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MARCH 2026

# DENTISTRY

## *Form & function*

Rhona Eskander  
on transforming  
Chelsea Dental Clinic

### All the feels

It's time to get  
emotional

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# The secret to sustainable growth

Siobhan Hiscott  
Group managing editor

In a profession where clinical excellence meets entrepreneurial responsibility, dental leaders are navigating unprecedented change – from digital workflows and evolving regulation to rising patient expectations. Amid this complexity, however, one principle remains constant: progress begins with a clear vision that anchors every decision, whether that be refurbishment plans, chairside care or strategic growth.

A well-defined vision is not a slogan; it is a practical framework. It clarifies your purpose, guides investment in technology, shapes patient experience and sets the tone for team culture. When opportunities and pressures compete for attention, that clarity becomes the filter that keeps you focused on what truly advances your practice.

Yet vision without authenticity is fragile. Staying true to your professional values – clinical integrity, patient-centred care and ethical leadership – builds credibility that no marketing campaign can replicate. It enables confident decision-making, even when short-term gains tempt you away from your core standards.

Crucially, clarity and authenticity are strengthened by the company you keep. Dentistry is increasingly collaborative, relying on trusted colleagues, suppliers and mentors.

A strong network grounded in open communication and mutual respect provides perspective, challenges assumption and offers support when critical decisions must be made.

But loyalty is not automatic; it is earned through consistency, transparency and a willingness to listen as much as to lead. Professionals who articulate their vision clearly and invite dialogue create alignment that outlasts market cycles and organisational change.

This approach also strengthens succession planning and talent retention. Teams are more engaged when they understand the direction of travel and have a say in shaping it. Clear communication reduces friction, accelerates adoption of new technologies and reinforces a shared sense of accountability across the practice.

For dental leaders, the message is clear: define your vision, remain authentic in its pursuit and cultivate a loyal network that communicates with candour and purpose. In doing so, you do more than manage a practice – you build a resilient enterprise capable of delivering exceptional care today and shaping the profession tomorrow.

Ultimately, vision-led, values-driven leadership is the most reliable route to sustainable growth and enduring professional fulfilment. It is the standard the profession should champion – now and always.



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# PRIVATE

## DENTISTRY

### MISSION STATEMENT

*Private Dentistry* is an essential reference for dental practice development in the 21st century, focused on helping practices evolve sustainably, operate innovatively, and thrive.

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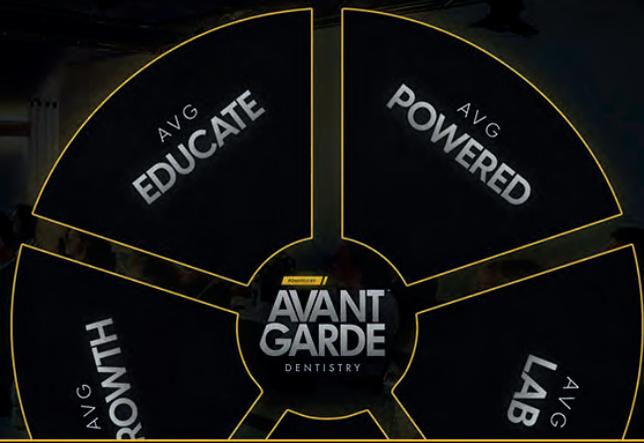
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BDS, is the founder of Bespoke Smile Clinic & Academy, which trains dentists on occlusion, porcelain veneers, and rehabilitations. Sam is on the board of directors at the BACD, and has been a judge for the Private Dentistry Awards.



