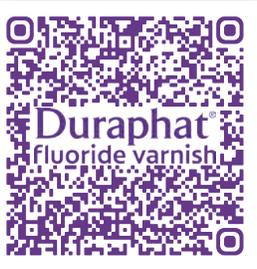


Dentistry

March 2026

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Dentistry

‘Find things you’re passionate about and share them with the world’

Hollywood’s favourite dentist Jon Marashi on page 26.



Trainee dental nurses to begin formal training one year sooner

Trainee dental nurses will now be required to begin a recognised training programme within one year of starting work under General Dental Council (GDC) regulations.

This has been reduced from the previous deadline of two years to limit the time during which trainees are working without a formal qualification. The GDC said the change is motivated by ‘supporting professional development and enhancing patient safety’.

Ross Scales, GDC’s head of upstream regulation, said: ‘Our new requirements mean all trainee dental nurses will access structured, GDC quality-assured programmes within months rather than years, ensuring they develop the professional skills and knowledge needed to provide safe care earlier in their careers.’

‘It also reminded trainees and employers that “dental nurse” is a legally protected term for GDC registrants’

‘By reducing the time trainees spend working with patients without formal training, we’re supporting higher standards within the profession.’

When will it take effect?

The new regulation will come into force from 1 June 2026. Trainee dental nurses who are already working by this date will be required to start formal training by 1 June 2027 or when they reach the two-year mark – whichever is sooner.

Those beginning work between 1 June 2025 and 31 May 2026 must start training by 1 June 2027 even if their original two-year deadline would have been later.

Current requirements for dental nurses to achieve their qualification within 12 months of its intended duration will no longer apply. The GDC said this was now ‘a matter for awarding bodies to determine’.

The regulator encouraged trainees to enrol on a programme as soon as possible after starting work to ensure it starts before the deadline. It also reminded trainees and employers that ‘dental nurse’ is a legally protected term for GDC registrants.



Chief dental officer for England Jason Wong on NHS dental contract changes. p11

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Vol 33 No 3, March 2026
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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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All subscription enquiries: 01923 851777, subscriptions@fmc.co.uk
UK dentists £115 pa. Others £350 pa.
Printed by: Precision Colour Printing Ltd
ISSN: 1470-9368

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57260
(Jan-Dec 2024)

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Looking inward, looking outward



Guy Hiscott
Editor's view

If you've picked up this issue and felt something looking a little different, you'd be right. *Dentistry* has had a glow up!

I sincerely hope you like it – and that you agree with me that it feels like a better expression of

what this magazine is at its heart. Because late last year, we started asking ourselves some big questions. What is *Dentistry* magazine really for?

Is it a place to stay up to date on what's happening beyond the surgery door? A place to understand the latest innovations and clinical developments? A place to sit back and immerse yourself in stories and perspectives from across the profession?

The answer, of course, is all of these things.

For 30 years, *Dentistry* has worn its newspaper-inspired design with pride. That design had its roots in a time when our fortnightly editions were the first and best place for breaking news and professional debate. Today, that role has evolved. News now moves instantly via Dentistry.co.uk, our newsletters and social feeds. By the time a magazine lands on your desk, the headlines have often already unfolded.

So we wanted to lean in to a different aspect of *Dentistry*. To create a place to pause, sit back and properly engage with the people and ideas shaping the profession.

Given some of the exciting projects ahead of us this year, it felt like the right moment to make that change. One of those projects I'm particularly excited about is the launch of our new Stateside Sessions series.

Over the coming months, we'll be meeting some of the biggest names in US dentistry to find out what makes them tick, and uncover

the lessons they might have for a UK audience. First up is Jon Marashi: perhaps best known as a dentist to the stars, but far more interesting than that label suggests.

I had the opportunity to spend time with Jon earlier this year when he visited the UK. I'll admit I arrived with assumptions – namely that US cosmetic dentistry often carries its own mythology of high gloss, high profile, Hollywood smiles at any cost.

What I found instead was a warm, thoughtful clinician with a clear ethical compass. When he told me that placing veneers in a mouth ravaged by poor oral health was like 'painting the front porch while the house is burning down', I realised that quality dentistry speaks the same language across the world – even if we have different accents.

There are many more conversations to come in this series, and I'd encourage you not only to read the articles but to go online and watch the accompanying videos. Seeing how these individuals think and speak adds another layer to the story.

If we are serious about broadening our perspective as a profession, we need to look outward as well as inward.

This issue also turns its attention to a conversation closer to home.

As we mark International Women's Day, we continue our Celebrating Women in Dentistry series – shining a light on a profession that, by workforce numbers, is increasingly female. And yet, despite what the workforce stats might say, there's still a dearth of proper representation at senior levels in dentistry, and too many glass ceilings still in place.

Dentistry's demographics have changed, but power structures have not shifted at the same pace. This is something we all have a responsibility to address: after all, glass ceilings rarely shatter on their own.

I'm pleased that within these pages you'll hear from voices far more experienced and insightful than mine on what practical progress looks like – not just celebration, but structural reform.

Redesigning a magazine is the easy part. Redesigning a profession is harder.

But if this new look makes discussing the second part more inviting, then it's done its job. As ever, we welcome your thoughts.

'Quality dentistry speaks the same language across the world – even if we have different accents'

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Experts slam dentistry ‘double standard’ as GPs receive funding uplift

The government has announced a £485 million budget uplift for GPs, leading experts to question why funding for dentistry has remained static for so long.

The British Dental Association (BDA) said that NHS dentistry has operated with a flat budget for a generation, with government contributions in 2023/24 lower than in 2010/11.

Meanwhile, the £485 million pledged to underpin a new deal for GPs represents a real-terms increase in funding for the second year in a row. The BDA welcomed support for GPs but emphasised that the government’s reforms to dentistry would need to be backed by significant investment.

It said: ‘Government’s stated commitment to “fix the front door of the NHS” and shift the focus

of the NHS from “hospital to community” will be fatally undermined if it fails to be ambitious across primary care.’

The association said that ‘chronic underfunding and a singular focus on urgent care’ would leave NHS dentistry an emergency service instead of a comprehensive dental care system.

Shiv Pabary, chair of the BDA General Dental Practice Committee, said: ‘The government says it’s fixing the NHS’s front door, but a generation of savage cuts has left one part of it hanging off its hinges.’

‘Applying double standards to dentistry means promised reforms may well fail. Without needed investment we will continue to see practices struggling to remain viable, and millions unable to access the care they need.’

In addition to the £485 million of additional funding,

‘NHS dentistry has operated with a flat budget for a generation’

GPs are set to receive a further £300 million redirected from public care networks to fund recruitment at practice level.

New dental training centre opens to urgent care patients in Plymouth

A new Dental Education Practice in Plymouth opened its doors on 9 February, providing training to dental students and urgent care for patients in need.

Led by the University of Plymouth, the new clinic allows trainee dentists and dental therapists to provide care to patients without an NHS dentist who are suffering with pain, trauma or infection. The university said this has increased local dental access, providing up to 12,000 additional NHS dental appointments per year.

Professor Ewen McColl, head of the Peninsula Dental School at the University of Plymouth, said: ‘Our state-of-the-art Dental Education Practice is the result of many years’ hard work and a long-held aspiration to provide significantly more urgent dental care and oral healthcare in the heart of our home city.’

‘Our new world-class practice allows specialist and qualified dentists to work with undergraduate and postgraduate students; together they will provide outstanding patient care in an accessible high street setting. And, by working with some of the patients who are in most need of treatment, all of them will broaden their

experience across a wide range of clinical disciplines, such as oral surgery and emergency dental care.’

‘A tangible difference’

The £5 million development of the clinic began just over a year ago. It was prompted by calls from MPs in Plymouth to increase the number of dental training places in the city.

Jason Wong, chief dental officer for England, said: ‘This is a really positive step for Plymouth. The practice will make a tangible difference for patients who need care quickly, while giving students are trainees the real-world experience they need to become confident, skilled dental professionals. It supports the government’s neighbourhood health ambitions by bringing care closer to communities and helping build a stronger dental workforce for the future.’

Orthodontist ‘dipping’ to raise money for motor neurone disease

An Exeter orthodontist who was forced to retire after being diagnosed with motor neurone disease (MND) has launched a series of fundraising swims to support others living with the condition.

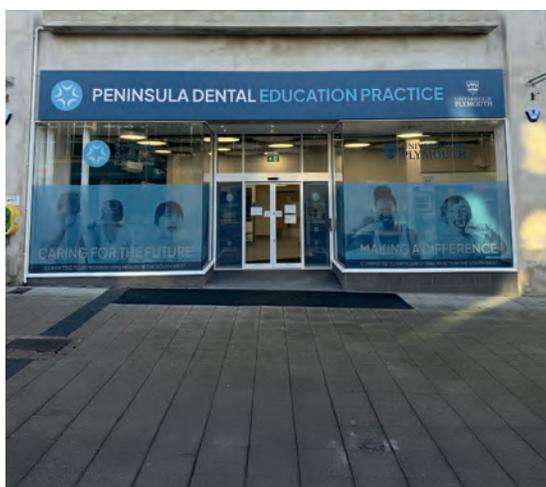
Jon ‘Joff’ Machell, who qualified as a dentist in 1992, had worked as a specialist orthodontist in Exeter for more than two decades. In March 2025, he began to notice unexplained changes to his speech and coordination. ‘I was starting to find it difficult to speak clearly and a few friends commented that my speech sounded slurred,’ he said. ‘I was also finding that I was making lots of typos when using the computer keyboard.’

He was diagnosed in October 2025 with MND, a progressive neurological illness for which there is currently no cure. The diagnosis meant he had to step away from the profession he had practised for 25 years. Determined to respond positively, Jon decided to raise funds for the MND Association, which supports people affected by the disease.

He is planning open-water dips and swims at scenic locations with the support of family and friends. The events are intended both to raise awareness and to encourage donations towards support services and scientific research. Since launching his appeal last December, he has raised more than £45,000. The funds will help provide assistance to people living with MND, as well as their families and carers.

‘There is a powerful saying in the MND fundraising community,’ Jon says. ‘Until there is a cure, there will be no finish line.’

For more details and to donate, visit Jon’s Justgiving page at bit.ly/4sed12U.



Riding high: charity bike ride to head to new heights

Cyclists are preparing to tackle a 500-mile international route this September to raise funds for dental outreach work supporting vulnerable communities in the UK.

The charity bike ride, organised by Straumann Group, will begin in Basel and pass through parts of Switzerland, France and Germany. The circular route includes stretches through

Vosges National Park, the vineyards of Alsace wine region and Germany's Black Forest.

Participants will be able to choose between two routes, each covering more than 100 kilometres a day. More experienced riders can opt to tackle mountain climbs that feature in the Tour de France, including the Grand and Petit Ballon.

Funds raised will support

Dentaïd The Dental Charity, which runs mobile clinics and outreach services for people experiencing homelessness, poverty, abuse and other barriers to accessing dental care. Previous rides in Spain and Portugal helped finance mobile dental units now used by the charity across the UK.

Andy Evans, CEO of Dentaïd The Dental Charity,

said 'This event means so much to us as it enables Dentaïd to support other charities where their clients struggle to access dentistry. We are seeing an increased demand from projects who look after vulnerable communities, partially from woman's refuges, and with the support of the Straumann Bike Ride we will be able to help more projects like these.'

Riders, who include Straumann customers and staff, are expected to raise a minimum sponsorship target (£1,500), with organisers emphasising the community element of the multi-day challenge as well as its fundraising goal.

Every donation, big or small, will make a difference. To donate, visit justgiving.com/team/straumannbikeride2026.

Cost of NHS tooth extractions up by five million pounds

Decay-related tooth extractions cost the NHS £51.2 million in the 2024/5 financial year, up from £45.8 million the previous year, according to new statistics.

The Office for Health Improvement and Disparities (OHID) has released statistics surrounding childhood hospital tooth extractions for the past financial year. These suggest that NHS spending on tooth extractions in this period reached £87.7 million, with decay-related extractions accounting for almost 60% of the total.

The data shows the number of young people aged zero to 19 undergoing decay-related extractions had risen by 11% to almost 34,000. The total number of extractions in this age group had also risen by 14% to more than 56,000, with non-decay-related extractions due to factors such as positional anomalies up by 20%.

Tooth decay accounted for six in 10 of the childhood

extractions – the highest proportion of these cases were in the five to nine age bracket.

The number of tooth extractions has been rising steadily since 2022, following a sharp drop off due to the COVID-19 pandemic.

Rates of childhood extractions varied dramatically across different regions of the UK. While the UK average stood at 251 extractions per 100,000 children, Yorkshire and the Humber had more than twice this frequency at 504 per 100,000. The east Midlands saw the lowest rates, with 73 childhood extractions per 100,000.

Children in more deprived areas had more than three times higher rates of tooth extractions compared to those in the least deprived regions.

Tooth decay remains the leading reason for childhood hospitalisation.

View from across the profession

British Dental Association chair Eddie Crouch said: 'These horrific statistics are a badge of dishonour for governments past and present. Tooth decay can't go unchallenged as the number one reason for child hospital admissions.'

'Targeted preventive programmes are now in place, but there's still little sign government is willing to rebuild access to care. Dentists can't nip these problems in the bud if we don't get to see them.'

Jo Cooper, general manager for the UK and Ireland at Haleon, said the figures represented 'a worrying reminder that too many are still experiencing preventable oral health problems'. She said: 'Prevention must be prioritised, with stronger action to help families build good oral health habits from an early age.'

Charlotte Eckhardt, dean of the Faculty of Dental Surgery at the Royal College of Surgeons of England, expressed concern at the scale of the geographic disparities.

She said: 'No child should be hospitalised for a disease that is almost entirely preventable. Tooth decay is causing unnecessary pain, missed school days and avoidable hospital admissions at a rate in 2025 than the year before. This direction of travel must be reversed.'

'Evaluation of the supervised toothbrushing scheme is a welcome step. It will give us a clearer picture of what works and where further improvements are needed.'

'If the government is to meet its goal of transforming the NHS dental system by 2035, it must ensure every child can see a dentist when they need to. A postcode must never dictate a child's health.'

However, the British Society of Paediatric Dentistry (BSPD) said the statistics were an 'incomplete data set'. BSPD president Oosh Devalia said: 'Care must be taken not to read too much into variations in the hospital episode statistics just released, since this information is not a complete data set. For example, activity within community-based services is significant and often not included.'

'BSPD urges policymakers to keep a steady focus on the priorities that we know will help turn around children's oral health – such as supervised toothbrushing, community water fluoridation and early access to dental teams.'

'We also need to cut under 16s' sugar consumption – and, importantly, push for every child to have a "dental home", with access to a dental check by their first birthday. Together these interventions will get to work on bringing the hospital episode numbers down for children.'



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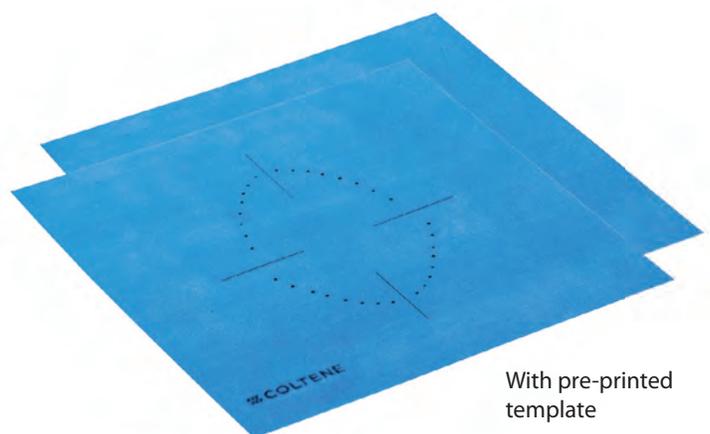
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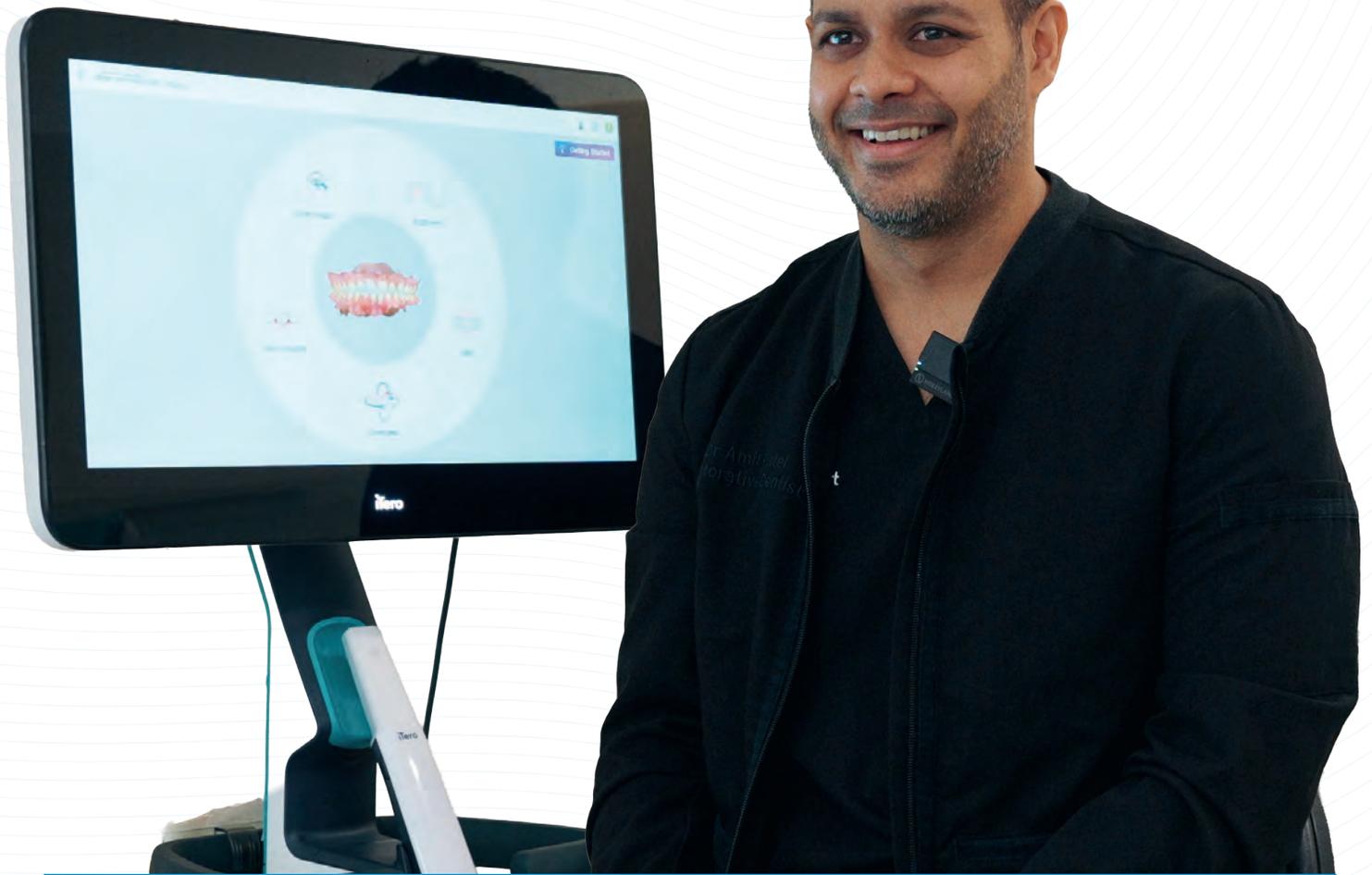
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Pledged 700,000 extra appointments expanded to non-urgent cases

The 700,000 additional dental appointments promised by the government will now apply to a broader scope of cases, following criticism of the limited amount considered 'urgent'.

In February 2025, the government announced that 700,000 additional urgent dental appointments would be rolled out across England. However, chief dental officer (CDO) for England Jason Wong said the scope of these appointments was too narrow, limiting cases to the clinical definition of 'urgent'.

Many patients with serious oral health problems such as severe tooth decay would not have been eligible for an urgent appointment. Following this criticism, the government is now broadening the scope of the target to include all dental appointments.

Minister for health Stephen Kinnock said: 'Nobody should be pushed to such a state of desperation that they're forced to pull their own teeth out, but there are far too many cases of this happening and it's totally unacceptable.'

'The idea that a patient in this terrible position may not qualify for an "urgent" appointment is clearly nonsensical, so we're acting to rectify this absurd situation.'

'Thanks to the changes we're making millions more appointments will be delivered this year, with children and those in the greatest need benefiting most. After more than a decade of decline, we're putting NHS dentistry on the road to recovery.'

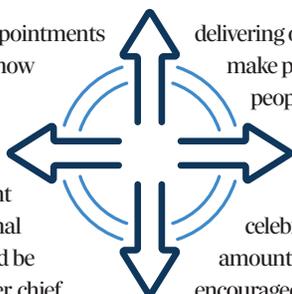
Widening access

Newly-released data suggests that the NHS delivered an extra 1.8 million courses of dental treatment in the first seven months of 2025/26 compared to the year leading up to the general election.

The government said that the new wider scope alongside reform of the NHS dental contract would lead to millions more appointments being delivered.

Jason Wong said: 'Widening access to include other oral healthcare beyond urgent care means more patients will be seen quickly and get the care they need before problems escalate.'

'By working closely with government and the dental sector to bring in these changes, we are



delivering on the manifesto commitment to make prevention a priority and helping people maintain good oral health.'

Reaction from the profession

Dental profession representatives celebrated the success in increasing the amount of dental treatment delivered, but encouraged further action to improve access.

Shiv Pabary, chair of the British Dental Association's General Dental Practice Committee, said: 'This uptick in activity is progress, and reflects the commitment of thousands of dentists who have continued to deliver NHS care against all odds.'

'But millions are still going without care. After years of savage cuts, ending this crisis will hinge on promised reform being backed by sustainable funding.'

'The government must build on this progress with urgency and ambition. To give NHS dentistry a future, we need a response proportionate to the challenges we face.'

Association of Dental Groups executive chair Neil Carmichael also commended to move to broaden the appointments' scope. He said: 'The progress made in the delivery of dental appointments is fantastic to hear.'

'The Association of Dental Groups has been aware since the announcement of the 700,000 urgent appointments that some patients have been struggling to understand what was meant by the definition of "urgent treatment", so these efforts to provide clarification will be welcomed by our members.'

'We need to come together now as a profession to support this intervention to succeed, and the ADG recommends that integrated care boards should act quickly now to implement these changes in their local areas, so patients benefit.'

'We must also address the issue that we will not meet patients' needs until we increase the dental workforce. Currently, the gap in our dental teams is massive.'

Dr Oosh Devalia, president of the British Society of Paediatric Dentistry (BSPD), agreed that the progress was 'just the first step'. She said: 'BSPD welcomes the fact that more children and young people are now able to see a dentist when they have an urgent dental need.'

'However, this is just the first step in rebuilding

Child tooth decay in Wales falls but stark inequalities persist

Just over quarter (27%) of children in Wales were found to have experienced tooth decay in a new survey, which had fallen from 32.4% the previous year.

The NHS Wales Dental Epidemiology Programme survey examined the teeth of 8,526 children across Wales in the 2024/5 academic year. It found that in an average class of 30 children, eight were likely to have experienced tooth decay. This had decreased from 14 in 30 in 2007/8, showing a long-term downward trend in levels of childhood decay. However, the survey found that in children who do have decay, multiple teeth were likely to be affected – an average of 3.51.

Parents and carers reported that one quarter of children who had experienced decay had suffered with dental pain within the past year.

Overall, 17.7% of parents reported that their child's oral health had negatively impacted their quality of life. This rose to 39% among children with tooth decay.

The survey also noted that significant inequalities were apparent linked to socioeconomic background. Children living in deprived areas were more likely to experience tooth decay and have more teeth affected than those in the least deprived areas.

Paul Brockdehurst, consultant in dental public health at Public Health Wales, said: 'It is very encouraging to see continued reductions in both the number of children affected by tooth decay and the overall severity of disease. This represents a significant public health achievement. However, it is clear that too many children, particularly those living in more deprived areas, are still experiencing preventable dental disease.'

dental services. We must now expand routine access and double down on preventive efforts to reduce the number of children experiencing dental decay in the first place.'

She concluded: 'We need to push harder to ensure that every child has the oral healthcare they deserve.'

