified dentists.

'Another point to make is the counter-productive move of closing the dental therapist and hygienist route for overseas clinicians. I understand they want to shift the focus to encourage clinicians to take the ORE but with the high level of competition for spaces, this decision is ultimately disadvantaging the patient and the public.'

He added: 'It's a very outdated system that needs to be looked at and reformed in order to allow international dentists to practise – and protect those already here in the UK. This will not only benefit the dentists and let them prove themselves but also solve the workforce issues in UK dentistry.' D

Dentistry has launched a petition calling for a priority booking system to be introduced for the overseas registration exam (ORE).

You can sign the petition online at **www.dentistry.co.uk/2025/10/09/overseas-registration-exam-petition-launches-to-reform-booking-system/**

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*Taha et al. 2018

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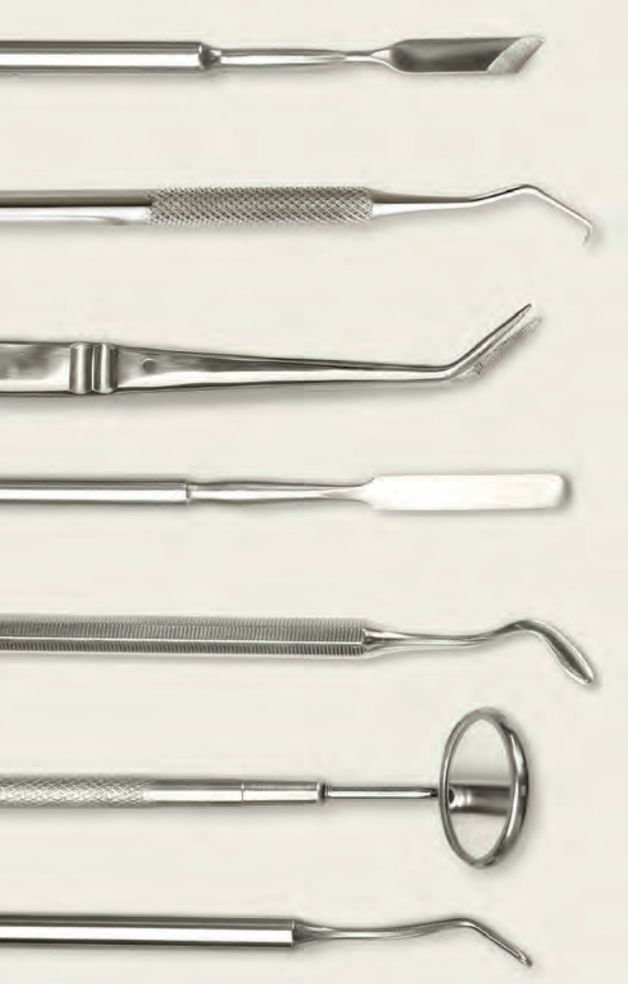

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2026 ARF increase confirmed

The General Dental Council (GDC) has confirmed that the Annual Retention Fee (ARF) will be increased for both dentists and dental care professionals for 2026.

The ARF will now stand at £698 for dentists and £108 for dental care professionals (DCPs). This is roughly a 12.5% increase for all dental professionals, with last year's fee at £621 and £96 respectively.

The increase follows a 12-week public consultation on the GDC's strategy which took place over the summer. The regulator has now agreed its Corporate Strategy 2026-2028, which designates its strategic priorities and the funding it will need to realise them.

The GDC confirmed that it would adjust the ARF 'as needed' from 2027 onwards. However, it said that further rises would not exceed the rate of the consumer price index (CPI) except in 'exceptional circumstances'.

Strategic ambitions

Tom Whiting, chief executive and registrar of the GDC, said: 'Our vision is to be a trusted and effective regulator, supporting dental professionals to provide safe and effective care for their patients. We have a clear delivery plan to achieve our strategic ambitions and remain committed to protecting the public and maintaining public confidence in the dental professions.

'We will provide transparency about the work we do to deliver our strategic ambitions and will measure and report on our progress. Council has approved the investment needed to achieve this transformation whilst considering affordability for dental professionals.'

The GDC will adjust the ARF as needed from 2027 onwards. Other than in exceptional circumstances, any increase will not exceed the rate of the Consumer Price Index (CPI).

Dr Helen Phillips, chair of the GDC, said: 'Over the next few years, I am committed to nurturing relationships built on trust and support. Council's priority is public protection by working with and through dental professionals.

'By 2030, I want the GDC to be recognised as living by our values of transparency, respect, inclusion and purposefulness. We will be recognised as a regulator that operates with greater effectiveness across all our functions and works collaboratively as a valued partner across the sector.' D

Private dentistry a safe haven in stormy conditions

Rising costs and workforce pressures make private practice an increasingly secure and appealing choice, says Nigel Jones

PracticeMakes Perfect

Nigel Jones
Sales and marketing director at Practice Plan

There have been a couple of practice valuation reports recently highlighting the growing appeal of private dental practices. Given the economic context in which the country currently finds itself, some have expressed surprise that this is the case. For me, it seems the opportunity to take more control of a practice's fortunes will clearly be attractive to some.

For a start, there is the supply/demand imbalance. Sure, the cost-of-living crisis is likely to have a softening effect upon patient demand, particularly for elective cosmetic dentistry.

However, the restrictions on supply continue. Although efforts are underway to increase the number of overseas dentists on the register, as well as therapists and hygienists, this will take some time to catch up with the trends for dentists going private, part time or both.

While this imbalance persists, the providers of private dental care should be in the position of being price makers rather than, as shown by the annual wait for contract uplift announcement about NHS contract uplifts, price takers. Such financial freedom can allow for a more effective response to the challenge of attracting and keeping clinical team members.

Of course, success in this regard is not just about the money on offer to a potential associate. A couple of years ago, the owner of a small dental group with a high dependency on the NHS told me that his organisation was having to hone their HR skills and become specialists in dental recruitment in order to survive.

That in turn means becoming absolute experts when it comes to reading and deciphering the small print of NHS contracts, associate agreements and visa requirements if only for the purpose of educating new recruits, especially those from overseas. If those finer details are missed or not fully understood, it could have unwelcome or even catastrophic implications. The fear of a misstep in this bureaucratic swamp can foster a feeling of losing control, whereas part of the appeal of private dentistry can be its relative simplicity.

Of course, there is the need to develop greater sophistication when it comes to business skills such as sales, marketing, pricing and managing the patient journey to achieve a successful uptake of treatment plan recommendations.

Also, in addition to commercial risk, legal and regulatory considerations remain at the forefront of the minds of those in the private sector.

However, there is a sense of being more in control of how best to mitigate those risks, especially against a backdrop of growing uncertainty when it comes to the delivery and relative value of NHS contracts.

No wonder then that some practice acquirers view private dentistry as a safer haven than the increasingly choppy waters of the NHS.

Post-budget financial planning for dentists

Iain Stevenson shares how to review your tax, pensions and practice finances

MoneyTalks

Iain Stevenson
Head of dental at Wesleyan Financial Services

As the chancellor delivers this year's Autumn Budget, many dentists may be assessing what it means for their finances. The headlines can be hard to decipher, but cutting through the jargon is essential as the detail can still have a big impact on both your personal and practice finances.

Revisit your tax position

Budget announcements frequently bring shifts in allowances, thresholds or reliefs. Take time to review how these may affect your income, particularly if you operate through a limited company. Ensuring the right balance between salary and dividends remains essential for efficiency. For associates, confirm your estimated tax liabilities early to help avoid unexpected bills later in the year.

Understand pensions and inheritance

One of the biggest developments remains the planned inclusion of pension assets within the scope of Inheritance Tax from April 2027.

While pensions remain an extremely tax-efficient way to save for retirement, this change could alter how you plan to pass on wealth.

It's important to review your pension nominations, contribution strategy and wider estate plan to ensure they remain appropriate in light of this shift.

Protect your practice finances

For practice owners, rising costs and economic uncertainty can quickly affect cash flow.

Now is the time to review budgets, continuity and contingency reserves. A robust financial protection plan, including locum and business continuity cover, can help safeguard both your income and your team's wellbeing.

Plan ahead with professional advice

Once the dust settles, speak to a specialist financial adviser who understands dentistry.

They can help you interpret the Budget's impact, identify new opportunities, and ensure your financial plan remains resilient and aligned with your long-term goals. D

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Nelly Patel: my experience on MAFS as a dentist

***Married at First Sight* star Nelly Patel shares the details of her time on the show and how working in dentistry has shaped her outlook**

My real name is Neelima – but I've been going by Nelly since I was 10 and it just stuck. I studied dentistry at the University of Sheffield and then ended up doing max fax as a dental foundation trainee at Derby Hospital – that's where I decided that I loved the surgical side of things. During COVID, I started a salaried cosmetic dental training position at Kiss Dental in Manchester, and I've been here ever since.

Married at First Sight was a completely different experience. I was unsure about doing it right up until the end, but knowing everything that's come out of it so far, I'm really glad I did. Firstly, I learned a lot about myself. I thought I was a healed queen, which I found out I clearly wasn't during this experiment – in a really good way. It brings your deepest insecurities to light, even things I thought I'd overcome and dealt with.

Overcoming negative patterns

For me, those insecurities are mainly relationship-based. My relationships haven't been so great in the past; I have been cheated on by every single man I've loved. It's pretty tragic, isn't it?

For a long time, you do blame yourself and ask, what is it about me that's causing this? At the time my friends said the right thing and I would tell myself the right thing – it's not you, it's a problem with them. But there is always that niggling voice inside your head saying: 'Are you sure it's not your fault?'

I think I always believed that I wasn't enough for people, or maybe that I was too much. I'm open with my feelings, really emotional. People I've known for a long time are used to that and deal with it well, but not everyone does.

And there will definitely have been ways in which I was contributing to the negative patterns of my past relationships – maybe allowing behaviours to continue. On a recent episode of *Married at First Sight*, I felt like I couldn't speak about conflict or things that were bothering me because it would rock the boat. I have often felt like I'm treading on eggshells in that way.

I've now learned that's a really dangerous and unhealthy place to be in with relationships. I'm quite a spiritual person so I truly believe that lessons like that will be repeated until you truly learn them.

How does working in dentistry impact romantic relationships?

I feel sure that my career in dentistry has had a big impact on my experience on the show. I always think that the interviews I had to do to get into uni were probably awful, because I used to get really nervous and forget how to speak. But being in a role where you are constantly communicating with patients from all walks of life, you learn to adapt. As ever, practice makes perfect.

The skills I've developed for trying to articulate a complex treatment plan without overwhelming the patient have really helped me communicate my own feelings a bit better.

That said – and I know people will have different opinions on it – I do think that working in dentistry can hinder romantic relationships. Firstly, I work full time. Sometimes I'll work from nine until seven o'clock, and then I have to go home and catch up on my notes. By the time I'm finished it's literally nine or 10pm and I've got to go to bed. That lifestyle is quite demanding.

Before *Married at First Sight*, I was also trying to gain a social media presence to get my cases out there. That's a lot more work than I first realised, and it does keep me extremely busy. A lot of my friends who aren't dentists will say I'm the busiest person that they know.

'It's about finding the right man'

And do you know what? I actually feel that this level of dedication to your career can put men off. Sometimes I think they can be a little bit intimidated by it. That's just my personal experience and I know others will disagree.

At the end of the day, it's about finding the right man. The wrong man for me is someone who would be intimidated by my career and my schedule. I've learned that I don't need to shrink myself to please someone and make their ego feel better. I should revel in whatever success I've had so far and commend myself for how far I've come.

Obviously, I've still got so much to learn and so much more to do, but I will never reduce my achievements for the sake of a man again. The main thing I've taken from MAFS is the importance of fully backing myself, and I'll be taking that forward into my everyday life – whether that be in relationships, friendships, or at work. You can't put a price on that confidence.

The human face of dentistry

One of the main reasons I wanted to go on Married at First Sight is that south Asians are underrepresented on reality shows. You don't often see Indian girls on TV. Growing up, I always used to think, 'Why can't we do this kind of thing?'

Luckily, I come from a very open-minded family that welcomed my appearance on the show and were happy to support me on the journey. That was really, really important to me.

Of course, I also wanted to give dentists their time to shine. Look, ▶

doctors have had their chance – there was a doctor on *Love Island*, for example. But I still feel that there is a bigger stigma with dentistry than with medicine. I thought that if I could make a positive impression on one of the biggest reality TV shows in the UK, I would be able to humanise dentistry and dentists.

Representing the profession

Dentists are such scary, awful people to a lot of the public – I wanted to show that once we're out of our scrubs, we're just ordinary people. I am just a normal girl who is struggling in her dating life. I go out with friends, I love brunch and pilates. Dentists are normal people with feelings too.

There's also a lot of responsibility that comes with that. You never want to do anything that could cause the public to lose confidence and trust in the profession. I remember joking with my friends saying I'd have to be on my best behaviour. My worst nightmare would be going on the show and having other dentists saying: 'I promise not all dentists are like that!'

But I also had to be true to myself – as long as I treated people with kindness and kept my integrity, that's all anyone could ask for. Actually, that's how I try to live my day-to-day life. The response from my peers in dentistry has been extremely supportive. I've been overwhelmed with a lot of love, which I didn't expect to be honest.

'I'll never give up dentistry'

When we were filming *Married at First Sight*, I made sure that all of my patients' treatment plans were at a stage I was happy with. I worked six days a week to finish a lot off, and I referred others for hygiene or stabilisation so they would be ready for cosmetic work when I was back.

Dentistry will always be my first and foremost career. I have put so much work into it – I didn't do all of this to get to where I am to then throw it away. Apart from anything, I really enjoy it. It sounds so cheesy, but I love getting those messages or seeing the tears as people tell me I've massively helped their confidence. I remember when I had my own braces off – it truly is life changing.

I get a lot of patients who come in post-breakup or post-divorce, and I love helping them feel like their best selves.

That's what I'm really all about: people feeling incredible about themselves, especially women. If I can even help you feel five to 10% more confident in yourself, then that's a win for me. So, I'll never give up dentistry.

Depending on how it all goes, I could have a bit more of a social media presence on the side. I would love to educate patients a bit more about dentistry rather than a lifestyle influencer that talks about my matcha and brunch. I want to do something meaningful with it. **D**

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dentally The future in practice

Could international students help save NHS dentistry?

Amirali Ziaebrahimi explains why small tweaks in immigration policy could have a positive impact on the profession

International dental students in the UK may not form the majority of any given cohort, but they represent a uniquely positioned and vastly underutilised group within the future NHS workforce. These students – self-funded, highly trained to UK standards, culturally and ethically integrated – could be a real asset in addressing workforce shortages, if only the system made room for them.

Let's look at the numbers. Most UK dental schools accept around five international students per cohort. With 16 dental schools, that's approximately 80 students per year. Now compare that to the annual 500 to 600 candidates who pass the overseas registration examination (ORE) and enter UK dentistry through a much-debated route. That means UK-trained international graduates could provide roughly 10% of what the UK currently absorbs through ORE-qualified dentists – yet with a crucial difference: they've already been trained and assessed under the UK system.

Securing a long-term solution

These students understand the standards of care, the culture of NHS delivery, and the expectations of the General Dental Council (GDC). They've treated patients in UK dental schools and adapted to the ethical and clinical frameworks here. Their presence neatly sidesteps the longstanding concerns that have been raised about the training, integration, and ethical practices of internationally qualified dentists.

And yet, despite all of this, there is little to no structural support to help them stay in the UK and contribute post-graduation. No tailored visa support. No clear immigration pathway. And no incentives. These students, who often pay over £250,000 in tuition fees alone, are treated like short-term contributors when in fact they could be long-term solutions.

Many of them also work part-time during their studies, pay taxes, and contribute to the economy – all while providing care to patients on clinic floors, unpaid. The minimum we could offer in return is a smoother transition into the UK workforce. An obvious starting point would be to fast-track their Indefinite Leave to Remain (ILR) status or extend the two-year post-study visa to a more meaningful pathway to citizenship.

Before recent changes, those working in stable employment could apply for ILR after five years. Why should dental and medical students, who work in NHS hospitals and clinics throughout their education, not be eligible for similar consideration?

Furthermore, graduates on student or post-study visas cannot be self-employed or start their own practices. That means the UK is actively discouraging one of the most entrepreneurial and dynamic demographics from contributing to the economy by building businesses, creating jobs, and expanding access to care.

A 'fundamental misunderstanding' of dentistry

Let's be clear: these are highly skilled, invested contributors who want to stay and serve. The political risk of offering them a tailored route is minimal, but the benefits to the NHS and the wider economy could be enormous.

I say this not just as a dental student, but as someone who knows the uncertainty that international students live with daily. I know students who come from politically unstable countries teetering on the edge of conflict, and I understand their fear of visa insecurity and the silent anxiety about one's future. That insecurity will never fully leave until we are made to feel truly welcome, recognised, and given a fair path to build a life in the country we've trained to serve.

And while the political hype around reform continues, the government is rushing through immigration changes, often without fully considering their long-term impact. A recent example is the removal of dental technicians and dental therapists from the skilled worker visa list. This may seem minor on paper, but it reveals a fundamental misunderstanding of how dentistry works in practice.

Under pressure

Dentistry is not a one-person job. It's a team-based profession. The care we provide as dentists is only made possible through collaboration with skilled colleagues in the lab and within the practice. By excluding key members of that team from skilled worker status, the government isn't just putting pressure on individual professionals like myself – it's weakening the entire support structure around dental care.

Let's not forget that dental lab work is already in high demand and short supply. Decisions like this only restrict access further and will inevitably drive up costs in the coming years – costs that will fall on practices, patients, and ultimately the NHS itself.

This policy needs urgent revisiting. With countries like Australia and the UAE becoming increasingly attractive to new graduates, the UK cannot afford to let this highly skilled, already-integrated group slip through its fingers. These small changes in immigration policy wouldn't conflict with larger political agendas and wouldn't draw backlash – but they could have a massive, positive impact on our profession, our patients, and the NHS at large. D

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Are you aware of your patients' caries risk factors?

Anna, 61

Exposed roots

Mason, 6

Frequent snacking

Josh, 15

Orthodontic appliances

Carole, 28

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

Assessing caries risk

CariesCare International[6] promotes a patient centred risk-based approach to caries management

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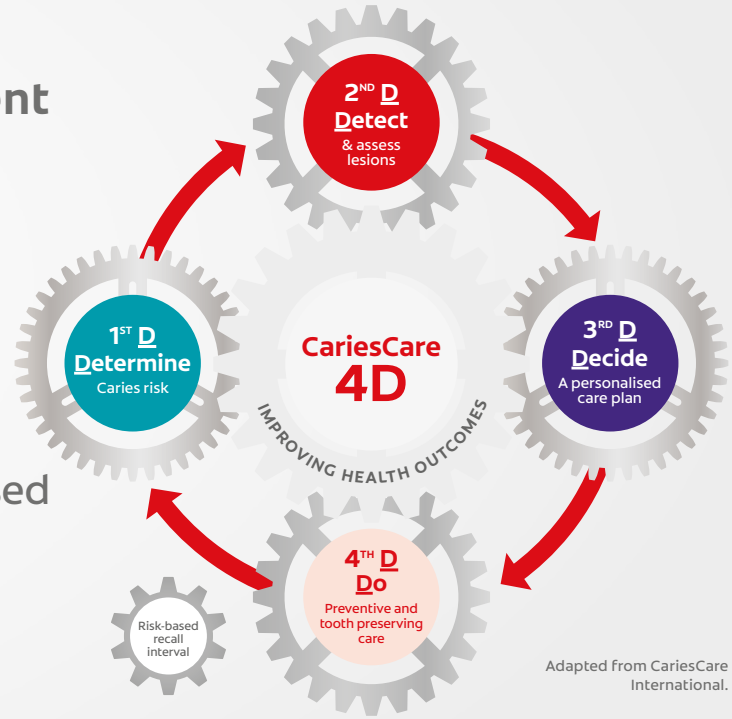

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Name of the medicinal product: Duraphat® 5000 ppm Fluoride Toothpaste. **Active ingredient:** Sodium Fluoride 1.1%w/w (5000 ppm F-). 1g of toothpaste contains 5mg fluoride (as sodium fluoride), corresponding to 5000ppm fluoride. **Indications:** For the prevention of dental caries in adolescents and adults 16 years of age and over, particularly amongst patients at risk from multiple caries (coronal and/or root caries). **Dosage and administration:** Brush carefully on a daily basis applying a 2cm ribbon onto the toothbrush for each brushing. 3 times daily, after each meal. **Contraindications:** This medicinal product must not be used in cases of hypersensitivity to the active substance or to any of the excipients. **Special warnings and precautions for use:** An increased number of potential fluoride sources may lead to fluorosis. Before using fluoride medicines such as Duraphat, an assessment of overall fluoride intake (i.e. drinking water, fluoridated salt, other fluoride medicines - tablets, drops, gum or toothpaste) should be done. Fluoride tablets, drops, chewing gum, gels or varnishes and fluoridated water or salt should be avoided during use of Duraphat Toothpaste. When carrying out overall calculations of the recommended fluoride ion intake, which is 0.05mg/kg per day from all sources, not exceeding 1mg per day, allowance must be made for possible ingestion of toothpaste (each tube of Duraphat 500mg/100g Toothpaste contains 255mg of fluoride ions). This product contains Sodium Benzoate. Sodium Benzoate is a mild irritant to the skin, eyes and mucous membrane. **Undesirable effects:** Gastrointestinal disorders: Frequency not known (cannot be estimated from the available data): Burning oral sensation. Immune system disorders: Rare (≥1/10,000 to <1/1,000): Hypersensitivity reactions. **Legal classification:** POM. **Marketing authorisation number:** PL00049/0050. **Marketing authorisation holder:** Colgate-Palmolive (U.K.) Limited, Goldsworth Place, 1 Forge End, Woking, Surrey, GU21 6DB. **Recommended retail price:** £7.99 (51g tube). **Date of revision of text:** July 2024.