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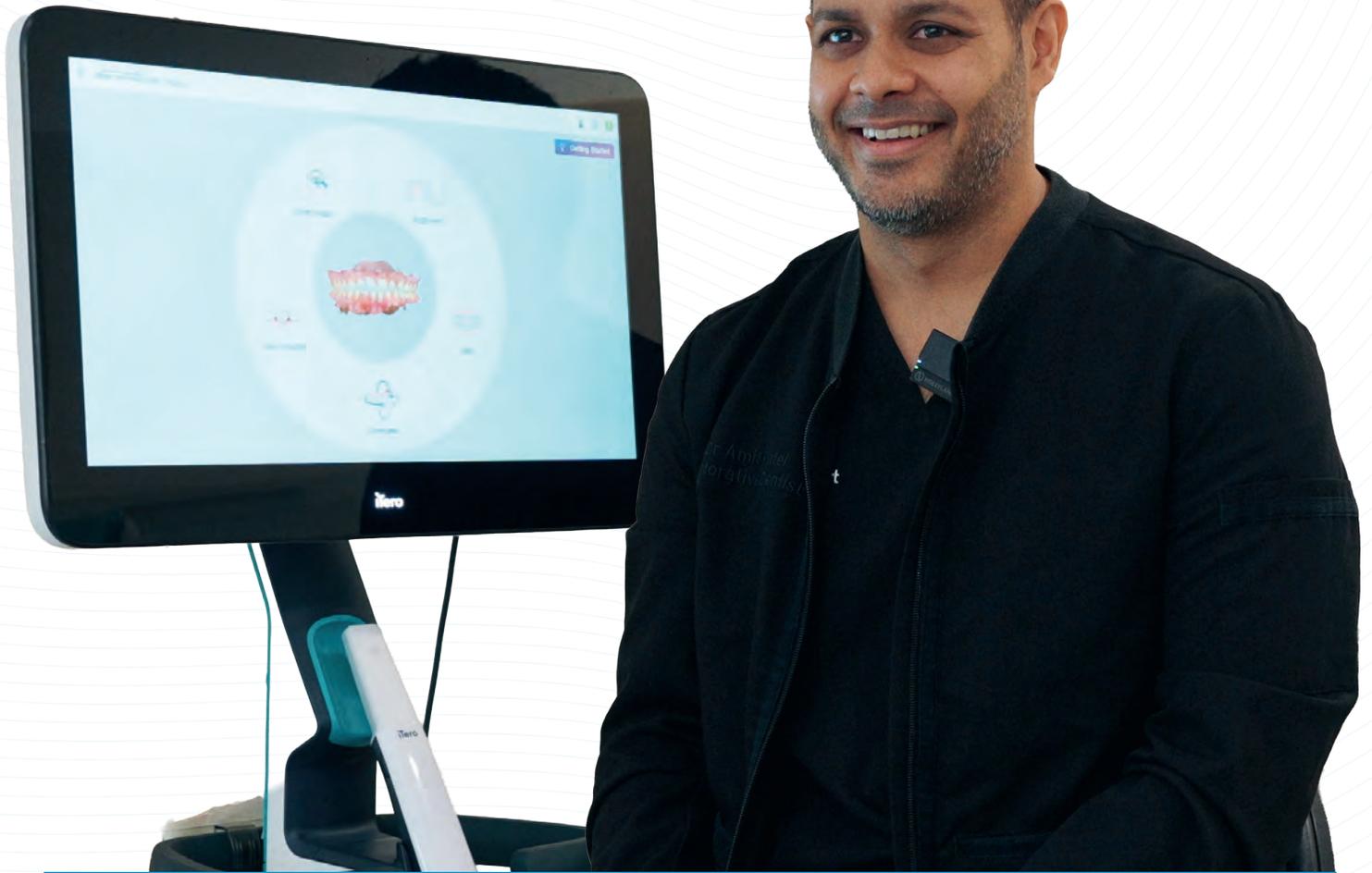
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## Trainee dental nurses must now begin formal training one year sooner

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, head of upstream regulation at the GDC, 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.'

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

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.

## Malocclusions associated with tooth loss risk

Malocclusions such as anterior crossbite have been linked with a greater risk of tooth loss in a new study.

A research team from Tohoku University in Japan divided more than 17,000 adults over the age of 40 into four categories: normal occlusion, anterior open bite, anterior crossbite and combined malocclusion. The team compared this to the number of each group who had more than 19 teeth remaining to determine if there were differences between the categories.

Anterior crossbite was found to be linked with higher prevalence of tooth loss in adults, with a 1.14 times higher likelihood of losing molars.

The same was not true of adults with anterior open bite, which was associated with a lower prevalence of posterior tooth loss in the study. The researchers said this demonstrates that different anterior malocclusions may influence tooth retention in distinct ways.

Kento Numazaki, first author of the paper published in *Clinical Oral Investigations*, said: 'Having fewer than 20 teeth affects chewing, nutrition, frailty, and healthy life expectancy. Therefore, identifying this risk is important for public health. Our findings suggest that bite alignment – in addition to cavities and gum disease – may be related to long-term tooth retention. This highlights the importance of regular dental check-ups and appropriate orthodontic evaluations.'