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NHS dental contract reforms: what the changes mean

Chief dental officer for England **Jason Wong** shares insight on incoming changes to the NHS dental contract and what practices can expect from them

Jason Wong

Chief dental officer for England

This April sees the roll-out of a series of important reforms to the NHS dental contract.

These reforms mark a significant step forward for NHS dentistry and are designed to provide better support for practices and deliver improved care and outcomes for patients.

Dentists and dental teams have continued to deliver care in challenging circumstances with rising demand, long waits for appointments for patients and growing complexity of needs. Those pressures made clear that change was needed to reform modern practice and support teams to deliver NHS care effectively.

Building on previous reforms

The package builds upon the initial reforms from 2022, taking those principles even further.

The 2022 reforms helped us turn a corner thanks in

In 2024/5, there were **35 million** courses of treatment delivered, 4% more than in 2023/24

part to the integrated care boards' efforts to improve access, but we recognise that there is more work to be done.

Latest figures show, in 2024/5, there were 35 million courses of treatment delivered, 4% more than in 2023/24.

Treatment for adult patients increased by 2% to **23 million** in 2024/5

Treatment for adult patients increased by 2% to 23 million, and by 7% for child patients to 12 million.

There were 24,543 dentists in England with NHS activity, 1.4% more than in 2023/24.

Shaped also by what you told us over the summer, feedback from the profession and patients was clear about where the contract wasn't working as intended and where reform could make a real difference. That input has been central to the changes.

The reforms introduce new complex care pathways for adults with higher needs, with higher fees to support longer-term treatment for conditions such as advanced decay and periodontal disease.

These pathways are

designed to support better outcomes for patients and to give greater weight to your clinical judgement over the course of treatment.

Remuneration matters

We know remuneration matters. The changes aim to better align payment with the care you provide, which includes additional payments for denture work, funded annual appraisals for clinicians and greater use of tariff-based payments to improve consistency and fairness across England.

The reforms also support better use of the full dental team. New claiming options will allow suitably trained dental nurses to apply fluoride varnish without the need for a full dental examination, and fissure sealants for primary prevention will be better recognised.

Treatment for child patients increased by 7% to **12 million** in 2024/5

Alongside wider work on water fluoridation, this reflects a stronger focus on prevention and improving children's oral health.

A new quality improvement scheme will offer funded support for practices

'The changes aim to better align payment with the care you provide'



that choose to take part, embedding audit, peer review and learning within NHS dentistry. Detailed clinical guidance will follow, and practices will be kept regularly updated ahead of implementation.

Practice teams and commissioners will be regularly updated as the implementation date approaches, and new clinical guidance to support the complex care pathways as well as details of the new quality improvement

In 2024/5, there were **24,543** dentists in England with NHS activity

domain will be published in early 2026.

These reforms are an important and positive step towards a more sustainable NHS dental system, supporting both patients and the profession.

Professor Grant McIntyre
Dean, Royal College of Surgeons
of Edinburgh's Faculty of Dental
Surgery

There has been a worrying rise in misinformation on the subject of orthodontics in recent years. Internet-based schemes, promising an improved facial appearance yet lacking any foundation in robust scientific evidence, pose a significant risk to health and should be regarded with caution.

It is my opinion that, through social media and online platforms, a small number of individuals with large followings have been able to exploit their channels to propagate dangerous and misleading information.

Looksmaxxing

'Looksmaxxing' has recently caught my attention. Promoted heavily by social media influencers across Instagram, Youtube and Tiktok, looksmaxxing focuses on naturally improving facial appearance through unconventional and unproven methods.

These methods are, at best, misselling and at worst, dangerous.

This community makes the deeply concerning assertion that conventional orthodontics is constricted by historical dogma and has been superseded by innovative methods endorsed by father and son John and Michael Mew.

The late John Mew was reprimanded for unprofessional advertisements in which he accused the General Dental Council of suppressing alternatives to surgery. During his life, John pioneered orthotropics – an unorthodox approach that aims to guide jaw and facial development in children

for long-term function and aesthetics.

His son, Mike Mew, further developed orthotropics and popularised the practice of 'mewing' – a technique that involves the flattening of the tongue against the roof of the mouth in an attempt to enhance jaw definition – but was sanctioned for misconduct.

On 6 November 2024, the Professional Conduct Committee made an order to erase Mike from the register and ordered that his registration be suspended immediately. Mike appealed against the decision on 3 December 2024. At the time of writing, his registration remains subject to suspended pending the resolution of the appeal.

Additionally, Mike Mew was criticised for making misleading claims about the efficacy of his treatments, which were found to be unsupported by evidence and posed significant risks to public health.

Thumbpulling

Social media influencers try to establish credibility for their methods through quasi-scientific logic, while simultaneously exhibiting open hostility towards conventional orthodontics on their Youtube platforms.

One of these methods, the 'thumbpulling' technique – which supposedly spreads the palate – bears a striking similarity to neurocranial restructuring therapy and craniosacral therapy.

There are claims that this technique works by releasing pressure within the skull, indirectly triggering bone growth through fascia loosening and cranial suture decompression.

However, it should be noted that neurocranial restructuring therapy lacks



The rise of internet-based orthotropics

Social media influencers try to establish credibility for their methods through quasi-scientific logic, while simultaneously exhibiting open hostility towards conventional orthodontics on their Youtube platforms, argues **Grant McIntyre**

any scientific evidence to support its efficacy. Furthermore, while there is some inconclusive evidence regarding 'general' craniosacral therapy, no evidence exists to link these therapies to changes in fascial growth.

There are also claims that these techniques can cure conditions such as asthma and sleep apnoea, 'rewire' gut health, boost testosterone and progesterone levels, correct anterior pelvic tilt and bow-leggedness, and even promote a height increase of three inches. These declarations are patently

unfounded and lack any credible scientific basis. While practices like fascial release, foam rolling, and stretching can indeed contribute to improving general health and wellbeing, the amount of fascia in the craniofacial complex is relatively minimal compared to the trunk, arms, and legs. Moreover, the majority of cranial sutures fuse by the age of five years, with any remaining growth potential at these sutures reducing steadily and becoming negligible by the age of 20.

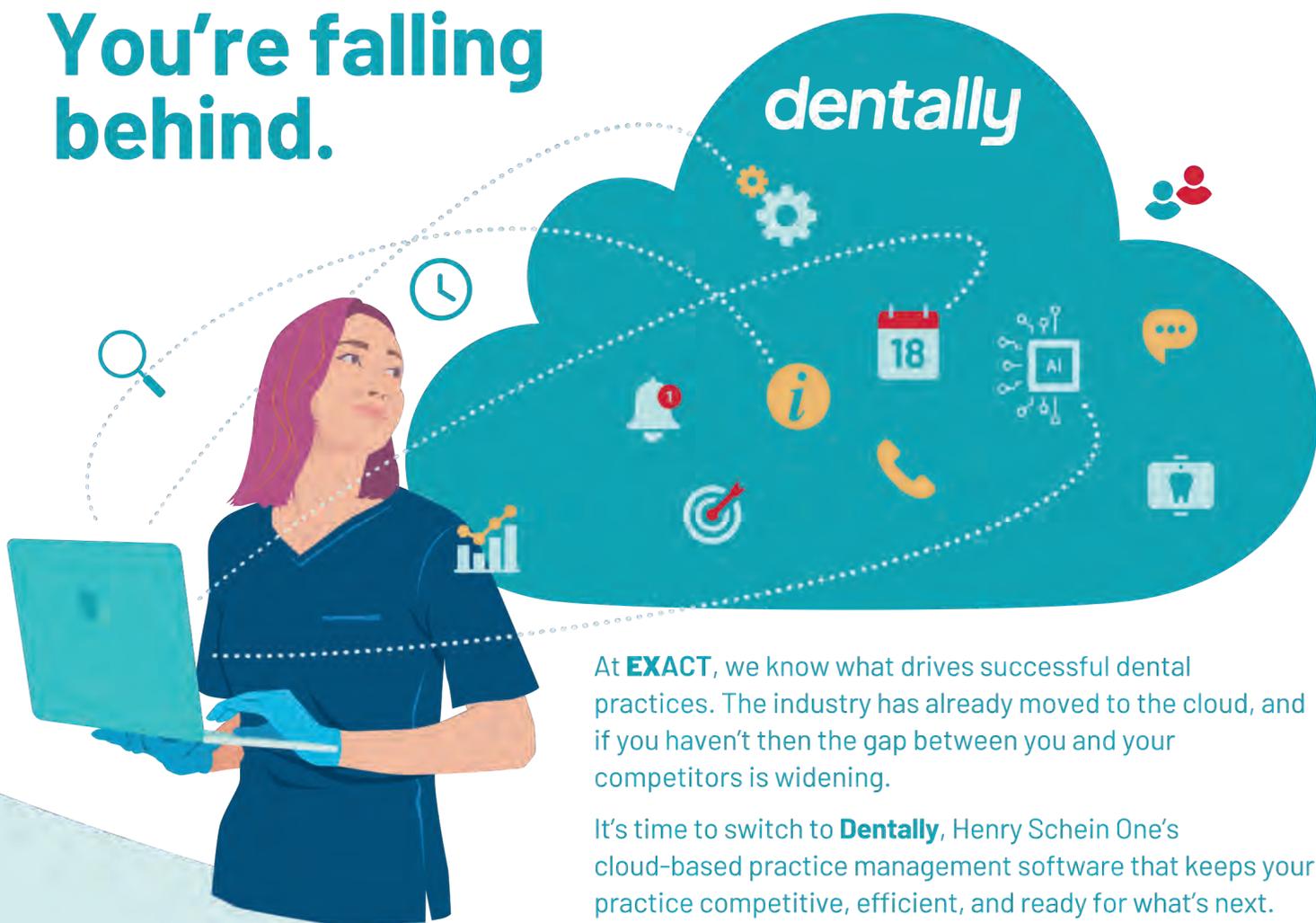
Avoiding hoaxes

Looksmaxxing brings big returns for its promoters, many of whom charge their followers subscription fees while providing little to no meaningful advice that could genuinely improve general health and overall wellbeing – instead disseminating pseudoscience and misinformation.

Myself and the Royal College of Surgeons of Edinburgh's Faculty of Dental Surgery strongly advise patients to seek opinions and treatment from fully registered dentists and specialist orthodontists rather than any internet-based hoaxes that lack credibility.

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Back to basics

Nigel Jones explains why taking a look at the fundamentals is key to practice management and improving revenue

Nigel Jones
Director, Practice Plan

Many of the practice owners I talk to are struggling with the squeeze on profitability caused primarily by the rising costs of running a practice. For some, this is already prompting worries around the value of the practice when they come to retire, especially in a world of reducing multiples. However, for others, this is piling on further pressure with the here and now stress of running a small business providing healthcare.

It's understandable that, in such circumstances, it's those rising costs that initially come under scrutiny and opportunities are sought to offset increases in some areas with efficiencies in others.

And what of the additional strategy of increasing income by passing the burden on to private patients?

As has been highlighted by the Chancellor's call for an investigation by the CMA into private dentistry, private treatment fees have indeed been rising. However, the figures put out by the British Dental Association (BDA) based on its own research would suggest that the increase in treatment fees is lagging significantly behind the inflationary effect of increased practice running costs. That leaves a gap that, if not filled,

could tempt practice owners into short-term measures – such as further cost cutting that risks weakening the underlying strength of the business.

Supply and demand

For many practices, options remain with the development of additional income streams designed to capitalise on the continuing demand for cosmetic dentistry. Without doubt, that demand weakened in the face of a cost-of-living crisis and the end of the bulge in interest caused by the 'Zoom boom' during the COVID-19 years.

However, many of the peers of those patients who led the way in improving their confidence with straighter whiter teeth have now been reassured that the risks are minimal and the costs are worth the benefits. A number of anecdotal sources point to demand continuing even if it may not match the heady days of the post-lockdown era.

And perhaps, therein lies part of the problem. Although the demand is there, it's not as visible.

The new cohort of interested patients are more resistant to change than the trailblazers and need more careful handling if their inherent fears of pain and cost are not to sabotage their desire for help. And yet, patient journeys that, pre-

COVID-19, may well have become well established, highly effective habits often seem to have fallen into disrepair during the boom times.

Slick systems

Of course, nowadays, there is some very impressive, very slick, often AI-driven technology available to recover the lost ground. This can both improve the patient experience and reduce the pressure on the practice team and is well worth a look.

But sometimes the most basic things are being overlooked. I'm not talking about marketing activity like the use of websites, even if there are still some practices that either have the most rudimentary of sites or, even now, lack a website altogether. I'm talking about what happens once a patient has found your website and been persuaded to contact the practice to express an interest in potentially having dental treatment.

Perhaps it shouldn't be a surprise, but I still come across many practices that have no awareness of how many telephone calls or enquiry forms to the

practice go unanswered. While some of those will, of course, be existing patients checking appointment times, some calls will be from potential new patients who may have taken days to pluck up the courage to phone.

And what about treatment plans proposed but not taken up? Is there a process for following them up in a timely fashion only to make sure the patient isn't hesitating due to a misunderstanding about, say, the time off work involved? Is the treatment plan conversion rate even being monitored to pick up early warning

signs that something is amiss with the practice's patient journey?

A level of sophistication can now be applied to managing new patient enquiries and the patient journey that is several worlds away from the world of dentistry I entered in the 1990s. That can be both inspirational and intimidating – but definitely should not be ignored. However, when reaching for solutions to the ever-increasing challenges of practice management, some of the fundamentals are still just as relevant and shouldn't be overlooked.



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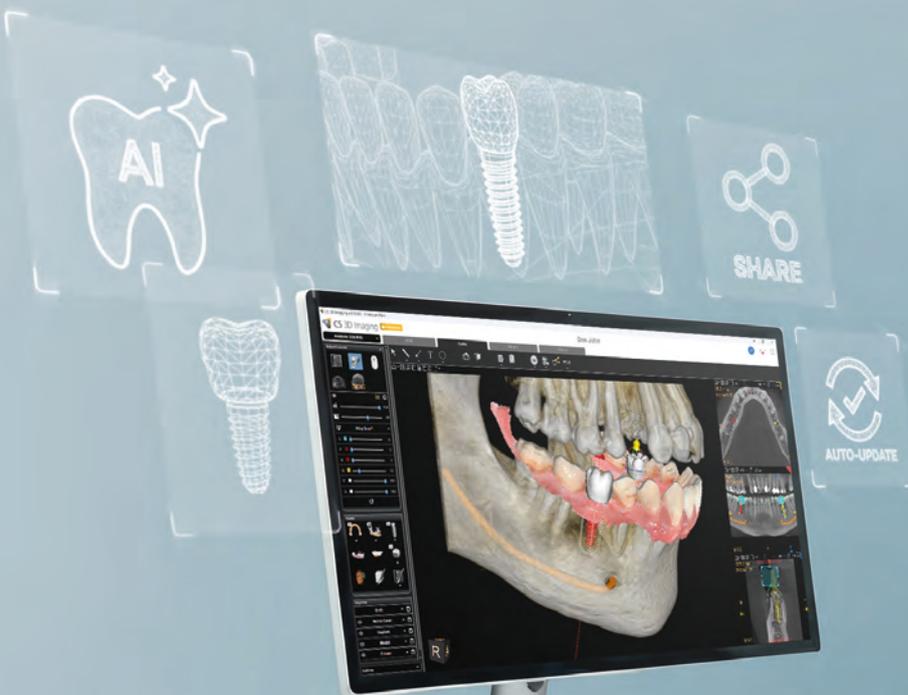
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The posterior single dental implant: a beginner's guide

Andre van Zyl and Vladimir Todorovic provide a step-by-step guide from placement to restoration

Andre van Zyl

Private practice, South Africa

Vladimir Todorovic

Research associate, University of Belgrade, Serbia

This article is intended for the novice or newly qualified clinician who is interested to know more about single implant treatments, be it for the placement or restoration of the posterior single implant. Placing and restoring implants in the aesthetic zones require more experience and should not be attempted by the novice.

In 2026, implant dentistry is an integral part of the normal dental practice and gone are the days of dentists who do not wish to become involved with implant dentistry. It has become as routine as placing a porcelain crown.

There are, however, differences in that the treatment involves both a surgical phase and a restorative phase. As with all dental surgical procedures, a thorough knowledge of anatomy is required. In addition, if you wish to perform the surgical phase yourself, surgical training is required and training in the specifics of the implant system to be used. Although most dental implant systems have a common design and instrumentation,

each system has specific specifications for placement protocol, abutment selection and restoration details.

This article sets out to discuss some of the most important aspects for the placement of the posterior single dental implant.

Important aspects of the posterior maxilla

Bone density

The posterior maxilla may have a soft type of bone, which can be a complicating factor due to lack of primary stability of the implant when placed.

In severe cases, the implant may have no real stability and would then have to be closed under the gingiva to allow a longer undisturbed healing period of three to six months. This is known as a two-phase surgical protocol and after the healing period the implant can be reopened and tested for bone integration.

If, however, the stability reaches at least 20Ncm stability during placement, it can be done in a one-phase surgical protocol with attachment of a healing abutment, which will keep the gingival opening for the future tooth (Figures 1 and 2).

In addition to density issues in the posterior maxilla, the maxillary sinus pneumatization

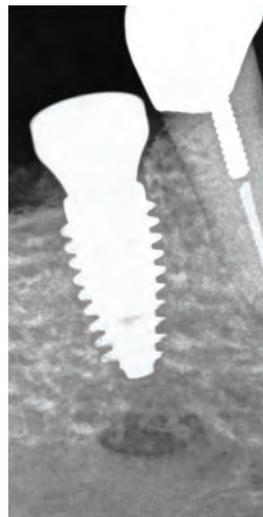


Figure 1: Implant placed with a healing abutment attached. The healing abutment keeps the gap open in the gingiva for the future tooth so dimensions should be selected for the size of the future tooth

should be evaluated on a 3D CBCT, as a 2D radiographic assessment may not reveal the sinus floor accurately and the width of the alveolar ridge should also be assessed on the CBCT (Figure 3).

The degree of opening can be a critical factor to gain access in the posterior maxilla for implant placement. This should be checked before the surgery is scheduled; the most reliable way is to use a contra-angle handpiece with a short dental implant drill and check if it fits. If not, a complication may be that the implant is placed

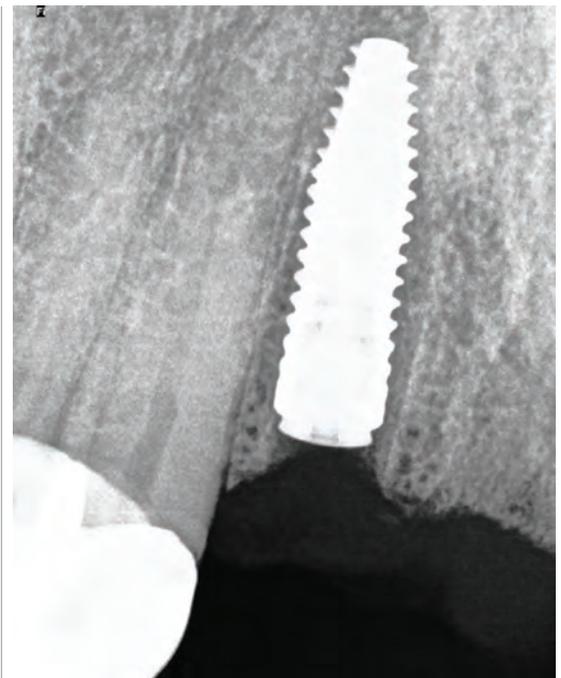


Figure 2: The implant stability was 15Ncm at time of placement and the implant is closed with a cover screw and left to heal submerged. It will be exposed in a second surgical procedure after six months

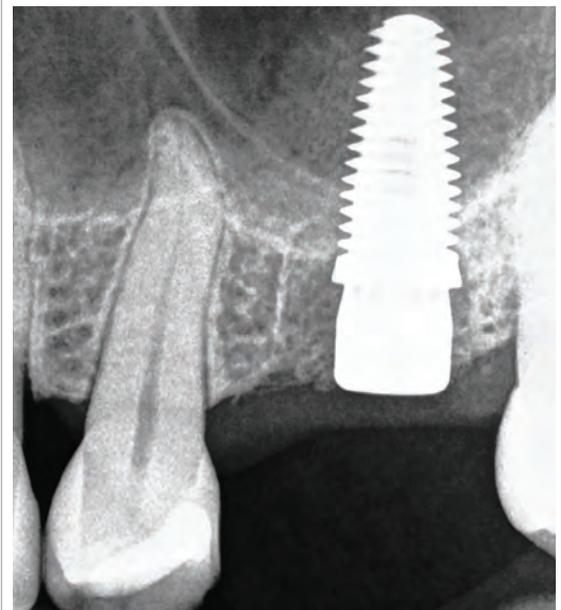


Figure 3: Implant placed into the sinus as the sinus pneumatization was not checked before surgery

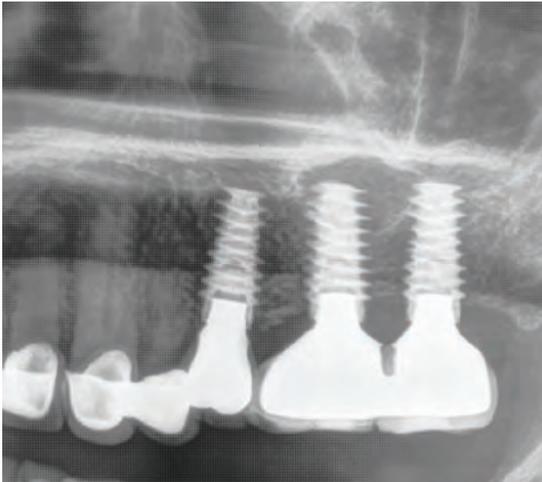


Figure 4a: Implants placed in the posterior maxilla appear to be placed in an ideal orientation

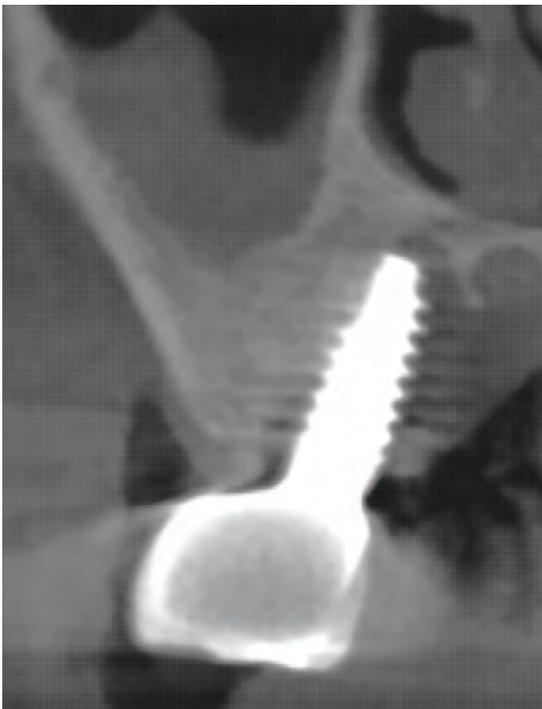


Figure 4b: Implant UR7 seen in a cross section on CBCT showing that implant has missed the alveolar ridge due to severely restricted mouth opening and surgeon drilling at an angle from buccal. The implant tip is in contact with the neurovascular greater palatine bundle



Figure 5: The LL6 implant was placed through the inferior alveolar nerve with permanent damage to the nerve. CT assessment would have prevented this

using a buccal approach and getting an incorrectly angled implant.

In severe cases, the implant may be angled to the point of missing the alveolar ridge and exiting through the bone on the palatal side (Figures 4a and 4b).

The greater palatine artery and nerve lie in a groove between alveolar bone and palatal bone –

and this may be damaged by an implant angled from buccal if it exits the bone in the apical area. The greater palatine artery may also have an ascending branch in the premolar area, which can cause bleeding complications (Figure 4b).

Important aspects of the posterior mandible

The inferior alveolar neurovascular bundle is

one of the most important landmarks in oral surgery. If it is not identified accurately on 3D CBCT, it may lead to damage to the nerve with severe consequences for both patient and clinician (Figure 5).

The only potentially fatal complication from surgery in the posterior mandible is perforation of the lingual plate into the submandibular/lingual fossa during implant drilling. This fossa is easily missed on a 2D radiograph and must be examined using 3D technology (Figures 6a and 6b).