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‘I feel trapped by the financial pressure of practice ownership ’

‘Sustainability isn’t only financial, it’s emotional’ – Sarah McKimm advises a practice owner on coping with financial strain in dentistry

THE SCENARIO

I’ve been a dentist for more than a decade and a practice owner for a lot of that time. While I’ve always loved my profession, the financial pressures have become overwhelming in recent years.

Costs keep rising – from materials and laboratory fees to energy bills and staff wages. At the same time, my income doesn’t feel like it’s going up, with patients less and less keen to commit to treatments. I sometimes feel as though I’m running just to stand still, working longer hours but with less to show for it.

What worries me most is the impact on my enjoyment of life. I find myself lying awake at night, worrying about how I can pay my staff or how much longer I can keep going. I’m beginning to dread the arrival of bills, and I feel guilty that my anxiety occasionally spills over to my family and staff.

I don’t want to let my patients or my team down, but I feel trapped. How can I cope with the growing financial burden without losing the passion and resilience that brought me into dentistry in the first place?

Dear Reader,

You write with such honesty about the pressure you’re feeling and I’m certain this will be a topic many within the profession can relate to. The rising costs, the sleepless nights, keeping your practice afloat and the constant worry about your staff, patients, and family all sounds incredibly overwhelming, and I can hear how heavy this all is for you, not just financially but emotionally too.

You’ve spent years building your professional identity and now you’re facing unpredictable income, uncertainty and fear that just keeping going won’t be enough. The dual responsibility of being both a clinician and a business owner, while trying to hold everything and everyone together, is no small feat. You’re juggling clinical care with the realities of running a business, both of which are full time jobs.

The current cost of living crisis has added an extra layer of strain for so many in the profession, and it’s understandable that your resilience is wearing thin. Anxiety, rumination, and disrupted sleep all take a toll, and it’s easy to lose sight of the joy that once drew you into dentistry. It’s clear you care deeply about the wellbeing of everyone else but what about you?

Steps for regaining financial control

You mention feeling trapped – that sense of running faster just to stay in the same place. That can feel incredibly isolating and exhausting. But even in difficult times, there are often small, practical steps that can help you regain a sense of control.

If you’re in private practice, it may be worth reviewing your patient fees. Have they kept pace with your rising costs? It’s not always an easy conversation, but ensuring your pricing reflects the current reality is part of sustaining your practice. For your patients, for your team and for yourself.

You might also look at your materials and stock use. Are there alternatives or suppliers that could help reduce costs without compromising quality? The same goes for utilities – a quick review of energy or service providers can sometimes lead to small savings that add up over time.

That said, it’s not just about the numbers. It’s about you. Sustainability isn’t only financial, it’s emotional. Speaking with a financial adviser might help you explore your options, but it could also be valuable to speak to someone from a therapeutic perspective. A counsellor, trusted confidant or fellow practice owner can offer a space for you to explore how this pressure is affecting you personally, and to help you find clarity about what you really want going forward.

Coping strategies

I’m hearing that life has become so consumed by worry and responsibility that the things which once brought you joy have faded into the background. It might help to pause and gently reconnect with what used to give you a sense of calm or fulfilment. Perhaps it was time spent outdoors, meeting friends without an agenda, playing music, learning something new or simply switching off from the practice. These moments aren’t indulgent they’re necessary to bring your nervous system back into balance.

When we operate outside of our window of tolerance, that space where we can think and feel clearly, even small problems can feel impossible. Start by grounding yourself in the present with slow, steady breaths, feeling your feet on the floor, or noticing what you can see, hear, and touch around you. These simple grounding techniques can regulate the body’s stress response and create enough calm to think more rationally.

Try to meet your guilt with the same compassion you’d offer to a colleague or friend and get curious about what it’s trying to tell you. It’s a sign of how much you care. You’re human, and carrying so much responsibility will naturally take its toll. By taking moments to soothe and restore yourself, you’re not being selfish, you’re preserving your capacity to keep showing up for others with empathy and clarity.

Is practice ownership still right for you?

It might be that being a practice owner has served you well up to now, but perhaps it’s time to re-evaluate whether the responsibility still aligns with where you are in life. It’s okay to ask yourself those questions. You’ve already given so much of yourself to your patients, your team, and your practice but your wellbeing matters too. You can’t pour from an empty cup.

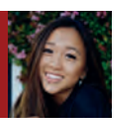
You’re not alone in feeling like this. Many dental professionals and business owners are quietly battling similar pressures, yet it often goes unspoken. Reaching out for support, whether practical or emotional, is an act of self-preservation and in no way demonstrates weakness or lack of resilience. Be gentle with yourself. You’ve done incredibly well to hold so much for so long. Now might be the time to let some of that weight be shared. Take gentle care, Sarah. D

Send your questions and topics to Sarah at **inconfidence@dentistry.co.uk** or use the anonymous form on **dentistry.co.uk**. Your requests will be treated anonymously and in confidence.

Everyday gestures matter: supporting colleagues' mental health

Elena Eu reminds us that wellbeing is at the heart of every dental practice

Elena Eu
Service team manager, wellbeing support services, Bupa



In my role, I work closely with Bupa professionals and managers, supporting them to thrive in their careers and their personal lives. With a background in mental health, I've seen how small, everyday gestures – the way we speak, listen, and lead – can make a big difference to our overall wellbeing and shape a supportive culture.

How to spot mental health challenges early

Mental health challenges don't always announce themselves and they don't always look the same. A colleague who's usually upbeat might seem withdrawn. Someone might brush off tiredness, when in fact they're struggling with sleep. A usually organised colleague could suddenly appear distracted or overwhelmed.

In a busy dental practice, these changes can be easy to miss. That's why it's important to stay connected and check in early. You don't need to be an expert – sometimes the most supportive step is simply noticing and asking, 'Are you okay?'

Over the years, I've learned that mental health can show up in many ways. It might be through thoughts, like constant worry or forgetfulness, or through emotions, such as feeling low, anxious or guilty. It can manifest through physical health, like unexplained fatigue or chest pain, and through behaviour, from changes in sleep to withdrawing from others.

When we pay attention to these signals, we give colleagues a chance to feel seen and supported before things become overwhelming.

Having the conversation

It can feel daunting to ask someone about their wellbeing. We worry about saying the wrong thing or not having the answers. However, people rarely expect solutions, they just want to know they're not alone.

When someone opens up about their mental health, how you respond matters. Choosing a quiet space, setting aside distractions, and simply being present can make the conversation feel safe. Asking open questions such as 'How have you been feeling lately?' or 'Would you like to talk?' and listening with empathy, without rushing to fix things, helps builds trust.

The words we use matter. A throw-away comment like 'Just toughen up' might seem harmless, but it can unintentionally dismiss someone's experience. A simple 'I've noticed you're not yourself – do you want to talk?' can open the door to support. It also helps define a culture where people feel comfortable being honest about how they're really doing.

Embedding mental health awareness into daily practice life

Supporting mental health doesn't have to be complicated. It's about consistent small actions that show people they matter.

In a dental practice environment, you could start the day with a team huddle to quickly check in and ask about workload and how people are feeling. You may want to share your own coping strategies and encourage self-care to normalise conversations. It's also important to make sure resources like employee assistance programmes are clearly signposted and accessible so support is never far away. These examples might feel small, but their impact is cumulative.

Finding support

Whether you're supporting a colleague or seeking help yourself, there are trusted organisations and tools available to guide you:

- Mind: www.mind.org.uk, 0300 123 3393
- Samaritans: www.samaritans.org, 116 123
- Employee assistance programmes (EAPs) also provide confidential help for both employees and managers.

At Bupa Dental Care, we've introduced additional resource to make wellbeing support accessible for our teams. This includes a new dedicated webinar series, Navigating Tough Topics, led by our GPs and therapists, offering safe and supportive space for people managers to explore complex workplace conversations, around mental health, bereavement, and more.

Supporting mental health – together

Mental health touches every one of us. A kind word, a check-in, or simply offering space to listen can make a big difference. By looking out for each other and creating a caring culture, dental teams can thrive both professionally and personally. D

For more information on careers at Bupa, you can visit **jobs.bupadentalcare.co.uk**.

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Continuity counts

John Makin explores how NHS dentistry reforms could reshape the workforce and increase capacity, but cautions against losing the continuity of care that builds patient trust

John Makin
Head of the DDU

Earlier this year, news that a dental practice in Bristol was accepting 3,000 new NHS patients led hundreds of people to form a long queue outside from the early hours, according to ITV news.

Such images highlight the scale of the access problems in the dental service and show how much of the heavy lifting is currently being done by ordinary high street practices. But the restoration of NHS dentistry is such a big task that it demands a collective effort and it's noteworthy that the government and NHS are now mobilising for a significant reset, including plans to increase capacity within the service by making better use of the skill mix in the workforce.

Evolution of the dental team

Published in July, the 10 Year Health Plan for England proposes a Neighbourhood Health Service within which dental therapists provide check-ups, treatment, and referrals, while dental nurses offer individual and community oral health education, allowing dentists to focus on patients with more complex needs.

In August, the DDU responded to an NHS consultation on contract reform, which includes plans to reduce 'clinically unnecessary check-ups' and allow extended duties dental nurses (EDDNs) to deliver fluoride varnish treatments to children in between check-ups.

These plans build on existing measures to increase independent working by dental care professionals, from the expansion of direct access arrangements to the NHS in 2022, to last year's amendment to the Human Medicines Regulations 2012, which allows suitably trained dental hygienists and therapists to supply or administer specific prescription-only medicines.

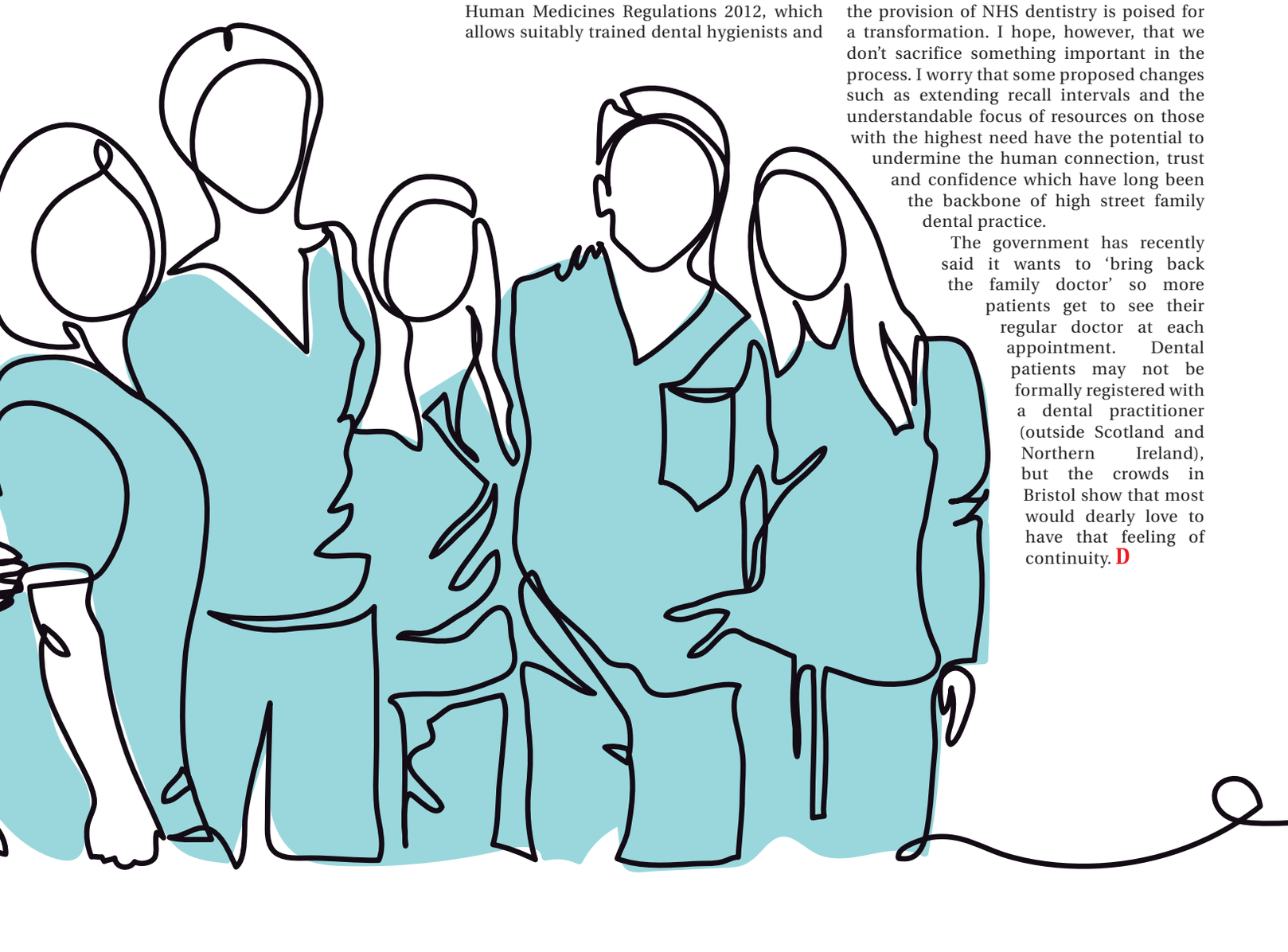
A new version of the GDC's Scope of Practice guidance has recently been published reflecting the evolution of the dental team and practice responsibilities. While the regulator has already said it won't be changing the scope of practice for different dental professional roles, it does want to promote more effective teamworking and enable 'those who are trained, competent and indemnified to expand their personal scope of practice' safely and effectively.

The DDU contributed to the GDC's public consultation, and we will be making sure our members are fully aware of the revised guidance and what it means for them before it comes into effect in November this year.

Poised for transformation

Given the years of decline, it is inevitable that the provision of NHS dentistry is poised for a transformation. I hope, however, that we don't sacrifice something important in the process. I worry that some proposed changes such as extending recall intervals and the understandable focus of resources on those with the highest need have the potential to undermine the human connection, trust and confidence which have long been the backbone of high street family dental practice.

The government has recently said it wants to 'bring back the family doctor' so more patients get to see their regular doctor at each appointment. Dental patients may not be formally registered with a dental practitioner (outside Scotland and Northern Ireland), but the crowds in Bristol show that most would dearly love to have that feeling of continuity. D



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Hafsa Khan on making periodontal education more engaging

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Millie Green outlines what you need to know

MEET...

PATRIC ARIA SARABY

Discover his top tips on navigating the transition from student to dentist

From student to associate: how to navigate the transition

Patric Aria Saraby opens up about his key learnings during his first months as an associate, and how he turned the nerves into confidence

Walking out of dental school with your degree in hand feels incredible, but it's also just the beginning. Your first months as an associate can be exciting, challenging and sometimes overwhelming. I've recently been through this journey, and I want to share the lessons that helped me turn early nerves into confidence.

1. Accept that you're still learning

Graduating from dental school feels like reaching the finish line, but in reality, it's the start of your learning curve.

In my first few weeks as an associate, I was much slower than I expected. A crown preparation seemed to take forever, and I double-checked every decision. But this stage is normal and necessary.

- **Focus on quality over speed – efficiency will come naturally with time**
- **Reflect daily – keep a notebook or voice notes of cases that challenged you and revisit them later**
- **Be patient with yourself – confidence grows one case at a time.**

Tip: Keep a daily journal or voice note of tricky cases or situations. Reflect on what went well, what didn't, and how you can improve. It's amazing how quickly you'll see progress when you look back after a few months.

2. Build strong relationships with your team

One of the most underrated aspects of becoming an associate is learning to work within a team. Your dental nurse, receptionist, and practice manager are not just colleagues, they are your support system.

In my first week, my nurse saved me from a potentially awkward situation when I almost forgot to check a patient's medical history properly. Since then, I've learned to value open communication and teamwork:

Patric Aria Saraby
Associate dentist

- **Listen to your nurse's feedback – they often notice things you might miss**
- **Show gratitude – a simple 'thank you' at the end of the day goes a long way**
- **Ask for help – everyone understands that you're new; it's better to ask early than make a mistake later.**

Your team can turn a stressful day into a manageable one or vice versa. Nurture those relationships.

3. Learn the business side

At university, no one explained UDAs, appointment books, or lab bills but they quickly became part of my daily routine.

I sat down with my practice manager early on to understand my UDA targets, private fees, and how my performance was measured. This saved me a lot of stress later on.

- **Understand your contract – clarity prevents surprises**
- **Respect time – being 10 minutes late affects the whole team**
- **Track your progress – it helps you spot patterns and improve.**

Tip: Spend time with your practice manager early on. Ask them to walk you through your UDA contract, private fee structure, and any targets. The sooner you understand the business side, the less stress you'll feel later.

4. Keep investing in your skills

Graduation isn't the end of learning, it's the beginning of shaping your career.

For the first few months I would watch Youtube videos after work, on whatever treatments I had pending that week. You can watch different videos that will make you more confident on efficiency and which steps you need to take.

For me, I knew early on that I loved prosthodontics and perio. I started by taking short CPD courses in crown prep techniques and smile design, and I shadowed senior colleagues who were doing advanced cases. This built my confidence and inspired me to commit to a master's in implant dentistry.

Tips: If possible, find a mentor who can guide you clinically and professionally.

Prioritise CPD courses that strengthen weak areas first (posterior composites, extractions, endo).

Once you feel comfortable, start exploring what excites you; implants, ortho, cosmetic dentistry.

5. Manage stress and look after yourself

Those first few months can be mentally and physically draining.

I often took cases home in my head, replaying every detail. Over time, I learned to:

- **Finish notes before leaving work – so I could truly switch off**
- **Protect my posture early – good loupes and ergonomics are worth every penny**
- **Celebrate small wins – a well done case or a grateful patient makes a tough day feel worthwhile.**

Taking care of yourself now sets you up for a long, fulfilling career.

6. Stay patient-focused

Numbers, UDAs, and targets are important but patients come first.

One of my proudest moments was treating a very anxious patient who hadn't seen a dentist in years. By taking things slowly and building trust, we turned their fear into confidence. Those moments remind me why I became a dentist in the first place.

Conclusion

Becoming an associate is both challenging and rewarding. It's normal to feel slow, uncertain, and even overwhelmed at first. But with time, support, and persistence, you'll find your rhythm. Don't rush the process. Ask questions, reflect, and keep your focus on the patient in front of you. Your confidence, and your career, will flourish. | YD

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Let's get good gum health trending

Hafsa Khan on winning the BSP Gum Health Competition and her vision for using innovative content to make periodontal education more engaging across communities

Hafsa Khan was a fifth year BDS student, studying at Bristol University Dental School, when she won the 2025 British Society of Periodontology's (BSP) Best Student Entry in its Gum Health Day competition.