## Financial dentophobia has caused one in four Brits to delay treatment

One quarter of Brits have delayed dental visits due to fear of the cost of treatment, known as financial dentophobia.

According to research by consumer healthcare company Haleon, 31% of adults would seek treatment sooner if costs were lower or clearer. In addition to financial obstacles, major reasons for putting off dental visits included anxiety (20%), and believing problems would resolve on their own (7.6%).

However, dentists were still viewed as the most reliable source of oral health information, with 51% of adults saying they rely on dentists for guidance. On the other hand, 20% turned to social media and 16% to artificial intelligence (AI) tools or chatbots.

The results of the survey suggest that access may be a major barrier to dental treatment. More than a quarter of respondents said they were registered with a dentist but could not get an appointment. A further 13% also said they were not able to register with a dentist at all.

Jo Cooper, general manager UK and Ireland at Haleon, said: 'Tooth decay is largely preventable, but prevention only works when people can act early and consistently. This research shows that too many people cannot get appointments, are worried about costs, or wait until pain forces action.'

'We aim to make prevention simple, providing consumers with the information and trusted products they need to achieve better everyday health.'

# On high alert

**Chris Barrow** offers a simple message for long-term survival: don't take your eye off the ball



I have just returned from the Bridge2aid Peak to Plains charity bike ride. Twenty of us from the dental world cycled from Kilimanjaro to the Ngorongoro Crater, covering more than 350 kilometres, riding through heat, dust and the kind of terrain that makes you grateful for every rest stop.

We were powered by something far bigger than legs and energy gels: the generosity of UK donors.

The ride itself had its trials and tribulations, but they were quickly put in perspective by visiting the volunteer programme on the ground. We spent time alongside UK GDC registrants, including a group from Henry Schein, who were actively supporting delivery of the Bridge2aid programme in rural Tanzania.

We travelled to a remote district south of Mwanza, in north west Tanzania. The district has a population of around 500,000 people (think Sheffield), yet not a single dentist is available to them. Their entire dental provision consists of three dental therapists. We were there to help with the training of a further four dental therapists – an investment that will change lives, one extraction and one patient at a time.

So, the next time we talk about dental access problems in the UK, it may be worth holding that reality alongside our own.

This situation isn't a one-off. It reflects the experience of a large proportion of Tanzania's roughly 67 million people, who collectively have access to no more than 600 dentists across the entire country.

Bridge2aid is working with Dr Baraka Nzobo, Tanzania's chief dental officer, to support the rollout of dental therapy training across the country in the years ahead.

It's a massive undertaking. It will require significantly more funding, more volunteering, and sustained commitment from people who believe that dental pain should not be a life sentence.

My sincere hope is that the UK business community will continue to support Bridge2aid for another 20 years and beyond.

## HIGHS AND LOWS

That experience has grounded me and offered a fresh perspective on the problems of modern UK life. And yet, less than five days of returning home, I've been reminded that the UK dental business

landscape is not short of its own challenges – and, importantly, its opportunities.

I work with a community of just over 100 independent, owner-managed dental businesses across the UK and Ireland. Many of them are still talking about white space in the diary. They're noticing patients delaying treatment for economic reasons. They're also seeing resilience challenged across teams – clinical and non-clinical alike – by the weight of local, national and international news.

Right now, I have three clients in what I call 'intensive care'. They have cash flow pressures; things are tight.

What does 'intensive care' look like? Daily team huddles to monitor cash flow with absolute precision. In some cases, diverting new patient enquiries away from self-employed fee earners and towards the owner, so treatment plans that improve cash flow are prioritised. In others, tightly zoning the diary so income-generating activity is accelerated to the front of the queue.

It sounds like tough love because it is. You cannot pay your bills with goodwill – you need hard cash.

## AN UNCOMFORTABLE QUESTION

Three months of focused, intensive coaching can usually get clients back on their feet – meeting obligations, restoring momentum, and returning to stable decision-making. Which leads to the uncomfortable question: how did they get there in the first place?

In response, all three said the same thing: 'We took our eye off the ball for three months'.

That's the lesson. A business's finances can go south remarkably fast. Twelve weeks of not watching carefully, not accelerating income-generating activity, not ensuring new patient enquiries are handled efficiently, and suddenly the bills can't be paid.

It's scary – and it's meant to be. After four years of rising costs and an economy that's harder to navigate, the margin for inattention is thinner than ever.