Conclusion

Implant dentistry can be one of the most rewarding aspects of dental treatment. It broadens the scope of conventional dentistry and straightforward single posterior implants should be within the domain of most, if not all, dentists.

However, it does require background knowledge of anatomy, surgical principals and should always be driven from the restorative side. The question is, therefore, not how many implants can be screwed into the jaws, but what are the requirements to restore the occlusal function of the patient.

If implants are needed for the occlusal rehabilitation, then and then only should it become part of the final solution.

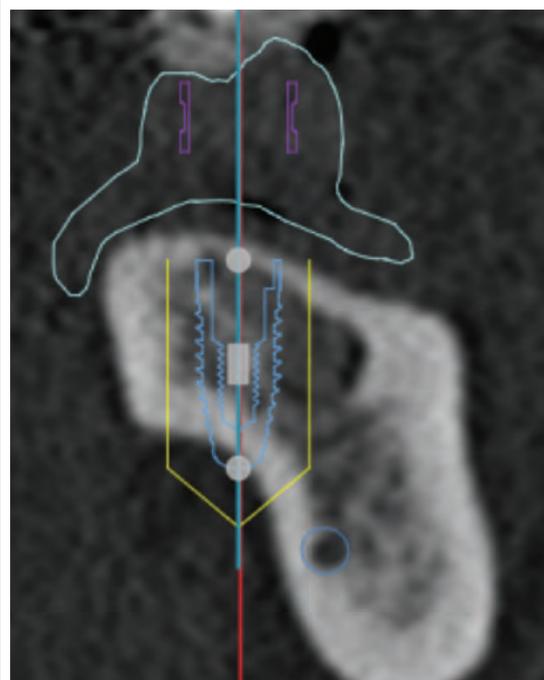


Figure 6a: A pronounced submandibular fossa that may be perforated if not identified. This will rupture blood vessels that may cause life-threatening bleeding



Figure 6b: A near-fatal bleeding after routine single implant surgery perforated through the lingual cortex, rupturing the arteries in the floor of the mouth, and causing blockage of airway requiring an emergency tracheostomy (photo courtesy of Joe Niamtu III)

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New

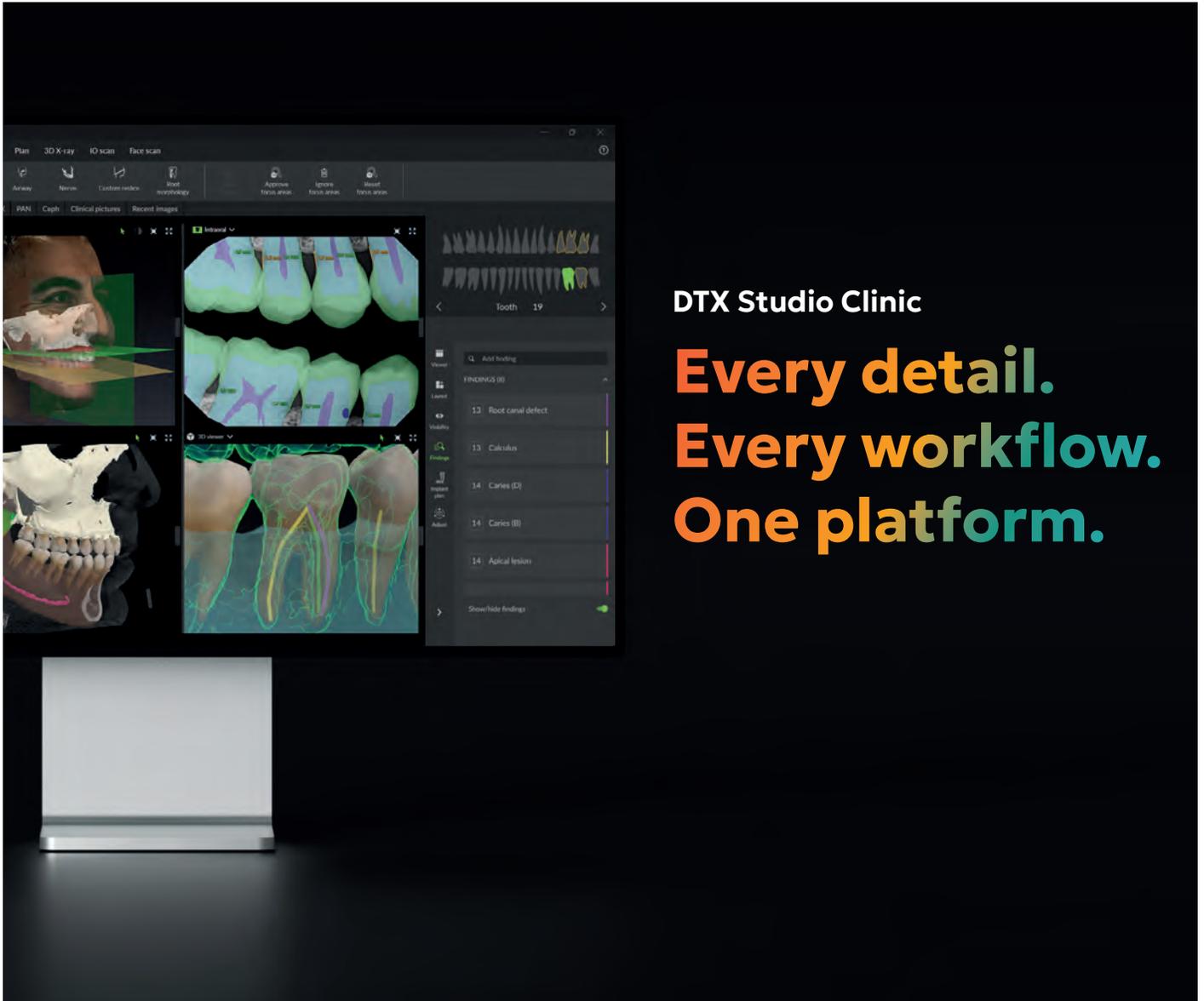
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Tooth whitening after perio

Sulaman Anwar offers practical advice on safe tooth whitening after periodontal therapy, managing sensitivity and discussing aesthetics and maintenance with perio patients

Sulaman Anwar

Specialist periodontist and clinical director, Serio Dental

What is the profile of your typical perio patients?

These are adults with stage II-IV periodontitis seeking both health and aesthetics. These patients typically present with recession and cervical wear, visible interdental spaces (black triangles), history of inconsistent interdental cleaning, previous orthodontics with minor relapse, and occasional dentine hypersensitivity.

Many are health motivated and appearance conscious but anxious about sensitivity or exacerbating recession.

What kind of behaviour change challenges do you face?

The main challenges are sustained interdental cleaning, smoking/vaping cessation, reducing erosive/chromogenic diet, consistent tray wear, and overcoming fear of sensitivity.

Practical levers that work include:

- Disclose and show (visual biofilm)
- Tiny habit framing, such as 'one interdental site after brushing'
- A written 'how I whiten' card
- Seven day check in
- Hygiene led reinforcement at reviews.

Patients need to observe a full cleaning routine prior to commencing whitening each evening, with interdental cleaning and using an effective powered toothbrush with a pressure sensor – I recommend a Sonicare with a sensitive brush head.

Are there clinical challenges and potential complications with tooth whitening patients who have had periodontal issues?

There are, of course, challenges and complications to be aware of. Inflamed tissues ulcerate with gel contact; recession heightens sensitivity; you can end up with uneven colour where roots/cervicals don't respond like enamel; black triangles also become more apparent; tray impingement traumatises papillae; xerostomia undermines comfort; immediate bonding fails if carried out too soon after whitening. Contraindications to tooth whitening to bear in mind also include active caries, cracked teeth, untreated sensitivity, pregnancy/breast feeding, and unstable perio indices.

Why do some clinicians hesitate to offer whitening post perio?

I imagine that some clinicians might be concerned about the medicolegal complexity of whitening regulations. There is a sensitivity risk in recession cases and teeth can

devitalise. Clinicians might also be deterred by both the uncertainty about tray design and the belief that it is low margin treatment. Added to this, patients do not always understand that health comes before aesthetics. However, with clarity on indications, a simple treatment protocol, and role delegation to hygiene/therapy, we can usually resolve this. It is helpful if the front of house/TCO reinforces that gums need to be healthy before whitening is an absolute pre-requisite.

What are the crucial elements about perio and tooth whitening?

It is possible to consider tooth whitening six weeks after non surgical therapy, and eight to 12+ weeks after grafting/surgery. Patients need to be reviewed and given the green light that their condition has been stabilised. This calls for documented stability (BOP \leq 10–15%, no pockets $>$ 4mm), photograph shade with tabs, and specific consent covering sensitivity and the visibility of black triangles. Ensure you record

product batch numbers and provide written instructions for use (IFU). Follow current UK whitening regulations and GDC standards for advertising and patient information.

Are there common pitfalls?

Yes, there are. Whitening on inflamed tissues; over extended or non scalloped trays causing ulceration; ignoring xerostomia or erosive diets, bonding too soon after whitening, failing to warn about black triangles and colour rebound.



Tooth whitening in a nutshell: top tips

1. Stabilise first. Do not whiten during active disease. Aim for bleeding on probing of less than or equal to 10 to 15%, no pockets greater than 4mm, and demonstrated home care control
2. Respect healing intervals. After non-surgical therapy, allow four to eight weeks. After periodontal surgery or grafting, extend to eight to 12+ weeks, depending on tissue maturation
3. Risk stratify sensitivity. Recession, NCCLs, erosive wear, xerostomia and existing hypersensitivity increase risk. Address modifiable factors and apply fluoride varnish to exposed dentine before starting
4. Set expectations about black triangles. Whitening can make embrasure spaces appear larger. Discuss options early: papilla friendly hygiene, resin infiltration, or additive composites after colour stabilises
5. Design smarter trays. Use scalloped margins with papilla relief. Keep reservoirs minimal and avoid over recession areas. Check fit to reduce gel overflow
6. Choose conservative regimens. Start with low to moderate carbamide peroxide concentration and short daily wear times. Escalate only if well tolerated. Always comply with current UK regulations and IFU
7. Pre-empt sensitivity. Two weeks of potassium nitrate/fluoride toothpaste before whitening. Provide tray based desensitiser and allow for 'rest days'. Advise lukewarm drinks and gentle brushing
8. Protect soft tissues. Apply petroleum jelly to marginal gingiva at insertion; trim trays if impingement occurs. Pause if ulceration develops and review technique
9. Sequence adhesive work correctly. Delay bonding seven to 14 days after whitening to allow oxygen dissipation and shade stabilisation. Plan any edge bonding or embrasure additions afterwards
10. Plan for maintenance. Whitening is not a one off. Agree a top up schedule, reinforce oral hygiene, and review sensitivity at hygiene visits. Document shade, regimen, and compliance for medicolegal clarity.

Do you have a recommended practical protocol you follow?

Absolutely! This is my protocol:

- Pre start (two weeks): potassium nitrate/fluoride toothpaste twice daily; address sensitivity sites. I recommend Colgate Pro Sensitive
- Day 0: confirm stability, take/scan impressions; prescribe custom scalloped trays with papilla relief and with reservoirs
- Regimen: start with 10% carbamide peroxide – I recommend Philips Zoom Whitening – 90-120 minutes a day for 10-14 days; allow rest days if necessary.
- Sensitivity plan: tray based desensitiser 10-15 minutes, as needed (Colgate Pro Sensitive); lukewarm drinks; soft bristle toothbrushing technique
- Review at day seven: trim trays if impinging; reinforce behaviour; document shade change
- Post whitening (day 14-28): wait seven to 14 days before any bonding; discuss options for black triangles (papilla friendly OH, resin infiltration, additive composite)
- Maintenance: agree a top up plan; recheck sensitivity at hygiene visits.

Composite bonding after whitening to close black triangles – leave enough space for interdental cleaning.

Does whitening improve patients' home care?

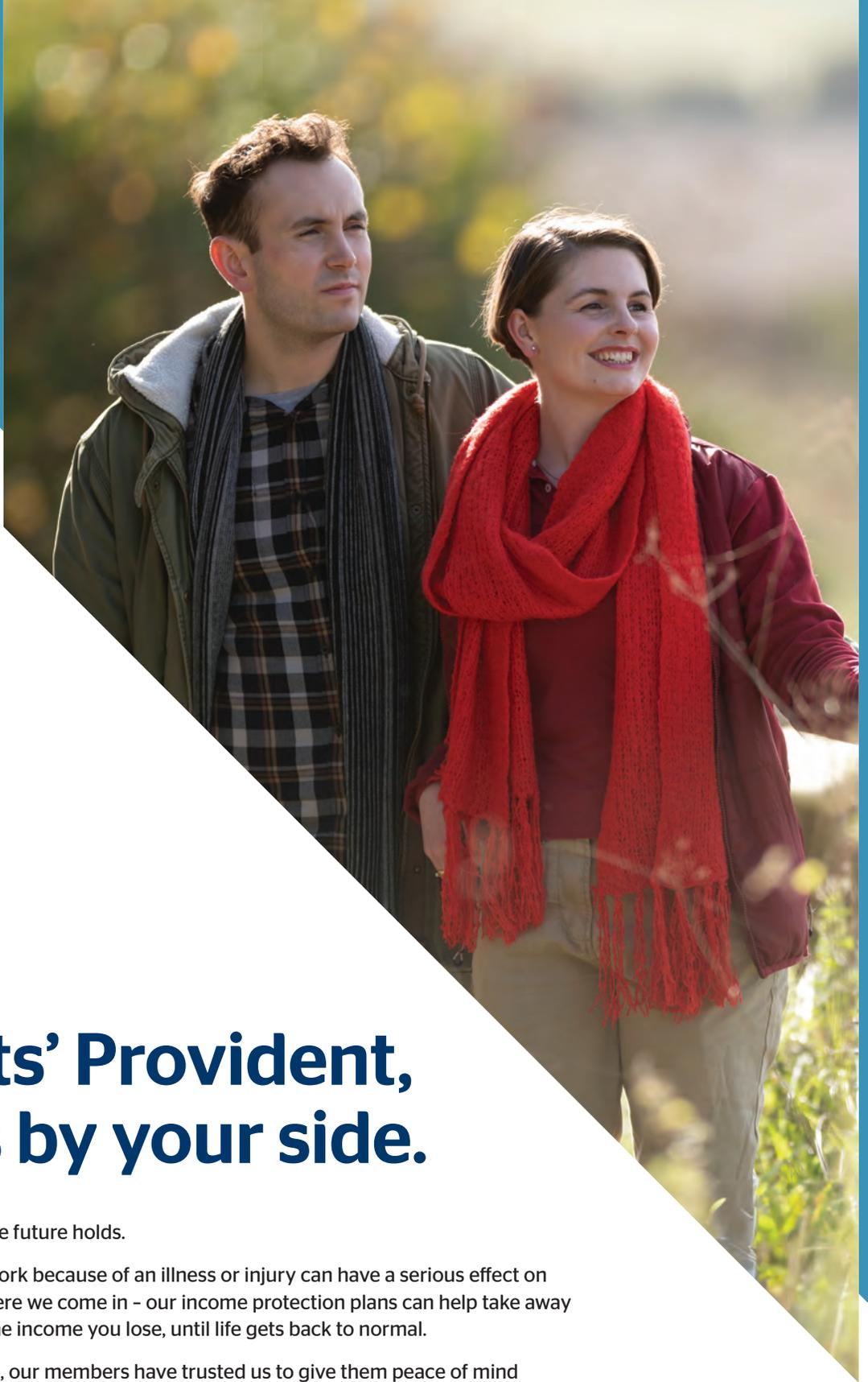
In many cases, yes. Whitening often acts as a 'keystone habit/motivator': patients value the result and are more willing to maintain interdental cleaning and reduce chromogens (wine, smoking etc). While this is partly correlational, in practice, we observe improved plaque scores and better hygiene adherence when whitening is coupled with coaching and scheduled reviews.

What tooth whitening brand do you use and why?

We are very happy with the Philips Zoom! take-home whitening. The benefits of home whitening are long lasting and cause less tooth sensitivity. Philips has launched a tooth whitening playbook for clinicians to successfully include whitening into their practices. It has been written by clinicians for clinicians, and includes patient treatment planning, financials and ROI, in-practice integration, marketing, consent, compliance, and safety.

What do you recommend post-whitening?

I obviously underline the importance of maintaining a healthy mouth. My patients are shocked when I ask them if they would ever clean half of their face instead of the whole face. When patients are not using interdental brushes, a Powerflosser or floss, they are indeed missing half of their mouths. With food getting stuck interproximally, biofilm will build up within 24 hours and pockets will not resolve. Patients need to understand that we can only be effective if their plaque control continues to be effectively managed. The right, evidence-based products can favourably influence the periodontitis outcomes. White teeth signal health, confidence and self-care, and we find that patients are more motivated to achieve exemplary oral health if they are aiming towards an aesthetic outcome – most of our patients are more receptive, more consistent and ultimately more diligent with their oral hygiene.



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Alan Clarke
Owner, Paste Dental

Jon Marashi
Cosmetic dentist

Los Angeles-based cosmetic dentist Jon Marashi is widely recognised for his work at the intersection of high-end aesthetic dentistry, personal branding and global education.

Often described as the 'Tom Ford of cosmetic dentistry', Jon has built a reputation for natural-looking smile design that prioritises individuality over uniform perfection. He is perhaps best known for

his work with high-profile and celebrity clients, earning a reputation as a trusted clinician to figures across film, music and television.

His client list includes names such as Joaquin Phoenix, Cher, Pink, Ben Affleck, Vin Diesel, Matt Damon and Nicolas Cage.

Beyond clinical practice, Jon is an international speaker and educator, working with clinicians and technicians worldwide to promote open knowledge sharing, mentorship, collaboration and evidence-led innovation in aesthetic dentistry.

A keen skateboarder, Jon is also a board member of The Skatepark Project with the legendary Tony Hawk, an organisation dedicated to building skateparks globally in underserved areas.

Alan Clarke (AC): Let's start with skateboarding...

Jon Marashi (JM): There's only two things I wanted to do my entire life – be either a professional skateboarder or a cosmetic dentist. Fortunately, I became a professional dentist and stayed as an amateur skateboarder.

AC: Who was the first celebrity client that you treated?

JM: The first celebrity client that I ever had was someone who applied to be an extra as a mermaid on *Pirates of the Caribbean*. Humble beginnings. You just slowly work your way up.

My 'wall of fame' started out very small. But over almost 25 years, it's blown up, and I have multiple walls all over the office.

Some of the fun ones include Nick Cage – he's one of the coolest guys you'll ever meet, I totally dig the dude's vibe. Also, Cher – the queen. I mean, enough said.

Pink's one of my all-time favourites. She's just a powerhouse of energy and kindness, and she's badass. She can sing and she can rock.

I had an opportunity to work on Joaquin Phoenix's teeth for both *Joker* movies, which was a lot of fun, because we got to make his teeth look really ugly for the role, and it really fit his character quite well. After, he signed a poster for me that said: 'To Doc Jon, thanks for f**king up my smile. You're the best. Joaquin Phoenix.'

AC: What's it like treating high-profile clients?

JM: It's interesting. There's an assumption that it's high pressure and that they're really demanding. And the reality is that their schedules are demanding, but usually them, as people, are no different than anyone else. They want you to do a good job. They want to be treated with respect and kindness. They want to get things done on time, done right the first time.

AC: Tell us about one of your favourite celebrity moments in the practice?

JM: I was in the middle of a big procedure when my office manager comes in and says: 'Ryan Seacrest is on the phone for you. You need to take the call now.' I had just seen him the day before so I'm thinking 'Oh god, what's going on? Is there a problem?'

I pick up the phone and say: 'Hello.' The voice on the other end says: 'Hi, you're on the air, live with Ryan

Seacrest.' He was pranking me on live radio and wanted me to talk to his audience about what happened with his tooth the day before.

He's a total working-class hero.

AC: How do you create trust with someone who's used to being in control, in the spotlight and surrounded by 'yes' people?

JM: That's a big one, because developing trust with people in that category starts with you just telling them the truth. You have to give it to them straight, and you have to come from a place of compassion, caring and honesty. Without that, then that's really all you are – just another yes person.

I think when people realise that you're actually willing to tell them something they didn't want to hear, or maybe even know, and there's conviction behind it because it's the right thing to do. That's when people realise that you're coming from the right place.

AC: Do you ever feel pressure to outdo yourself with your smile design?

JM: Every project is different. The requirements are different. The aesthetic outcomes and the goals are different.

Where I put the pressure on myself is just maintaining a high level of quality. The designs are subjective.



Jon's three rules for success

1. Know your outcome. If you know your destination, it's a lot easier to get there
2. Surround yourself with coaches and mentors. That's the fastest way to get to the front of the line
3. Discipline and consistency. Ordinary things done consistently will yield extraordinary results. Pick up the business end of the shovel and dig. You'll get there.

Pasted × Dentistry

‘There’s only two things I wanted to do my entire life... be a professional skateboarder or a cosmetic dentist’



There's what I think, what the patient thinks, and what other people are going to think. But there can't be a substitute for quality. Ever.

AC: Do celebrities approach aesthetic dentistry with different anxieties or pressures compared to your other clients?

JM: You would think that would be the case, right? Because you're in the public eye and on the big screen, so your teeth are front and centre. But you'd be shocked how many regular folks, especially if they're introverted, are way more self-conscious about their appearance and people noticing. So, I actually don't find a huge difference. People are people at the end of the day.

AC: What's one branding lesson every dentist should know?

JM: Come at it from your own point of view and make it a facet of who you are as a person. You can't be all things to all people. People choose you because they resonate with you. Think about half of my brand – I ride a skateboard, for crying out loud. The music's a little too loud. We play rock and roll. I talk really loud. My mum said I'm a pretty good dentist. Maybe that's my brand. And it's worked well for me.

Quick-fire Q&A

Morning beverage?

Black coffee all the way.

Digital smile design or hand-sculpted mock-ups?

Analogue, baby. Manual. That's how I do it.

Natural imperfections or flawless finish?

Natural imperfections all day.

LA in three words...

Big, exciting and Hollywood. Folks, we make movies here. It's fantastic.

What's your practice aesthetic?

Quiet luxury. It's tasteful, it's subtle and elegant and timeless all at the same time.

Find things you're passionate about and share them with the world. It's going to resonate with some people, for sure.

AC: What advice would you give a 28-year-old dentist who wants more from their career?

JM: Priority number one is experience. How do you get it? You have to do more, and you're going to have to work harder.

That means continuing education, working on models, doing pro bono work. Your knowledge base is key. Your practical experience is key.

Do as much as you can and stay humble. I'm about 25 years into this and I'm still learning.

AC: What does global collaboration mean today?

JM: It changes everything. Everything I've learned, I didn't invent. It's been built on the success and hard work of others. You harness it, put your own flavour on it, and try to expand on it. The idea of keeping it all to yourself is selfish. We have a professional obligation to share knowledge.

There's an endless supply of patients. If I give something to someone else, I'm not taking something away from myself. People opened their minds and hearts to teach me, so I feel compelled to do the same. As the profession does that, dentistry gets better across the board and patients win too.

Life after graduation

Nazanin Heidari shares the highs and the lows of transitioning from dental student to dentist

Nazanin Heidari
Foundation dentist

The transition from dental student to qualified dentist is one of the biggest and most challenging steps in a dental career. While graduation marks the end of years of hard work, it also signals the beginning of a completely new experience – one that is exciting, rewarding and, at times, pressurised. As a student, much of your clinical dentistry takes place in a protected environment. There is always a supervisor to guide you, check your work and step in when things do not go to plan. Once you qualify, that level of support naturally changes.

You are suddenly responsible for your own decisions, treatment plans and outcomes. Patients no longer see you as a student; they see you as their dentist. That shift in responsibility can feel daunting at first, and it takes time to adjust to the confidence and accountability that come with the role. At the same time, there is a real sense of achievement in finally being able to practise independently.

The spice of life

Applying what you have learned over years of training is incredibly rewarding, and it is motivating to see your skills develop day by day. No two days are the same, and that variety is one of the aspects of dentistry that makes it so exciting. Every patient, every procedure and every challenge brings a new learning opportunity.