The judges remarked on the many excellent initiatives entrants created to raise awareness of the importance of gum health. Hafsa's entry stood out. It was in the form of a video entitled 'Clinic Confessions' in which she involved different members of the team at Bristol Dental School, to convey important messages about gum health with a light-hearted tone.

In this interview she comments: 'My supervisor, the periodontist Dr Ana Gambôa, encouraged me to enter as she felt that my happy and enthusiastic personality stood out. This, and the fact that I had also taken part in a number of educational initiatives, including oral health stalls for the university, gave me the confidence to give this competition a go. Periodontitis and maintaining good gum health is often poorly understood by patients. This is clear from the fact that periodontitis is one of the most common chronic inflammatory diseases seen in humans, which is concerning as it is entirely preventable. Everyone talks about "brushing your teeth" with no reference to the gums – I strongly think we as professionals should come up with more upstream initiatives and educate parents and their children to clean their teeth and gums.

An eye opener

'The concept of looking after the gums is definitely a hard one to instil, and this is why this competition was exciting. For decades, dental professionals have continued to raise awareness of gum disease and systemic health links, and they have been a true inspiration for us students to keep up the momentum and carry on the educational journey.

Hafsa Khan
Foundation dentist

'I therefore decided to enter the competition and put together a video involving different members of the clinic team, who are of various ages and from different backgrounds to make the gum health message more widely accepted. I didn't want to focus solely on dentists who often have the typical "perfect" smile and therefore whose view on gum disease might be a bit patronising from a patient's viewpoint. I also felt that the video format resonated well with the current landscape of short form content, which seems to have cross-generational appeal.

'The colleagues I approached were mostly camera shy at first, but with some encouragement embraced the initiative wholeheartedly. Everyone wanted to support my entry and play a part in highlighting the need to improve gum health. The BSP competition brought us together with the same ambition to deliver an important message in a light-hearted way.

'In my final year of dental school, I had seen many patients with advanced gum disease who were more preoccupied about how their teeth looked and did not understand the significance or the severity of the disease or oral hygiene. Discussing the specific consequences, such as the link to systemic conditions which many patients are unaware of, is one way to bring the message home, but we absolutely need to find better ways to educate patients.

Motivating

'Winning the BSP competition was incredibly motivating. I saw how people reacted to the video and how they engaged with it, and I would love to create more video content in the future. I've thought about how they could be used in practice waiting rooms conveying simple and humorous messages that patients can easily absorb and understand. I feel that the messages would stick better this way too.

'However, I realise that a blanket approach cannot work and we need to engage different generations in ways that resonate best with them. Periodontal disease does not typically affect young children but prevention is key. We can also teach patients with active gum disease on how to stabilise and improve their gum health, and educate older people on the consequence of tooth loss and how to stop it from happening again.

Ideas for the future

'I was delighted to see that Philips supported this award – their preventive approach is in tune with my own. Educating patients on efficient products is an important responsibility for us. It is also important to help patients in distinguishing between the less effective products from the effective ones, as well as helping to perfect brushing techniques as manual brushes can damage gums if used aggressively. A patient could go to a supermarket and grab any cheap and ineffective manual product which can not only have little positive impact on the teeth and gums, but could in fact damage their gums which is counter-intuitive.

'Winning the award was followed by my graduation and I can't wait to see what the future holds for me. I have lots of ideas to help patients outside the clinical setting. I would love to develop ambassador groups to relay key gum health messages to different communities and cultures in the UK. Some beliefs are deeply embedded and are hard to change, so having dental professionals representing various communities would help break down barriers and improve communication with hard-to-reach patients. Some issues are better addressed from within communities themselves, so for instance we should promote oral health more in mosques where people attend more often than their dentist and trust the message they are receiving just as equally. It is about coming up with the right content in the right way and having a sensitive approach.' | YD

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How to successfully navigate social media

John Makin shares his top tips for responsibly using social media as a young dentist

Whether it's sharing learning tips with fellow students, connecting with the wider dental community or simply expressing yourself, social media can be a great tool when you use it responsibly. However, it is important to be aware of the implications of social media on your personal and professional reputation.

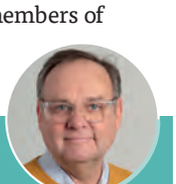
We've put together some golden rules for keeping things professional online.

1. Stay professional

Your posts and comments may be seen by people you do not know, potentially taken out of context, or misinterpreted. This may lead to the reader considering you to be unprofessional and, if they are motivated to, they may consider taking further action.

It may be tempting to use social media to let off steam about something that happened at work, or remark on general affairs in a tongue-in-cheek fashion, but you can never be sure that others will share your opinions. The GDC's Guidance on using Social Media, states: 'Many dental professionals use social media sites that are not accessible to the public to share and find information. However, you must remember that many social media groups, even those set up for dental professionals, may still be accessible to members of the public.'

John Makin
Head of the DDU



It is important to think carefully how others may perceive posts or comments before posting because an inappropriate photograph or even the groups you join could damage your reputation and public trust in the profession. It is also advisable to consider if you are identifiable as a dental professional in publicly accessible social media and moderate your posts accordingly.

2. Carefully consider friend requests

The GDC states that 'you should think carefully before accepting friend requests from patients' via your private profile.

3. Uphold patient confidentiality

The rules of confidentiality apply as much when posting online as they do to when you are chatting to a friend or family member.

The GDC states: '…you must be careful not to share identifiable information about patients without their explicit consent. When obtaining consent you should specify to the patient how exactly the information you propose to share will be used, for what purpose and where it will be available.

If you are sharing anonymised patient information, you must also take all possible precautions to make sure that the patient cannot be identified. Although individual pieces of information may not breach a patient's confidentiality on their own, a number of pieces of patient information published online could be enough to identify them or someone close to them.'

When something is shared publicly on social media, it may be seen by the patient, their family and friends but also your colleagues, regulatory bodies and the media. This is still the case even if you post on a 'closed' forum. Before posting, consider whether there may be a potential breach of confidentiality and also how you would feel if a colleague or patient saw what you had written, or if it was shared to a wider audience.

4. Keep information secure

Highly personal information may be accessible on social media profiles for others to view without the owner being aware. You may believe that your profiles are secure, but security settings may change or require updates. Consequently, it is worth regularly reviewing the privacy settings for each of your social media profiles.

Social media can be a powerful professional tool, but it's important to limit your exposure to the associated risks as you would in daily practice. The DDU's advice is to consider how any post may be interpreted and seek advice as soon as possible if you have concerns. I YD

Visit the DDU's website, **www.theddu.com**, to learn more about how they can support you as you begin your career.

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Are there any real dental emergencies?

Dental emergencies are rare but potentially life-threatening. **Millie Green** outlines key emergency types, triage guidance, and why early intervention is critical to prevent serious complications

Most dental emergencies can be categorised into one of three aetiologies: traumatic, infectious and post-procedural complications.

The SDCEP provides guidance for triaging calls, categorising patients into one of three levels of need: dental emergencies, urgent dental conditions, and routine dental problems. This system allows dental professionals to prioritise and provides criteria for which conditions are classified as a 'dental emergency'. Their research has indicated that approximately 1% of 'emergency' telephone calls will actually require emergency care.

These are the conditions classified as a 'dental emergency'…

Systemic illness resulting from infection

A dental abscess is a localised collection of pus, resulting from a bacterial infection. A periapical abscess often develops as a complication of caries, when bacteria enter the pulp, whereas a periodontal abscess develops in the supporting structures of the teeth, commonly arising due to periodontal disease (Hazell DT, 2023).

An abscess, if left untreated, can progress rapidly and be quickly classified as an emergency. Infections within the mouth have the ability to spread from the local site, affecting other organs' functions such as the brain, heart and kidneys.

Bacteraemia and septicaemia are potentially life-threatening conditions that arise from infectious bacteria spreading through the bloodstream. Bacteraemia occurs when bacteria are introduced into the normal sterile blood environment, which can soon progress to septicaemia if uncontrolled. Sepsis is often fatal.

Dental infections can also be the aetiology for some patients presenting with Ludwig's angina, a rapidly progressive and life-threatening infection of the mouth's soft tissues and neck (Garispe A et al, 2022).

Millie Green
Third-year dental student

Traumatic dental injuries

Traumatic dental injuries are sustained by direct or indirect impact on the dentition and its surrounding structures. Trauma is most commonly the result of falls, sports injuries, traffic accidents or physical violence.

Damage to the teeth and bones of the face can lead to functional deformities of the dentition, appearing as severe misalignment. If not properly treated, trauma sites can also become an avenue for bacterial invasion, allowing the development of an infectious dental emergency (Garispe A et al, 2022).

Injuries to the teeth can be categorised as fractures, luxation, intrusion or avulsion. Avulsed teeth represent a true dental emergency, with on-scene reimplantation being the preferred course of action. Care should always be taken not to disrupt the root, as the periodontal ligament fibres are needed for the reimplantation. If immediate reimplantation into the socket isn't possible, then the tooth should be preserved in the patient's buccal sulcus or in milk until seen by an oral surgeon (Douglass AB et al, 2003). After reimplantation, antibiotic prophylaxis should be administered, and a tetanus vaccine is recommended.

Post-procedural bleeding

Post-procedural bleeding is bleeding that persists beyond 8 to 12 hours after a dental extraction. If not managed correctly, complications can range from soft tissue haematomas to severe and life-threatening haemorrhage. Excessive blood loss can be caused by local factors, a systemic disease, or medications (Kumbargere Nagraj S et al, 2018).

Haemostasis is the body's natural reaction to injury, which stops bleeding and repairs damage. This can be disrupted locally when a blood clot fails to form at the site.

Primary prolonged bleeding may occur within the extraction procedure; this can be caused by laceration of blood vessels, infections, or injury to the alveolar bone.

Local interventions work mechanically at the site of bleeding, such as surgical suturing or non-surgical haemostatic measures like tissue adhesives or sealants, which bind to and close defective tissue. Interventions for systemic factors can inhibit fibrinolysis (the prevention of blood clots) and promote coagulation (the formation of blood clots) (Kumbargere Nagraj S et al, 2018).

Post-procedural bleeding is commonly seen in patients with coagulation diseases, including haemophilia, von Willebrand disease, vitamin K deficiency, platelet deficiency, and those taking anticoagulant drugs such as warfarin (Fan G et al, 2022).

Oro-facial swelling

Swellings may develop intra-orally or around the face, jaw and neck. These swellings are commonly a result of trauma, infection or inflammation. Infective swellings may arise in sites around the mouth, presenting as localised dental abscesses or cervicofacial swelling as the infection spreads. Connective tissue spaces allow infection to spread rapidly, possibly advancing to cellulitis, which can compromise the airway due to the swelling.

Ludwig's angina is a large, infective swelling which extends down the anterior neck. It causes enlargement of the floor of the mouth, with elevation and protrusion of the tongue. These are emergencies and require immediate referral (Thomson PJ, 2012).

Although dental emergencies are uncommon, the potential for rapid deterioration means that early recognition and management are crucial. Interventions guided by triage systems minimise the risk of serious complications such as compromised airways, systemic infections, and life-threatening haemorrhage. **| YD**

For references and bibliography, please email newsdesk@fmc.co.uk.

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From graduation to greatness

Magdelena Harding discusses the importance of building a strong financial plan

When you embark on your first years as a dentist, excitement and ambition often lead the way. You might already be thinking: what sort of practice do I want to work in? Will I specialise? Do I aim to work in primary or secondary care? Could ownership of a practice or an academic role ever appeal?

Amid all those professional choices, it's surprisingly easy to push aside financial planning. But in truth, your finances will shape what futures are actually open to you.

Start with your goal destination

A solid financial plan begins with clarity. Define what you truly want to achieve, both professionally and personally. What does your dream life look like in five, ten or twenty years? Maybe it involves owning your own practice, travelling, moving up the property ladder, or simply building security and flexibility.

Once you have those targets, you can reverse-engineer the path. For instance, when you begin practising and earning, consider setting aside funds toward a deposit for a house or even a practice.

Starting to save early also helps you build a good credit score, something lenders will look at when you need a loan. And having a contingency or emergency fund is essential to manage unexpected life events.

Even retirement planning should begin early. While it may feel far off now, the power of compounding means your future self will benefit from early contributions to a pension or other long-term investment.

Remember: the value of investments can fall as well as rise, and you may not get back the amount you invest.

Why protecting your income matters most

One of the most overlooked parts of any financial plan is income protection. We routinely insure our homes, cars and other assets but we often neglect perhaps our most important asset: ourselves, which in turn impacts our ability to earn.

Income protection helps ensure that if illness or injury prevents you from practising, you continue to receive an income.

It's the safety net that helps maintain your lifestyle and prevent further financial stress when your health is challenged, until you're metaphorically back on your feet.

In 2024, Wesleyan continued its strong track record, paying out 100% of personal income protection claims made by dentists*. This high acceptance rate underlines how valuable it is to have the right protection in place when you need it most.

While the causes of claims vary year on year, trends have shown that musculoskeletal issues, mental health challenges and wider health conditions are consistent drivers. The lesson remains clear, illness or injury can strike anyone, regardless of age or career stage.

Evolving protection for an evolving career

It's essential to review your plan regularly. What you needed at age 27 may not be adequate at 37 or 47.

Your protection needs will naturally shift along with life stages. Earlier in your career, you may focus on income protection, locum cover, or even critical illness cover. Later, as your responsibilities grow through property, dependants or practice partnerships, more tailored protection and planning will likely be required. | YD

Book a conversation with a dental specialist financial adviser at Wesleyan Financial Services, by visiting our website at wesleyan.co.uk/dental or calling **0808 149 9416**.

Magdelena Harding
Dental specialist financial adviser at Wesleyan Financial Services

Planning your finances for the next year

Seb Stracey shares how to make sure you're always moving in the right direction

Every year new challenges arise for dentists, the financial changes or the prospect of what could change in the future, means that planning is as important as ever.

Practices and associates alike need to set targets and then regularly monitor them against actual results and adapt to changes. As we approach the end of 2025, with the biggest shake up to the tax system in decades on the horizon, there is no better time to plan.

Seb Stracey
Partner, Humphrey & Co

Why should you plan?

There are a few main benefits:

1. It helps to concentrate your mind on what your goals are and how you are going to achieve them
2. Goals can be prioritised and allow you to work out what is important to you
3. Monitoring results and comparing these to goals helps to keep you on track and make adjustments when needed
4. It helps to achieve your ultimate goals, whether that is a financial target, a change to work-life balance or something else entirely.

Practices will likely already be good at planning as they usually have the financial systems in place to allow them to review

Practices and associates alike need to set targets and then regularly monitor them against actual results and adapt to changes

performance on a regular basis – if they don't, this is something they need to have in place, as without this planning is useful but cannot be reliably checked to see if things are staying on track.

Associates may not currently be doing this but it is something that is as important in their business as it is for a practice. Reviewing UDAs completed and private work against what you planned is simple, using pay schedules and reports from your practice, which can be discussed with your accountant to turn into more useful data.

The majority of dentists have a 31 March year end. By getting your records to your accountant early you should soon be in a position to review your results for the last financial year and use the accounts as a basis to plan for the forthcoming year. Early preparation of the accounts will also give you early warning of your January tax bill. With Making Tax Digital, this will essentially be enforced with the move to quarterly returns. If you haven't discussed this with your accountant yet, this is something you should do over the next few months.

At the end of the year, you can hopefully move forward on your targets, some may have been achieved and others may need amendment for the following year

A useful tool for your financial planning and checking it is on track is the use of benchmarking tools, such as comparing your results to NASDAL averages for the sector. This is a good metric if you want to make a plan, but are not sure what is realistic.

Planning is not just about finances there are other matters you need to include:

1. The environment you want to work in – geography, type of practice, etc
2. What opportunities do you want to become available – would courses or different roles lead to longer term opportunities, if planned correctly
3. Your personal goals – how many hours do you want to work, how much pressure do you want from your job.

Writing down your targets gives you a base to work from and a reference point. At the end of the year, you can hopefully move forward on your targets, some may have been achieved and others may need amendment for the following year. Goals that haven't been met do not necessarily signal a failure – it may just need more time, but with a plan, you will hopefully always be moving in the right direction. I YD

How can the DDU support you throughout your career

John Makin explains how the DDU supports its members from their first day to retirement

Your first few years as a dental professional will see you developing and enhancing clinical knowledge and professional skills, so it makes sense to surround yourself with a strong support network that you can depend on for good advice, reassurance and help.

By renewing with the DDU every year, you can be sure that this includes unrivalled dento-legal expertise from an organisation of fellow professionals. Here are just a few of the reasons that thousands of dentists choose to renew with the DDU each year:

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Calling the advice line does not affect your current or future subscriptions.

The DDU dento-legal team is staffed by specially trained dentists with real-life experience of the pressures and challenges faced in practice so they can offer practical and non-judgmental advice, whatever the situation. As a not-for-profit mutual defence organisation, owned by our members, our sole purpose is to support dental professionals and our only obligation is to our members.

John Makin
Head of the Dental Defence Union (DDU)

Successfully defending members' reputations

Many dental professionals have concerns about facing a claim for compensation or a letter from the GDC. Indeed, during a 30-year professional career it is possible that a dentist might face a clinical negligence claim.

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What's more, we have an enviable record of success in defending members' reputations at the GDC.

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

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Fighting focus

Amateur boxer Mia Hull explains how she balances life between the ring and the dental lab, and what it has taught her

Mia Hull
Dental technician, Advanced Dental Laboratories

Boxing runs in my blood. My dad had 148 fights, and watching his old videos ignited something in me. I knew I wanted to continue his legacy and carve my own path in the sport. After seeing him boxing a national champion in Mexico 2009, I also realised that you can travel with boxing, and that's what I'm eager to do.

My early memories of watching my dad box are from seeing clips of him on Youtube and noticing his confidence. I remember all my uncles going to his fights, the pictures and trophies around the house, and taking pictures with his belts. I also remember my dad doing interviews and speaking in front of thousands of people about developing new skills and using his network for his net worth. When I was younger, my dad used to take us to gyms, and I fell in love with it – I enjoyed being in that environment.

Sparring with my dad made me want to step into the ring as my technique developed and my mindset grew stronger. I loved letting my hands go – I felt free.

Balancing boxing and dentistry

In September 2022, I started working at a dental lab – not something I planned, but it turned out to be a blessing. I was just looking for a job, but it opened doors to a real career. I started by scanning models, and now I'm a technician on the bench, crafting scalloped whitening trays, retainers, soft guards, and custom gum shields. It's a skill that complements my boxing journey – being able to make my own mouthguards whenever I need them is a huge advantage.

When I started in the lab, I found it challenging working with people with different personalities and backgrounds. But I also found it enjoyable when learning about the technical side of teeth, eg how composite bonding is made, how veneers are made from start to finish, how to make retainers, and understanding the reason why people may need them.

My schedule is full-on: I work 7am to 3pm, then head straight to the gym until 8pm, Monday to Friday. Weekends are my time to regenerate – unless I've got sparring with champions.

Balancing training and work has become easier as I'm used to the schedule I follow, even though it's quite strict.

I have the best team at the gym to help me if I'm struggling, and the best dad to go to for advice too!

The journey so far

If I had to describe my journey so far in one word, it would be 'rollercoaster'. My days are never the same – there are so many ups and downs, and that's why I go by the name 'careless' because, regardless of whether I'm in pain, I'll still put in the work in and out of the gym!

One of my most unforgettable moments was winning my first fight. I'll never forget that feeling of joy.

Career goals

My ultimate goal is to go pro in 2026, win belts, and become a world champion. But I also want to build a brand – one that supports and uplifts women through boxing and fitness. I understand that it takes time.

I'm also realistic and not delusional – with no risks there's no reward!

In my dental career, I'd love the chance to custom-make a mouthguard for boxer Claressa Shields one day. I look up to her – her style, her mindset, her dominance. I've watched her countless times and learned so much from her fights.