So, my message is simple. Don't take your eye off the ball. Not for one minute.

Stay alert, stay connected to cash flow, and be ready to make tough decisions in service of long-term survival.

CHRIS  
BARROW

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# Chelsea Dental Clinic

**Rhona Eskander** opens the door to her refurbished and transformed dental practice in one of London's most exclusive areas

I had been working at Chelsea Dental Clinic in 2017 when the owner told me he was looking to retire. It presented an interesting opportunity, so in 2020 I became the new owner of the practice.

Before I took it over, Chelsea Dental Clinic had been a failing practice. It had changed hands five times; no one seemed to be able to make it work. Three days after I bought it, in March 2020, we went into lockdown because of COVID-19. The timing couldn't have been worse!

Although the previous owner had made some changes, significant investment was required to transform it into the practice my heart desired. At that point, the practice had a team of three and I was seeing one patient a month. Now, we are a team of 25 who are all fully booked six months in advance.

From the moment I took over the clinic, I knew I wanted to expand into the basement area to grow to five surgeries. I felt that it would enhance the working space for the staff, create better a workflow, and would also uplift the patient experience.

The challenge was to stay open while we expanded. In 2022, practice manager Amy rose to the challenge, undertaking the project management of the expansion. It was completed in 2024.

## THE LOOK

The aim was to create a warm and welcoming environment where patients don't feel rushed. I didn't want a sterile clinic design, but a calm, cool and contemporary space. We took our time and carefully considered space, lighting, fabrics, and colour palettes. Little details matter – even down to our very own bespoke scent to make patients comfortable.

The plan was to promote wellbeing through a holistic and multisensory experience by combining contrasting textures, soft colours, technology,

comfortable furniture, ambient lighting, artwork and planting.

The new look of Chelsea Dental Clinic was a concept conceived by architect Tanya Eskander, who also happens to be my sister! The brief was for a contemporary clinic design: soft curved walls, organic forms and earthy textures that take inspiration from the microscopic structure of bone while instilling serenity and wellbeing. All while working within the existing architectural footprint.

To achieve this, the clinic's interiors combine contrasting textures from an organic, hand chiselled, textured stone and marble desk (weighing more than two tonnes) anchoring the reception, and textured clay walls nodding to the microscopic detail of bone. This is further echoed in the pearly mosaic porcelain tiling in the bathroom.

To put our patients at ease, the colour palette consists of calm and muted colours, snug furnishing and inspiring artwork – no black or blue; it's a far cry from many stark dental clinics.

We used a combination of textures that bring tactility from the moment patients see the practice. On the approach, patients are greeted with a sage green rendered facade with glass windows and a timber frame. Behind the glass, abstract organic sculptures populate window displays – and we often see passersby stopping,

## *Step inside...*

**THE PRACTICE**  
Chelsea Dental Clinic  
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London  
SW10 9EP

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020 7349 8889

**EMAIL**  
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## *The ethos*

Chelsea Dental Clinic offers holistic healthcare, exceptional dentistry, smile makeovers and care; an experience led practice that recognises how patients feel. The practice prides itself on an exemplary patient journey. All clinicians have a human touch and there are periodontal and endodontic specialists, as well as a biological dentist and facial aesthetics practitioners, all under one roof.

## HOW I DID IT

seemingly captivated by them. A sculptural timber door handle invites patients to step inside.

Juxtaposing the earthy solid walls, timber fluting frames the reception desk, breaking up the space and adding warmth.

A curved bench with soft upholstery provides practical seating and is further complemented by soothing abstract artwork, injecting pops of colour and balancing the gentle muted tones.

Lighting is refined and minimal, balancing practicality and ambiance through spot lighting, recessed lighting and sculptural lamps.

We used a whitewashed timber floor throughout the reception area to add warmth and tranquillity. This is complimented by a mossy soft pile green carpet, tall, dried grass in planters flanking the seating areas and a fresh green scent that spills throughout the space.

One feature that has been hugely popular is the ceiling 'mirror' at the centre of the reception. People are surprised that it's not a real mirror (which would be too heavy), but specialised reflective clingfilm that was pulled tightly on installation. It reflects the space, bringing lightness, and has featured in many Instagram shots!

### FUTURE-PROOFING

We're committed to the highest standards of patient care, so to enhance our patients' experience and deliver the best possible results, we have invested in the latest technology.