Starting work in a new practice also adds another layer to the transition. Joining a new team means adapting to unfamiliar systems, routines and ways of working. Each practice has its own culture and learning how to fit into that environment takes time.

You are not only finding your feet clinically but also learning to work with a wide range of personalities – dental nurses, reception staff, practice managers and fellow clinicians. Building good working relationships is essential, and having a supportive team can make a huge difference, particularly in the early stages of your career.

Practice pressures

One of the most noticeable challenges after qualifying is the increased pressure of time.

As students, appointments are longer, allowing space to think, ask questions and work at a slower pace. However, in practice, appointment times are shorter and expectations are higher.

Learning to work efficiently while still providing high-quality care can be difficult, especially at the beginning. It can feel overwhelming when you are trying to balance time management, patient communication and clinical accuracy all at once.



‘Every patient, every procedure and every challenge brings a new learning opportunity’

The pressure can be even greater when faced with complex cases or anxious patients. Managing patient expectations, handling complications and maintaining confidence are skills that are not mastered overnight. It is easy to be hard on yourself, particularly when things do not go exactly as planned. However, these experiences are an important part of professional growth and help build resilience and clinical judgement over time.

Making a difference

Despite the challenges, the transition from dental student to dentist is incredibly rewarding. There is a strong sense of progress as confidence grows and procedures that once felt intimidating become routine. Seeing patients return satisfied with their treatment and knowing you have made a positive difference to their oral health is one of the most fulfilling aspects of the job.

Connect with Nazanin on socials [@nazdentistry](#).



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Teeth for life: delivering supervised toothbrushing

Katie Ferguson shares the lessons learned from launching a supervised toothbrushing programme in north central London

Katie Ferguson

Public health consultant,
North Central London
Integrated Care Board

Following the delegation of dental commissioning to integrated care boards (ICBs) in April 2023, we saw an opportunity to redirect dental underspend into prevention, with a clear focus on reducing inequalities across north central London (Barnet, Camden, Enfield, Haringey and Islington).

The Dental Transformation Programme comprises complementary workstreams and focused investments. One workstream is Teeth for Life, an integrated care system-wide supervised toothbrushing programme launched in August 2024.

Funded by North Central London ICB and delivered by the oral health promotion team at Whittington Health NHS Trust, it was co-designed with local authority public health teams and dental public health at NHS England.

It complements existing borough-led initiatives such as Brushing for Life, fluoride varnish schemes and wider healthy weight programmes.

Reviewing the evidence

We reviewed the evidence and mapped local need. Dental health inequity is significant in north central

London, where more than a quarter of five-year-olds have tooth decay.

The Oral Health Promotion (OHP) Working Group aimed to co-design a programme that complemented borough work and focused on prevention in the most deprived areas.

Learning from Scotland's Child Smile programme suggested that a £100,000 investment in supervised toothbrushing could deliver strong impact through partnership delivery in nursery settings in the five most deprived wards in each borough.

Alongside daily brushing, the programme includes staff training, parental information on oral health and diet, and support for health-promoting policies such as water and milk-only drinks.

Public health teams identified target settings, prioritising larger nurseries to maximise reach. Invitations were issued via local authority early years leads, with follow-up from the OHP team and promotion through Family Hubs, newsletters and forums.

Progress report

Delivery is monitored through agreed key performance indicators covering reach, participation, training and assurance visits, alongside

a wider evaluation of impact on knowledge and behaviour.

After the first year, 74 settings signed up and 62 began delivery. More than 1,500 children now brush daily in nursery and over 320 staff have been trained.

The programme is reaching the intended population, with a significant majority of participating children living in the most deprived areas (81% of children from postcodes in the 20% most deprived nationally).

We're reaching more diverse communities too. Six in 10 (59%) children in the scheme are from a global majority ethnic background.

Feedback from staff, parents and children has been overwhelmingly positive, with reported improvements in knowledge and toothbrushing behaviours, and nearly all settings (95%) that had the programme were still delivering at the end of the first year.

Tackling challenges

Recruitment has been the main challenge, with around 45 settings declining in year one. We discovered that there was misunderstanding about what the programme entailed – for example, that the programme was only for full-time children, or that

children needed a sink to brush (neither true).

To tackle any confusion, we now have clearer FAQs, myth-busting materials and closer local authority involvement to support engagement.

However, there is undoubtedly a challenge with staffing levels, and the strain that providers are under.

The focus now is on sustaining delivery in existing settings, with the aim of reaching 120 settings and 3,000 children by the end of March 2026.

Our recommendations

Work with trusted local partners

Using existing, trusted relationships with early years settings, and amplifying the voices of settings already delivering the programme, helped demonstrate that supervised toothbrushing is both practical and manageable in busy nursery environments.

Plan for programme management, not just delivery

A programme of this scale requires significant coordination alongside specialist oral health promotion input. Ongoing monitoring, data collection, engagement and quality assurance all take time and resource, and should not be underestimated.

Be clear about sustainability

Settings were more likely to engage when there was confidence the programme would be sustained. Longer-term funding is critical, particularly for preventive programmes where population-level outcomes will take time to emerge.

Target communications

If starting again, we would be more targeted in our communications. This was a deliberately focused programme, and universal messaging created unnecessary noise among settings that were not eligible to participate.

Invest in partnership infrastructure

Regular communication and a shared forum where all partners could contribute helped build collective ownership. Co-design was key, with the NHS contribution seen not only as specialist input but as a meaningful financial investment at the table.

Think long-term about cost and capacity

Preventive programmes do not deliver overnight results. When a programme moves from expansion to maintenance, there is ongoing work involved: refresher training, onboarding new staff, sustaining engagement and maintaining quality, particularly at scale.

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Addressing violence against women

Is violence against women relevant in dentistry, asks Emily Banks

Emily Banks
BADT ordinary member

According to the latest General Dental Council *Registration Statistical Report*, published in April 2025, the UK dental registered workforce is currently 78% female (broken down by registration type, this equates to 53.2% of the dentist register and 92.5% of the dental care professional register).

Thankfully, we don't often see headlines related to violence and dentistry, its registrants, or its service users. However, that does not mean that it does not occur – and I'd like to thank the people who do share their stories, which add personal experience to the discussion. While we may not often see direct examples, having discussions regarding violence that has or may occur against women is very relevant in dentistry.

The impact of the media

Media and film have had a significant impact on conversations regarding the safety of women and girls in recent times. Topping TV streaming charts in the UK, Netflix's *Adolescence* was one of the most talked-about shows last year, covering topics such as social media and influential content from the 'manosphere'.

We are increasingly exposed to reports of real-life violence against women and girls across various media platforms, presented with differing levels of prominence and detail. Recognising this issue as a national threat, the UK government published its violence against women and girls (VAWG) strategy in December 2025. Given the high proportion of female dental professionals, these developments highlight a clear need to prioritise interventions within dentistry that address employment, education, safety and wellbeing.

Workplace safety should be considered by employers, including the maintenance of safe reporting processes for any concerns related to misogyny or violence. One literature review found sexual misconduct to be widespread and underreported, with the perpetrators often male dentists or patients (Drovandi and Finn, 2025).

Women and girls are disproportionately affected by sexual violence, stalking and domestic abuse compared to boys (Riaz and Mutebi, 2025). These are the female dental and DCP students, training to become the new dental workforce. Those at university will be able to

access student support, which often has emphasis or special systems for VAWG, but we don't see the same initiatives relating to dental nurse certificates, apprentices or workplaces.

As dental nurses are able to start training in the UK from the age of 16, it is important to be aware that the teenage to young adult demographic is the most vulnerable to online harms and is overrepresented in rape offences.

An online and offline issue

Violence can represent itself in many forms, but online abuse is often overlooked. This can include exposure to graphic images, AI-created indecent images of victims, misogynistic abuse, and more – but the level of violence that can be conveyed through a screen is shocking.

We see some groups being targeted in this violence. LBGT+ youth, for example, experience sexual harassment at a higher rate than cis-gendered or heterosexual youths, and black girls experience both online abuse and sexual harassment, while also being treated as older than their age (Riaz and Mutebi, 2025).

Due to the prevalence of digital forms of harassment and violence against

women, the simple act of carrying a mobile phone with you can bring with it the opportunity for violence to occur in the workplace.

Physical violence can occur in the workplace and is more likely to happen in healthcare settings, and with women the victims (Green et al, 2025). There is a significant risk to a dental practitioner who is alone with a patient. It is essential that practices have safety protocols and systems in place for if there are ever lone staff members with members of the public.

The increase in risk of violence cannot be overlooked in the clinical setting, especially with the normalisation of language in the manosphere about violence against women and girls, which has demonstrated links between radicalisation and extremist ideologies.

Men and boys may be exposed to manosphere content without realising it, sometimes posed as masculinity influencers with insidious undertones. If a patient or colleague is demonstrating risk of radicalisation, a healthcare provider and workplace have a duty to report concerns via the Prevent programme.

Reducing the risk

To reduce the risk of VAWG in a dental practice, start by reviewing your safety elements. Is there a member of staff that women can talk to about concerns relating to physical or online violence?

Ensure female staff have access to private spaces to change without fear of surveillance.

Foster respectful communication between staff, especially those of different ages and genders, respectful and free from sexual undertones and humiliation. Maintain a clear sexual misconduct policy and ensure people know how to access it.

Establish a clear structured reporting system for any risks or concerns, which is confidential and free from hierarchical influence.

I would recommend your next team meeting addresses points like these, especially if they have never been spoken about; you may just open the door for someone to come forward and outline their concerns about violence against women in dentistry.

In the future, it would be prudent to align dental public strategy with that of the VAWG strategy as there are likely crossover opportunities to delivery of safeguarding to the public.

The GDC continues to review sexual misconduct and calls for evidence on effective interventions, yet there yet to be an explicit call for the reduction in violence against women in dentistry. I look forward to seeing what the future holds in relation to protection and empowerment of women, especially those in marginalised communities.

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

To read *Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls*, visit bit.ly/4txDU9Y.

For details about the British Association of Dental Therapists, visit badt.org.uk.

Give to gain: achieving gender equality

Stevie Farndon speaks to five women transforming dentistry through leadership, mentorship and purpose

Stevie Farndon

Business development manager, S4S Dental Laboratory and an ambassador for Dental Mums Network and Birmingham Children's Hospital

International Women's Day invites reflection not only on progress toward gender equality but also on how meaningful change happens within professions.

This year's theme, 'give to gain', highlights the impact of generosity, collaboration and shared support in creating opportunity while strengthening communities.

Across dentistry, women are shaping the profession through leadership, mentorship, education and service.

While challenges around representation and career progression remain, progress accelerates when knowledge and opportunity are actively shared.

Giving is not a subtraction. It is intentional multiplication. When women thrive, the entire profession benefits.

Across clinical practice, corporate leadership, mentorship and global outreach, the experiences of five inspiring women demonstrate how giving creates lasting professional and personal gain.

Mentorship and collective growth

Mentorship remains one of the most powerful ways to support career development within dentistry. Having someone believe in you at pivotal moments can transform confidence and ambition.

Dr Manrina Rhode, founder and CEO of DRMR and board member



Stevie Farndon



Chinwe Akuonu



Farzeela Rupani



Shandy Vijayan



Manrina Rhode



Zainab Al Mukhtar

of the British Association of Private Dentistry, credits mentorship as central to her journey.

'For me, give to gain comes from my own journey. I know how powerful it is when someone believes in you and shares what they have learned.

'By mentoring and supporting women in dentistry, we're not just helping individuals succeed, we're building a profession that is more confident, collaborative and inclusive.'

Mentorship offers more than technical guidance. It provides reassurance, visibility and encouragement at pivotal career moments.

When experienced clinicians openly share

lessons learned, they help others navigate challenges with greater confidence. The result is a culture where success becomes shared rather than competitive.

Leadership through opportunity

Creating opportunities through leadership is another powerful expression of giving within dentistry.

Dr Farzeela Rupani, group chief medical officer for Europe at Colosseum Dental Group, explains how mentoring became part of her leadership responsibilities.

'Throughout my career, dentistry has provided many opportunities to mentor others both within organisations and

beyond them. Effective mentorship begins with trust, openness and understanding individual goals.'

People encouraged her to pursue paths she once doubted herself capable of, demonstrating how belief from others can open doors.

'Helping others succeed allows you to grow personally and professionally. Giving to gain is not about having all the answers. It is about creating space to think differently and evolve together.'

Giving beyond the clinic

Giving can extend far beyond traditional practice.

Dr Chinwe Akuonu, general dentist, speaker

Celebrating Women in Dentistry: head to dentistry.co.uk for more.

and prevention and wellness advocate, recently volunteered in Egypt treating underserved communities.

'My recent volunteer work in Egypt was a deeply moving reminder of the true meaning of service. Dentistry is not just about treatment. It is about compassion, dignity and human connection.'

Working alongside other women in dentistry added an additional layer of meaning.

'Standing alongside so many dedicated women united by a shared commitment to give was incredibly powerful.'

'There was a quiet strength in that collective compassion, in choosing to step away from our own practices and income to

serve others simply because we could, and because we should.'

'When knowledge is shared with intention and care is given with heart, dentistry becomes something greater than a profession. It restores hope, confidence and humanity.'

Purpose-driven mentorship and personal impact

Dr Zainab Al Mukhtar, clinical educator, mentor and director of Harrow on the Hill Clinic, believes giving is rooted in purpose rather than transaction.

'Giving is not always transactional. I see giving as fulfilling my purpose by having an impact on others.'

'Propelling people forward or seeing their burdens lifted feels meaningful.'

She describes the greatest gain not as professional recognition but emotional fulfilment. 'The biggest gain for me is a sense of reward around the impact, and that brings me peace.'

Community as catalyst

For Dr Shandy Vijayan, chief operating officer of the Dental Mums Network, community itself becomes a catalyst for change.

'As a clinician, educator and mother of two, I've experienced how isolating dentistry can feel at different stages of your career.'

'Progress in dentistry is rarely achieved alone'

'When women speak openly about challenges and boundaries, it creates permission for others to grow. Giving is about visibility. It is saying: "You don't have to walk this path alone".'

'When women support each other intentionally, we stop competing for limited space and start expanding it.'

Moving forward all together

Across mentorship, leadership, service and

community, a shared truth emerges. Progress in dentistry is rarely achieved alone.

As dentistry continues to evolve, fostering supportive networks and visible leadership pathways will remain essential to achieving meaningful gender equality.

If give to gain teaches us anything, it is that when women share knowledge, open doors, lift one another up and propel them forward, the entire profession moves with them.

International Women's Day reminds us that leadership is not defined by titles alone but by the impact we leave through the people we choose to support.



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Mastering the juggle

Dentistry's Next Top Digital Dentist winner, **Sheena Tanna**, shares how she balances motherhood and dentistry

Sheena Tanna

Principal dentist, Billericay Dental Care

What was it like to return to dentistry after maternity leave?

Returning to work was, I think, perhaps different for me, because I am a principal dentist. I had maintained contact with the practice the whole time, because I've got to run it, and I've got to oversee everything. However, coming back onto clinic was a new experience.

Prior to having a child, I was working clinically six days a week. But after the first week back, I realised I had to reduce my clinical hours. This is a massive thing to do when you own a practice and you care so much about it.

I had to look at our systems and processes and work out how we were going to continue to deliver an amazing patient experience with a reduced clinical presence for myself. I needed to think about how I would continue to lead the team in the direction I wanted without being there six days a week. These were major challenges that I had to sit down and consider before implementing them.

How did you overcome these challenges?

I sat down and created the vision for Billericay Dental Care. I needed everyone to understand the path we're on without me always being there. It was only a few lines, but it took a few weeks to put together.

Next, I hired a manager. We went through the vision and worked very closely, so she understood what we were trying to achieve. Then we sat down as a team, and created the mission, which is 10 points on how we will achieve the vision. We review this periodically to ensure it's still relevant, because dentistry changes, life changes.

Also, after each maternity leave, I started a yearlong course. I love learning and knew the courses would provide support.

Balancing motherhood and dentistry: Sheena's top tips

1. Create a timeline that you're happy with. Life goes at different paces at different times. For instance, there may be a time where you want to focus on being a mum, but there might be another time where you want to be more career driven. Base your timeline on you and what you value, and by the end, you will be content
2. Build a strong support network. Surround yourself with supportive friends and family and find peers and mentors to help you and your career thrive
3. Invest in yourself unapologetically. Go on courses - Align Technology offers a world of courses and there are lots of excellent online options that you can do that from home. Training keeps you at the forefront, and it keeps you engaged. When you return from maternity leave, you'll be on top form.

I met mentors and peers on those courses whom I'm in touch with even now. We talk about different cases, what we're doing, what we're learning. I let them know that I'd bought my Lumina scanner, and got some great advice.

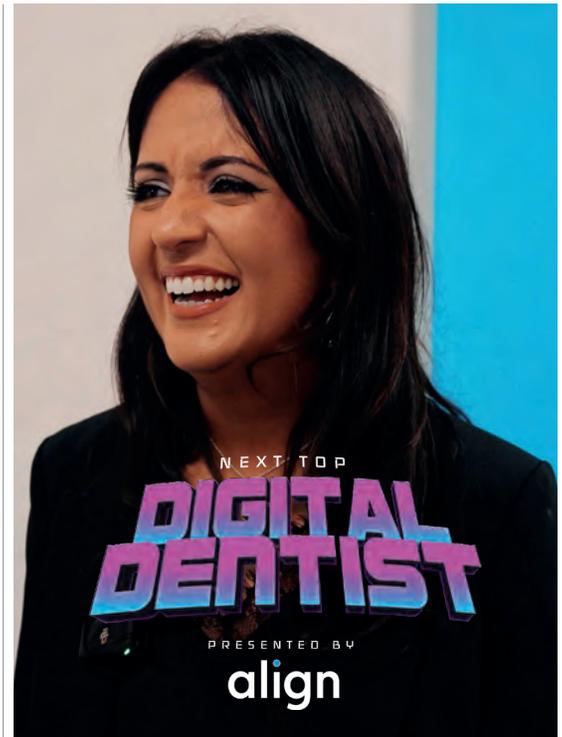
These are the things I did to make sure that I felt I was being supported and to make sure I could support my team so we could continue to grow, even with me having to reduce my clinical presence. I think it's worked well.

What helped with your transition back to dentistry?

Having a support network is really important, especially when you are juggling life as a mother and a career in dentistry.

I am really blessed with a strong home support network. I have a lovely family, and lots of supportive friends. But after having each of my children, I became very aware of this need to make sure I had a good support network within dentistry. And so each time I came back, I signed myself up to a major course, which exposed me to mentors and peers who I could bounce ideas off, and who would help elevate my dentistry and the patient experience.

Dentistry, I think, can be quite a lonely profession, but when you're surrounded by amazing people, you're not alone anymore - and that's when you thrive.



How do you balance motherhood and your career?

I never understood why I had to choose between motherhood and a career. I wanted both, but balancing them is a constant juggle.

I created a really good management team, with a very strong full-time practice manager, my husband who is business manager, myself, and then managers within the team. I have a clinical lead, a social media manager and a head of reception, which means everyone is supported without it always having to be me.

It allows me to take a step back and look after my children, but know that the practice is still on this one journey, and that relates back to our vision, because all of these people, all of my team, share the vision.

I know my management leads are educating and inspiring people through that vision. So, it all links together clinically.

For me, one of the major challenges was how do I deliver the best dentistry in less time? I wanted patients to have a great experience, but I wanted to still be seeing all of them. This was one of the main drivers behind my move to Invisalign. I found that it was a patient pleaser, but it also helped me because the appointments aren't that long.

I was still able to do smile design, but I could spend less time with them in the chair. Ultimately, it allowed me to continue to do what I love doing.

That was the same motivation as to why I was so inspired by digital dentistry. Digital is an amazing tool; it's great for diagnosing but it also really improves your systems. It can make dentistry so much more efficient.

The end result is that you are able to still do everything you love doing, but also be present as a mum.

Dentistry's Next Top Digital Dentist is run in collaboration with Align Technology, empowering the next generation of digital clinicians and supporting the advancement of digital workflows.

“Between Bupa
Insurance and
subscription plan

patients

my diary stays full.”

Ghasoon - Dentist

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Rising up

Five leading **female dental professionals** share their tips and insights into how to support women in dentistry

Celebrated annually on 8 March, International Women's Day (IWD) is a global day highlighting the social, economic, cultural and political achievements of women. The day also marks a call to action for accelerating gender equality.

This year's International Women's Day theme is 'give to gain'.

Encouraging a mindset of generosity and collaboration, give to gain emphasises the power of reciprocity and support.

When people, organisations and communities give generously, opportunities and support for women increase.

Giving is not a subtraction, it's intentional multiplication. When women thrive, we all rise.

Whether through donations, knowledge, resources, infrastructure, visibility, advocacy, education, training, mentoring or time, contributing to women's advancement helps create a more supportive and interconnected world.

We asked a selection of women in dentistry two questions:

- What's your top tip for supporting women in dentistry?
- How will you give to gain this International Women's Day?

Celebrating Women in Dentistry: head to dentistry.co.uk for more.

Here's what they had to say...



Martina Hodgson

It's really important to have strong role models and mentors. Hang around with people that inspire you, because it's going to elevate you and give you that confidence to go out of your comfort zone. When it comes to taking the leap, women sometimes need a little bit of an extra nudge. I want to be there for them, to provide that support and encouragement. What's the point of going through life and pushing really hard to achieve things, and not bringing people along with you?



Victoria Sampson

My tip? Always stay true to yourself. A lot of people will tell you that you can't do something or you need to wait. But, if you want something and if you work really hard and not let other people put you down, then you can get it. My main way of giving back to the community and particularly supporting other women is through mentoring, and giving opportunities to other women. It's important that we mentor younger dentists to feel like they're capable of doing what they want to.



Cat Edney

We have a lack of women in positions of power in dentistry, but when we get them, what we need to do is champion them. We really need to show that women can do these jobs and their voices are valid. For me, it will be about really supporting those around me with what would they like to change in their lives, and how we can make that happen.



Fadheelah Nadeem

Representation is really important. It's difficult to try to strive to be something that you don't see existing out there. I try to act as a role model as much as possible. I'm going to put myself out there for opportunities in order to gain visibility. It's been a privilege to walk through certain doors and it's important to hold open those doors for people to come.



Miranda Steeples

I'm really passionate about role modelling and mentoring. I've been very lucky throughout my career to have strong women that have supported me, signposted me and given me that hand up - and that's how I plan to work as well. My plan is to engage with a charity that does a lot of work for women's support and those women who are suffering from domestic violence.

From practice to pitch

Dentist and Premiership Women's Rugby player **Liz Crake** shares the challenges of balancing two careers and the benefits of persevering with both

Liz Crake

Dentist and pro rugby player

I have played rugby for 16 years, and I got my first cap playing for England in 2023, and represented the Barbarians the same year.

I played for Wasps for most of my career until they went into administration. Then I played for Ealing Trailfinders and this year I have moved to Saracens. I pursued rugby throughout my dental studies and combined the two ever since.

Last year I had a full-time England contract so I took a year out from dentistry, but I am now back to being a dentist again.

Balancing two careers

I wouldn't say I ever chose to continue with both dentistry and rugby. I wanted to pursue playing rugby for England, but unfortunately women's rugby isn't in a

position to be fully professional yet. It is only in the last five years or so that I have been paid to play rugby, but it is not enough to live off.

This meant I had to find a career outside of rugby and I believed dentistry would enable me to work part time and earn enough to be able to pursue my sporting goals.

Pursuing both was a choice made from necessity, though I am glad I have a career to fall back on and progress in outside of rugby. It's good to have something else so sport doesn't become my entire identity.

Balancing two careers isn't easy, but it's mostly about working part-time to be able to pursue both. We train on Tuesdays and Thursdays, so I work on the other days. There's also training on Mondays, but I had to sacrifice that training day because I needed to work three days a week.

Without sounding too negative, I do think both careers hold me back in the other to a degree. For example, rugby comes first while I am still of an age and fitness to pursue elite sport. That means not being able to practise on the days that I have training, not being able to go on CPD courses over weekends because we have matches, and not being in a position to pursue specialising or further training such as DCT or MClintDents. As I can't work on Saturdays, my choice of practices to work at is limited.

And with rugby, dentistry prevents me from being able to recover in the same way a professional athlete can because I have to be physically in work.