To anyone thinking of getting into boxing: go for it. Boxing isn't just about the physical grind – it sharpens your mind and strengthens your mental health, too. And that's just as important. D


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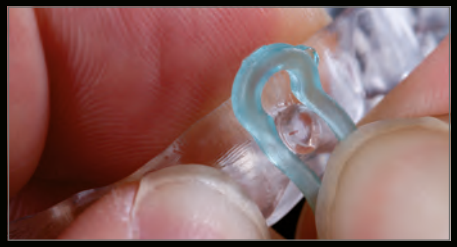
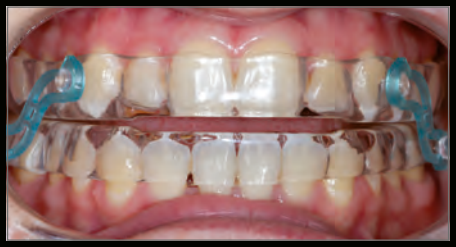
- *Loading anchors considering the distance between the first molar of the lower jaw and the canine of the upper jaw. Slight insertion of the anchor into the bite to leave enough space for the connectors*
- *Creation of a breathing gap between upper and lower incisors. This portion is calculated digitally and subtracted from the upper and lower bite by creating a split which improves patient's breathing*





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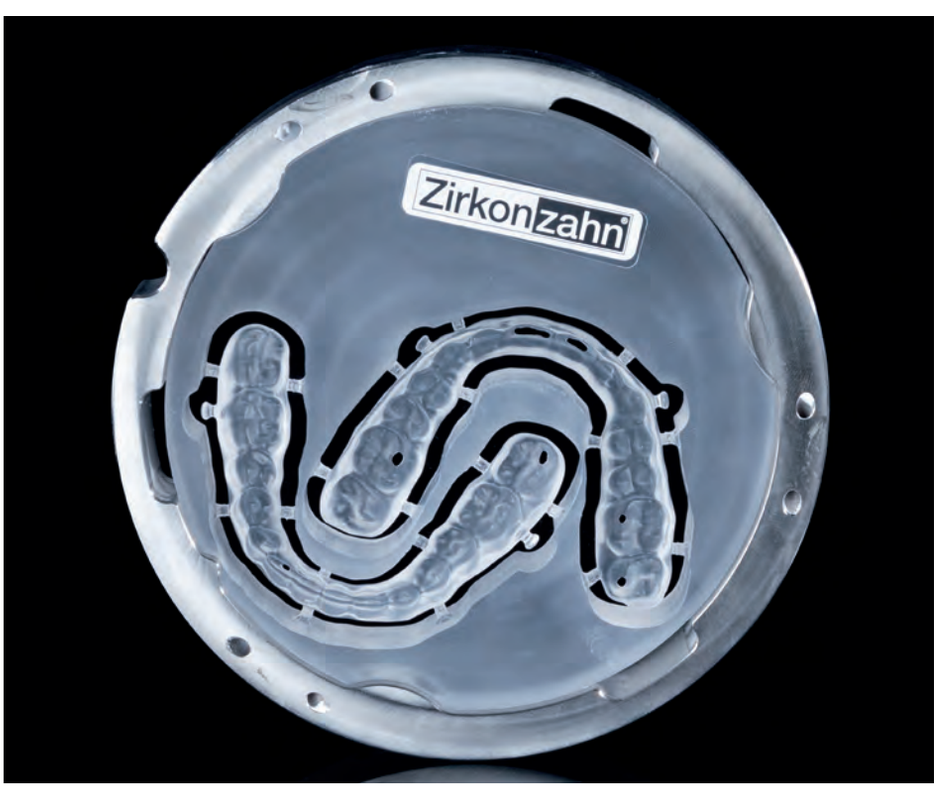
Digital design of anti-snoring devices in Zirkonzahn.Modifier, permitting the simultaneous design of both the upper and lower splints



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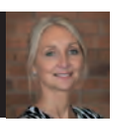
Is mechanical cleaning enough?

Rhiannon Jones explores the evidence, patient limitations, and the role of adjunctive therapies in questioning whether mechanical cleaning alone is enough

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



Mechanical cleaning has long been the accepted way of preventing dental diseases. But we have to acknowledge that mechanical cleaning is not possible for every patient (Van der Weijden et al, 2015). So, when do we accept that mechanical cleaning alone is no longer effective, and when should we consider adjunctive approaches?

This doesn't mean giving up. We are now allowed to keep some people in step one care, and in some cases even use the term palliative care, when we feel we've thrown every possible option at the patient and they're still not improving. High plaque scores, high bleeding scores, tooth loss, or reduced bone levels on radiographs can all show that the disease is progressing. But before we stay in that step one loop, we need to be sure we have put every effort in.

Defining mechanical cleaning

Mechanical cleaning means cleaning surfaces by applying effective contact onto or over the surfaces with equipment designed for this purpose – such as toothbrushes, interdental aids, and micro-mechanical components like silicates in toothpaste.

But for some people, this isn't possible. Reasons may include:

- Problems with grip, pressure, coordination, energy or motivation
- Illnesses affecting their ability to clean effectively
- Complex dentistry that patients or carers do not fully understand
- Care delivered by someone else, such as a carer, who struggles to manage it
- Patients who have already tried alternatives but are still not able to keep control.

When plaque control remains inadequate – evidenced by bleeding on probing, new carious lesions, halitosis, or lack of improvement despite changes to their routine – it is time for a rethink.

Looking to chemotherapeutics

At this stage, we look at the role of chemotherapeutics in mouth care. Think of it like cleaning a plate: if you no longer have the brush you used to rely on, or you can't grip it properly, what do you do? If the tools are no longer enough, you need something additional.

So, what about chemical cleaning alongside mechanical cleaning? For many of us, beliefs were shaped at university. I carried the view for 15 years that certain mouthwashes 'only cleaned the sink,' because I hadn't kept up to date. Patients deserve someone who is current with the evidence, because we don't sell products – we sell health. And the only way to know a product contributes to health is through evidence.

Even after instruction and support, biofilm removal is often insufficient in the general population. This poses risks, particularly for susceptible patients (Serrano et al, 2015; The Economist Intelligence Unit Limited, 2021). Given these limitations, and the high prevalence of gingivitis and periodontitis, it could be argued that the population as a whole could benefit from the use of antiseptics as adjuncts to mechanical biofilm removal (Chapple ILC et al, 2024).

What does the evidence say?

We now have S3-level guidelines on the use of chemotherapeutic agents, accepted as adjuncts to mechanical cleaning. They identify toothpaste and mouth rinses with active agents as having strong evidence of efficacy (Sanz et al, 2020).

Three main groups of mouth rinses are supported by the evidence (Sanz et al, 2020):

- Essential oils (EO)
- Chlorhexidine (CHX)
- Cetyl-peridium chloride (CPC).

In fact, essential oils were associated with the greatest reduction in plaque in a systematic review and meta-analysis led by Elena Figuero (2020), delivering significant reductions beyond mechanical cleaning alone, including improvements in inflammation.

The S3 guidelines are clear (Sanz et al, 2020):

- The basis of managing gingival inflammation is self-performed mechanical removal of biofilm
- Adjunctive measures, including antiseptics, may be considered in specific cases as part of a personalised treatment approach
- If an antiseptic is used, the recommended active ingredients are chlorhexidine, essential oils and CPC.

Mouth rinses appear to offer better distribution in the mouth and better pharmacokinetic properties than toothpaste alone (Serrano et al, 2015).

Practical considerations

When recommending products, we must also consider the patient's needs:

- Alcohol-free formulations for recovering alcoholics
- Taste, fluoride content, and acceptable flavours
- Ease of opening bottles for patients with disabilities
- Limited evidence in pregnancy or breastfeeding
- Possible side effects such as staining, altered taste, burning or tongue changes

As with any recommendation, we should inform patients about potential effects and advise them to stop if they experience a reaction.

Applying it in practice

Antiseptics can help in situations such as:

- High levels of gingival inflammation despite low visible plaque
- Inadequate access for cleaning due to crowding, overhanging restorations or root concavities
- New implants where patients struggle with plaque control
- Systemic factors such as diabetes, immunocompromise, frailty or reduced dexterity and motivation.

By reducing bleeding and inflammation, we may also improve general health, and for some patients this improvement can be the motivational boost they need to keep going.

Addressing common myths

There are a few myths worth clarifying (Sköld & Holmlund, 2012):

- Spit, don't rinse with water: 'Delivering better oral health' has been updated. It now states 'don't rinse with water' rather than 'don't rinse at all'. A fluoride reservoir remains effective even when a mouth rinse is used
- Timing of rinsing: patients can use a mouthwash at the same time as brushing; it does not wash away the toothpaste fluoride
- Alcohol: the risks are linked to ingestion, not rinsing. Patients should not swallow mouthwash, and in practice they do not.

Conclusion

The evidence is clear: while mechanical cleaning is the basis of oral health, adjunctive antiseptics have a valuable role in reducing plaque and inflammation. They can help in both gingivitis and periodontitis, and in preventing recurrence. Antiseptics are generally safe, with only minor side effects to consider, and can benefit a wide range of patients – particularly those struggling with mechanical cleaning alone.

This advertorial has been initiated, organised and funded by Kenvue Inc, who have reviewed the copy as well as paid the key opinion leader (Rhiannon Jones) for their time.

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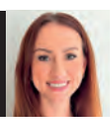
Charlotte Low
Chief operating officer, Colosseum Dental UK



In today's evolving dental landscape, more professionals are choosing to work within dental groups rather than independent practices. The reasons are varied and compelling. From enhanced support structures to access to cutting-edge resources, the group model offers a wealth of advantages that can elevate both patient care and professional satisfaction.

The power of scale

'Working within a dental group brings with it a level of infrastructure and support that's hard to replicate in smaller, independent practices,' Charlotte Low, chief operating officer, Colosseum Dental UK explains. 'For example, our buying power allows us to negotiate better rates with suppliers and labs, which means our practices benefit from high-quality materials and equipment at more competitive prices.'

This commercial strength translates into robust relationships with suppliers and partners, ensuring consistency, reliability and innovation across the network. But the advantages go far beyond procurement and buying power.

'Groups like ours offer access to centralised support services; highly skilled teams and subject matter specialists in finance, HR, clinical quality management, marketing, recruitment, legal, CPD support and ongoing learning and development. These functions operate behind the scenes to ensure our practice teams can focus on what they do best: delivering exceptional patient care.'

From dentolegal support to compliance guidance, the operational backbone of a dental group provides peace of mind and professional security.

Big company perks for smaller teams

Charlotte highlights another key benefit: 'Because of our size, we're able to negotiate company-wide perks and benefits that make a genuine difference to people's lives. These include wellbeing programmes, mental health support, insurance cover for critically ill health, private healthcare options and discounts with partners across a wide range of services, to name just a few.'

And with a network that spans 11 countries across Europe, Colosseum Dental offers its teams access to a vast community of colleagues; a rich source of shared knowledge, mentorship and collaboration.

Investing in innovation

Another area where dental groups are leading the way is in technology and innovation.

'At Colosseum Dental, we're investing heavily in modernising our practices. Not just in terms of equipment, but across the entire patient journey,' Charlotte shares. 'From advanced diagnostic tools to digital workflows and patient communication platforms, we're focused on delivering the best possible care in the most efficient, patient-friendly way.'

These innovations are designed to enhance clinical outcomes, streamline operations, and improve the overall patient experience; resulting in happier patients and more empowered teams.

'Technology is a huge enabler,' Charlotte adds. 'It allows our clinicians to work smarter, not harder – and ensures our practices remain at the forefront of modern dentistry.'

But... it's not just about scale

Despite the clear advantages of working within a large organisation, Charlotte is quick to point out what makes Colosseum Dental unique.

'I feel what sets us apart is our ability to strike a balance. Yes, we're a large pan-European group, but we've worked incredibly hard to maintain a sense of closeness and community. There's a real "small business spirit" within our practices. A family feel that's deeply rooted in our culture.'

This is no accident. Colosseum Dental fosters local ownership at practice level, encouraging autonomy and entrepreneurial thinking. 'We treat every clinic as a business in its own right,' Charlotte says. 'But we also provide a safety net. A support network that ensures our teams benefit from the strength of the group while retaining their independence.'

Culture that connects

The company invests heavily in its people culture. 'We hold regular events to bring our teams together. It's not uncommon for colleagues from across the UK to strike up friendships despite their locations. There's a genuine sense of connection across the business.'

This culture is built on trust, transparency, collaboration and aligned values. And it's not just lip service.

'We partner with Great Place to Work™, issuing an annual feedback survey to all colleagues. It covers everything from diversity and wellbeing to learning and development. The insights we gain are invaluable. They guide our strategic decisions and help us continuously improve.'

The results speak for themselves. Colosseum Dental is not only a certified Great Place to Work™, but also listed among the UK's Best Workplaces in Healthcare, for Wellbeing, for Development, for Women and as an overall Best UK Workplace for its size.

Operational excellence meets human connection

From an operational standpoint, Charlotte sees part of her role as a guardian of culture. 'It's essential that I nurture and protect our workplace culture. I work closely with our senior leadership team to ensure it's embedded throughout the business. And I support our practice teams in understanding how to live it day-to-day.'

This includes coaching, mentoring and tracking cultural engagement across all levels of the organisation.

'Ultimately, we're a people-powered business. Our success comes from listening to our teams, acting on their feedback and creating an environment where everyone feels valued and supported.'

A model for the future

As the dental profession continues to evolve, the group model offers a compelling proposition: the strength and stability of a large organisation, combined with the intimacy and autonomy of a local practice.

Charlotte sums it up best: 'We give our teams the power and strength of a big business, without losing the personality and heart of a small one. It's a rare balance and we're really proud of it.'

Colosseum Dental

If you're interested in finding out more about a career at Colosseum Dental, or if you'd just like a impartial chat about how working for a dental group could work for you. Send an email to **recruitment@colosseumdental.co.uk**. Or head to Colosseum Dental's website to view current vacancies: **www.colosseumdental.co.uk/careers**

MiSmile NEXT Conference and Gala 2025

Celebrating 10 years of smiles, growth and community

On 12 September 2025, the MiSmile community came together at the Leonardo Royal Hotel in London for the MiSmile NEXT Conference and Gala. This marked a remarkable milestone: 10 years since Dr Sandeep Kumar founded the MiSmile Network, which has grown from 20 pioneering practices in 2015 to over 500 today.

What followed was a day that combined world-class education with celebration, energy and connection. It showcased why MiSmile is more than a business network. It is a community committed to one mission: giving patients beautiful smiles.

A decade of change – and growth

The day opened with a welcome from Align Technology's Dan Gallagher, who reminded the audience: 'We don't want to stand still – we want to continue to grow.' That spirit of progress is at the heart of MiSmile.

Align's senior general manager, Evran Koksal, put the scale of achievement into perspective. 2025 marks the year of 20 million Invisalign smiles worldwide, and MiSmile members have been responsible for more than 60,000 of them. 'The community is so important,' he said. 'We are proud of what the MiSmile Network has achieved, and we're committed to continuing this partnership and delivering best-in-class service.'

This spirit of collaboration ran throughout the day. Delegates were reminded that MiSmile is not only about growing practices, but about belonging to a family of like-minded clinicians.

A founder's vision

Dr Sandeep Kumar, founder and CEO of MiSmile, took to the stage to share the story of the past decade. From disrupting the status quo in 2015, to adapting and scaling during the pandemic, to winning Brand of the Year at the Dental Industry Awards in 2024, MiSmile has built a track record of resilience, innovation and community spirit.

Sandeep reflected on three key lessons:

- Choose your hard – growth always comes with challenges, but the right ones are worth it
- Focus on one thing – 'What you focus on gets done'
- Take courage – sometimes a single brave decision can change everything.

He also shared how MiSmile Media, launched just a year ago, has already grown into a leading dental marketing agency, with ambitious plans for the future. And he unveiled the network's next evolution: 'We are going to be the home of practice growth. Whether it's training your teams, marketing your practice, or helping you hire the right people – we are here for you.'

As if to underline that point, Sandeep announced the launch of a new practice diploma and teased his upcoming book, *Mastering Your Invisalign Marketing* due in January 2026.

But above all, his message was one of gratitude. 'I never imagined we would be here today when I started this 10 years ago. Your passion and commitment is what makes MiSmile what it is – it is our success together, and today is about celebrating that.'

Future-focused learning

The NEXT agenda was packed with sessions designed to inspire delegates and help them shape the future of their practices.

Futurist Amelia Kallman explored how emerging technologies are changing the way we live and work. From AI agents that act as 'smart digital assistants' to the shift towards the 'generative web', she highlighted opportunities for practices to streamline operations and focus more on patient care. But her core message was reassuring: AI will not replace clinicians. Instead, it will enhance the human side of dentistry. Leaders, she argued, must become 'adaptation engineers' to guide teams through change with empathy and integrity.

Entrepreneur Bejay Mulenga MBE dived into the expectations of gen Z and gen alpha – today's young patients and tomorrow's workforce. For them, privacy, authenticity and sustainability are non-negotiables. One in three already say their smile equals confidence.

He offered practical tips for practices: use video testimonials to build trust, make WhatsApp the new reception desk, empower staff as content creators, and design clinics with social media in mind. His message was clear: your next patient has already checked you out online before they ever walk through the door.

Nigel Risner, communication expert and author, kept the room engaged with his 'zoo keeper' model of communication styles. He challenged practices to tailor their interactions to the personalities of their patients and teams – whether they value cutting-edge tech, need detailed plans, or prefer a wait-and-see approach. From small, branded touches to the power of 'feedforward' instead of feedback, his session was full of practical ways to inspire loyalty and improve the patient journey.

Dentist Dr Sam Hainsworth delivered a timely reminder of the importance of resilience. Quoting Viktor Frankl, he reminded delegates: 'Whatever they do to you, how you respond is up to you.' Resilience, he argued, is not a fixed trait but a skill that can be built – and it starts with leaders setting the tone for their practices.

Clinical directors Dr Bhumita Shah and Dr Oliver Smart hosted a session on the importance of a joined-up approach to treatment. Their '360° Approach to Multidisciplinary Treatment' encouraged delegates to think beyond single-discipline solutions and consider how general practice and orthodontics can work seamlessly together to deliver the best outcomes for patients. For a community committed to creating beautiful, healthy smiles, it was a timely reminder that collaboration across specialisms is as important as collaboration across practices.

Collaboration with Align Technology

Align Technology's commitment to the MiSmile community was clear throughout the day. Jody Carter shared how the company is shifting its focus from product to customer experience, citing research showing that 88% of people value experience as much as products. 'My aim is to make Align a company you love to work with,' he said. 'We are committed to doing our best for you and your patients.'

It was another sign of the close partnership between Align and MiSmile, united by a shared purpose: improving lives through smiles.

The Gala: a celebration like no other

If the conference was about learning and inspiration, the Gala was about joy, connection and celebration.

Sandeep opened the evening by reminding delegates that MiSmile is built on collaboration: 'We work together, we collaborate – that's what this community is about. You are the heartbeat of this business.'

There was also a heartfelt focus on Operation Smile, with a pledge to raise £1 million in the years ahead. That evening alone, the community contributed £15,000 towards life-changing surgery for children born with cleft conditions, and to date the MiSmile Community has raised almost £400,000 for Operation Smile.

And then the party began. Traditional dhol drummers filled the room with rhythm, while singing waiters had guests dancing and conga-lining their way around the ballroom. The MiSmile Awards recognised outstanding contributions from across the community, before the night ended with a true sense of shared achievement and optimism for the future.

Looking ahead: the NEXT chapter

The MiSmile NEXT Conference and Gala 2025 was a moment to reflect on a decade of growth, to celebrate what has been achieved, and to look forward with confidence and excitement.

As one delegate summed it up: 'It's been life-changing to be part of MiSmile – and I cannot wait for the next 10 years.'

To find out more about MiSmile, and how you could be part of this incredible community, visit join.mismile.co.uk.

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Why more leads won't grow your practice

Stop wasting money on dental marketing that doesn't convert, says David Nelkin

David Nelkin
Founder and CEO, Xcelerator Dental

Here's a question that should make every practice owner pause: would you rather spend £5,000 generating 70 enquiries with a 10% conversion rate, or 35 enquiries with a 20% conversion rate?

Most practice owners instinctively choose more leads. It feels like progress. But here's what the thriving practices know: once you've built that higher-converting funnel, every pound you spend afterwards delivers double the results. One approach sets you up for sustainable growth, the other keeps you on an expensive treadmill forever.

The mathematics of smart growth

At Xcelerator Dental, we've helped practices achieve something remarkable: 50% more treatment starts without spending another penny on marketing. How? By improving just four conversion points by 5% each.