I turned to RPA Dental to help advise on the equipment the practice would need to meet our needs – not only for today but also in the future.

This saw us replacing the older units with integrated treatment centres from Stern Weber – S380TRC, S220TR and the S320TR in the new surgical suite. All these new systems have improved patient comfort, and safety as well as operator performance, as operation of dynamic instrumentation and functionality is much more intuitive and controlled.

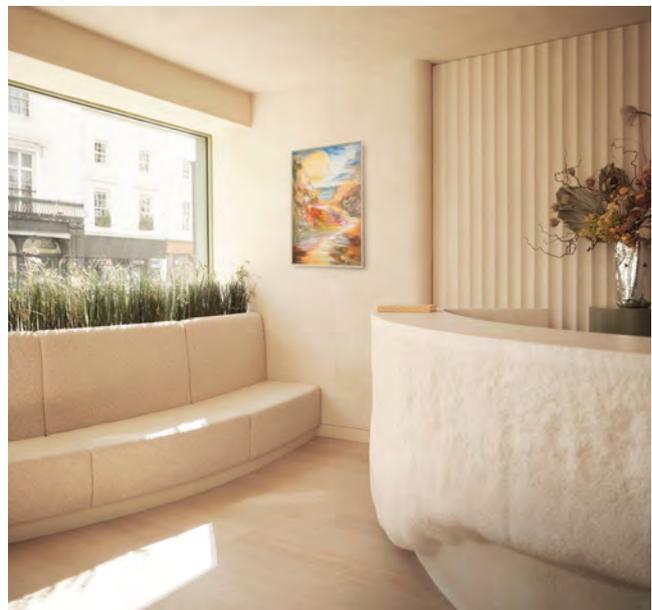
The practice engine room also has been totally overhauled with new plant and machinery, including back-up systems for emergency use deployed, ensuring the continuation of service even in the most extreme situations.

Finally, we are all aware of the advances in AI, and the replacement of the 2D OPG unit, which we inherited from the former practice, is the last piece of the puzzle. The purchase of the new Myray Proxima X6 with Neowise software offers the very latest in low dose CBCT diagnostics with advanced AI protocols for surgery planning and treatment evaluations.

### TEAM SPIRIT

I'd like to say that transformation was easy, but the journey was not smooth sailing. I realised quite early on that some of the existing team did not share my vision for Chelsea Dental Clinic. This resulted in a couple of resignations as our outlook and values were not aligned.

We now have a strong, close-knit team that runs like a well-oiled machine. Looking back, I'd say the biggest shift has been moving into true multidisciplinary care – bringing experts together under one roof to deliver the best outcomes for patients. That evolution has been incredibly fulfilling.



When it comes to the team, I invest heavily – and not just professionally, but also emotionally and culturally. We hold regular team meetings, off-site retreats and shared experiences, whether that's countryside getaways, reflective talks, or practices some might call 'fluffy', like sound healing or meditation.

All team members have a personal development plan and are committed to further training, which is paid for by the practice.

I genuinely believe team culture is fundamental. When people feel aligned, supported and inspired that energy translates directly into patient care.

As a clinician, your focus is entirely on the patient and their care, but as a business leader, your responsibility expands to the whole ecosystem, the team, the culture, finances, operations, and keeping everything running smoothly.

It often feels like switching between two hats – my clinician hat and my business hat, sometimes on different days, sometimes in the same hour.

But holding all of that together while still showing up fully for your patients is a wonderful feeling.



## *Insights from RPA Dental*

The build began just before national lockdown, creating immediate challenges but Rhona maintained a clear long-term ambition – to expand from two to five surgeries by utilising an underused basement.

We adopted a phased approach, allowing the practice to stay operational while relocating key rooms and developing new clinical space.

Early contractor limitations led to a strategic reset and appointment of a new team better aligned with the long-term vision. Throughout the build, the importance of assembling the right team became increasingly evident.