It also reduces the time I have available to do the analysis required, so ultimately, I get less time to just relax.

Having said that, I have now started working in a practice that didn't have a list for me to take over. I've had quite a lot of spare time recently because the diary is fairly empty.

Skill mix

There are also many skills that are beneficial for both dentistry and rugby – I think it mainly comes down to people skills. Understanding group dynamics, teamwork and high stress environments is probably the biggest crossover between the two.

In dentistry, everyone talks about the risk of back pain, and how going to the gym and training will help prevent that. Luckily, rugby requires a lot of gym work and particularly back strength for my position in rugby.

This training knowledge will benefit me long term in my dentistry career. When I first started, the biggest challenge was trying to leave on time to get to training and getting all of the analysis done beforehand.

I would often run late and need to write referrals or notes. It was important for me to find a practice that was supportive of my goals, in and out of dentistry.

I'm now a few more years in and have more experience, so the challenges have changed; the biggest struggle recently has been trying to get back into private practice after a year out of dentistry. It took three or four months, understandably, as I'm competing with applicants who have more advanced training and experience.

I think I'm at an age where it's easy to feel like I'm behind in dentistry and this career. Similarly with rugby, I know that I can't keep pursuing it forever, and soon I'm going to have to take a step back from it.

Happy goals

My advice to others would be to pursue the things that actually make you happy. If you want a long and happy career, I don't think it helps to have any one thing as the sole focus.

When I was a full-time rugby player I ended up finding it quite depressing because I had absolutely nothing else going on so. When rugby wasn't going well (which it really wasn't), I had nothing to take my mind off it or to reduce the anxiety and stress.

We all know that dentistry is a highly stressful career, and I find it a really lonely one. If I didn't have rugby alongside it through university and in tougher times in practice, I don't know if I would have found any joy in it.

It's important to have something else that is just for you. We spend all day caring for and managing other people's feelings in our patients, so we need to protect and enforce the time we spend on ourselves, even if that's just having a 20-minute read before bed.

'My advice would be to pursue the things that actually make you happy'



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adults**

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**significant erosive
tooth wear** (BEWE
score ≥ 2)*

**40% of
young adults**

have evidence of
**significant erosive
tooth wear**[†]

^{*}At least one tooth with a BEWE score of at least 2. [†]Age 18-27. ^{**}With a healthy diet. Brush twice daily to keep up protection. ^{††}Vs the mouth's natural defences.

References: **1.** Recession, dentine hypersensitivity, tooth wear periodontal health and associated risk factors: an observational, cross sectional multi-centre epidemiological study in 7 European countries, December 2023. **2.** Creeth JE. *et al.* In situ efficacy of an experimental toothpaste on enamel rehardening and prevention of demineralisation: a randomised, controlled trial. *BMC Oral Health.* 2020; 20(1):118-127

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Adopting AI in dentistry

Simon Kidd looks at the potential of artificial intelligence technology and offers tips for dental professionals

Simon Kidd
Dentolegal adviser, DDU

Last year, the noise surrounding artificial intelligence (AI) became deafening with tech company stock values shooting skywards and the government wanting to 'make the NHS the most AI-enabled health system in the world'.

There's no doubt that technology is now capable of performing some tasks that only humans had been able to do, saving us time and effort but it's important not to get swept up in the hype.

In this article, we'll look at how AI is being used in dentistry, its potential and the dentolegal implications.

The NHS is looking to implement AI systems at pace – through projects like the Microsoft 365 Copilot Trial for 30,000 staff and as a diagnostic aid in screening services. Many dental practices have now adopted computerised practice management systems that incorporate AI for back-office and clinical functions, particularly ambient scribes for record-keeping. Some are using AI intraoral scanners for digital impressions and diagnostics. And there are a host of non-clinical applications where AI can support dental professionals – such as identifying patterns and trends in

research, dental education tools like haptic simulation and targeted marketing.

But while the potential of AI is clear, there is currently no overarching statutory framework for its adoption and use in Britain. That means dental professionals need to be aware of and mitigate for the potential risks in areas like the accuracy and integrity of records and data protection.

Here are seven dentolegal pointers to help you implement AI safely and responsibly in your practice.

1. Adopt AI as an organisation

Use AI systems that have been approved by your workplace and follow workplace policies rather than going down the

solo route. For example, subscribing to a record keeping app could be a breach of your contract and could get your workplace into trouble. The DDU advises that any dental practices consider following NHS guidance on adopting ambient scribe products, which covers the need for a clinical safety officer (CSO), a data impact assessment and suitable controls.

In addition, the NHS AI and Digital Regulations Services has published general regulations and guidance for adopters.

Your IT provider should also be familiar and comply with the NHS requirements for integration, which means they should be ready to support you.

2. Get proper training

Although AI tools should be intuitive, it's important that practices arrange suitable training for users from their provider so they understand the capabilities of the system and how to get the best results and how to correct errors.

The General Dental Council expects you to 'maintain, develop and work within

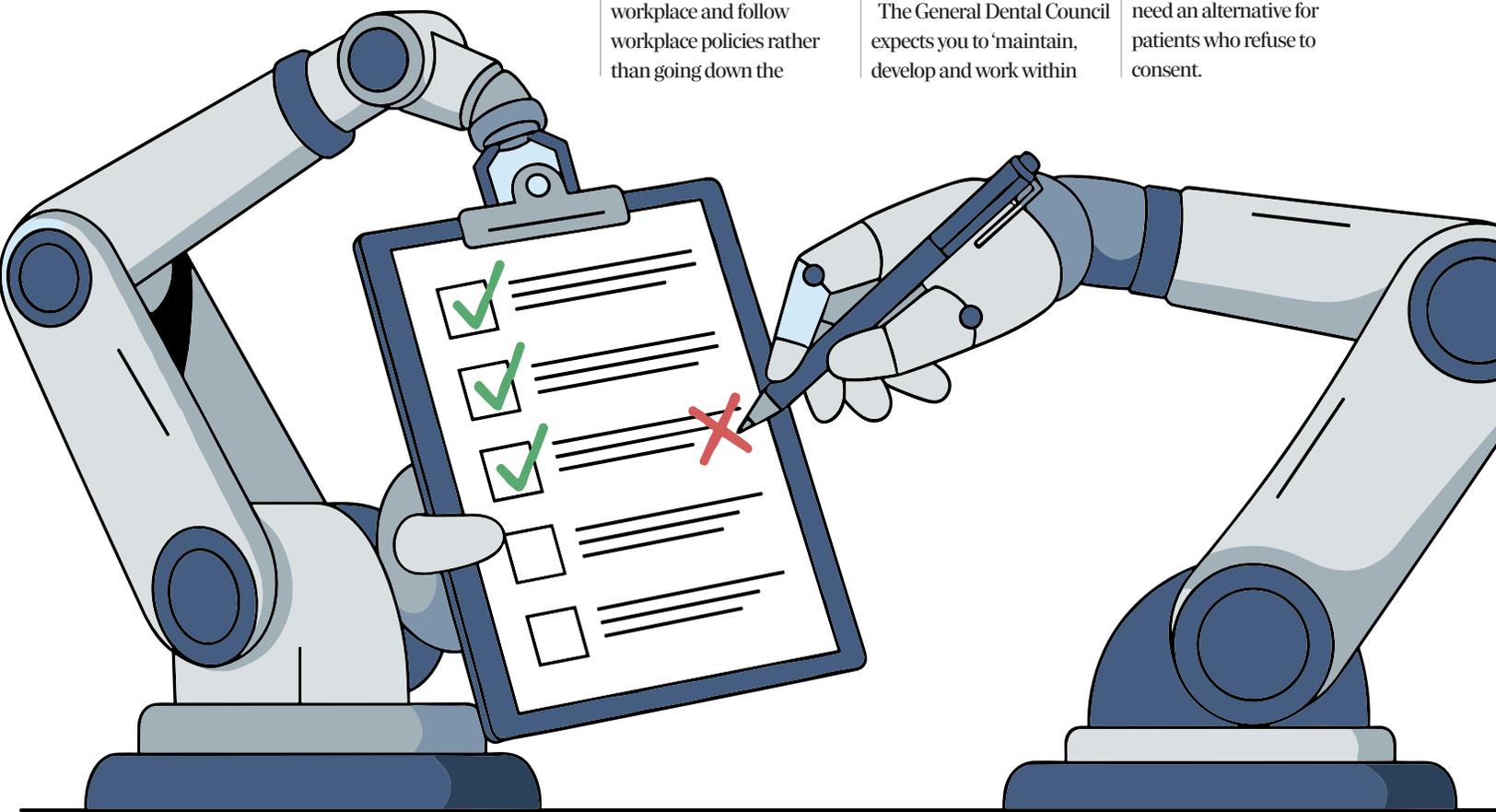
your professional knowledge and skills' and to ensure team members are trained and competent to carry out delegated tasks.

3. Seek patient consent

Responses to AI can range from enthusiasm to outright suspicion. A 2024 survey by The Health Foundation found that 54% of the UK public supported its use in patient care but 30% were worried that healthcare staff would not question the outputs of AI systems and miss errors.

If you want to keep patients onside, it makes sense to be open and honest with them about your use of AI as saying nothing might damage trust and lead to complaints. Practices should have a clear privacy statement that explains how patient data will be used but you could also update your signage and patient communications so patients are aware of how you are using different systems.

Obtain their verbal consent at the start of the appointment. You'll also need an alternative for patients who refuse to consent.





4. Protect patient data

Dental professionals have an ethical and legal duty to keep patients' information secure but one of the big concerns with free live language models (LLMs) is that the tech company will be using your data to train their model. Providers of paid AI services for healthcare usually promise to anonymise data but you should check.

The artificial intelligence (AI) and digital regulations service (a collaboration between NICE, the CQC and others) has put together a data compliance checklist for adopters and there are general resources on AI and data protection on the Information Commissioner's Office (ICO) website (ico.org.uk).

5. Check and correct AI output

AI record-keeping apps typically use speech recognition to create a transcript of the consultation and then summarise this for you to approve, which can save huge amounts of time. It's essential to check this summary is a true reflection of what happened as erroneous entries could undermine the integrity of your records – and your defence – in the event of a claim or complaint.

There may come a point when AI diagnostic tools are so consistently accurate compared with a human that it would be a mistake not to use them. For now, it's a good idea to see them as valuable support but you still need to use your own clinical judgment.

6. Raise patient safety concerns

It's not your responsibility to train AI models, but you should raise problems such as hallucinations (plausible but fabricated responses) as they arise and encourage colleagues to do the same so your IT provider can investigate.

You can also report safety concerns about medical device apps through the MHRA's Yellow Card Scheme.

You should review the performance of AI software, including asking for user feedback and auditing outcomes with diagnostic tools.

7. Be careful how you use AI

Use AI cautiously. For example, we'd strongly advise against using generative AI to write a complaint response. First, it could be a breach of confidentiality to provide patient information that might be stored in a data centre on the other side of the world.

Equally, a public LLM is unlikely to have been 'trained' in the complaints process – it might use language that isn't commonly used in the UK or add dental jargon. It might also omit important points such as the offer of another response if the patient remains unhappy. This could compromise your position and make it more likely that the complaint could escalate.

If you receive a complaint, the best thing to do is contact your dental defence organisation for specific advice.

'Dental professionals need to be aware of and mitigate for the potential risks in areas like the accuracy and integrity of records and data protection'

For more information and to watch a joint DDU/MDU webinar on AI in healthcare, visit www.theddu.com.



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SWISS  MADE

David Nelkin

Founder and CEO, Xcelerator Dental

Short-form video has quietly become one of the most powerful SEO assets a dental practice can have.

Google is now prioritising short videos directly in the search results. In many cases, the 'Short videos' tab appears before other content types. Google doesn't do things accidentally, but because it knows users prefer video answers, so it is giving video more real estate.

This means Youtube is no longer just a social channel or somewhere to park the occasional testimonial but is part of your search visibility strategy. It influences how active your practice looks online. It affects engagement signals. And it plays into how Google and AI-driven search systems decide which businesses to surface.

Most dental practices are still treating video as optional. Following an Xcelerator Dental review of 100 practice Youtube channels, we found 93% of them not doing what they need to be. The other 7% that understand this shift are building visibility, trust and enquiries at the same time. In short, this means there is a huge opportunity if you act now.

This isn't about 'doing more video' for the sake of it, but about understanding how short-form content now drives search, builds trust faster than text ever could, and improves conversion across your entire marketing funnel.

Let's look at how to approach it properly, without overcomplicating it.

The importance of Youtube

If you search on Google on your mobile, you'll notice that the tabs at the top now often show short videos near the front, sometimes as the second tab. Google put it there because people engage with video, and Google wants users to stay inside its ecosystem and get answers quickly. Youtube also isn't just social but is a search engine in its own right. People search 'Invisalign cost', 'does Invisalign hurt?', 'how long do veneers take?' and they want an answer in 30 seconds, not a 1,500-word article written with jargon and terminology they don't understand.

Now add in the bigger shift; Google's AI, conversational search, and the general way people discover businesses today. These systems look at signals and, importantly, they look at whether your business appears active. They look at whether people engage with your content. They look at how often you publish. They look at whether your content answers real questions... and video plays into all of that.

So, when I say video is important, I don't mean it in a fluffy marketing way. I mean it as a visibility and conversion advantage, and a genuine defensibility strategy in a more competitive market.

Why this matters for dentists

Dentistry is high trust, high emotion and, often, high anxiety. People don't choose a practice because you offer Invisalign. Almost every practice offers Invisalign. They choose you because they feel safe, understood and confident in the outcome.

Video communicates what your website copy and stock photography can't: your tone of voice, how you explain things, whether you come across calm and reassuring,



Youtube essentials for dentists

Short video now drives search, trust and conversions, says **David Nelkin**. Here's everything you need to know for the creation of high-impact content

what your practice feels like, and how your team treats people.

A nervous patient doesn't just want 'the best dentist near me'. They want the dentist who makes them feel like it's going to be okay.

Short-form video lets patients meet you before they meet you, and that speeds up trust and it shortens the decision cycle. Implementation may involve a mindset shift, but don't overthink it, just start in the right way. So many practices are worried about getting started because they think video has to be perfect. It doesn't!

If you have the budget and your brand demands a high-production look, great. Go professional. But most practices can get excellent results with a phone, natural light, and a simple structure. In fact, user-generated style

content often performs brilliantly because it feels human.

The goal is not to become a media company. What you want to be thinking about is building a consistent library of helpful content that shows you are active, credible and worth choosing. One video a month is better than none.

One video a week is better than one a month. And a batch shoot that gives you three months of content is often the easiest way to make it stick.

The simple formula

For short videos that work, think 30 to 60 seconds as your default. You can go up to around 90 seconds, but if you're starting out, keep it tight and keep it simple.

Keep each video focused on one thing. One question, one answer. One misconception,

one clarification. One explanation.

You also want a hook early on, ideally in the first three seconds, because the higher the percentage of your video people watch (view through rate), the more people Google will push it out to. With Q&A content, the hook is built in because the question is the hook.

Examples:

- Does Invisalign hurt?
 - How much does Invisalign cost in Balham?
 - How long do veneers take?
 - What happens at an Invisalign consultation?
- All you're doing here is answering what patients already ask you every week. When it comes to what to film, there are four content pillars that create a nice framework to use as a guide for what to shoot.

1. Education

Most people have far less dental knowledge than practice teams assume, so explain the basics.

Using Invisalign as an example:

- What is Invisalign?
- Who is Invisalign suitable for?
- How long does Invisalign take?
- Does Invisalign hurt?
- What does Invisalign cost and why does it vary?
- What happens at the consultation?
- Invisalign versus fixed braces. Who should choose what?
- Aftercare. How do you look after aligners?

Straight away you've got eight videos, and you could film those in under an hour.

2. Transformation

Before and afters, smile journeys, patient 'why I did it' stories – with consent, of course. If you need a proper consent framework, put one in place and make it routine, because this type of content is invaluable, and even short clips work well.

3. Trust-building

This is the authenticity side. Think about videos such as a day in the life, meet the team, behind the scenes. These types of videos build comfort and show that you're real.

One of the most visited pages on many practice websites is the team page, so imagine if each clinician and key team member had a 30 to 60 second introduction video – you're building a trust engine.

4. Social proof

Patients want reassurance that someone like them has been through it and it turned out well, and video does that better than any written testimonial ever will. Think about testimonials, objection-handling, patient experience clips and short stories.

Batch filming and repurposing

Trying to film something when you have time between patients almost never works. You're rushed, it shows, and you'll start avoiding it again.

You're much better off blocking time out. Something is better than nothing – half an hour a week, or one hour a month, or half a day a quarter; whatever is realistic for you and your practice, but make it a routine.

Then repurpose your content across:

- Youtube Shorts
- Instagram Reels
- Tiktok
- Your website
- Your Google Business Profile
- Your paid advertising.

In a perfect world, you'd edit differently per platform because each has its own feel, whereas in the real world, repurposing one strong version across channels is absolutely fine, and it's far better than doing nothing because you're waiting for perfect.

If you do have someone full time in-house, then it's a different story.

The Youtube checklist

Let's explore how to upload properly so Google actually understands your content, as this is where most dentists lose visibility without realising. Youtube gives you fields for a reason and if you use them properly you give Google and Youtube every possible clue about what the video is, who it's for, and when to show it.

Let's use Invisalign in Balham as an example.

1. Name your file properly before you upload

Naming your file properly may seem like a small thing, but do it anyway as it can make a difference.

Examples:

- Bad file name: VID_0047.mp4
- Good file name: invisalign-balham-cost-timeline.mp4

2. Write a search-led title with local intent

Avoid vague titles like 'watch this' or 'treatment update'.

Instead use treatment, intent and location.

Examples:

- Invisalign in Balham: cost, timeline and who it's for
- Does Invisalign hurt? Honest answer from a Balham dentist
- Invisalign cost in Balham: what affects the price?

Filming basics

- Face natural light
- Use the back camera on your phone – it's better quality
- Use a tripod
- Check the background for clutter and compliance issues
- Record two or three takes
- Add subtitles – most people watch with the sound off. Tools like Capcut can add subtitles quickly.

3. Write a proper description of around 200 words

For the description, use two or three short paragraphs to mention the treatment and location naturally, explain what the viewer will learn and add a simple call to action.

For example, if you're considering Invisalign in Balham you could say: 'This short video explains what Invisalign costs, what affects the price, and what to expect from your consultation.'

'We also cover how long Invisalign typically takes, what makes someone suitable, and the most common questions patients ask us before they start treatment.'

'If you'd like to book an Invisalign consultation at our Balham practice, you can book online here: [insert link] or call us on [insert number].'

Don't focus or think about keyword stuffing, but more about being clear and helpful.

4. Add tags that match treatment, location and intent

Be sure to add tags that match treatment, location and intent. For example:

- Invisalign balham
- Invisalign london
- Clear aligners balham
- Teeth straightening balham
- Invisalign cost balham
- Does Invisalign hurt.

5. Choose a strong thumbnail

When choosing your thumbnail, pick a clear frame, avoid clutter, and consider adding simple overlay text so people instantly understand what the video is about.

6. Add the video to a playlist

Playlists can rank and they

also increase watch time because they guide people to the next video.

Create playlists like:

- Invisalign in Balham: FAQs and patient journeys
- Teeth straightening: Invisalign and braces
- Nervous patients: what to expect at the dentist.

7. Set your end screen

At the end of the video, link to:

- A related Invisalign video
- The relevant playlist
- Your consultation booking page.

If you don't guide the next step, Youtube will – and sometimes that next step is a competitor's video.

The bottom line

Short video is now part of modern marketing and modern SEO. It's not a trend, but is where Google has moved attention, and it's what patients prefer.

Feeling behind is totally normal. Start small and focus on building the habit. Batch film, post consistently, optimise your Youtube uploads properly, and let the compounding effect do its job. It's also normal if you don't have the time or internal resource to do it properly. At XD, we support practices with structured shoot days, editing and repurposing, Youtube optimisation, and ongoing organic posting, because the practices that win now are the ones that show up consistently and look active everywhere patients search. The market is changing fast. The practices that adapt early will build a lead in visibility and trust that's hard to catch up with later.

For more information about Xcelerator Dental, visit www.xceleratordental.com.

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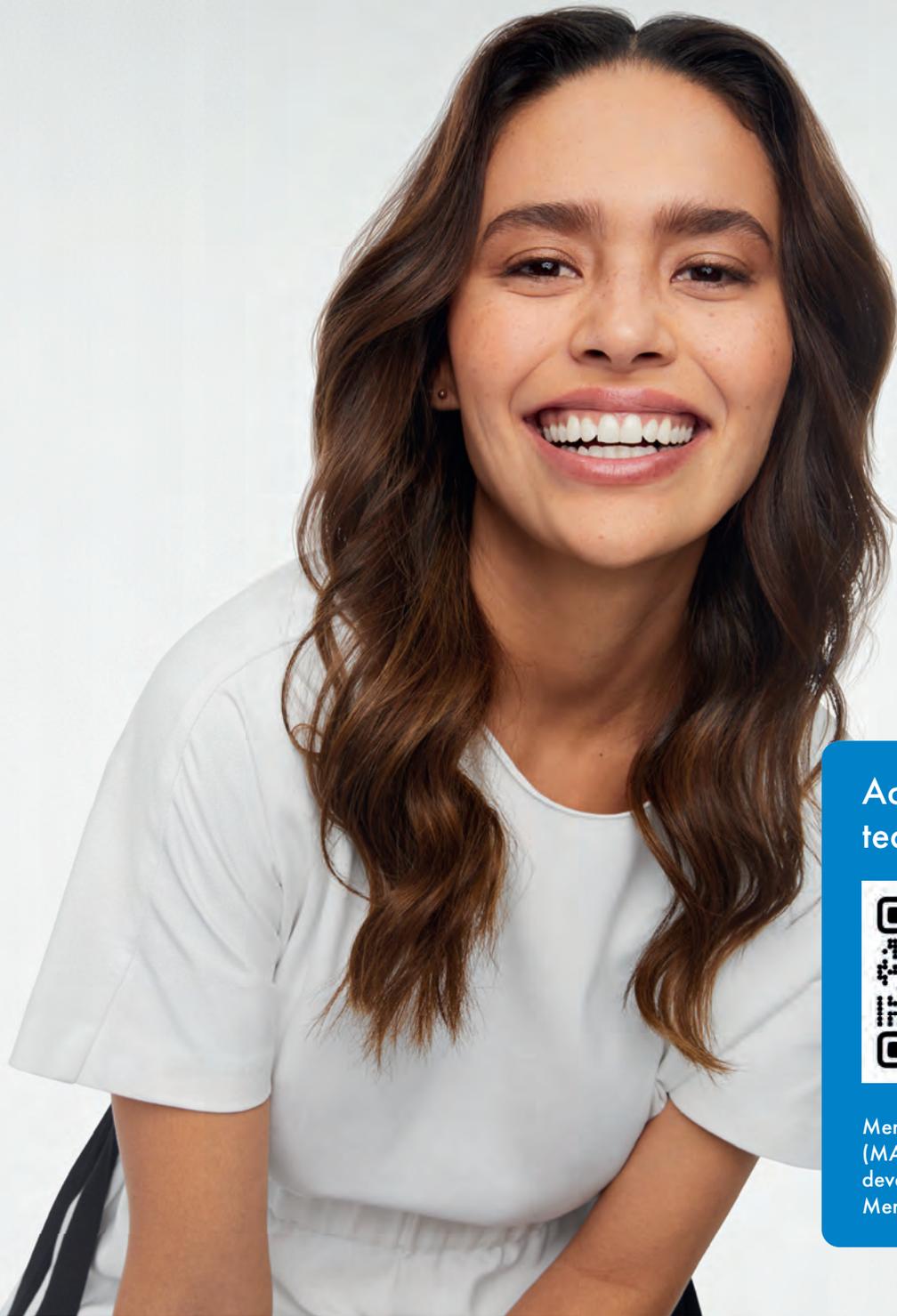
1. BOCOUTURE Summary of Product Characteristics. Merz Pharmaceuticals GmbH: <https://www.medicines.org.uk/emc/product/600/smpc> (Last accessed January 2026).

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Scott Wilson

Dental specialist financial adviser, Wesleyan Financial Services

For many dentists, owning buy-to-let property has always felt like a tangible, reliable and familiar way to build long-term wealth outside of practice income. However, the landscape for residential property investment has changed significantly in recent years.