Those four points are: leads contacted, appointments booked, patients who turn up, and treatment starts. When you optimise all four together, the compound effect is transformational.

Let's say you currently get 50 leads per month. You contact 70% (35 people), book 40% of those (14 appointments), with an 80% attendance rate (11 consultations), and 50% convert to treatment (5.5 new patients). Improve each stage by just 5%, and you'll end up with approximately 8 new patients – a 45% increase.

And here's the exciting part – 5% improvement at each stage is always achievable.

Where practices lose patients (and money)

The average dental practice loses 55% of their enquiries due to poor follow-up processes. Think about that. You're paying to generate leads, then losing more than half of them simply because you don't have the right systems in place.

We recently worked with a practice that thought their conversion was solid. When we implemented proper tracking, we discovered they were converting just 5% of website enquiries into orthodontic consultations. Within six months of systematic nurturing and follow-up, that jumped to 62%. That's a potential additional £588,000 in annual revenue from the same marketing spend.

The difference? A systematic approach supported by the right CRM and processes.

How the award-winners do it differently

In 2024, Xcelerator Dental won every Website of the Year award at all three major dental awards. But we're not just about pretty websites – we're about conversion engines that transform practice growth.

Our approach centres on three pillars: promote, convert, grow.

Promote focuses on generating high-quality leads through local SEO, paid advertising, and strategic content marketing. With 60% of searches now ending without a click, we've adapted our strategies to ensure practices appear in Google's AI-generated results and map pack.

Convert ensures your website turns visitors into enquiries. Our websites typically achieve conversion rates of 6 to 12%, compared to the industry average of 2 to 3%. That's double to quadruple the enquiries from the same traffic.

Grow is where our CRM and practice success managers ensure every enquiry is followed up, nurtured, and guided towards treatment acceptance. Daily action lists, automated communication via email, SMS, and WhatsApp, AI-powered lead scoring – all working together to maximise conversion.

The smart investment

We would never suggest a client invests more in marketing if they don't have a well-converting funnel. It's like trying to fill a swimming pool with a garden hose when there's a massive hole in the bottom.

The practices that thrive are those that recognise this fundamental truth: sustainable growth comes from systematically improving how you convert opportunities at every stage.

If you're investing in marketing but not measuring your conversion rates at each stage, you're flying blind. Once you start measuring and optimising your funnel, even small improvements create compound returns that transform your practice's trajectory.

That 50% increase in treatment starts from 5% improvements at each stage isn't theoretical – it's what we're helping practices achieve every single month.

Ready to transform your practice growth? Contact Xcelerator Dental to discover how we can help you measure, track, and improve your conversion rates at every stage of the patient journey. **www.xceleratordental.com**

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Protect your revenue, not just your reputation

Dr Biju Krishnan shares how to transform your consent process from a tick-box task into a genuine safeguard for both patient trust and practice revenue

Dr Biju Krishnan
Founder of Dentistry Consent and award-winning dentist

In today's world of dentistry, a missing signature or incomplete consent form doesn't just raise compliance concerns – it can directly affect your bottom line.

Refunds, complaints, and lost chair time can quickly add up to thousands in avoidable costs and while most clinicians understand the reputational risks of poor consent, fewer recognise its financial impact.

That's exactly what Dr Biju Krishnan explores in his latest webinar, how to transform your consent process, from a tick-box task into a genuine safeguard for both patient trust and practice revenue.

More than just a form

For years, consent has often been treated as paperwork – something to get signed before treatment begins. But true consent is a process, not a form. It's about ensuring patients fully understand their treatment, risks, and outcomes, while protecting your practice from disputes and costly misunderstandings.

Dr Biju breaks down the real-world financial implications of incomplete consent, from refunds to legal exposure, and explains how better conversations and documentation can prevent these losses before they happen.

From paper to protection

Technology is changing what is possible in consent documentation. Platforms like Dentistry Consent are setting a new standard – keeping every discussion securely recorded and stored, so there is never any doubt about what was discussed or agreed.

In Dr Biju's webinar, you'll see how digital consent can:

- Strengthen your evidence base for every treatment
- Support patient understanding and confidence
- Protect your income by reducing refund and complaint risk
- Save time with streamlined documentation and secure storage.

Why it matters now

As dentistry grows, so does patient expectation. Today's patients are more informed, more vocal – and more likely to question outcomes. That's why clear, documented consent isn't just about compliance; it's about protecting your professional and financial security.

With the right systems in place, consent becomes your best defence for your patients, your peace of mind, and your profits.

Book a free demo and watch the webinar

Protect your revenue, not just your reputation and discover how small changes in your consent process can make a big difference to your bottom line. Ready to strengthen your consent process in practice? Dentistry Consent can help. Simply visit https://bit.ly/consent_demo to request your free demo and see how you can elevate consent in practice.

Dentistry Consent

Watch the full webinar here
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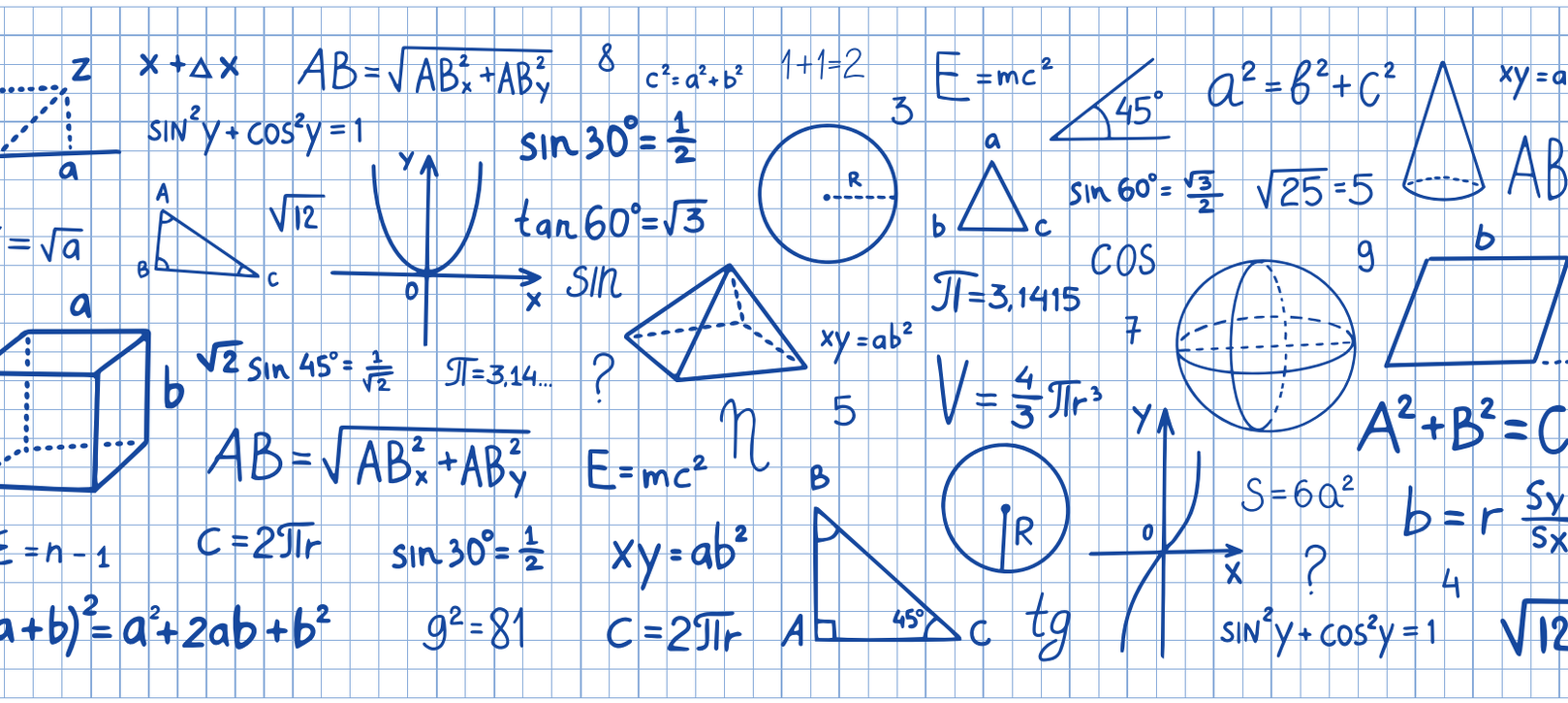

Do the maths

Ray Cox explains that while borrowing options may be relatively straightforward, how and when to use them to your best advantage will require some careful thought

Ray Cox
Managing director, Medifinance,

They say that if something seems too good to be true then it usually is.

Generally speaking, I'd agree. And if some of the finance deals we've been renegotiating for clients over the recent months make a point it's that many arrangements they entered into, without sufficient information, have proved, very, very costly. But, in contrast, our rectifying these arrangements has put some big smiles on some very happy faces.

As a result of looking at many practices' overall funding arrangements we have been able to help our clients significantly to reduce their monthly outgoings. Usually by hundreds of pounds, but quite often by thousands. Truly.

The dental profession in the UK spends many millions each year on equipment, almost all of which is borrowed… which makes perfect sense. What can often not make sense, however, are the terms of the loan and how they fit within the overall financing policy of the practice. And this is where things can go wrong.

Own your practice, finance your equipment

Whilst most practices recognise this and rarely use working capital to finance equipment purchase, they can all too easily fall into the trap of not fully appreciating that long-term funding (eg practice purchase) should be considered very differently from the way equipment is funded. Failing to do this can prove costly. Significant impact short-term; even greater long-term.

So, the sensible thing to do if, as I hope, you are making good profits, is either to start to pay off your practice mortgage (and thereby your monthly repayments) or keep a healthy bank account to reinforce your ongoing negotiating status. Or, better still, both. Buying equipment is different and where we need to 'do the maths' quite thoughtfully.

The first rule is to never combine it with a long-term loan. Equipment has a limited life expectancy and the way it is funded must recognise this.

We'll look at the borrowing options in a moment but keep in mind, it is an investment, and you should take the time (with your accountant and the team who will use it), to analyse how quickly you can expect pay back. I would always recommend having a clear equipment investment plan in place, but one that is flexible enough to take into account such factors as the need to stay ahead of competition and the speed technology is advancing.

Set aside that time to give it informed and considered thought but don't put things off. Remember next year the price will have gone up, you'll have missed out on months of income and the fact that, with inflation, loan repayments are made with tomorrow's deflated money!

The funding options for equipment

Whilst the options are pretty straightforward, I would recommend discussing them with your accountant to ensure they reconcile with your overall financial planning and needs before you make a final decision. If you choose HP or a personal loan, your tax allowance is up front in the year of acquisition and thereafter on interest repayments only. With leasing, your tax allowance is spread over the period of the lease.

If you are in a start-up situation, whatever funding option(s) you choose, I would be careful not to 'run before you can walk'. Don't stretch yourself to the limit and omit to leave yourself sufficient time to bed in. Again 'do the maths' and first learn from hands-on experience.

I would also recommend you involve a financial broker from an early stage. He or she will be able not only to secure you the best terms, but, from practical experience, the option(s) that best meets your circumstances. It's also worth remembering that financial brokers, particularly those with specialist experience, know exactly who and where to go to for the best deals, thereby saving vast amounts of time. And brokers earn only when they successfully meet the needs of their clients! D

If you are looking for funding for your practice, whatever the requirement, large or small, we're here to help. Call Ray Cox on **07785 757782** or email **rcox@medifinance.co.uk**

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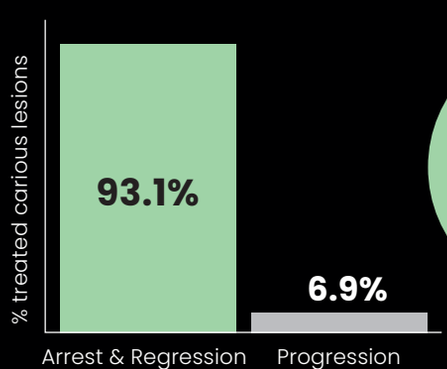
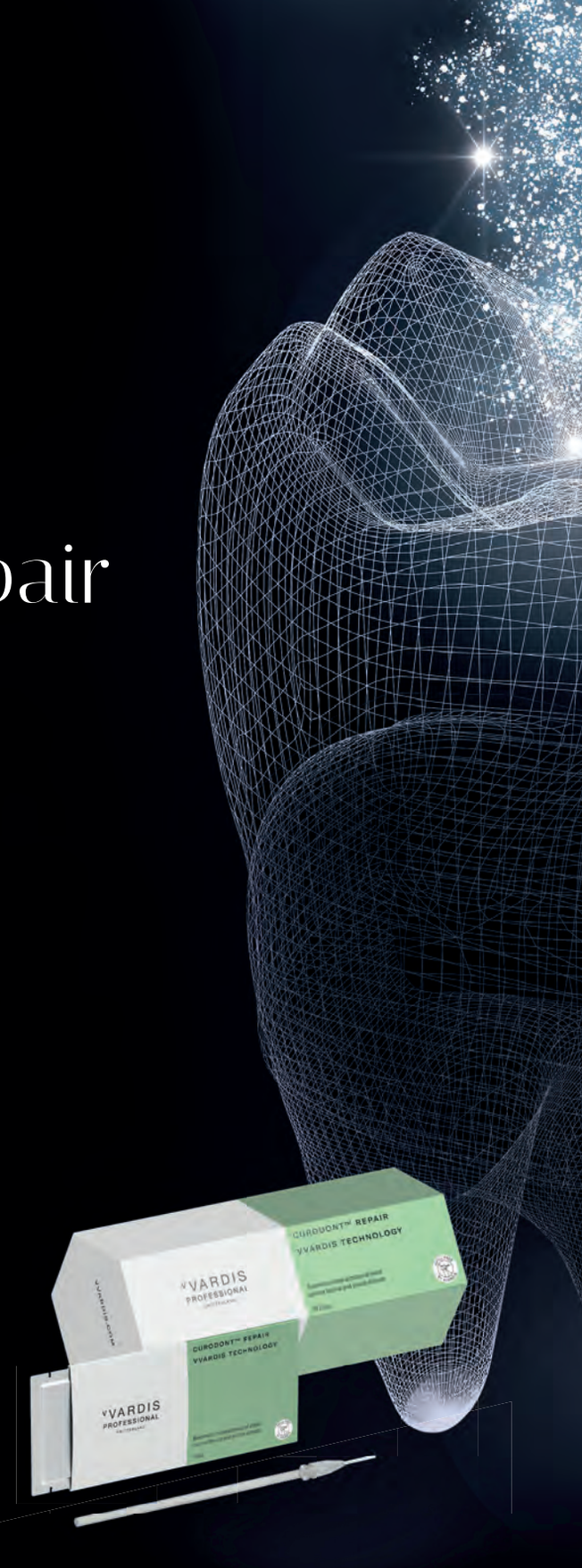


90%
Did not cavitate on follow-ups 2-6 years



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1. Godenzi D et al. J Am Dent Assoc. 2023:S0002-8177 (23)00416-6
*Long-term clinical study in public pediatric dental clinic in Chur, Switzerland

Coaching over control

How dental leaders are building high-performing teams

Justin Leigh
Founder of Focus4Growth

When I finished my session at the Dentistry Show London on 'Creating a high-performance team through coaching', the theatre was full. People were standing at the back, notebooks in hand, capturing their key takeaways. It told me one thing – this topic matters.

Principals, practice managers and dental leaders everywhere are under pressure: recruitment challenges, rising patient expectations, constant change, and the relentless push for performance. But pressure doesn't create high performance – it often destroys it. The most common issue I see when working with practices is over-management and under-coaching. Leaders are trying to solve every problem themselves, when the real breakthrough comes from doing the opposite – asking better questions, listening more deeply, and creating space for the team to think, reflect, be more accountable, and grow.

Why coaching beats control

During the session, we explored a simple but powerful framework that helps leaders shift from control to collaboration. When leaders make that shift, stress goes down, engagement goes up, and teams start to think for themselves. Coaching isn't soft or vague – it's a structured, disciplined way to build clarity, confidence, and accountability. As I often say, performance follows clarity, not pressure.

One of the most energising parts of the session was the Team Charter exercise. Each delegate took a few minutes to answer questions like: How do I want to be treated? What can the team expect from me? What does a great working relationship look like? In just 10 minutes, you could feel the shift in the room.

People realised how rarely they have these conversations with their teams – and how powerful it is when they do. When a team co-creates its own standards and expectations, something changes. It's no longer your culture as the leader – it's our culture. That's where commitment starts.

We also discussed the hidden cost of micro-management. It's not just stress, it's dependency. When leaders solve every problem, people stop thinking for themselves. When they constantly correct, initiative disappears. Before long, the leader becomes the bottleneck. Coaching reverses that completely. It starts with three simple habits: ask more, tell less; listen fully and resist the urge to jump in; reflect and act, helping people learn from their own experiences. When leaders use these principles consistently, the whole team begins to grow together.

High performance mindset

A truly high-performing dental team isn't just one that hits targets or runs on time. It's a team that learns fast, communicates clearly, and takes collective responsibility for the patient experience. They don't wait to be told what to do. They own the standards, support each other, and take pride in constant improvement. That's what high performance looks like – and it starts with leadership. D

Every dental leader can build a high-performing team – one coaching conversation at a time. If you'd like help putting these ideas into practice in 2026, please contact me at **justinleigh@focus4growth.co.uk**.

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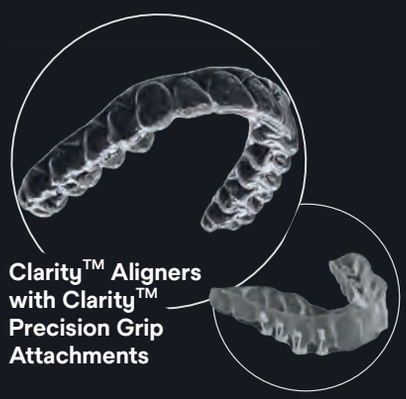

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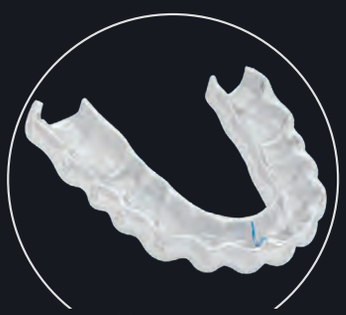

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NHS dentistry in Wales

Louise Anderson offers her assessment of the reformed NHS dental contract for Wales

Louise Anderson
Regional support manager, Practice Plan

Following a consultation that garnered a response second only to the one on the 20mph speed limit, the outcome announced by the Welsh Government has left many dentists I have spoken to feeling let down. In what is the biggest change to the dental contract that most dentists will have seen since 2006, it appears that the opinion of patients is valued more highly than that of dental professionals. As around 90% of respondents identified themselves as patients, carers or members of the public, that may not be such a surprise. However, given that most patients have little or no understanding of how an NHS dental contract 'works', it's disappointing.

Optics over outcomes

The Welsh Government appears to have been very selective in the elements it has chosen to drop. It has 'cherry picked' the things that would be popular with patients, such as scrapping the Dental Access Portal (DAP) and extending recall periods to allow increased availability of appointments, while retaining the most burdensome aspects for practices. The result? Patients feel their opinion has counted, while the profession is left feeling ignored.

Extending the recall to two years, for example, is deeply unpopular with both regular attending patients and dentists. It undermines continuity of care and risks worsening oral health outcomes. Meanwhile, practices are still expected to take on new patients, despite having limited resources and funding to treat existing ones.

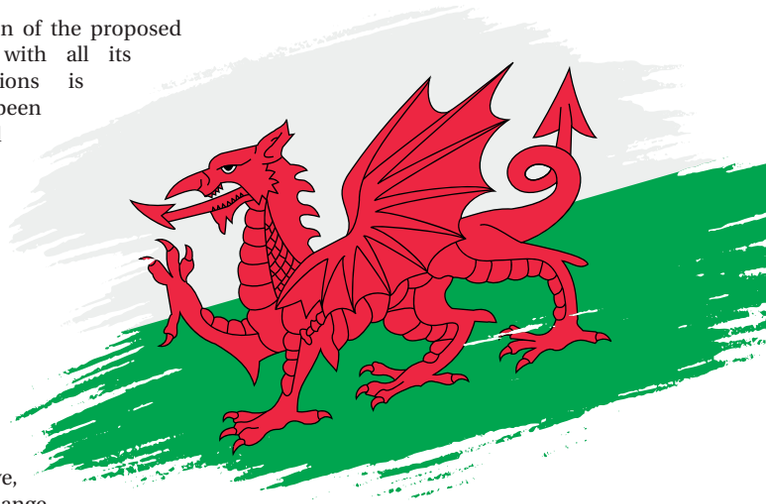
Abandoning the 'amber cohort'

The new contract is structured in such a way that it expects dentists to prioritise new and high-needs patients. However, that leaves a whole cohort of patients who fit into neither category, the so-called 'amber cohort', possibly left without provision. No funding has been allocated to treat these patients. This creates a gap in care and forces practices into an impossible position: either to stretch resources beyond safe limits or leave patients untreated.