Tax reform, regulatory pressures and shifting market conditions are altering the balance between return, risk and reward.

For those already managing demanding clinical roles, businesses and family lives, recent fiscal changes have felt like the final nail in the coffin for their time as a landlord.

The growing pressures on buy-to-let

Over the past year, a combination of financial and regulatory factors has made traditional buy-to-let far less attractive for many smaller, individual investors.

From April 2027, a 2% increase in income tax will be applied to rental profits, meaning landlords will pay up to 22% (basic), 42% (higher) or 47% (additional rate) on rental income. This alone significantly reduces net yields.

Upfront purchase costs have also risen. Since April 2025, the stamp duty land tax threshold has reverted to £125,000, while the surcharge on buy-to-let and second homes has increased from 3% to 5%.

These changes add thousands of pounds to acquisition costs and make portfolio growth more expensive.

At the same time, regulatory burden continues to increase. From May 2026, the Renters' Rights Act will introduce the biggest overhaul of landlord and tenant law in a generation. The abolition of 'no-fault' evictions, tighter controls on rent increases and additional compliance requirements will increase both administrative workload and risk exposure for landlords.

Add to this stagnating house prices in many regions (driven by higher borrowing costs and inflation) and the traditional buy-to-let model begins to look far less compelling than it once did.

A stress test for dentists

For dentists juggling full clinical diaries and business

Is buy-to-let still worth it for dentists?

Scott Wilson assesses whether property still deserves a dominant place in dentists' investment strategy

'Many dentists are finding that buy-to-let returns are no longer compensating for the stress and involvement required'

responsibilities, property investment can feel like a second job. Tenant management, void periods, repairs, compliance checks and unpredictable cash flow all demand time and energy.

When you factor in increasing tenants' rights, higher taxation, rising operational costs and capital tied up in illiquid assets, many dentists are finding that buy-to-let returns are no longer compensating for the stress and involvement required.

As a result, some are beginning to question whether property still deserves such a dominant place in their investment strategy.

Looking beyond residential property

If considering selling a buy-to-let and it's held within a limited company, an alternative could be commercial investments. These are investments that can be set up within your limited company.

Rather than leaving large sums of cash sitting in bank accounts losing value to inflation, surplus capital can be invested in professionally managed funds that offer flexible risk levels, from capital preservation to long-term growth.

This allows money to grow without the operational burden of property ownership (no tenants, maintenance or compliance), while also offering greater accessibility and the potential for compound growth over time.

Is it time to reassess?

For some dentists, buy-to-let still works well – particularly where borrowing is low, portfolios are well-managed and returns remain strong. For others, selling property and reinvesting the capital may offer a better balance of return, flexibility and peace of mind.

The key question isn't whether property or

investments are 'better', but whether your current approach still supports your financial goals, matches your attitude to risk and works alongside your wider tax and retirement planning.

In a profession already under pressure, reducing financial complexity can be just as valuable as maximising returns.

Important things to note:

- Most buy-to-let mortgages are not regulated by the Financial Conduct Authority
- Tax treatment depends on individual circumstances and may be subject to change in the future
- The value of your investments can go down as well as up, so you may get back less than you put in.

If buy-to-let is starting to feel more like a burden than a benefit, it may be time to rethink how your money works for you.

At Wesleyan Financial Services, we can help you review your current position, assess the role property plays within your wider plan and build an investment strategy that aligns with your long-term goals.

For more about Wesleyan Financial Services, visit [wesleyan.co.uk/dental](https://www.wesleyan.co.uk/dental).

Recognise to retain

Mark Topley explains how appreciation fuels your dental team's success

Mark Topley

Team performance specialist

If you are still scratching your head and wondering why you're struggling to recruit and retain good people, you probably have a culture problem masquerading as a recruitment problem.

I know that's not what you want to hear. It would be easier if this was simply about not paying enough, or the post-pandemic shift in working patterns, or any of the other external factors we like to blame. But the research tells a different story.

Studies by Glassdoor show that across all income levels, the top predictor of workplace satisfaction isn't pay. It's the culture and values of the organisation. Marcus Buckingham's 2022 research found that the most powerful predictor of whether someone stays in their job is whether they get to do what they're good at and love doing every single day.

Your people want to feel valued. They want to know their work matters. And most practices are getting this spectacularly wrong.

Why most recognition programmes fail

Let me guess: you've tried an 'employee of the month' scheme – maybe you still have one running – and either it's become a box-ticking exercise that everyone secretly resents, or it quietly died and nobody seemed to notice.

Here's why: employee of

the month programmes are toxic.

They turn recognition into a zero-sum game where only one person wins and everyone else loses. They create artificial competition in a team that should be collaborating. They force you to choose between people who might all be doing brilliant work, just in different ways.

Worst of all, they separate out individual performance from the behaviours that actually build great culture. You end up rewarding whoever happened to do the most this month, rather than the people who consistently demonstrate your values.

Recognition that actually works

The alternative is simpler and far more powerful: recognise behaviour that reflects your culture, give credit where it's due, and celebrate everyone who shows up and contributes.

This starts with clarity. What are your practice's values? Not the generic ones that could apply to any dental practice in the country, but the specific behaviours that make your practice yours. If you can't articulate what good looks like, you can't recognise it when you see it.

Once you know what you stand for, recognition becomes straightforward: catch people demonstrating those values, and acknowledge it.

This doesn't need to be complicated or expensive. It

needs to be regular, specific and genuine:

- When someone stays late to support a colleague, mention it
- When someone handles a difficult patient with grace, thank them
- When the team pulls together during a hectic day, acknowledge it at the huddle the next morning
- When someone makes a suggestion that improves the patient experience, implement it and credit them.

The power isn't in grand gestures. It's in the cumulative effect of feeling seen and appreciated week after week.

The bigger picture

Recognition isn't a standalone strategy. It's part of how you create a place where people genuinely want to work.

Think of it this way: recruitment challenges are symptoms. The disease is usually poor leadership, unclear purpose, weak culture – or all three. When practices focus only on perks and pay rises, they're treating symptoms while the underlying condition worsens.

The practices that aren't struggling with retention right now aren't necessarily paying more. They've just created environments where people understand the practice's purpose, values are consistently modelled, good work is noticed, strengths are developed, and mistakes are learning opportunities.

Recognition is the daily

manifestation of these principles. It's how your values move from a poster on the wall to lived experience.

Recognition is powerful, but it's just the beginning. If you want to build a practice where retention isn't a problem because nobody wants to leave, you need a more comprehensive approach.

Mark is offering complimentary strategy sessions to help you tackle retention properly. Visit great-boss.com to book.



Where to start

1. Get clear on your values. Write down three to five demonstrable behaviours that represent your practice at its best
2. Make it routine. Build recognition into your team meetings, huddles, or end-of-day catch-ups
3. Be specific. 'Great job' means nothing. 'Thank you for taking time to explain the treatment plan to Mrs Jones so thoroughly – that's exactly how we want patients to feel cared for' means everything
4. Look wide, not just high. Don't only recognise the star performers. Recognise the consistent contributors, the supporters, the people who make everyone else's job easier
5. Ask your team. Who should we be recognising? What makes someone feel appreciated here? You might be surprised by the answers.



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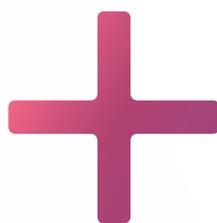
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Building financial confidence

Rhiannon Jones and Jay Dhaliwal discuss what financial confidence really looks like – and why protection, planning and clarity matter at every stage of a career

Rhiannon Jones

British Society of Dental Hygiene and Therapy, president

Jay Dhaliwal

Independent chartered financial planner, Chase Devere

Money has not always been an easy topic for dental hygienists and dental therapists to prioritise. Careers are often built around flexible working, multiple practices and self-employment, and financial planning can slip down the list.

Tackling these issues head-on, in the latest episode of the British Society of Dental Hygiene and Therapy's (BSDHT) podcast, *Dental Health Matters*, Rhiannon Jones and Jay Dhaliwal explore why taking control of finances earlier can change how clinicians feel about their work, their future and their sense of security.

Protection with purpose

The conversation moved naturally towards protection because, as Rhiannon acknowledged, professional risk is now a constant background presence in dentistry. Jay expanded on this by explaining that complaints, misunderstandings and

‘The starting point is understanding income, spending and saving’

contractual complexity sit alongside clinical care for many dental hygienists and dental therapists, particularly those working across multiple practices or in self-employed roles.

Within that context, Jay described professional indemnity as far more than a regulatory requirement. When a patient raises a complaint or when communication breaks down, indemnity exists to protect clinicians from the financial consequences that can follow.

Compensation and legal costs can escalate quickly, and without appropriate cover the impact can be significant. Having the right indemnity in place, Jay explained, helps to restore stability at moments when professional confidence can be shaken.

Legal cover was discussed alongside indemnity since, as Jay outlined, employment and contractual issues often arise without warning and can feel just as destabilising. Questions around contracts, disputes with employers or changes to working arrangements can place considerable pressure on dental hygienists and dental therapists, particularly when income or working patterns are affected. Jay also highlighted the value of independent legal advice. For BSDHT members, access to a free legal helpline offers a confidential and independent point of contact. As she explained, having somewhere to turn for early support can bring reassurance and clarity at a time when uncertainty might otherwise take over.

Security beyond work

Jay was clear that professional protection is only part of the picture. Personal financial security, she explained, is often overlooked, particularly by clinicians who are self-employed or relying on limited employer benefits.

Income protection forms a key part of that safety net. Jay clarified that it covers clinicians if they are unable to do their job and can be set up on an own occupation basis, specific to their role. In those circumstances, it can provide a monthly, tax-free income, often until retirement age, offering stability when work is not possible.

Critical illness cover was discussed as another important consideration. Jay explained that it pays out if someone is diagnosed with a serious illness from a defined list, and this support allows individuals to focus on recovery without the immediate pressure to return to work. Life insurance followed naturally, providing financial security for dependants and covering commitments such as mortgages.

Jay noted that many people she works with have never been introduced to these forms of protection before seeking advice. Without understanding what is available, dental hygienists and dental therapists can be exposed to risks they have never actively chosen to take.

Confidence starts early

When the discussion turned to building confidence, Jay emphasised that financial planning does not need to be complicated. The starting point is understanding income, spending and saving. An income and expenditure exercise often reveals patterns people are not fully aware of, creating a clearer picture of what is realistic and affordable.

From there, protection usually forms the foundation, before moving on to saving and investing. Jay outlined five core areas of financial planning:

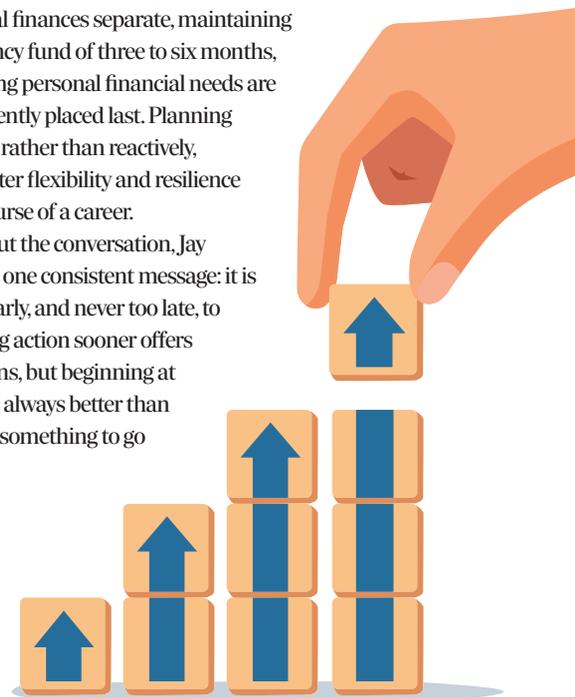
1. Mortgages
2. Savings and investments
3. Pensions
4. Inheritance tax
5. Protection.

Which options are appropriate depends on individual circumstances and priorities.

Goals, Jay continued, are central to good financial planning. Whether saving for a first home, planning for retirement, supporting family or adapting working patterns over time, clarity around short-, medium- and long-term objectives helps guide better decisions.

For those running businesses or working across multiple practices, Jay advised keeping personal and professional finances separate, maintaining an emergency fund of three to six months, and ensuring personal financial needs are not consistently placed last. Planning proactively, rather than reactively, allows greater flexibility and resilience over the course of a career.

Throughout the conversation, Jay returned to one consistent message: it is never too early, and never too late, to start. Taking action sooner offers more options, but beginning at any stage is always better than waiting for something to go wrong.



Listen to the *Dental Health Matters* episode 'Money matters: building financial confidence as a hygienist or therapist' at www.bscht.org.uk/podcast.

Navigating change

Amit Jilka and **Josie Hutchings** discuss England's incoming proposed NHS dental contract reforms and how they might affect dental businesses

Amit Jilka

Owner and clinical lead,
Abbey House Dental

Josie Hutchings

Regional support manager,
Practice Plan

As the dental sector in England anticipates changes to the NHS dental contract, many practice owners are weighing up what the changes will mean for their business, their teams and their patients.

Josie Hutchings spoke to dentist Amit Jilka, owner of five sites across Staffordshire, to garner his views on how the changes might affect his business.

Amit's business, Abbey House Dental, offers both NHS and private dentistry. Although 40-50% of his patients receive NHS treatment this represents only 20-30% of the total revenue generated.

As he explains: 'We probably see a lot of NHS patients, but obviously they don't contribute to the turnover as much as the private side does.'

Because of that mix, his NHS patients benefit from the cross-subsidy effect, as private investment in digital equipment and technology ultimately benefits all patients. 'The fact that we've got all of the private equipment within the NHS practices means that you do utilise those things on the NHS to some extent,' he notes. 'There's cross-benefit in being a mixed practice.'

NHS recall intervals: a necessary shift or a risk to prevention?

One of the proposed reforms is to extend NHS recall intervals, potentially up to two years. This has received mixed responses from the profession. Although it aligns with NICE guidelines, Amit recognises that longer recall periods would release more appointments for new NHS patients but would leave regular attenders unseen for longer periods.

'As dentists, we do like to see our patients more regularly,' he says, and he cites the preventive value of six-monthly hygiene appointments for most patients.

Although extended recalls may help practices make the most of limited NHS resources, Amit still believes that, for many, 'three-monthly or six-monthly recalls are super powerful' for maintaining oral health and aesthetics.

Ultimately, he sees recall frequency as patient-dependent but acknowledges the NHS's financial realities.

The increasing priority on emergency care

A more contentious proposal is the requirement for practices to ring-fence a specific part of their appointment book for emergency care.

Amit recognises this could be both a benefit and a burden: 'As an NHS practice you do see a lot of emergencies, so at least you're being funded for seeing

more. But allocating more time towards emergencies can become difficult because NHS clinics are already very busy.'

He worries about the impact on continuity for regular patients, warning that 'your routine NHS patients will be delayed in certain treatments'. However, he also sees potential system-wide advantages, particularly if greater NHS emergency capacity eases pressure on private practices.

The recruitment challenge and one possible solution

One area where Amit's attitude is unequivocally positive is the proposal to tie newly graduated dentists into three years of NHS work.

Recruitment has been, and remains, one of NHS dentistry's (and that of the industry as a whole) most persistent problems in recent years. This situation, Amit believes, has been exacerbated by many young clinicians choosing to enter private dentistry immediately after graduation. 'There's been a trend of graduates wanting to go straight into private dentistry without the skill, and without the training,' Amit says. 'That's always concerned me.'

He believes the proposed change could restore a more appropriate training pipeline: 'Your junior dentists doing treatments appropriate to their

skill set, and your private dentists offering advanced treatment; that's how the system should have been set up from day one.'

The reality behind the reforms: no extra funding

Though Amit welcomes many elements of the reforms, he stresses they have one core limitation: none of the changes come with additional funding.

'If it was: "we're going to bring all these changes in and give you an extra 10 to 15% on top of your contract" then yes, dentists would be happy, patients would be happy,' he asserts. 'But to do all of this without any extra money... it doesn't make sense to me.'

The reforms and the lack of additional funding may even accelerate the rate at which practices use up their UDAs, leaving them with limited (or no) NHS capacity for the remainder of the year.

For practices that already hit or exceed target early, like Amit's site in Stone, this could become a major operational challenge without the option to offer treatment privately.

A growing role for membership plans

Given this possibility, Amit foresees a rising importance for dental membership plans.

'Right now, they're probably the most powerful thing that a normal NHS practice can offer,' he says. With UDAs likely to be completed earlier in the year, membership plans provide continuity of care for patients and financial resilience for practices.

A mixed practice future

Overall, Amit remains confident in the mixed practice model: 'I truly believe in the hybrid model of NHS and private. It's very important that you offer both services because the NHS is capped and will always be capped.'

As UDA targets are likely to be achieved earlier in the contract year, he also sees plans as the only way to plug the gap when they have run out. 'Otherwise, you're static,' he says. 'Everybody wants to grow to a point, but also you want to be able to service your own patients. So, if suddenly you can't service as many patients because you've used up your funding, that's an issue.'

While he still sees challenges ahead, especially for fully NHS practices, he views the reforms as broadly positive for those positioned to adapt. Which, as a mixed practice, he's in an excellent position to do.

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Clearing things up

Carol Somerville Roberts explains how to take your communication from good to outstanding

Carol Somerville Roberts
President, BACD

Patient communication is not the 'soft side' of dentistry; it is the clinical and ethical foundation upon which everything else rests.

We know the most predictable outcomes come from the clearest conversations.

The British Academy of Cosmetic Dentistry (BACD) exists to make a difference to people's lives through exceptional, ethical cosmetic dentistry – and that begins long before the first bur touches enamel.

Elevating communication

Three principles consistently lift communication from good to outstanding: gaining a thorough understanding, obtaining valid consent and shared decision making.

Lead with listening, rather than explaining

Start with the patient's 'why' – and reflect it back to gain as full a picture as possible. Only then should we move into treatment options. This simple shift builds trust through an open and honest conversation channel, reducing the risk of misunderstandings later.

Treat consent as a process, not a form

The General Dental Council is clear: we must obtain valid consent by explaining relevant options and possible costs before starting treatment. This means using plain language, checking understanding and making space for questions – especially when treatment is elective or aesthetic. Document not just what you proposed, but what the patient

understood and chose. If there is a communication barrier, it is useful for them to have someone else with them, as well as using translation tools and being shown step-by-step visuals of a treatment.

Make decisions together

Shared decision making is now a clear expectation across healthcare: patients need information, time and support to weigh options and decide what is right for them. In cosmetic dentistry, this is important because values differ – one patient prioritises longevity, another speed, another minimal intervention.

In the age of digital dentistry, it has never been easier to show the patient what their future smile could look like. It is now possible from a single full-face photo to create a simulation of the patient with their new smile, but take care not to over promise and under deliver. Be realistic about what can be achieved so that expectations are met.

More than words

Finally, remember this: communication is not one conversation at consultation. It is the thread that runs through photography, planning, temporisation, consent checkpoints, laboratory collaboration and aftercare.

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Enhancing patient engagement

Lamia Murray explores the ways intraoral scanning can benefit dental practices as well as patients

Lamia Murray
Service development manager

For many patients, the dental chair can feel like a place where decisions are made for them rather than with them. When a proposed course of treatment is presented abruptly – often following a traditional examination and impression-taking appointment – the experience can be perceived as overwhelming, opaque and, at times, disempowering.

As dental professionals, we are increasingly aware that the patient journey is shaped not only by clinical outcomes, but also by how clearly patients understand and feel involved in their care.

Conventional impression techniques exemplify this challenge. The process of loading trays with elastomeric material and asking patients to occlude for an extended period is frequently messy, uncomfortable and anxiety-inducing. From the patient's perspective, it is also a passive experience: they are unable to visualise what is being captured and have limited understanding of how these impressions translate into diagnosis and treatment planning.

This lack of transparency can create a disconnect between clinical decision-making and patient comprehension.

The evolution of the patient experience

The rapid integration of digital workflows in UK dentistry is reshaping this dynamic. Intraoral (IO) scanners, in particular, are transforming both clinical efficiency and the quality of patient engagement. By producing an immediate, high-resolution digital replica of the patient's dentition and surrounding tissues, IO scanning shifts the consultation from a one-directional explanation to a collaborative, visual discussion.

The ability to display a real-time 3D image of the patient's oral cavity significantly enhances communication. Patients can visualise existing restorations, malocclusion, tooth wear patterns, gingival recession and plaque-retentive areas as they are being recorded. This immediacy not only improves comprehension but also reduces the anxiety traditionally associated with impression-taking, thereby improving overall patient experience and acceptance of treatment.

Importantly, digital dentistry should not be viewed merely as the adoption of novel technology. Rather, it reflects a broader shift in contemporary practice: meeting increasing patient expectations for transparency, accessibility and shared decision-making.

By integrating IO scanners into routine workflows, clinicians can provide a clearer, more tangible representation of diagnosis and proposed interventions, fostering trust and informed consent.

Real-time visualisation and enhanced communication

One of the most profound advantages of intraoral scanning is the facilitation of real-time, two-way communication between the clinical team and the patient. Instead of relying on abstract descriptions or delayed laboratory outputs, clinicians can immediately demonstrate clinical findings on-screen. This visualisation enables more meaningful discussions regarding treatment options, risks, benefits and prognosis.

Patients are no longer required to imagine their oral condition or rely solely on verbal explanations; they can observe it directly. This has significant implications for

case acceptance. When patients can see areas of enamel wear, gingival recession or crowding for themselves, conversations become clearer, more transparent and easier to retain. The result is a more informed patient who feels actively involved in the decision-making process.

Educational and motivational applications

Beyond diagnostics, IO scanners function as powerful educational and motivational tools. Advanced software platforms – such as those available with systems like the 3shape Trios – offer integrated applications including smile design modules, treatment simulators and longitudinal patient monitoring.

These tools are particularly valuable in orthodontic, whitening and restorative cases, including aligner therapy, composite bonding and veneer planning. By generating predictive simulations and 'before and after' visualisations, clinicians can help patients conceptualise potential outcomes prior to committing to treatment. Quantitative analysis of tooth wear progression or gingival recession over time further supports preventive discussions and early intervention strategies.

Such visual aids shift the conversation from hypothetical outcomes to tangible projections, thereby increasing patient confidence and engagement. Patients are better able to appreciate both the functional and aesthetic implications of treatment, which can enhance motivation and adherence to recommended care pathways.

Streamlined workflows and laboratory integration

From an operational standpoint, intraoral scanning also delivers significant efficiencies within the digital workflow. Scans can be transmitted to the lab instantaneously, eliminating the delays, distortions and logistical challenges associated with physical impressions. Consequently, appliances such as clear aligners, whitening trays, surgical guides and indirect restorations can be fabricated with improved accuracy and reduced turnaround times.

The ability to complete scanning, initial treatment planning and patient education within a single appointment is particularly valuable. It reduces the number of visits required, optimises chairside time and allows patients to leave with a clear understanding of their treatment plan.

Patient-centred dentistry

The integration of intraoral scanners represents more than a technological upgrade; it signifies a paradigm shift toward truly patient-centred dentistry.

By replacing uncomfortable, opaque impression techniques with real-time digital visualisation, clinicians can enhance communication, improve workflow efficiency and empower patients to make informed decisions about their care.

In doing so, digital dentistry not only refines clinical processes but also redefines the patient experience – transforming patients from passive recipients of treatment into informed, engaged partners in their own oral health journey.

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Inheritance tax: one-year countdown

Iain Stevenson explains why it's crucial to make an inheritance tax plan as soon as possible

Iain Stevenson

Head of dental, Wesleyan Financial Services

April 2027 may sound far away, but it isn't. For anyone with a pension pot, the inheritance tax clock is already ticking.

From April 2027, pensions will fall within the scope of inheritance tax. This means that wealth many people believed was protected could suddenly be subject to a 40% tax charge. However, the real danger isn't just the tax change. It's delay.

You can act now to plan effectively, maximise current allowances and make sure your hard-earned estate is passed on in the way you intend – and as tax-efficiently as possible. Estate planning requires careful consideration, modelling and legal structuring. Demand for advice in this area has never been greater, making it well worth investing time in speaking to a specialist financial adviser who can guide you through your options.

'The real danger isn't just the tax change. It's delay'

In need of answers

The real questions to ask yourself aren't technical. They're strategic:

- How exposed is your pension under the new rules?
- What would a 40% tax charge mean for your family?
- Which assets should be moved, and which shouldn't?
- How should wealth pass between generations without creating new tax problems?
- Can you take action before 2027?

This is wealth you've worked hard to create. Doing nothing is no longer a neutral decision. The inheritance tax countdown has started, and the cost of waiting could be measured in hundreds of thousands of pounds.

Remember, the Financial Conduct Authority does not regulate inheritance tax planning and trusts. Tax treatment depends on your individual circumstances and may be subject to change in future.



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Making Tax Digital: incoming changes



April 2026 is locked in as the launch of Making Tax Digital – **Seb Stracey** explains how to be ready for when it goes live



Seb Stracey

Partner, Humphrey & Co

It was not long ago that I was writing about Making Tax Digital (MTD) and how important it was to get prepared. With only a few weeks to go before it is officially rolled out, it has never been more important to get prepared before April 2026.

As a reminder, Making Tax Digital is the biggest shake up to the UK tax system since self-assessment was first introduced.

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

However, this is all set to change.

From April 2026, if your total business and/or property income exceeds £50,000, you will need to:

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

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

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

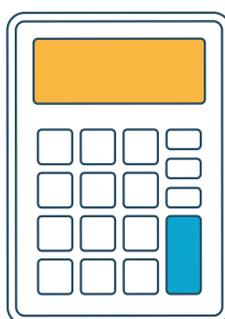
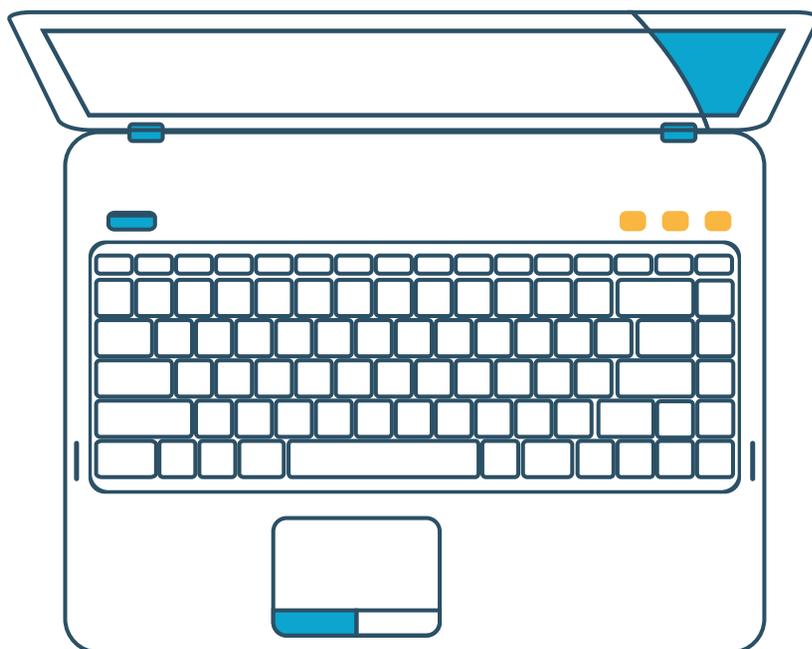
What do I need to do?

If you have not already, get in touch with your accountant to find out their plan to handle the quarterly filings.

This should involve:

- Having an MTD compliant software package ready
- Explaining how you will send records and how frequent this should be
- Discussing the formatting of your records, such as what bank accounts should be used
- Detailing the changes to any fee structure.

‘Making Tax Digital is the biggest shake up to the UK tax system since self-assessment was first introduced’





Compliance costs will undoubtedly increase as a result of these changes by HMRC, as there is substantially more work involved throughout the year, along with software costs.

The key thing to understand with any fee quotes is being clear on what is included. Common packages for this increased work should include:

- Software costs
- Monthly reconciliations within Xero
- Quarterly submissions to HMRC
- Final update submission to HMRC
- Preparation of your year-end accounts and annual submission to HMRC for 2026/27 onwards
- Advising you of your tax payments
- Benchmarking your annual accounts against the NASDAL statistics
- Tax investigation service (TIS)
- Ad-hoc queries and a reasonable number of emails and phone calls throughout the year.

If a quote seems good to be true, it possibly is and there could be hidden extras. It is crucial that you get what is included and who is responsible in writing.

What are the benefits?

It should mean that you have access to up-to-date accounting information throughout the year, should you need this for forecasting or lending purposes.

What's more, the dreaded tax return process of collating all of your records to send will now be spread more evenly throughout the year and in real time, which should lead to less missed invoices and hours of time spent going through old emails and invoices.

Ultimately, it is a compliance hurdle that needs to be handled, but if any benefit can be wrought from it then it makes the effort more worthwhile.

Engaging with your accountant on the changes and seeing how they can assist should mean more peace of mind and better advice.



What if I have done nothing so far?

This change has been a long time coming and it has been delayed several times, but April 2026 is now locked in as the launch – and you need to be ready for when it goes live. There will be a penalty system for non-compliance, which racks up each quarter, so ignoring this is not an option.

Get in touch with Seb Stracey on 01323 730631 or sstracey@humph.co.uk.

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Beyond compliance

Arman Barfeie explores how further education is redefining modern dentistry

Dr Arman Barfeie

Specialist prosthodontist and founder of London Dental Arts and AB Dental Academy

I began my dental career 17 years ago, in what many would now call the analogue era. Stone models, mechanical articulators, handwritten prescriptions, and static records were the foundations of everyday clinical decision-making. Diagnosis relied heavily on experience, interpretation and approximation. Treatment planning was careful, thoughtful and often highly skilled but it was based on limited snapshots of a dynamic biological system.

Today, the landscape is fundamentally different.

Digital technologies, artificial intelligence, advanced biomaterials and increasingly informed patient expectations are not simply enhancing dentistry, they are redefining how we understand, plan and deliver dental care.

Over the course of my career, I have seen dentistry move from mechanical reproduction to biological modelling, from estimation to measurement, and from static observation to dynamic analysis.

This transformation has shaped one core belief I hold strongly – further education is no longer a professional obligation, it is a clinical necessity.

From static dentistry to dynamic understanding

For most of dentistry's history, we studied movement by examining stillness. We captured positions and tried to infer function. We built treatment plans around snapshots rather than behaviour. But the human masticatory system is not static. It is adaptive, responsive and continuously in motion.

Today, technology allows us to observe that motion directly. Functional jaw tracking, movement analysis and digital simulation provide insights that were simply not available earlier in my career. We are no longer limited to interpreting structure alone – we can increasingly understand interaction.

For me, this represents one of the most important conceptual shifts in modern dentistry. We are moving from approximating function to observing function. From reconstructing position to analysing behaviour.

‘Further education is no longer a professional obligation, it is a clinical necessity’

And with that shift comes a need to rethink how we learn, how we plan and how we practise.

The emergence of the integrated digital patient

Another change I have witnessed is the integration of data in ways that were unimaginable when I first qualified.

Today, multiple diagnostic inputs – intraoral scans, CBCT imaging, facial analysis, occlusal data and medical information – can be combined into unified digital environments. Instead of analysing isolated pieces of information, we can evaluate the patient as an interconnected biological system.

In some cases, we can construct comprehensive digital representations that reflect both anatomy and function. These models allow us to visualise, simulate and assess treatment in ways that were previously theoretical.

Artificial intelligence (AI) is also beginning to support diagnostic processes. While clinical judgement remains central, AI can help identify patterns, highlight risk indicators, and assist with data interpretation. This does not replace the clinician, but it enhances our ability to process complexity.

The result is a shift from reactive dentistry towards predictive dentistry.

Collaborative and simulation-based care

Digital integration is also transforming how we work together.

Treatment planning can now occur within shared digital environments where multiple clinicians and dental technicians access the same information simultaneously. Complex cases can be analysed collaboratively, often before any intervention begins.

Treatment pathways can be simulated. Outcomes can be visualised. Alternatives can be explored. Risks can be assessed more systematically.

From my experience, this changes not only clinical decision-making, but patient communication. When patients can see and understand proposed treatment in a visual and structured way, trust increases, understanding improves and confidence grows.

Why education has become essential

Having practised through both analogue and digital eras, I have learned that dentistry does not simply progress – it transforms.

Each transformation changes what it means to be clinically competent. Today's dentist must interpret dynamic data, navigate integrated digital systems, understand AI-assisted insights, and communicate increasingly complex treatment concepts.

These skills cannot be assumed. They must be learned deliberately.

Education is no longer about refining what we already know. It is about adapting to entirely new ways of understanding the patient.

In my experience, practices that invest in learning become more adaptable, more collaborative and more predictable in their outcomes. Teams align more effectively. Communication improves. Treatment planning becomes more structured. Most importantly, patient care becomes more precise.

As dentistry moves towards data-driven, predictive and collaborative models of care, the difference between those who continuously develop and those who do not will become increasingly evident.

The future

Over nearly two decades in clinical practice, I have come to see education not as something that supports dentistry, but as something that defines it.

Dentistry is no longer simply about treating what we see. It is about understanding what we measure. It is about predicting what may happen. It is about modelling what we plan to change.

Further education is what allows us to practise responsibly within this new reality.

It is not a requirement imposed from outside the profession. It is the foundation that enables its future.

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Know where you stand: a practical compliance self-check for dental practices

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Most dental practices already have much of what they need in place. What's often less clear is how everything fits together, how it's evidenced, and how confidently it could be explained if asked.

Policies exist, but aren't always easy to articulate in practice.

Audits are completed, but actions can be difficult to trace over time.

Knowledge often sits with one person, rather than being shared across the team.

Over time, that lack of visibility creates uncertainty. And uncertainty is what inspections expose.

The ultimate guide to compliance

The *Ultimate Dental Compliance Guide* was created by our dental compliance advisers to help practices review their foundations in a practical, structured way. It reflects the same core areas advisers and inspectors typically focus on and offers a clear reference point for understanding current readiness.

It's designed to be useful whether you're sense-checking confidence, preparing for questions, or simply wanting a clearer picture of where things stand.

"The biggest problem with compliance is "you don't know what you don't know";" says Pat Langley, clinical director at Dentistry Compliance.

"How do you know if you've interpreted the requirements correctly?"

"Our members and clients tell us they want simple, practical guidance so we've created the *Ultimate Compliance Guide* and it's free to all."

It also signposts practical tools advisers use every day, including guidance on decontamination and control of substances hazardous to health (COSHH), where practices often want extra clarity.

It's free to download and designed to be practical rather than overwhelming.

'The biggest problem with compliance is you don't know what you don't know' Pat Langley



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Dental market outlook in 2026

What can you expect from the dental market this year, asks Joel Mannix

Joel Mannix

Director - Dental, Christie & Co

The publication of our recent *Business Outlook 2026* report comes at a pivotal moment for the UK dental market.

After a period marked by correction, caution and recalibration, 2025 represented a clear return to stability and renewed growth. It was a year in which both sentiment and activity shifted meaningfully, and one that sets the foundation for what we anticipate will be a more competitive and dynamic market in 2026.

The buyer landscape

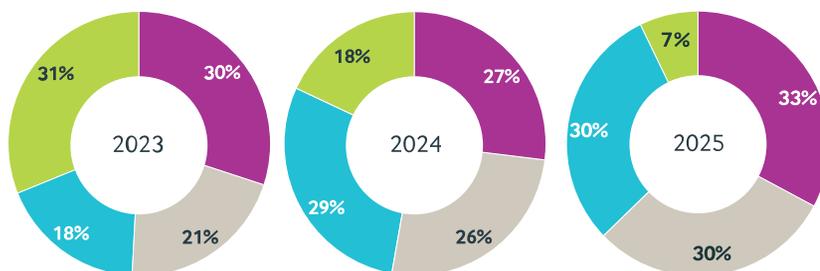
One of the most notable developments we saw last year was the growing number of early-career dentists stepping into practice ownership. Improved funding terms, greater pricing stability and an appetite among younger clinicians to take control of their professional futures all played a part. First-time buyers accounted for 33% of the practices we sold in 2025, showing the continued strength of independent operators, which are our most active buyer type. Their presence created heightened competition across the country, particularly for well-presented mixed and private practices.

Corporate purchasers represented just 7% of completed transactions, reflecting continued scrutiny of costs, heightened selectivity and a cautious approach to acquisitions.

However, the picture is already changing as we move through 2026. Our pipeline activity shows a clear increase in corporate engagement, with around 20% of current live deals expected to complete into corporate ownership.

This is a material shift, and we anticipate further strengthening throughout the year.

Buyer profiles



● First-time buyers ● Independent single or dual site operators (1 to 2 sites) ● Small & medium-sized groups (3 to 29 sites) ● Corporate & national groups (> 30 sites)

Operational challenges

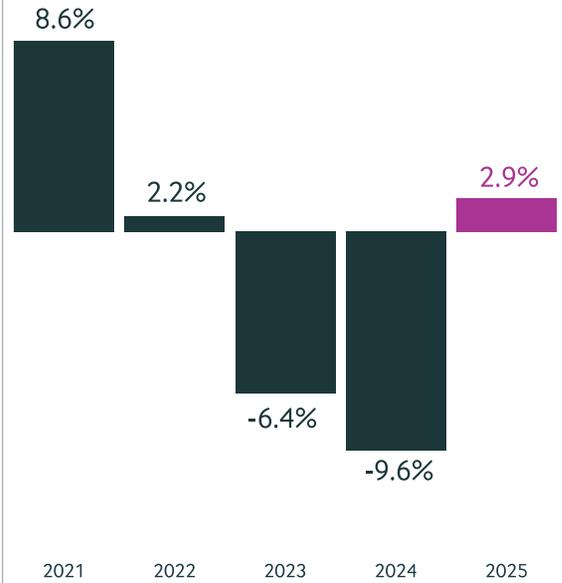
While confidence improved in 2025, cost pressures continued to weigh on operators. Staffing and materials costs remained elevated, and increases to employers' National Insurance contributions and the National Minimum Wage added further strain.

These pressures were most acutely felt by NHS-focused practices, where fixed contract values limit flexibility. Nevertheless, the resilience demonstrated by operators across the NHS landscape should not be underestimated. Many have responded proactively by strengthening mixed-income models, enhancing long-term sustainability while continuing to deliver essential NHS care.

Practice pricing

After an extended period of adjustment between 2022 and 2024, goodwill values rose meaningfully in 2025. Corporate re-engagement

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



and strong independent demand contributed to a 2.9% increase in the average price paid for a dental business.

Practices with meaningful private income, stable teams and predictable profitability remained the most sought after, regularly achieving premium values.

Market expectations for 2026

Our annual sentiment survey reflects a broadly positive mood across the profession, with 59% of respondents telling us they hold a positive outlook for 2026, and 58% considering a sale or acquisition this year. This level of intent indicates a market with ambition and momentum.

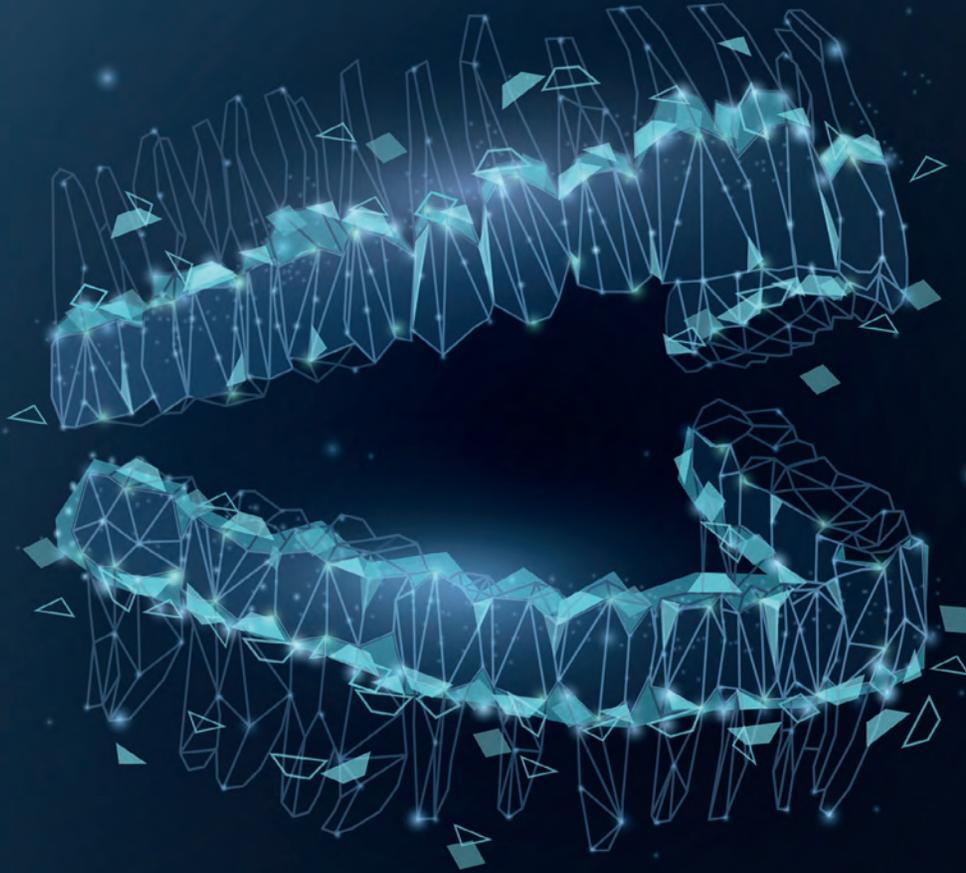
As we look forward, we expect several trends to define activity across the dental market:

- Growing corporate appetite, particularly for private practices and strong-performing NHS sites
- Competition for small group opportunities, especially among private equity-backed buyers seeking scalable platforms
- A sustained preference for mixed-model practices, balancing resilience with growth potential
- Acceleration in digital adoption, with AI, CRM tools and end-to-end digital workflows becoming standard in well-run practices
- Ongoing recruitment and retention pressures, especially for NHS-led operators.

The market is moving forward again, and 2026 has the potential to be one of the most active years we have seen since before the correction cycle began. However, success will depend not only on timing but on preparation.

The strongest outcomes will be secured by operators who are well advised, well prepared and able to present a clear, credible and sustainable proposition, regardless of size or scale.

To find out more about the UK dental market, read Christie & Co's *Business Outlook 2026* report at www.christie.com/news-resources/business-outlook-2026/dental.



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‘My jaw, face and ear are aching, but no one knows why’

Justin Durham and Alexandra Penn break down the latest approach to early diagnosis and self-management of TMD in general dental practice

Professor Justin Durham
Co-director and chief clinical & scientific officer, JawSpace

Alexandra Penn
Founder, co-director and chief executive officer, JawSpace

All dental professionals have probably heard something like this. A patient arrives describing an aching jaw, face, and/or ear, without a clear answer as to why they're feeling this way. These types of presentations are far from rare, and one of the most common causes is a temporomandibular disorder (TMD).

The current collective term TMD refers to a group of 12 common musculoskeletal conditions affecting the temporomandibular joint (TMJ), its associated structures and the muscles of mastication. Patients living with a TMD may report a range of signs and symptoms, including: pain in the jaw, temples, and ears; joint noises such as clicking, popping, rustling, or crackling; changes in their jaw's range of movement. These signs and symptoms often fluctuate over time, and a headache may be either associated with or caused by TMD. As a result of the myriad of symptoms patients can experience, patients may have understandably sought help from several professions.

Recent clinical guidance, developed by the Royal College of Surgeons of England's Faculty of

Dental Surgery (RCSEng) in collaboration with NHS England's Getting It Right First Time (GIRFT) programme, underscores the importance of a structured, evidence-based care pathway for painful TMD assessment and management. The emphasis of the care pathway is on early recognition of TMD, and early patient education and self-management.

Why jaw pain feels so mysterious

Jaw and facial pain often confound patients and clinicians alike because of the complex anatomy in the face and the nature of pain referral. This can make pain feel like it's coming from the ear, temple, teeth or head, despite originating in a masticatory muscle or within the TMJ/associated structures.

TMD is biopsychosocial, meaning biological factors including pain and other physiological mechanisms interact with behavioural, psychological, and environmental influences. This does not mean the pain is 'all in the patient's head'; rather, it demonstrates the biopsychosocial complexity of the conditions we face as dental professionals, from a dentally anxious patient with an acute irreversible pulpitis to someone with a pronounced gag reflex. This biopsychosocial complexity is particularly evident and

important in any painful condition affecting the mouth or face.

A structured approach for general dental practice

For the general dental practitioner, a practical starting point is to use a screening tool such as the three question 3Q/TMD recommended by RCS Eng/GIRFT to determine the likelihood that TMD is present.

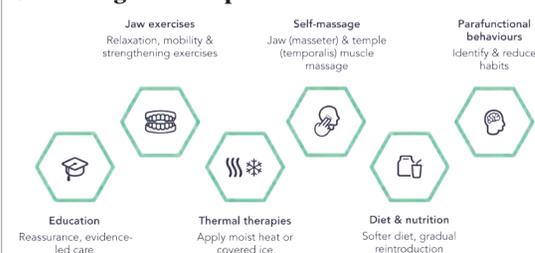
This can be followed by a focused history and clinical examination. Look for:

- Facial pain modified or provoked by palpation of masticatory muscles or TMJ, or by jaw movement or function, that is the same as that the patient is reporting. Known as 'familiar pain'
- Joint noises such as clicking or crepitus that are symptomatic, ie causing change in range of motion or pain
- Red flags that mandate urgent action, such as significant trismus, unexplained weight loss, neurological deficits or suspected infective processes or giant cell arteritis.

Education and self-management first

As with most things in dentistry, our most powerful professional tools are explanation, education and reassurance. This is especially the case in TMD

Self-management six pillars



as patients may interpret 'no dental problems' as meaning their pain is not real, when they simply haven't been given the diagnosis in a way that makes sense to them.

Evidence backs the effectiveness of supported self-management (SSM) as first-line therapy for the 12 common types of TMD. SSM includes six pillars (Figure 1), and there are both paper-based solutions, such as those provided in the RCS Eng/GIRFT documents, and digital health technologies like the JawSpace app to help support patients with supported self-management. SSM allows a holistic approach to TMD underpinned by education from the dental professional (see box above) and aims to help guide the rehabilitation required (see box below) to control the TMD.

For dental professionals, the challenge may not be diagnosis, but knowing how to prescribe and deliver SSM in practice. Questions like 'Which jaw exercises should this patient do?', 'For how long?', 'Should they follow a softer diet, and for how long?' are common. That's where digital tools like JawSpace come in, guiding patients through evidence-based self-management in a structured, consistent way.

Bridging clinical care and daily self-management

JawSpace is an award-winning digital platform designed to support people with a diagnosed TMD by reinforcing evidence-based self-management between appointments. It offers personalised, evidence-informed guidance across the six recognised pillars of TMD self-management, including jaw exercises, relaxation techniques, habit awareness, and structured symptom tracking.

For dental professionals, JawSpace can help reinforce their in-chair advice, support patient engagement over time, and provide structured symptom reports that can be reviewed at follow-up. The platform integrates easily into practice workflows and includes ongoing continuing education in TMD.

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

▶ To trial JawSpace for free for one month, visit jawspace.com.

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LISTERINE® launches new range in three flavour intensities

LISTERINE®, the world's leading mouth rinse brand, is proud to announce the UK launch of its new LISTERINE® range in three distinct flavour intensities – Extra Mild, Mild, and Intense.

While every patient is unique, clinical recommendations should always be grounded in robust evidence. Supported by over 75 years of research and more than 100 clinical studies, LISTERINE® with clinically proven Essential Oils is backed by guidelines and systematic reviews demonstrating its efficacy in managing plaque biofilm when used as an adjunct to mechanical cleaning (Figuero et al, 2020; West et al, 2021; Department of Health and Social Care, 2025).

Suited to all tastes

Maintaining good oral health is fundamental to overall wellbeing, yet periodontal diseases continue to rise globally (World Health Organization, 2022). While mechanical plaque control remains the cornerstone of oral hygiene, compliance with effective daily routines can be challenging, often impacted by patient preference and experience (Department of Health and Social Care, 2025; Slot et al 2012; Sälzer et al, 2015).