Financial pressures and unsustainable rates

The hourly rate increase from £135 to £150 has been touted by the government as a win but is still far below what's needed to run a viable practice. With current costs, to be able to run a sustainable practice the figure should be closer to £225 an hour. This shortfall means practices are effectively subsidising NHS care, which is unsustainable in the long term.

Although the introduction of the proposed online payment system with all its accompanying complications is still in the mix, it has now been postponed until April 2027. So, there will be further complications for practices in years to come.



Lack of flexibility

The contract's rigidity is another major concern. Once signed, practices are locked in and must give six months' notice if they want to leave, even if circumstances change. This leaves practices in the position of requiring only three months' notice of an associate who wants to leave but the contract owner being obliged to give six months' notice to hand back their NHS contract. This mismatch could leave practices exposed either to clawback or being forced to deliver services without adequate staffing. Either scenario would have an extremely adverse effect upon the business.

Regional disparities

I have found the response of health boards to requests to rebase a contract varies considerably across the country. Certain health boards, such as Swansea Bay, offer no flexibility, while others are more open to rebasing contracts. This inconsistency adds another layer of complexity for practices trying to navigate their options.

In areas with high exemption rates, such as the Valleys, where up to 70% of patients may be exempt from charges, the financial viability of NHS dentistry is even more precarious. Levels of deprivation in some communities are so high that even plans with monthly fees as low as £5 would still be unaffordable, meaning conversion to private dental care is unrealistic for many practices.

What steps can contract holders take?

Before signing the new contract, contract holders should carry out thorough business modelling. Analyse patient demographics, assess capacity, and calculate the financial impact on the business. For some practices, this may highlight that a partial conversion to private dentistry, or rebasing of the contract may be a more viable path than committing fully to the new terms.

The contract is set to come into effect on 1 April 2026 (now there's irony!). However, there are suggestions that the government needs to give NHS dental contract holders six months' notice of a major change to conditions. Full details of the new contract have not yet been published so time is running out for this to happen. In theory, dentists could now let their contract run until April and then decline to sign the new one and just walk away. This leaves NHS dentistry in Wales in a precarious position.

Strategic burn through

Some practices may be tempted to 'burn through' their NHS funding early in the contract year, allowing them to switch to private care for the remainder. Although technically this is legitimate, it highlights the contract's failure to support sustainable NHS service delivery.

It also raises some ethical concerns. Patients may be encouraged to join membership plans to secure access to appointments, effectively paying for registration. This blurs the line between NHS and private care and risks undermining public trust.

A contract that fails the profession

While the new contract may offer superficial improvements for patients, it fails to address the core challenges facing NHS dentistry in Wales. It places unsustainable demands on practices, offers inadequate financial support, and leaves many dentists feeling undervalued and unheard.

The impression is that the public has been listened to, but the profession hasn't. If the Welsh Government truly wants to secure the future of NHS dentistry, it must deliver a contract that works for both patients and professionals. D

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‘I’ve done you a disservice’

Mark Topley shares the leadership reset that changes everything

Mark Topley
Leadership and culture coach

At this year’s Dentistry Show London, I had the pleasure of leading two sessions with Lisa Bainham, diving into one of the toughest parts of leadership – difficult conversations.

These are the moments every principal or manager knows are necessary, but few look forward to. We talked about how avoiding them slowly erodes culture, and how handling them well can completely transform it.

After the session, a newly appointed practice owner came up and asked a deceptively simple question: ‘How do I get my staff to turn up on time? They’re always five minutes late.’

You could hear both honesty and frustration in his voice. Like many new owners, he’d inherited a team and wanted to make a good impression. But he was quickly discovering that leading a team isn’t just about systems and surgeries, it’s about standards and conversations.

My reply stopped him for a moment.

I said: ‘Next time you’ve got the team together, apologise.’

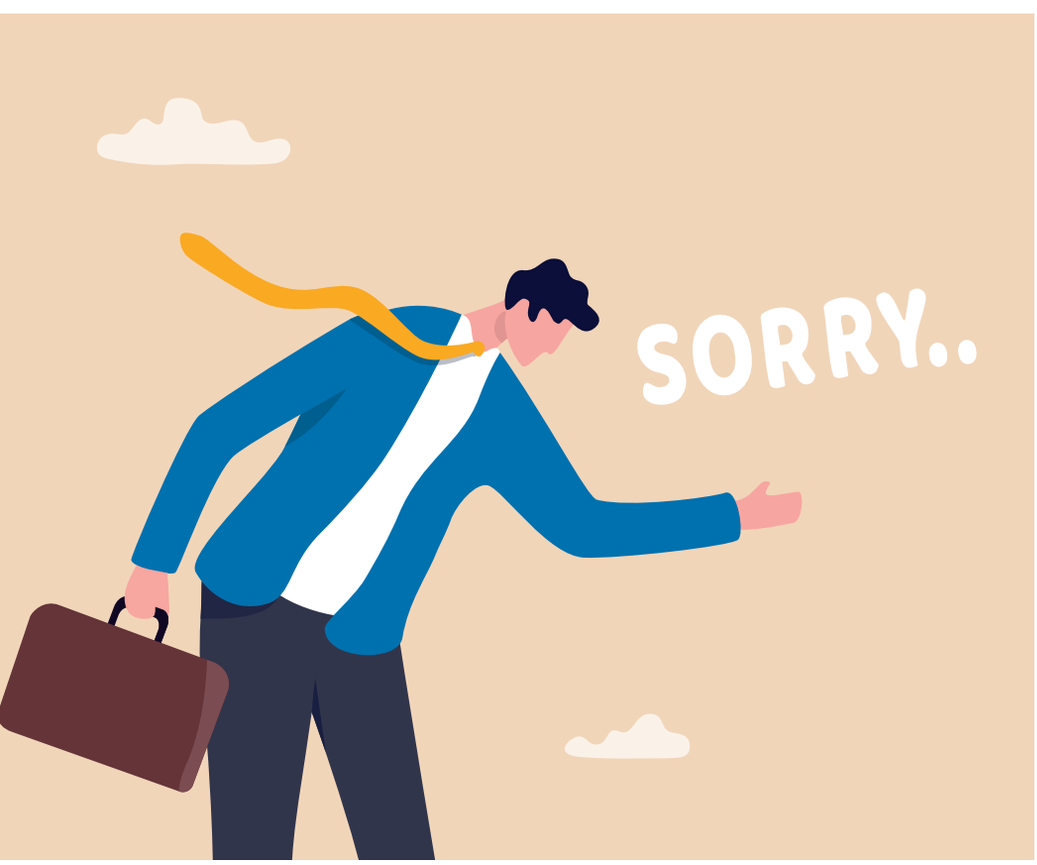
He looked confused. So, I explained: ‘Say something like: “I owe you an apology. I’ve done you a disservice. I clearly haven’t made my expectations clear enough for you. What I should have said is that timekeeping really matters to me because it’s about respect: for ourselves, for our colleagues, and for our patients. When we’re not ready on time, it sends a message that we don’t value other people’s time.”

‘Then outline what good looks like. Explain why punctuality matters, how it impacts patient experience, and what you expect from now on.’

As I said this, his expression softened into that small, knowing smile – the look every coach recognises as the moment of realisation. He hadn’t told them. He’d simply assumed they knew.

The leadership blind spot

Most frustration in teams doesn’t come from disobedience, it comes from assumption.



Leaders assume people understand what’s important. They assume shared definitions of ‘on time’, ‘professional’, or ‘team player’. But unless we’ve said it clearly, kindly, and repeatedly, it’s not an expectation, it’s a hope. I like to call this ‘clarity before correction’.

You can’t hold someone accountable for standards they didn’t know existed. Yet this is one of the most common blind spots in leadership.

Before you get frustrated about lateness, missed targets, or lack of initiative, ask yourself:

- Have I told them what I expect?
- Have I explained why it matters?
- Have I linked it to something bigger – our values, our patient care, or our culture?

When the answers to those questions are ‘yes’, accountability feels fair. When they’re ‘no’, frustration is inevitable.

Clarity is kindness

Many leaders shy away from setting expectations because they don’t want to come across as controlling or authoritarian. But the truth is, clarity is kindness.

Unclear expectations create anxiety. People waste energy guessing what’s acceptable, fearing they’ll get it wrong. Clear boundaries, on the other hand, create safety and consistency.

Great leadership isn’t about being tough or soft. It’s about being clear.

Clarity about what good looks like. Clarity about behaviour and standards. Clarity about what success means, for the team and for the patients.

And when you realise you haven’t been clear, the most powerful words you can say are: ‘I’ve done you a disservice.’

That simple act of humility resets the relationship. It tells your team you’re human, that you’re taking responsibility, and that things will be different from here.

If you find yourself smiling gently at this story, recognising the same dynamic in your own team, you’re not alone.

Every great leader has been there. The difference is what happens next. Because in the end, clarity isn’t just kindness, it’s the foundation of every well-led, high-performing practice. D

If you’d like to identify what’s holding your team back and map out the next steps, you can apply for a complimentary 90-Day Leadership Roadmap Call at **www.great-boss.com**.

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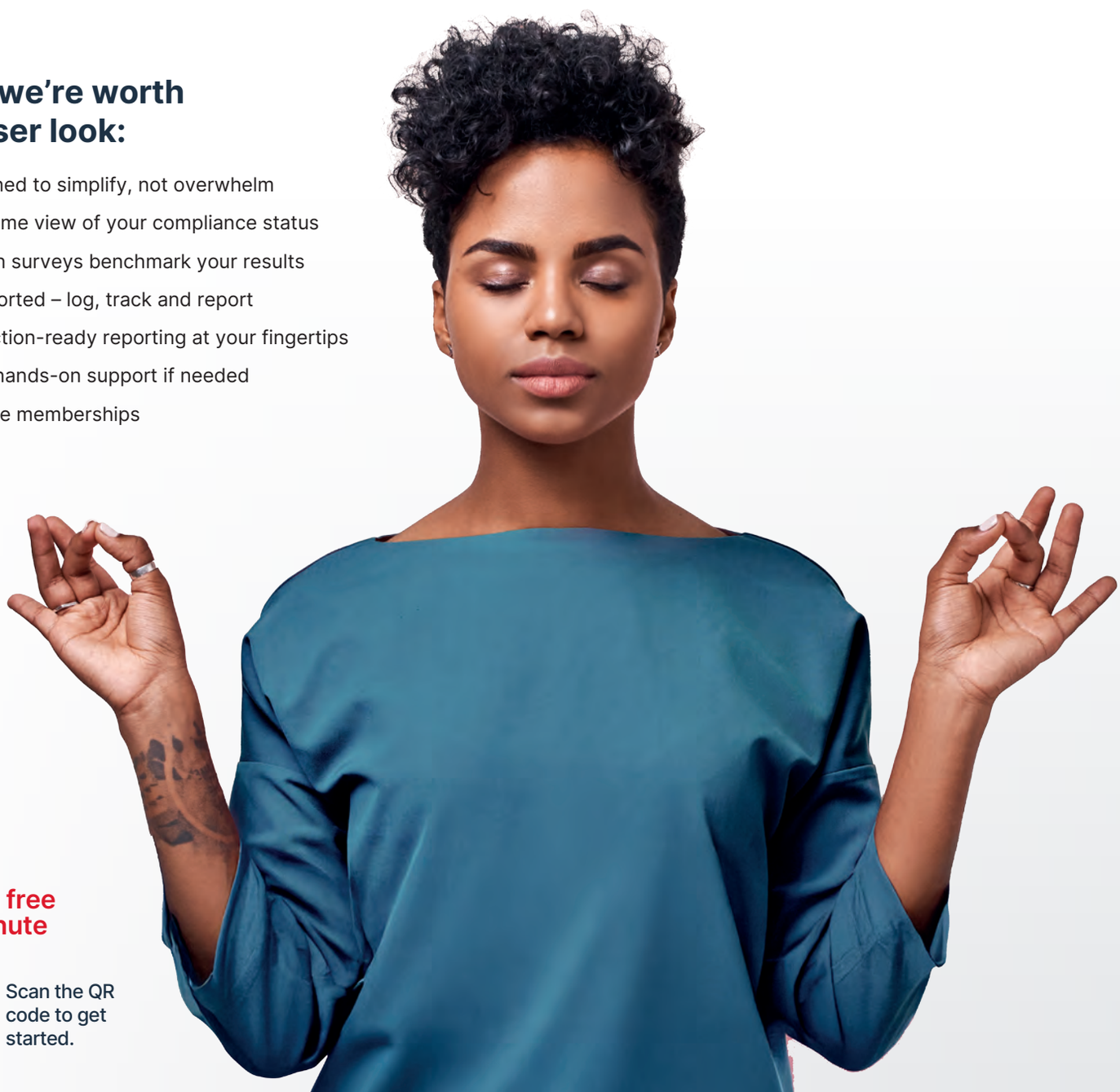

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What Britain's ageing population means for the future of dentistry

From falling birth rates to rising living costs, Britain's population trends are transforming the profession. David Willetts discusses what these changes mean for dentists, patients and policymakers alike

David Willetts
President of the Resolution Foundation

***Dentistry* magazine (DM): Tell us a little about your background and the areas you've focused on during your career**

David Willetts (DW): I'm president of the Resolution Foundation, a Westminster think tank focused on living standards. I also sit in the House of Lords, and previously served as a member of parliament, including as minister for universities and science in David Cameron's coalition cabinet. That experience underpins my continuing interest in higher education, about which I wrote *A University Education*.

I'm very interested in science and technology, and I've also written about demographics and generations. I wrote a book about fairness between the generations called *The Pinch*, arguing that the younger generation were having a raw deal compared to the opportunities enjoyed by my generation, the baby boomers. Quite a few young adults buy *The Pinch* to give to their parents at Christmas – often as a reminder that the 'bank of mum and dad' perhaps ought to help them out a bit!

DM: In *The Pinch*, you explored generational fairness and demographic change. What conclusions from that work do you think are most relevant to dentistry and healthcare today?

DW: I'm very interested in demographic change, which has a huge impact on society, and in fairness between the generations. Part of the promise of a modern economy is that each generation should be better off than the one before – that's part of the deal, if you like, and something every parent hopes for their children.

That's very relevant to dentistry in several different ways. Dentistry is a great example of how modern society can deliver on that promise through fluoridation.

Thanks to fluoridation, people under about 55 generally have better dental health than those who grew up without it. If only more social and economic measures showed such clear progress.

The post-war baby boom saw two peaks – in 1947 and 1964 – with over a million births each year. You can track those cohorts through society like a python swallowing a pig. Soon, nearly a million people will reach 80, the largest number Britain has ever seen – and most grew up before fluoridation.

A second surge in the mid-1960s is now reaching their 60s and beginning to retire. But if you look right down at the younger generation, we did have a mini baby boom in the early 2000s, peaking at around 800,000 births in 2011-2014. That's now feeding through into more teenagers, with implications for schools, university places and dental care.

But after that came a very big fall in the number of babies being born. That means fewer very young children, anguished debates in local areas about whether all the primary schools can stay open, and in some cases possible closures.

DM: Given these demographic shifts, what do you see as the main opportunities and challenges for dentistry in the years ahead?

DW: There are clear changes in the way dentistry is delivered. One is the growth of corporate structures rather than individual practices. Another is the gender shift: more women are entering dentistry, reflecting a broader trend across the professions.

Behind that is a surge in the number of young women going into higher education – significantly overtaking men. Educational and professional opportunities are now being taken more by young women than by young men, and that affects the character and the way in which dentistry operates. There are some big trends here, of which dentistry is a part.

I'm also interested in how technology can improve public services, however, and dentistry is one area where technological advances can be tracked very clearly.

It shows how high-quality care can be delivered while managing costs, through innovation and new approaches – dentistry is a great example of a profession with a continuing drive to innovate and do things differently, without assuming the old ways are automatically the best ways.

DM: What do you see as the biggest priorities for leaders in dentistry to focus on in adapting to these changes?

DW: An ageing population is a major challenge for healthcare in general, alongside changes in the environments where people live.

Secondly, there is the wider problem of living standards, which we focus on here at the Resolution Foundation.

Sadly, since the financial crash of 2008, living standards in Britain have been doing badly. It's been a problem across advanced economies, but especially since Brexit, Britain has done particularly badly, with little significant improvement.

That matters because many people are paying for their dentistry privately. There was often an assumption that prosperity would keep rising, that people could afford higher bills. But that assumption doesn't hold. Patients may not be able to pay as much as hoped, and there are still many people on low incomes for whom NHS dentistry remains vital.

DM: So, for those people leading dental practices and businesses, is it essential to understand these wider pressures in order to grow while still meeting patient needs?

DW: Yes. Dentists need to understand these pressures: the changing age mix of patients; the benefits of fluoridation for many; financial constraints; expectations of technological progress; and the continuing need for NHS access for those who cannot afford fees. These are all wider social trends, and they shape how dentistry is delivered.

DM: You'll be speaking at the ADG conference in November. What themes will you be exploring there, and how do they connect to dentistry?

DW: I'm very much looking forward to speaking at the ADG conference. I'm not an expert on dentistry, but I am interested in the big trends that influence it. I'll be talking about demographics and the different deal that different generations are experiencing. We at Resolution Foundation are very focused on living standards, with a tough story of barely any increase in recent years. I'm also very interested in regulation and in how we encourage new technologies. I hope those themes will be relevant to dentistry, as they are to many other professions. D

David is speaking at the ADG Conference – the UK's only event for dental group decision makers – taking place on 6 and 7 November **www.dentistry.co.uk/shows/adg-conference-2025/**

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How Ironman made me a better dentist

When burnout struck, dentist Adam Govani found unexpected balance, focus, and fulfilment through one of the toughest endurance events on earth

Adam Govani
Principal dentist

20 September 2024. There I was in the silence and solitude of my house, while my wife and one-year-old child were on a road trip around Scotland with the in-laws. Friday night, after a week of chaos, work, and my brother's wedding, I was absolutely deflated. I didn't want to go out with friends, I didn't want to go out for dinner, I just wanted to sit at home and wallow in self-pity, because I genuinely didn't like the person looking back at me in the mirror.

From the outside, I had it all. To Joe Bloggs down the road, I was successful, happy, and at the beginning of what should be a long and rewarding career. But the truth? I was well and truly burnt out.

July 2024 had also hit me hard. I discovered that an old school friend, who was the same age as me and a doctor, had sadly passed away from cancer at just 31. That news shook me to my core. Life is fragile. If someone so full of potential, so close to my own age, could be taken so suddenly, I realised I couldn't afford to keep running on autopilot.

So, let's break down my 2024. In March, I bought a dental practice. In May, my wife and I bought our first family home. By July, our baby boy, Gabriel turned one. And by September, I was standing in my kitchen wondering how, with everything I'd ever wanted, I could feel so utterly empty.

That night, I realised I didn't need another business target or professional accolade. I needed something for me, a challenge that would break the cycle of stress and give me a sense of purpose beyond the surgery.

That's when Ironman entered the picture.

Why Ironman?

Ironman appealed to me because it felt impossible. A 2.4-mile swim, a 112-mile bike ride and then a marathon all in one day. For someone who had never run a 5k, 10k, half or full marathon, it was laughable.

My first training session confirmed just how far I had to go. I jumped into the pool where I'd once swum competitively as a 10-year-old, only to find I couldn't get past 50 metres without clinging to the side. It was humbling. I was, quite literally, out of my depth.

And yet, that was the hook. Dentistry had trained me to problem solve and to persevere when things looked impossible. If I could apply that same mindset outside the clinic, ▶

perhaps I could rebuild myself one step, one stroke, and one pedal at a time.