Research reveals that patients are divided in their preference for mouthwash intensity – with some seeking

a gentler, mild experience, and others preferring the stronger, refreshing sensation associated with intense formulations (Toonen et al, 2024).

The new flavour intensity range directly responds to this insight, allowing dental professionals to tailor their recommendations to patient preferences without compromising on clinical standards or evidence-based efficacy. This personalised approach aims to improve patient compliance, helping ensure that daily mouthwash use becomes a consistent and effective part of oral hygiene routines.

Backed by science

A wealth of scientific

evidence – including systematic reviews, meta-analyses, the European Federation of Periodontology's (EFP) S3-level stage I-III clinical practice guideline, and the *Principles for Oral Health Report* – supports the adjunctive use of antiseptic mouthrinses (Figuero et al, 2020; West et al, 2021; Department of Health and Social Care, 2025; Chapple et al, 2024). Among these, Essential Oil formulations are consistently recognised as some of the most effective agents for reducing plaque and maintaining gingival health (Figuero et al, 2020; Chapple et al, 2024).

Backed by science and trusted by professionals, LISTERINE® continues to champion evidence-based oral care through its Re-Evaluate Rinse® initiative – encouraging dental teams to reconsider the value of proven antiseptic mouth rinses as part of comprehensive plaque biofilm management. Evidence-based. Patient-focused.

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The value of a Plandemo visit

Planmeca explains how a Plandemo visit can allow dental practices to experience a fully immersive demonstration of the latest technology on their doorstep

For busy dental practices, finding the time to explore new technology while managing a full patient schedule can be a real challenge. That's exactly where Planmeca's mobile showroom makes a difference – bringing the latest digital dentistry solutions right to your door.

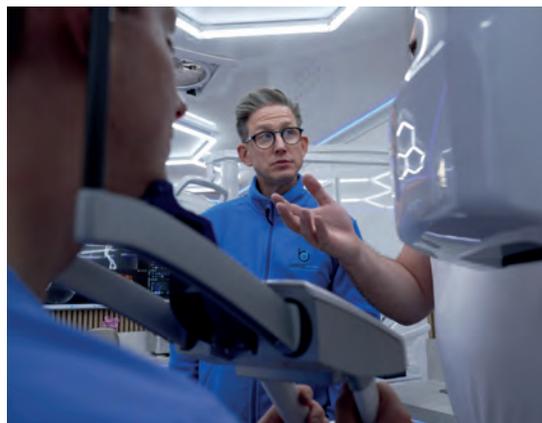
As the team at Beeston Dental Practice in Nottingham recently found, the concept sparks curiosity. Dentist Michael Sillandy explains: 'You see it from the outside and you just think, what's going to be in here? Is it just going to be a couple of brochures and a couple of seats?'

But stepping inside quickly changes and exceeds all expectations. Instead of static displays, Plandemo delivers a fully immersive, hands-on experience. 'You come inside and you're met with this,' he explains.

'The latest digital AI solutions'

Principal dentist Chris Navarro continues: 'It's a great way to get hands on with the equipment and learn about the latest digital AI solutions.'

Equipped with a fully working dental chair and a fully operational CBCT machine, everything is live



and functional – allowing clinicians to see, touch, and truly understand how the technology works and integrates into a typical patient visit. From positioning and scanning to reviewing detailed 3D images.

The level of interaction is invaluable when making major investment decisions. Brochures and online research only go so far.

'You can look in brochures, but it just

doesn't give you what you need to know whether you're going to spend your money,' he explains. Being able to try the equipment firsthand, see it in action and even watch a live patient scan removes uncertainty and builds genuine confidence.

'The biggest advantage is convenience'

Perhaps the biggest advantage is convenience. 'We're a busy practice, so being able to just step

outside and get on board Plandemo to experience the latest solutions is so advantageous for us when looking at new equipment,' they say. There's no travel, no disruption – just an opportunity to have a real insight at a time that suits, and for a busy practice, time is precious.

The verdict is clear. 'We'd highly recommend a visit from Plandemo. It's a no-brainer. Absolutely go for it,' Michael concludes. 'Take a few minutes

out of your day and see everything that we've seen today. Do it.'

For any practice looking to make an informed, confident decision about their next technology investment, a Plandemo visit isn't just helpful – it's transformative.

To book your visit, go to www.planmeca.com/plandemo or call 02476 994160 and Planmeca will take care of the rest!

Choosing the right antiseptic for plaque control

Elena Figuero explores the role of antiseptic mouthrinses in chemical biofilm control, and what current research tells us about their role in periodontal care

Elena Figuero

Professor of Periodontology and Associate Dean of Quality Assurance and International Affairs, University Complutense of Madrid

When we talk about chemical biofilm control, there are two main types of application. Firstly, local application – that will be the subgingival application into the periodontal pocket, meaning a professional application. Secondly, supragingival application, by means of toothpaste or rinses (Figuero, 2023).

When we are going to this step, it's really important to distinguish between two definitions: antiseptic agents and disinfectants. An antiseptic agent is any substance that prevents or arrests the growth or action of microorganisms by inhibiting their activity or by destroying them. The term is used especially for preparations applied topically to living tissue. This is the main difference with a disinfectant agent, which eliminates many or all pathogenic microorganisms except bacterial spores on inanimate objects.

'It's vital to distinguish between antiseptic agents and disinfectants'

Mouthrinses versus dentifrices

When we deal with antiseptics in this topical format, we need to consider two main delivery formats. On one side we have mouthrinses, and in the other one we have dentifrices. Mouthrinses are ideal from most point of views because (Figuero et al, 2023):

- They have more favourable pharmacokinetics
- They are independent of the ability of the patient to perform toothbrushing
- They are able to reach areas with difficult access, eg tonsils
- They are easy to use and really well accepted by patients.

On the other hand, there are a number of limitations with dentifrices:

- Pharmacokinetics is less predictable
- Sometimes toothbrushing cannot be performed
- Cannot reach difficult to access areas
- The formulation is difficult for some areas.

However, it's important to consider that from a preventive perspective, dentifrices might be the ideal vehicle, but that is just because every patient uses toothpaste with their toothbrush.

The evidence

Now we have set the scene behind the concepts, let's go to the evidence – why can we really recommend the use of chemical biofilm control?

In a 2019 systematic review by myself and others, we explored the efficacy of chemical biofilm control in the prevention and control of gingival inflammation. This review was an update on a previous one done in 2015 (Serrano et al, 2015). But in this systematic review, a workshop established that the best way to prevent periodontitis was to treat gingivitis. So, the basis for the treatment of gingivitis was established.

We knew that antiseptic agents were better than the placebos, but we didn't know which agent was the best one, so we decided to update our previous systematic reviews and apply to the data a new statistical tool called network meta-analysis (Figuero et al, 2019; 2020). With this new technique, we were able to compare active agents against active agents, even though publications comparing both active agents directly might not exist in literature.

The results showed that, in terms of toothpastes, triclosan-copolymer and chlorhexidine had the greatest effect in terms of plaque control, although there were similar results in terms of gingivitis. For mouthrinses, the results were



very clear in terms of plaque control, with essential oils, chlorhexidine and cetylpyridinium chloride (CPC) showing the greatest effects, compared with all the other active agents.

Evaluation

Therefore, during supportive periodontal care, we can consider the use of adjunctive measures in specific cases. In these cases, regarding mouthrinses, it is suggested to use essential oils, chlorhexidine and CPC (Figuero et al, 2019; 2020).

It is important to consider that every patient will need to use a toothbrush with a fluoride toothpaste in order to reduce caries, as well as interdental devices in order to prevent gingival inflammation. The decision will be whether to add any specific antiseptic agents in both toothpaste or mouthrinse formats in those cases in which the patient is not able to maintain good biofilm control with mechanical procedures.

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Head to [dentistry.co.uk](https://www.dentistry.co.uk) to complete the Digital Oral Hygiene Roadshow 2025.

Four-handed dentistry: work smarter, not harder

Nikki Laidi and **Jane Lelean** explore the hidden physical cost of dentistry and why four-handed dentistry is crucial for a happy, long dental career

Nikki Laidi
Dental team trainer

Dr Jane Lelean
Dentist, business coach, trainer and mentor

Dentistry is a physically, and mentally demanding profession. Over the past decade, many dental professionals have begun to feel the cumulative impact of that demand, with some choosing to step away from the profession altogether in search of better physical and mental wellbeing.

Many dental professionals don't fully recognise the strains and pains while they're in the thick of it. It shows up later, at the end of a long day – in sore shoulders, stiff necks or that familiar lower back ache that quietly follows them home. It appears in the subconscious movements made to cope: the gentle head tilt from side to side, waiting for that reassuring click, the exaggerated stretch when standing upright, the slow circular movements of the wrist or the quiet lift of a leg from the chair to relieve pressure – a small mercy for the femoral artery that's been quietly protesting all afternoon (a move made multiple times a day by almost the whole team)

When 'occupational hazard' becomes the norm

These aches are often dismissed or brushed off as an occupational hazard. Clinicians blame

the two-hour root canal that required access angles worthy of a gymnast, or contortionist, or the implant case that took four hours and loved despite the physical cost.

These typically aren't everyday procedures, yet deep down, many crave doing more of them. Let's be honest, there's nothing quite like a procedure that leaves you wondering if you should have taken up yoga and/or Pilates in the last decade.

Virtual show of hands: have had a deep tissue massage, cupping, acupuncture, dry needling, spinal energetics, hot and cold therapy or tried any other relief method administered by another professional in the last three years? The truth is, these are symptom relivers that mask the root cause: if nothing changes, discomfort becomes a choice. A healthy back and a clear, focused mind don't happen by chance, they begin with the way people choose to work.

Four-handed dentistry: a different way of working

This is where four-handed dentistry can completely change how dentistry feels. When done well, it isn't just a technique or a skill, it's a mindset – a way of working that protects the body, sharpens focus, strengthens the team and ultimately improves the patient experience. One of the first things noticed

when four-handed dentistry is working properly is the flow. Instruments appear exactly when needed, without asking, looking away or breaking concentration. It feels instinctive, almost musical, as if the dental nurse knows the next move before it's even thought.

Appointments feel calmer. Communication becomes clearer. There are fewer interruptions and far fewer unnecessary movements. The clinician can remain focused in the mouth, maintaining momentum and confidence, while the dental nurse is actively engaged rather than reactive. Over time, this shared flow builds trust, and teamwork that feels natural and easy.

Ergonomics that protect careers, not just backs

Musculoskeletal disorders remain one of the biggest occupational challenges in dentistry, often appearing far earlier in careers than expected. Long hours in static positions, combined with repetitive movements, gradually take their toll. Those tiny (and sometimes not so tiny) 'twists to reach the suction' moves? They can really add up.

Four-handed dentistry naturally promotes healthier posture. By having a more ergonomic approach, both clinician and dental nurse can, reduce unnecessary twisting and overreaching. Fatigue lessens, physical strain eases and the risk of long-term injury drop significantly.

As posture improves, so does energy. Less strain means greater stamina across the day and better concentration during procedures. It also supports something everyone should consider seriously – career longevity.

Perhaps one of the most transformative, and often overlooked, aspects of four-handed dentistry is what it does for dental nurses. Implemented properly, it elevates the

role entirely. Dental nurses are no longer reactive; they are proactive, anticipatory, skilled and integral to the success of every procedure. This single change fosters confidence, professional pride and a genuine sense of purpose within the clinical team, something every practice owner has a responsibility to nurture.

In addition to supporting staff wellbeing, it aids staff recruitment and retention.

This philosophy underpins a growing interest in four-handed dentistry workshops focused on creating meaningful, lasting change in everyday practice. The emphasis is not on speed, but on smarter systems: posture, ergonomic positioning and intelligent task-sharing designed to reduce fatigue, prevent occupational stress and create healthier, more sustainable working habits.

Of course, having the right skills and training is essential – but when those skills are paired with the right equipment, the impact is magnified.

At its heart, four-handed dentistry is about sustainability. Protecting your body, supporting your team, all while delivering consistent, high-quality care to patients.

When dental practices invest in better ways of working – supported by thoughtful equipment – everyone benefits.

Where equipment meets ergonomics

A-dec's equipment and tools, including the angles of access app, fit seamlessly into both ergonomics and four-handed workflow.

The A-dec 500 Pro places essential instruments within reach. Ambidextrous delivery systems allow both left- and right-handed clinicians to work comfortably, while continental-style units eliminate pull-back on handpieces, allowing instruments to be retrieved and returned effortlessly without disrupting focus.

A-dec's stools feature waterfall edge designs that support healthy circulation. Integrated lumbar support encourages proper spinal alignment, while elevated seating positions and leg rests for nurses improve visibility, stability and posture.

To find out more about improving ergonomics, workflow and team dynamics within your practice, visit A-dec's stand at the BDIA Dental Showcase.

Mastering molars: tackling root canals

Jayde Balderston explores performing endodontic treatment on molars

Jayde Balderston

Content marketing strategist, Henry Schein

Root canals can be problematic, even for the most experienced endodontists. Whether it's navigating hard-to-reach or difficult canals, avoiding file breakage and perforation, or tackling patient anxiety, each dentist will face their own challenges when dealing with root canal treatments.

Studies have proven that root canals are most likely to fail when performed on molars, compared to other teeth. And the findings are significant: when assessing patients with symptomatic root canals, the affected tooth was a molar in over two thirds of cases (Rao et al, 2023).

Understanding the issues that molars can present when performing root canals is the key to proper practice and successful treatment.

Molar canals are more complex than other teeth

With multiple canals that can be deep or heavily curved, extracting the tooth's pulp can be a challenge. The posterior positioning of the molar can cause difficulty when accessing the tooth, making it harder to reach or visualise, and requiring specialised tools.

If improper tools are used, the risk of instrument separation, ledging or perforation increases

With an estimated 75% of perforations in molars resulting in tooth extraction (Vehkalahti and Swanlung, 2020), unsuccessful procedures can cause severe complications, which are often deeply upsetting – or even painful – for the patient.

Irrigation of the molar may be less effective in deep or curved canals

This can delay healing or cause infection or pain. According to dentalphobia.co.uk, in the UK, 53% of the population experience anxiety when visiting the dentist, so providing a comfortable, pleasant experience for patients by minimising the risk of post-treatment complications is crucial.

Restorations can be more challenging

Ineffective restorations can compromise even the most perfectly executed root canals. Due to the increased force applied to molars, restorations must be strong and well-fitted to avoid future breakage, which can be especially difficult if there is minimal natural tooth remaining. Final crowns or fillings must perfectly match the patient's bite for their comfort, but still be completed in a timely manner to reduce the risk of infection.

The right tools for the job

As with any dental procedure, having the right tools is the key to success: you can only perform as well as your instruments do.

To effectively assess the tooth, you need to be able to clearly see it in its entirety. The awkward molar positioning at the back of the mouth, narrow or hidden roots, and unexpected turns in the canal can present unforeseen challenges, so make sure you are working with loupes and a microscope that are best suited to you.

Accessing the multiple roots and canals in molars can be difficult without the

right products for canal detection and accurate length measurement. Advanced technologies in dentistry can offer a range of innovative solutions that are more effective than – but can be used in conjunction with – standard radiographs:

- Electronic apex locators (EALs). Offering increased accuracy compared to radiographs, EALs can effectively determine apical constriction or variations and detect root canal perforations, while simultaneously reducing the need for multiple X-rays: ideal for reducing radiation risk to the

patient, increasing their comfort and decreasing chair time

- CBCT imaging systems. Unlike traditional radiographs that offer 2D imaging, CBCT scanners provide 3D imaging of the tooth and surrounding structures, and can be used throughout the procedure for effective diagnosis, simplified navigation, and ongoing monitoring of the treatment site. CBCT scanners allow proper identification of canal curves or unexpected depth, giving you the opportunity to properly prepare for the treatment. Minimally invasive and more cost-effective than standard CT scanners, CBCT scanners can be a valuable tool.

Edge X7 Utopia



Enhancing irrigation

With the apical third of molar canals being harder to reach than other teeth, canals can be more easily missed during the irrigation step, leaving them harbouring bacteria. Using a combination of an effective irrigating solution and an advanced Endoactivator can decrease complications when removing pulp tissue, bacteria and debris from even the deepest parts of the canal:

- Irrigating solutions. Using a combination of different irrigants ensures the canal is thoroughly cleaned and disinfected.

Sodium hypochlorite (NaOCl) is a widely used irrigant that dissolves tissue and kills bacteria, and is often used alongside EDTA, which removes the smear layer. Alternatives include chlorhexidine and citric acid

- Endoactivators. Designed to agitate and circulate irrigating solutions within the root canal system, Endoactivators help to ensure that irrigants reach all areas of the canal, including complex anatomy and isthmuses. While irrigating solutions can be used successfully alone, using them in conjunction with an Endoactivator ensures thorough debris removal and disinfection, resulting in reduced postoperative pain.

Reducing instrumentation issues

The success of a root canal treatment relies heavily on the selection of the correct files to remove infected tissue and debris, and shape the canal so it can be effectively disinfected and sealed. You must consider the tooth type, canal anatomy and specific goals of the instrumentation – and ensure you are using them according to the manufacturer's guidelines.

If you are unsure which file is best suited to your needs, speak to an expert such as an Optident Edgeendo rep for support.

Stainless steel or nickel titanium?

Stainless steel files remain a popular choice due to their strength, and ease of use when navigating straight or simple canals. However, nickel titanium files provide greater flexibility, bending to navigate the canal – which can be especially valuable when treating molars – and reducing the risk of ledging, transportation and perforation.

Using a combination of files can reduce the risk of file separation, which can pose an increased risk when navigating molars. Use a small stainless steel hand file to first establish a glide path before gently following with the nickel titanium file. The elasticity and consistent shaping of nickel titanium files allows them to maintain the original canal path and return to their former shape for a more uniform taper.

Single-use files are a good option as reusable files can weaken after repeated use, increasing the risk of breakage.

Rotary or reciprocating?

Both rotary and reciprocating files have their pros and cons when it comes to performing root canals, and choosing the 'right' file is as much to do with individual preference as it is to do with the clinical case.

Rotary file systems, in which the file rotates down the canal to the apex uninterrupted, offer quick and efficient shaping, which in turn reduces chair time and improves patient experience.

Reciprocating file systems, where the file cuts in a back-and-forth motion, are simple to use, often more flexible and have greater resistance to cyclic fatigue, making them an excellent choice for less experienced dentists.

Improving obturation and restoration

Choosing an effective sealer during root canal treatment can increase the success rate and preserve the remainder

of the tooth. Traditionally, epoxy resin, zinc oxide eugenol (ZOE)-based, calcium hydroxide, glass ionomer or silicone-based resins have been used by dentists, but these each present their own issues from solubility and brittleness to weak seals or adhesion.

Bioceramic sealers

Made from calcium silicate-based materials, bioceramic sealers are now a commonly used sealer among endodontists, offering biocompatibility, antibacterial properties and reduced shrinkage.

Bioactive properties allow the sealer to bond chemically with dentine, for superior sealing of the tooth: essential for preservation of the remaining molar.

Warm vertical condensation

Warm vertical condensation (WVC) is a heat-based obturation technique that typically boasts excellent adaptation to canal walls and irregularities – ideal when treating complex molar canals – and ensures a tight seal.

Bioceramic sealers are sensitive to heat and are typically used with cold techniques, such as single cone, but this doesn't mean they can't be used with WVC, providing you have carefully considered the challenges. Controlling heat application is essential, as prolonged overheating can change the properties of the bioceramic sealer, causing degradation and treatment failure.

Bioceramic sealers are hydrophilic, requiring residual moisture in the dentine or canal to properly set, so you should avoid over-drying the tooth.

You should also assess the longevity of the treatment: if

retreatment is likely to be required, bioceramic sealers may not be the optimal choice as they bond tightly to dentine. In such instances, you may find traditional sealers more effective for use with the WVC technique.

An endodontist's view

Endodontist Adrian Stewart has an expansive industry knowledge and is familiar with the challenges molars can present, and how to overcome them.

'Molar teeth present several challenges during endodontic treatment,' he says. 'These include, but are not limited to:

- Variable and unpredictable canal anatomy – think MB2, mid-mesial canals, isthmuses between canals, and apical bifurcations
- Canals are already narrow, but can become much more so over years of bruxism and restoration
- Roots are very often curved, in three dimensions
- Access can be difficult at the best of times, but can be much worse in a patient with reduced or limited opening.

'One of the biggest game changers for management of molar teeth has been the advent of shape memory files.

These files, which are more martensitic than the traditional nickel titanium alloys, are capable of being precurved, to aid insertion to the canal orifice in cases where access is limited.

Martensitic files are also more conservative of canal architecture, as they tend to follow the natural curves of the molar canals, rather than try to impose a shape upon them.

'Another advantage is their tendency to unwind before fracture. Careful inspection of the flutes between uses in a very tight canal can often reveal a file that is under stress, allowing the dentist to dispose of and replace it.

'With more austenitic alloys, very often, the first sign that the file is over-stressed is when it emerges from the canal 2mm shorter than it went in.

'Currently, my file of choice is Edge X7 Utopia. In the 4% taper, it has a shorter working portion than many files, with a maximum diameter of 1mm. This is very conservative of the pericervical dentine, which is so important for prolonging the life of the tooth after RCT.'

Considerations and support

Despite the challenges, successful root canal treatment can be performed on molars, provided each patient is treated on a case-by-case basis with careful consideration of which tools will be used for the treatment.

If you are unsure which products would be best suited to you, speak to an industry expert, such as a Henry Schein field sales consultant, who will be able to advise you further.

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■ For more details, visit www.henryschein.co.uk.

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A-dec attending BDIA Dental Showcase **A-dec**

This March, A-dec is set to showcase why it's a global leader in dental manufacturing at the BDIA Dental Showcase. A-dec invites attendees to visit stand C10 to explore its award-winning range of dental chair packages, delivery systems, LED lights and dental stools.

At the centre of the stand are three complete dental chair packages: the premium A-dec 500 Pro Package, the versatile A-dec 400 Pro Package, and the entry-level A-dec 300 Core Package.

The 500 Pro features the renowned A-dec 500 Dental Chair paired with the innovative 500 Pro Delivery

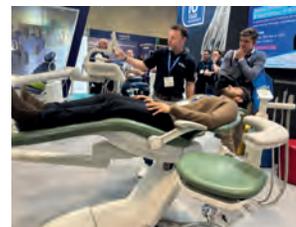
System, all integrated through A-dec+, a software platform that can be updated. Instead of needing hardware upgrades, A-dec+ provides continuous feature updates and performance enhancements, ensuring practices stay connected, efficient, and ready for the future.

The 400 Pro is designed with ergonomics and workflow efficiency in mind, featuring intuitive touchscreen controls and the ability to monitor multiple users and locations through A-dec+. Meanwhile, the 300 Core offers dependable entry-level performance without any compromises. Each package comes with A-dec's industry-leading 10-year warranty, reflecting a strong commitment to quality and innovation over the long haul.

Visitors can also join a live 60-minute session on Saturday 14 March, with Dr Jane Lelean and Nikki Laidi, focusing on four-handed dentistry.

A-dec says: 'We are super excited to attend the BDIA and even more excited to be able to demonstrate some principles of four-handed dentistry (including instrument exchange) we are excited to see you there!'

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Finally, after a clinician selects a dental implant from the Carestream Dental implant library, the system automatically generates a virtual crown design and ideal implant placement, taking into account all available anatomical information from the patient model.

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Reliable guidance for dental trauma cases **British Endodontic Society**

The British Endodontic Society (BES) has created a high-quality signposting resource, designed to support dentists in the initial assessment and management of dental trauma to the permanent dentition.

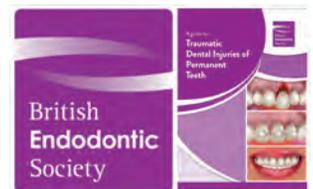
The resource directs clinicians to concise guidance, practical tools and authoritative sources for further reading. Clinicians will find:

- Guide to traumatic dental injuries of permanent teeth: a clear, step-by-step aide-mémoire to inform timely decision making
- History and examination proforma: a printable template to standardise and support documentation for salient information
- Map of dental trauma services: an at-a-glance UK directory to help identify appropriate referral centres
- Links for further advice and management: curated access to recognised guidance and educational resources to deepen learning and support best practice.

britishendodonticsociety.org.uk/dental_trauma_to_permanent_dentition.aspx

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