Training around dentistry

Owning a practice isn't a 9-5. Between patients, staff, compliance, and the endless list of responsibilities, fitting Ironman training into my life seemed absurd at first. But paradoxically, it was the training that helped me find balance again.

- Early mornings: I set my alarm for 5:30am to swim or run before the clinic. Gruelling at first, but I arrived sharper and calmer
- Lunchtimes: Instead of scrolling or drowning in admin, I used breaks for short runs or strength work
- Evenings/weekends: Long bike rides became sacred time. Just me, the road, and the mental space I hadn't realised I'd been missing.

Over time, training stopped feeling like 'extra' and became essential. It was a non-negotiable, just like brushing my teeth.

The result

Months of disciplined training culminated in one extraordinary day: I completed a full Ironman triathlon.

Crossing that finish line was unforgettable, but the real victory was everything that came before it. Every 5am alarm, every shaky 50m swim that once left me gasping, every run where I doubted myself, all of it built into a transformation I never thought possible.

From someone who had never run even a 5k, I became an Ironman finisher. That shift gave me confidence and resilience that now shapes every aspect of my dentistry.

Lessons learnt

Ironman wasn't just about endurance; it taught me principles that I carry into my professional life every day:

1. Consistency beats perfection – you don't need the 'perfect' day in training or in the clinic. Just keep showing up
2. Preparation reduces stress – whether it's laying out kit the night before or setting up instruments for surgery, preparation is everything
3. Pace yourself – dentistry is not a sprint. Neither is Ironman. Burnout happens when you ignore the long game
4. Resilience over results – not every session, nor every clinical day, will go perfectly. What matters is adapting and continuing
5. Your support team matters – behind every Ironman is a family, coach, or training partner. Behind every dentist is a team of nurses, dental therapists/hygienists, reception staff and an admin/management team. None of us can do it alone.

A new focus

Ironman didn't just give me fitness; it gave me perspective. Suddenly, the stresses of managing a practice felt more manageable. Patients noticed I was calmer and more present. I noticed I was more patient, more balanced, and more capable of handling the unexpected.

Most importantly, Ironman reminded me that growth happens outside the comfort zone. Dentistry can become all-consuming and insular; stepping into something completely different re-energised me and, in turn, improved the way I practise.

Tips for dentists considering Ironman

If you're even remotely tempted to take on this challenge, here are a few things I learnt along the way:

- Find a coach. Rob Matthews was incredible for me, an absolute goldmine of information and helped me dig deep to discover my true potential
- Starting small may have been a wise place to start: sprint or Olympic-distance triathlons are a great entry point
- Use apps like Training Peaks, Zwift, and Strava for structure and accountability
- Treat training like patient appointments, block it in your diary and don't cancel
- Find a local triathlon club. The support and motivation are invaluable
- Prioritising recovery, sleep, nutrition, and downtime are just as important as the miles
- Embrace the process: the race is one day; the real transformation is in the months leading up to it. I saw a quote whilst scrolling through social media: 'The hard work is in the training; the celebration is on race day'.

Final thoughts

Dentistry demands resilience, stamina, and the ability to stay calm under pressure. Ironman training gave me all of that and more. I found love for myself, I found myself a part of a community of incredible people, I found peace.

I went into Ironman looking for a way out of burnout. I came out of it a stronger dentist, a better leader, a better dad, and I'd like to think I'm a better person.

It wasn't about the medal. It was about rediscovering myself, proving the impossible possible, and bringing those lessons back to the chairside.

And that's how Ironman improved my dentistry. D

I've raised more than £4,000 for Grateful Giving, a local charity aimed at building a secure future for orphans in the third world. The page is still open if you'd like to donate: **www.justgiving.com/page/adam-govani-1729461071625**

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Paediatric patients and consent

Biju Krishnan looks at the unique challenges of obtaining valid consent in children at different ages

Biju Krishnan
Clinical director, FMC

Consent in paediatric dentistry is a landscape full of nuance, age-based thresholds, and a pinch of legal ambiguity. Unlike adults, children can't always legally – or cognitively – consent for themselves. So, how do we ensure that we're doing the right thing by the child, respecting the law, and protecting ourselves in the process?

Here's your quick-reference to navigating consent for children in the dental chair.

1. Consent is a process

Consent is a continuous process involving clear communication, understanding, and voluntary agreement. This is true for all patients, but especially so for children, where developmental stages play a massive role in capacity and understanding.

For paediatric patients, clinicians must consider both the child's maturity and the legal authority of the person accompanying them.

Increasingly, dental teams are turning to structured digital tools that provide standardised consent workflows. These platforms help ensure consistency in how procedures are explained and that key risks, benefits, and alternatives are clearly outlined.

2. Parental consent

For most young children (think toddlers to early primary years), parents or legal guardians provide consent on their behalf. Simple enough, right? But it gets more complex:

Who exactly is the 'parent'?

In legal terms, this can include biological parents, adoptive parents, and anyone with parental responsibility. That last term is key. A grandparent or stepparent may think they can consent, but unless they have legal parental responsibility, their consent may not be valid.

Separated or divorced parents

Either parent with parental responsibility can consent, even if the other doesn't agree. But if there's a dispute or court order involved, tread carefully and seek legal advice. As always, document everything.

'Mum's at work, I'm just bringing him in':

Unless the adult accompanying the child has parental responsibility or a specific authorisation (e.g., written consent from the parent), you may be on shaky legal ground.

3. Guardianship and looked-after children

Children in foster care or under local authority supervision come with additional complexity.

Foster carers

Most foster carers can consent to routine medical and dental treatment, but this depends on the terms of their arrangement. Some need permission from the local authority or the child's birth parents. Ask for written authorisation.

Children in care homes or with social services involvement

Consent may come from a designated social worker or someone appointed by the court. If in doubt, request documentation and liaise with the child's case worker.

In these situations, having a robust system to store and verify consent authorisations – ideally with timestamps and access records – can help to demonstrate due diligence.

4. When kids call the shots

Enter the 1985 Gillick v West Norfolk case, which gave us the concept of Gillick competence. If a child under 16 has sufficient maturity and understanding to make their own decisions, they can consent to treatment without parental input.

In dental terms, this might mean a 15-year-old consenting to orthodontic work, or a 14-year-old agreeing to a scale and polish. The child must understand:

- What the treatment involves
- Its purpose
- Potential risks and benefits
- Alternatives
- The consequences of doing nothing.

But beware: competence is not just about age, it's about understanding. A very bright 13-year-old might be Gillick competent for a filling but not for extraction under sedation. Clinicians must use their judgment and document assessments.

5. Young people aged 16–17

Under the Family Law Reform Act 1969, 16- and 17-year-olds in England and Wales can consent to medical and dental treatment as if they were adults. Their consent alone is legally sufficient.

But here's the curveball: while their consent is valid, their refusal can be overridden by a person with parental responsibility or the courts in certain situations. Not ideal, but it's the law.

Clear and well-documented consent at this age is essential, especially when the treatment involves aesthetic components, sedation, or carries significant risk. Digital platforms that test a patient's understanding, or record verbal consent, offer additional reassurance.

6. The younger child's voice

Even when a child is too young to give legal consent, their views matter.

It's best practice to involve the child in discussions about their care in an age-appropriate way. This is known as assent. It's not legally binding like consent, but it helps build trust, reduces anxiety, and can make your life much easier during the appointment.

- Use simple language ('We're going to clean your teeth today with a tiny toothbrush that spins fast… ready?')
- Offer choices where possible ('Would you like to hold the mirror or the suction?')
- Be honest but kind (avoid saying: 'This won't hurt a bit' unless you really mean it).

7. Special considerations

Children with developmental delays, learning disabilities, or mental health conditions require additional care. Assessing competence may require input from the wider healthcare team.

- Involve parents or carers in communication
- Use visual aids or communication boards
- Allow extra time and create a calm space
- When in doubt, delay non-urgent treatment until proper assessment or advice is obtained
- Again, a thorough written record – especially one that can be securely shared with the multidisciplinary team – is invaluable.

8. Emergencies

In life-threatening dental emergencies (think airway compromise or uncontrolled bleeding), you can treat a child without consent under the principle of acting in their best interests.

As always: document everything, and inform the parent or guardian as soon as possible.

Be smart, be kind, be covered

Consent for children is not one-size-fits-all. The key is to:

- Assess understanding carefully
- Involve children in decisions
- Confirm the legal authority of adults giving consent
- Document thoroughly
- When in doubt – ask, pause, or refer.

With today's technology, dental teams have more tools than ever to ensure that consent conversations are consistent, transparent, and well-documented. D

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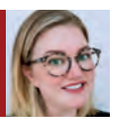
The rise of the dental therapist

Lauren Long shares a brief history to document the rise of the dental therapist

Lauren Long
Therapist clinical director for Pain Free Dentistry Group



The role of the dental therapist has evolved dramatically since its conception, moving from a niche position with limited scope to a vital, patient-centred profession at the heart of modern dentistry. Today, dental therapists are increasingly recognised as autonomous clinicians, capable of delivering safe, effective, and tailored care across a wide range of settings. This evolution has been shaped by legislative milestones, professional advocacy, and changing patient expectations.

The origins of dental therapy in the UK can be traced back to 1960 when the first training school for dental therapists opened in New Cross, London. At that time, dental therapists were restricted to working within the Community Dental Service, focusing on paediatric dentistry and preventive care. Their skills were seen as supplementary to those of dentists, with little scope for independence or direct patient interaction outside these narrow parameters.

This limited role persisted for decades. Dental therapists were skilled professionals, but structural barriers such as legislation, attitudes within dentistry, and public awareness prevented the wider utilisation of their abilities. It was not until the early 2000s that significant reforms began to unlock the potential of the profession.

Key milestones

2002 – working in practice

The year 2002 marked a watershed moment when the General Dental Council (GDC) removed restrictions that prevented dental therapists from working in general practice. This decision brought therapists out of the confines of community services and into independent practices, significantly increasing their visibility and accessibility to patients. Dental therapists are now also permitted to run their own dental practices.

2013 – direct access

Another landmark change came in 2013 when the GDC introduced direct access, allowing dental hygienists and therapists to see patients without a treatment referral from a dentist. This empowered dental therapists to use their full skill set more independently, streamlining patient journeys and removing unnecessary barriers to care. For patients, this meant faster access to preventive and restorative treatment. For practices, it meant greater flexibility in how care was delivered. However, the need for a prescription for local anaesthetic and fluoride varnish meant that true autonomy was still out of reach – campaigning for prescription only medicine exemptions legislation began.

2023 – opening NHS courses of treatment

With further changes, dental therapists were granted the ability to open NHS courses of treatment in England and Wales. This has provided more seamless access for patients within the NHS, enabling dental therapists to take responsibility for treatment planning, manage upward referral for treatment outside of scope, and reduce bottlenecks in practices under pressure. However, despite taking on these responsibilities, dental therapists are not eligible for the same benefits as dentist performers, such as NHS pensions, which remains a point of ongoing discussion and campaigning within the profession.

2024 – medicines exemptions

Most recently, the introduction of the exemptions mechanism for the supply and administration of certain prescription only medicines has given dental therapists another layer of autonomy. No longer reliant on patient group directions (PGDs) or individual prescriptions (PSDs), dental therapists can deliver more efficient care.

Together, these milestones have redefined dental therapy as a modern, independent profession rather than a supplementary role.

Therapy-led protocols

As legislation has evolved, so too has the culture within practices. Therapy-led protocols are becoming increasingly common, with dental therapists taking on key roles in patient assessment, diagnosis, and treatment planning within their scope.

I have seen this first had in my role as therapist clinical director for Pain Free Dentistry Group. We have embraced this model wholeheartedly. Many of our clinics operate with dental therapy-led pathways that ensure patients are seen by the right professional, at the right time, for the right care. Whether it is preventive care, restorative treatment, or oral health education, our dental therapists are at the frontline of delivery.

By embedding therapy-led protocols into our workflow, we ensure that every clinician is working to their full potential. Dentists are freed to focus on complex cases and the areas of dentistry they feel passionate about, while dental therapists manage a wide spectrum of routine and preventive care. The result is improved access for patients, reduced waiting times, and a collaborative, team-based approach that places patient needs first.

Changing perceptions

Historically, public awareness of dental therapy has been limited. Many patients are only now beginning to understand that they can see a dental therapist directly, and that these clinicians can provide much more than the famous 'scale and polish'. Education, both within the profession and to the wider public, has been crucial in shifting perceptions.

The British Association of Dental Therapists (BADT) has been closely involved in this area of advocacy. By engaging with policymakers and supporting members, the association has contributed to raising awareness of the profession and encouraging greater integration of dental therapists within the wider dental team. Our role remains an important part of the profession's development, and we are committed to continuing this work by supporting our colleagues, engaging in ongoing discussions with policymakers, and contributing to the wider progress of dental therapy.

The future of dental therapy

Looking ahead, the role of the dental therapist is set to expand even further. As the NHS faces ongoing challenges in access to care, there is a clear argument for maximising the skills of dental therapists to relieve pressure and ensure patients can be treated promptly.

Private practices, too, are realising the value of therapy-led care. Patients benefit from spending more time with a clinician who is focused on prevention, minimally invasive treatment, and education. Practices benefit from a more efficient team structure and improved patient satisfaction.

The rise of the dental therapist has been decades in the making, but the profession has never been more relevant than it is today. From our origins in community services to our current role as autonomous clinicians with direct access and exemptions, dental therapists are vital to the delivery of modern dentistry. D

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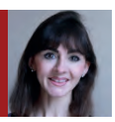
The power of nasal breathing

Victoria Wilson discusses teaching patients about the importance of nasal breathing

Victoria Wilson
Dental therapist and functional breathing coach



The world around us has become increasingly dysfunctional, with growing stresses and the constant demands from a switch-on life, which can be particularly challenging. We often hear people saying how tired they are, how their sleep quality is poor, hands and feet regularly get cold, some end up with impaired decision-making, with anxious and depressed states of minds.

While not everyone may recognise and act on these triggers, they appreciate that something is not quite right, wish they could feel more energised and end up reaching out for help.

As both a yoga instructor and an oxygen advantage functional breathing instructor (as well as a dental hygienist and therapist), I witness daily how cultivating functional breathing can be truly life changing. However, by engaging the parasympathetic nervous system and optimising energy, my clients begin to shift out of a dominant sympathetic state – a state of stress that so many of us live in due to the fast-paced, often dysfunctional lifestyles of today.

A cornerstone of functional breathing is nasal breathing. The nose is designed to filter, warm, and humidify the air we breathe, unlike mouth breathing, which is considered dysfunctional. When we breathe through the mouth, we lose these natural benefits, experience reduced oxygen uptake in the lungs, and increase our susceptibility to infections.

Dr James Goolnik, dentist and founder of Optimal Dental Health, London, comments:

'Mouth breathing has significant implications for both oral and systemic health. From a dental perspective, the resulting reduction in salivary flow alters the oral microbiome, raises plaque acidity, and accelerates demineralisation, leading to an increased risk of caries and periodontal inflammation. The loss of nitric oxide production associated with nasal breathing also reduces vascular and immune regulation, contributing to poorer tissue healing and higher susceptibility to infection. Encouraging patients to maintain nasal breathing supports optimal oxygenation, sleep quality, and craniofacial development in children. My belief is that all dental care professionals should be trained to recognise the early warning signs of dysfunctional breathing and incorporate this awareness into preventive care.'

Nasal breathing, by contrast, stimulates the production of nitric oxide, a powerful molecule that supports oxygen absorption in the lungs. Functional breathing also trains the body to better tolerate carbon dioxide in the blood, enhancing oxygen delivery to every cell.

From an oral health perspective, the difference is just as significant. Chronic mouth breathing is linked to dry mouth, cracked lips, and an increased risk of tooth decay and gum disease.

Supporting patients and clients in developing functional nasal breathing habits not only boosts overall wellbeing but also directly protects oral health.

Finetuning the basics

For the majority of patients finetuning the basics of breathing – learning to breathe through the nose and engage the diaphragm – you can activate the parasympathetic nervous system and support the body's natural balance and regulation. The beauty of this approach is that, for patients with clear and unobstructed airways, no sophisticated devices are needed as they already have everything they need. I am aiming for an optimal breathing pattern (Lim I M et al, 2014) between 5 and 5.6 breaths per minute (bpm) that helps utilise lung capacity, but of course this also depends on the individuals, their lifestyles and medical assessments. It is however important to note that on occasions patients will need to be referred to ENT if there is a suspected obstruction.

Aside from diaphragmatic breathing, carbon dioxide (CO_2) tolerance plays a significant role in the biochemistry of breathing. Individuals with low CO_2 tolerance can feel exhausted, breathless, or lightheaded as an underlying imbalance in CO_2 makes it difficult for the oxygen to reach the tissues. Some breathwork techniques can improve CO_2 tolerance and elevate you to new heights.

Of course, nasal breathing is not a cure-all, but through routine appointments and consistent practice patients' report significant improvements from their baseline scores documented in their very first sessions. I commonly document significant improvements in reducing stress levels, to an increased level of calm, improved sleep quality, improved energy levels, reduction in dark circles under their eyes, improved focus, and some have even reported reduced allergy symptoms after several months of practice.

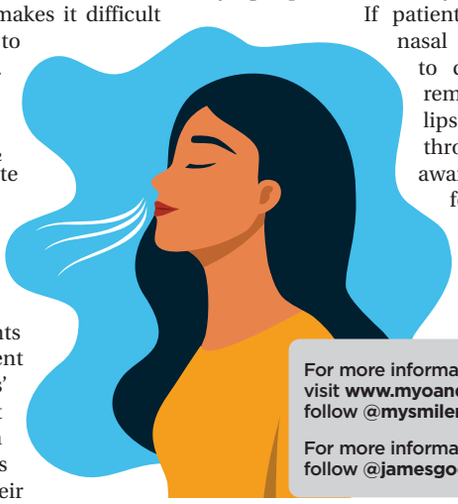
One of the most important factors in creating noticeable change is establishing a consistent, long-term daily practice. Just as importantly, these practices need to be shaped around each patient's individual lifestyle and circumstances, so that the habits are realistic, sustainable, and supportive of lasting progress without setbacks.

Nasal hygiene practice

As part of my recommendations and strategy, I also advise patients embark on daily nasal hygiene practice, and recommend they use Xlear to decongest the nose. Unlike traditional chemical decongestants, this nasal spray only contains two natural ingredients in a saline suspension: Xylitol which has antimicrobial and anti-inflammatory properties, and grapefruit seed extracts, which have virucidal properties. This comes in a small, portable bottle which they can conveniently take with them and use three times a day (breakfast, lunch and dinner) in seconds and discreetly. Xlear is completely natural, non-toxic and can be used for adults and children (even babies) – it fits perfectly with my holistic approach.

After the initial assessment, I generally see patients once a week for four weeks, followed by any review appointments they may wish to schedule to revisit and refine their exercises. Throughout this process, patients are encouraged to use Xlear at least twice daily, with the aim of establishing it as a long-term part of their daily breathing routine.

If patients are ready to commit to nasal breathing, the first step is to coach them to consciously remind themselves to keep their lips gently closed and breathe through their nose. This simple awareness builds the foundation for more efficient breathing. Over time, it supports better energy, recovery, and focus, while becoming a natural part of daily life. D



For more information about Victoria Wilson, visit **www.myoandme.com/breathwork** or follow **@mysmilerevolution** on Instagram.

For more information about James Goolnik, follow **@jamesgoolnik** on Instagram

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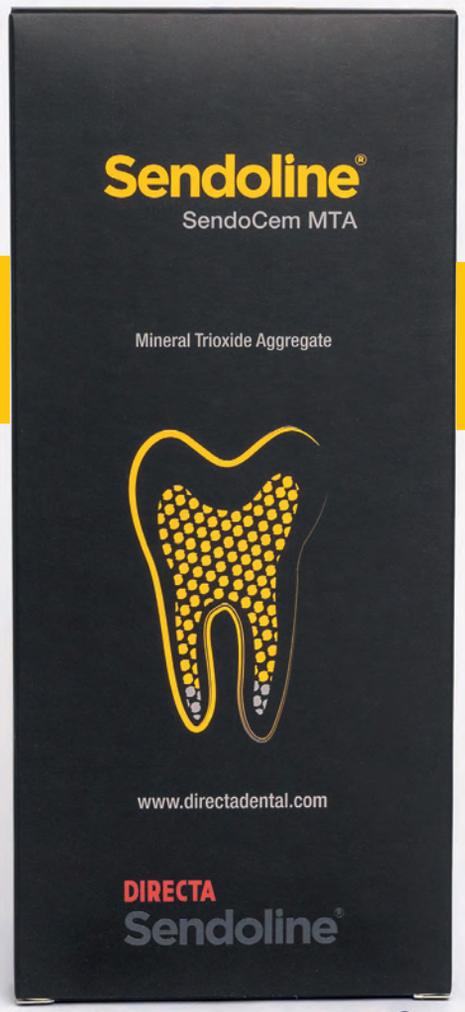

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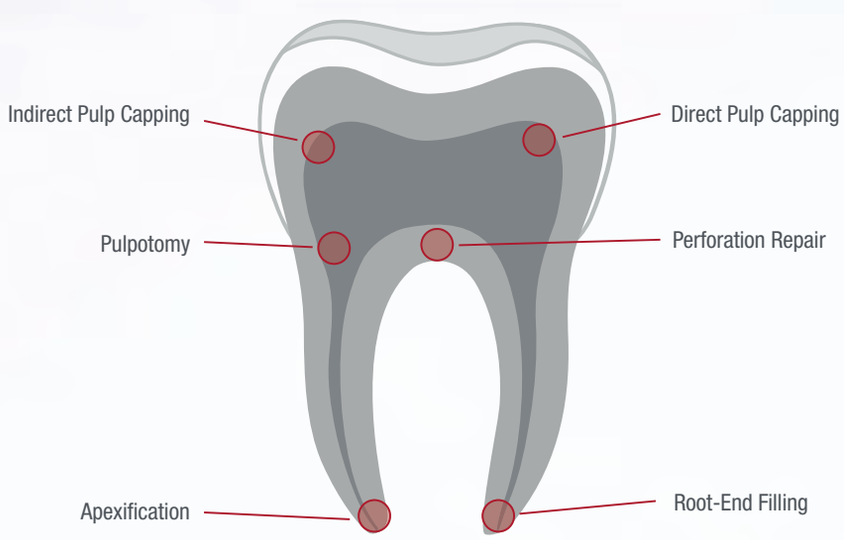


Carrying the torch

Now entering its third decade, the British Academy of Cosmetic Dentistry (BACD) is delighted to start a new era with incoming president Carol Somerville Roberts

British Academy of Cosmetic Dentistry

CAROL SOMERVILLE ROBERTS
PRESIDENT, BRITISH ACADEMY OF COSMETIC DENTISTRY (BACD)

It is an absolute honour to be selected as the president for the BACD and I look forward to carrying the torch that Dr Sam Jethwa so brilliantly kept alight.

I have been on the BACD Board since 2019, balancing my roles with being the clinical director of Evolve Dentistry in Portishead, Bristol. In the years since, the industry has adapted to a pandemic, artificial intelligence and the growing power of social media – big changes that demand further support to keep us ahead of the curve. The BACD is a source of this support and is open-armed to new members. It is a place for real professional growth and education with members who do not need to be considered cosmetic dentists to benefit from what we do – it is about doing the right dentistry properly.

As such, I hope that I can continue to grow our community, with a strong focus on in-person events to truly cultivate long-lasting connections. Simultaneously, this summer saw a very successful webinar series, highlighting the value of virtual education. Maintaining this balance between physical and digital events will be a major focus for the BACD.

A flexible approach

I'm no national speaker – as president what I instead want to bring is stability to how we work as an academy. This will be putting in place policies and processes that ensure a robust base from which we can pivot and turn to; a flexible approach that listens to how our members want their education delivered and the areas we can improve on, and then acts on them efficiently and effectively.

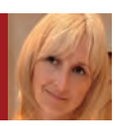
Moreover, I like to think that my role emphasises how it is possible to run a successful practice, deliver the best dentistry, take on leadership roles and balance a fulfilling personal life. With the right support, such as a mentor, we can each flourish in all aspects of our lives, and this is something the BACD can help with.

Our mission as an academy is to provide cosmetic dentistry in an ethical way, where each patient is offered treatment options that account for more than just their aesthetic value. For those beginning their journey in cosmetic dentistry, what the BACD is ultimately about is precise treatment planning and giving patients what they want with a degree of predictability and longevity. Right now, dentistry is being incorporated into the overall body in terms of systemic health. We recognise that this is where the industry is heading, placing us at the cutting-edge of dentistry. For those interested in knowing what is coming around the corner, the BACD awaits. D

Mouth cancer awareness: conversations that save lives

With Mouth Cancer Action Month getting underway this November, Rhiannon Jones reflects on how dental professionals can build confidence in raising difficult but vital conversations with patients

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



As dental professionals, we hold a unique position of trust. Patients rely on us for their oral health and as a frontline defence against conditions that can change lives. Mouth cancer is one such condition, with cases rising every year.

The focus of Mouth Cancer Action Month, organised by the Mouth Cancer Foundation, is a powerful reminder that our responsibility to talk about risk and to check for early signs must extend far beyond November.

Starting the conversation

A full extra- and intra-oral examination should be a standard part of every check. What matters as much as carrying out this screening is telling the patient what we are doing and why. I often begin by asking for permission: 'Would it be okay if I feel around your face and neck to check for any lumps or changes?' This makes the process collaborative and helps patients understand.

Some colleagues worry about alarming patients, yet silence is more damaging. If patients are unaware we are screening for mouth cancer, they may underestimate its importance or miss opportunities to self-check at home.

Giving them a mirror shows what we are looking for and how they can do this themselves. Patients already check other parts of their body and should be encouraged to do the same with their mouth.

Explaining the importance

Patients value context. I often remind them that we checked six or 12 months ago and found nothing, but things can change. Detecting a lesion earlier can mean less invasive treatment and better outcomes. That message helps patients see why we never skip this part of the examination.

It is also important to explain what to look out for. Ulcers that last more than three weeks, red or white patches, unexplained lumps or swellings, changes in swallowing, or changes in the voice should never be ignored. Encouraging patients to be alert to these signs and to seek advice promptly is essential.

Addressing risk factors

Some topics feel harder to raise but cannot be ignored. HPV is now one of the leading causes of mouth cancer, particularly among people who were never vaccinated. A pragmatic and factual approach works best. Patients deserve to understand why this virus matters and why regular checks are critical, but there is no need to go into uncomfortable detail. If concerns arise, more in-depth questions will be explored by the specialist once a referral is made.

Smoking and alcohol intake are also central to the conversation. The medical history form provides an opening. Patients have already shared information, so a respectful follow-up is natural: 'I see you have noted that you smoke. Can I ask you a bit more about that?'

If alcohol intake is above recommended limits, we can ask if the patient was aware and whether drinking is occasional or regular. These questions are not intrusive; they are part of our responsibility.

Professional support is available as well. The Make Every Contact Count initiative (MECC) offers practical guidance and training for healthcare professionals on addressing health-harming behaviours.

Moving towards change

Facts alone rarely motivate change. Brief motivational interviewing can be effective. For example, asking: 'On a scale of one to 10, how important is it to you to reduce your risk of cancer?' encourages reflection and can reveal surprising insights.

Small, achievable steps are essential. Attempting to change every behaviour at once can be overwhelming. Instead, focus on the most harmful factor, such as smoking, and explore whether the patient has tried to quit before. Having referral pathways such as stop smoking services or pharmacy support ensures the patient is never left without help.

A shared responsibility

During Mouth Cancer Action Month, practices have an opportunity to amplify awareness through posters, social media and patient conversations. These efforts are valuable, but the same vigilance must continue throughout the year, every time a patient sits in the chair.

It is also important that colleagues support each other. Staff meetings are a chance to discuss examination techniques, share confidence boosters, and ensure that no aspect of screening is overlooked. Sharing tips and reinforcing best practice helps every member of the team feel capable of having these essential discussions.

By embedding these conversations into everyday care, we ensure patients are protected year-round. November may focus our attention, but every appointment is an opportunity to save a life. D

Further information on Mouth Cancer Action Month is available at **www.mouthcancerfoundation.org/mouth-cancer-action-month**. The BSDHT also aims to dedicate an episode of the soon-to-launch Dental Health Matters podcast series to raise further awareness. Details will be available at **www.bsdht.org.uk/podcast**.

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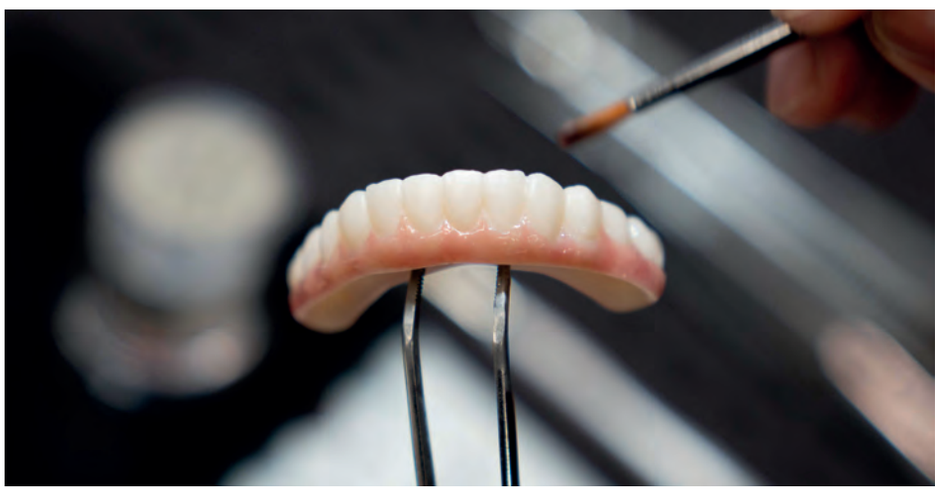
Building smarter labs

David Caulfield shares how he balances artistry, technology and precision while meeting the growing demands of large-scale production

David Caulfield
Associate director, Teethforeverlab



***Dentistry* magazine (DM): Please introduce yourself**
David Caulfield (DC): After more than 20 years in the dental industry, I've seen firsthand how much the landscape has changed – and how rapidly labs have had to adapt. As the associate director of a large-scale dental laboratory, I've learned that success today depends on far more than technical skill. It's about building the right team, investing in smart technology, and staying focused on quality while handling increasing production demands.

Outside the lab, I'm a proud husband and father of two young children, and when I'm not working, you'll likely find me enjoying time with my family or indulging my lifelong passion for cars at motor shows like Goodwood Festival of Speed. But inside the lab, I'm constantly looking for ways to push forward – finding that balance between innovation, efficiency and the human touch that makes all the difference in dental restorations.

DM: How do you balance high-volume production with the need for personalised, high-quality restorations?
DC: It all comes down to smart workflow design, the right technology, and a deep commitment to patient outcomes. We've invested in digital workflows – such as CAD/CAM design with Zirkonzahn.Modellier, and five-axis milling machines (M1 line, M2 Dual Wet Heavy Metal and M6 Teleskoper Blank Changer) along with cutting edge multicolour polyjet 3D printing (Stratasys' J5 Dentajet) – which allow us to maintain consistency and precision at scale. But technology is only part of the solution. Each case is still treated individually, with custom design and technician oversight to ensure every restoration is functionally precise and aesthetically natural. We also segment our production processes so that technicians with advanced skills focus on the finishing and characterisation stages where artistry truly matters. This hybrid model lets us deliver both efficiency and individualised results without compromise.

DM: What trends in patient or clinician demands are influencing your investment decisions?
DC: The clinics we cater for mainly focus on full arch all-on-X restorations. This has focused our investments in this area, as we believe in giving only the best solutions to our patients, using what we consider the best product on the market: Prettau® zirconia.

DM: How have you evolved in terms of production volume and complexity, and how has this shaped the way you choose new technology?
DC: Our lab has grown significantly in both production volume and case complexity over the years. We started as a smaller operation focused on all-on-X restorations but in an analogue way. This growth has pushed us to be very strategic in how we evaluate and adopt new technology. We're no longer just looking for speed – we need solutions that improve precision, workflow integration, and repeatability across diverse cases. Every investment we make now has to support scalability without sacrificing quality. That means we rigorously test new systems – from photogrammetry to 3D printing to milling units – to ensure they meet both clinical and aesthetic demands. Ultimately, our growth has taught us to choose technology, not just for what it can do today, but how well it can adapt and evolve with us.

DM: How has the M6 Teleskoper Blank Changer and multiple milling units changed your workflow and turnaround times?
DC: The introduction of the M6 Teleskoper Blank Changer and multiple milling units has been a game-changer for our workflow and turnaround times. With the M6, we can automate the milling of multiple cases without constant technician intervention, which means we're running production efficiently even overnight. This level of automation has dramatically increased our throughput and consistency, especially for full-arch and complex restorations.

DM: How is the advancement of new dental materials impacting your lab's workflows, and outcomes?
DC: The advancement of new dental materials has had a major impact on our lab's workflows, as well as outcomes for both patients and technicians. Materials like high-translucency zirconia, zirconia discs with colour transition, and improved PMMA have allowed us to deliver more aesthetic, durable and lifelike restorations with less manual characterisation. From a workflow perspective, the fact of choosing digital systems and materials from the same manufacturer ensures seamless integration, reducing the need for remakes and adjustments. For our technicians, it means less time spent compensating for material limitations and more time focusing on the artistry and fine details. For patients, it translates into stronger, more natural-looking restorations with faster turnaround and long-term reliability. Overall, these innovations are pushing us toward more efficient, predictable and high-quality outcomes across the board

DM: How important are education and technical support in running a large dental lab?
DC: Education and technical support are absolutely critical to running a large dental lab effectively. As technology and materials evolve rapidly, ongoing education ensures our team stays ahead of the curve – whether it's mastering new CAD/CAM systems, understanding updated material protocols, or refining design and finishing techniques. It's not just about staying current; it's about maintaining consistency, quality, and confidence across every department. Technical support, both internal and from our suppliers, is equally vital. When issues arise or new systems are implemented, responsive support helps minimise downtime and keep production flowing smoothly. In a high-volume lab, even small delays can impact dozens of cases, so having strong educational resources and a reliable support network is key to long-term success and growth. D

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Zirkonzahn's wide range of restorative materials includes two resins for milling anti-snoring devices:

- Temp Premium Flexible Transpa is a transparent resin with improved material properties specific for the manufacture of bite splints. It is characterised by special flexibility and is available in several heights ranging from 12 to 25mm and with diameters of 95, 98 (with step) and 125mm.
- Therapon Transpa is a highly transparent resin for bite splints, orthodontic splints and occlusal splints for bruxism and is suitable for long-term use in the patient's mouth. The material is particularly biocompatible and stable in the mouth. It can be processed and polished easily, it shows low abrasion and is particularly deformation resistant. The high transparency of the resin results in an unobtrusive aesthetic and it is particularly comfortable for patients due to its simple usage and easy cleaning. Blanks are available in diameters of 95, 98 (with step), 106 and 125mm, and in heights ranging from 12 to 40mm, depending on the blank size.

Zirkonzahn®
Human Zirconium Technology

Blanks with a diameter of 125mm allow the production of up to four splints in a single milling process and can be processed in Zirkonzahn's milling units equipped with the extra-large Teleskoper Orbit or Teleskoper Orbit Selflock. These resin materials are seamlessly integrated into Zirkonzahn's workflow, where the starting point is no longer a conventional dental impression but rather the digital acquisition of the patient's situation via intraoral scanner, Face Hunter 3D facial scanner and the Planesystem method (MDT Udo Plaster, Germany). The design process is then carried out digitally using the dedicated functions of the Zirkonzahn. Modifier software.

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Elevating dental diagnostics

Parkell

Accurate pulp vitality testing is vital in dentistry, guiding treatment choices and preserving natural teeth. For Dr Simona Giani, a leading dentist from Varese, Italy, precision and reliability define every diagnosis and that's exactly what Digitest 3 delivers. With over two decades of clinical and academic experience, Dr Giani has witnessed firsthand the advancement of dental diagnostic technologies. Conventional methods like cold or cryotests, she notes, can be inconsistent and subjective.

'An electric pulp vitality tester like Digitest 3 provides reliable, repeatable, and precise results, giving clinicians greater diagnostic certainty,' she says.

Further, Dr Giani explains: 'It's rapid, accurate, and non-invasive, allowing me to measure and monitor tooth vitality over time.' This capability helps determine whether a tooth can be preserved or needs intervention, especially in deep carious or post-restoration cases.

Moreover, Digitest 3 also enhances patient communication. By presenting diagnostic results as measurable values, it builds trust and understanding. 'Seeing results in numbers has a psychological impact,' Dr Giani adds. Experience the same precision and reliability in your practice. For dentists seeking accuracy, consistency, and certainty. Digitest 3 sets a new standard in pulp vitality testing, delivering scientific precision and clinical assurance.

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Industry innovations

A personalised course experience

IAS Academy

Dr Tuuli Juurmaa, dentist at the iDent Dental Clinic in Tallinn, Estonia, spoke about her experience with the Occlusion: Basics and Beyond (OBAB) course with IAS Academy tutors Jaz Gulati and Mahmoud Ibrahim.

She said: 'I have been following Jaz for years now, and I knew what to expect when it comes to learning with him. I hadn't taken an occlusion course before and I wanted to be sure that, when attending one, it would offer tangible skills that I can implement in the practice.

'Since the group wasn't very big, we could all get that personalised course experience.

'Jaz and Mahmoud are born to be teachers, because their energy is contagious and they know how to talk in a motivational manner. No matter the topic, it was fun learning.

'The information was relevant as I could put it into practice the next day. I like doing aligner treatments and restoring teeth after ortho. Understanding how to protect my restorations was an important part of the course for me.'

www.iasortho.com
01932 336470

ADI Members' National Forum

ADI

Have you got a case study that you are particularly proud of? Or a research project that has revealed something surprising? The ADI Members' National Forum is the perfect place to share such findings.

The biennial event returns on Saturday 22 November and will be held at the Royal College of Physicians, London. Gathering ADI members from all over the country, it provides an unmissable platform to share expertise with fellow dental professionals, as members deliver 20-minute presentations on the topics that are shaping the implant field.

Alongside the rich spread of educational talks, members can also expect a trade exhibition of the latest products and technologies in the implant market, the Annual General Meeting in which the next president will be announced, complimentary refreshments, and a drinks reception for some relaxed networking opportunities.

www.adi.org.uk

Dentalcad 3.3 Chemnitz launched

Exocad

Exocad today announced the public release of Dentalcad 3.3 Chemnitz. This latest version delivers a substantially upgraded implant module, a new split denture design workflow, and provides access to a new AI-enabled multi-unit design.

The release supports AI-enabled design for multiple units, allowing users to save time and clicks on up to three adjacent posterior crowns and posterior bridges with up to three elements. The reworked Implant Module now offers customizable automatic abutment proposals and vastly improved editing tools.

The new split denture workflow allows users to design both a bar and its suprastructure in one swift workflow. The software splits the design into two precisely fitting components,

Further highlights of Dentalcad 3.3 Chemnitz include:

- Symmetric tooth shape editing for aesthetic design: create symmetrical smiles efficiently
- Speed up bite splint design thanks to AI automation
- Accelerate workflows for bridges and large tooth setups with instant anatomic morphing, now in chain mode
- Find features faster with the new typeahead search bar
- Inclusion of Inspira tooth libraries for aesthetic restoration design.

exocad.com/our-products/dentalcad-chemnitz

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Adverse events should be reported. Reporting forms and information can be found at **www.yellowcard.mhra.gov.uk.** Adverse events should also be reported to Colgate-Palmolive (U.K.) by calling **00-800-321-321-32.**

Duraphat® fluoride varnish

*For caries control. †Colgate® Duraphat® Fluoride varnish for patients 3 years of age and over. **References: 1.** Seppä L. Caries Res 1984; 18 278-281. **2.** https://www.childsmile.nhs.scot/parents-carers/fluoride-varnishing/ **3.** Delivering better oral health - an evidence-based toolkit for prevention, Office for Health Improvement and Disparities' 2021. **4.** Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews 2013. **5.** The use of fluoride varnish by dental nurses to control caries. NHS. Primary Care Commissioning. 2009. **6.** https://www.england.nhs.uk/long-read/supply-and-administration-of-medicines-by-dental-hygienists-and-dental-therapists/ **7.** https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/avoidance-doubt-v4-1.pdf.

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

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