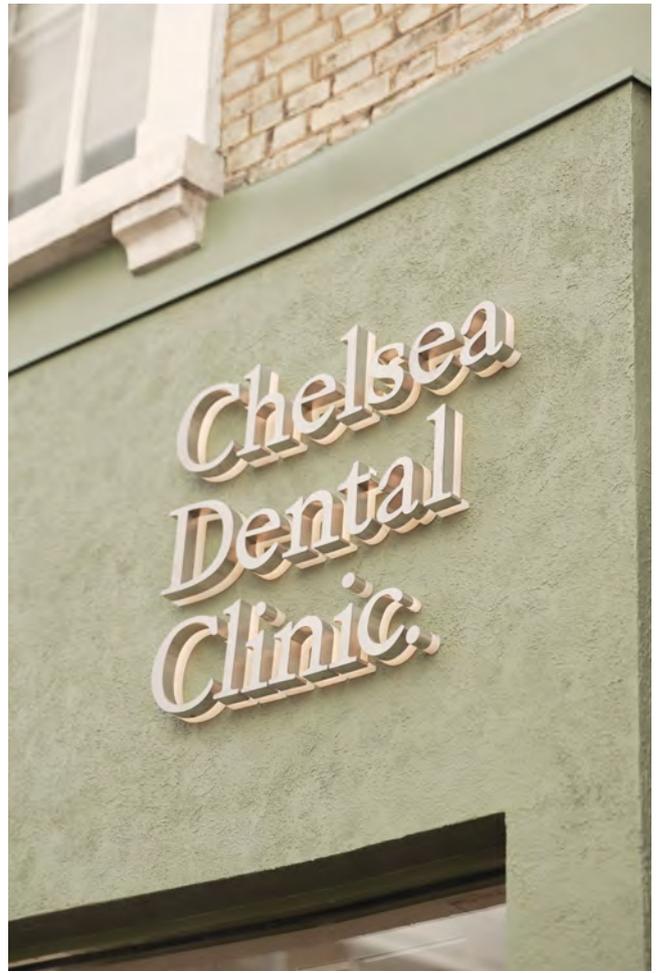
Central to the build was close collaboration with Rhona and her sister, a qualified architect, ensuring the design direction was both technically sound and deeply personal. The project reinforced a key principle: the practice should ultimately reflect the owner's personality and vision, not the preferences of the design team.

The bespoke Portland stone reception desk is an architectural statement. It required complex logistical planning, including the installation of a steel support beam in the basement because of its weight.

A successful build is not just about design and delivery, but about careful planning, staff engagement and long-term partnership to ensure the new space functions effectively and supports future growth.

*In partnership with*

# RPA DENTAL



### **MARKETING**

Chelsea Dental Clinic led initially on the much-loved 'Chelsea Look' and the six different styles of smile makeover that we can provide. However, we have pivoted from that and now offer a more holistic and ongoing approach to our patients. Our target demographic is adults aged between 25 and 45 years.

As one of the first female dentists using social media and influencer marketing, I knew this would help attract patient enquiries. My desire to change the public narrative around dentistry hasn't changed, but thankfully my days of sitting outside ITV, hustling, and pitching directly to the press are over. We now employ an external media team that have helped us garner coverage.

We've also found that, as we work so hard on our patient journey, one of our most significant sources of new patients is personal recommendation.

### **THE FUTURE**

Always being willing to pivot has ensured we stay true to delivering truly multidisciplinary, deeply personalised care. Dentistry is becoming increasingly saturated with cookie-cutter approaches, but Chelsea Dental Clinic has always offered something different.

Looking to the future, we have exciting plans to expand into other areas of health and beauty, including minor surgical procedures to improve breathing, overall health, and orthodontic outcomes. The vision is an all-inclusive approach that doesn't just change smiles, but positively impacts lifestyle and long-term wellbeing. Watch this space!

# 10 questions to ask your accountant

**Khyam Chudhry** explains why better financial clarity starts with better conversations

**I**f you walk into a coffee shop and say 'I'll have a coffee' then you're likely to get something drinkable. But probably not what you actually wanted.

However, if you say 'I'd like a flat white with oat milk. One shot. Extra hot' then you'll end up with a very different result – despite it being the same barista.

This simple idea also applies to your finances. We are now living in the age of artificial intelligence (AI). Everyone is talking about prompts. The quality of the output depends on the quality of the input. Your relationship with your accountant works the same way.

Most dentists do not have bad accountants, but they have vague conversations – and vague conversations lead to vague outcomes.

So instead of theory, here is something practical... a list of 10 questions that change the quality of the conversation. And, as a result, the quality of the decisions that follow.

## 1 WHAT WAS MY REAL PROFIT LAST MONTH?

This is not about turnover, and it is not about the bank balance. It is about what the practice actually made after all costs. Seeing this monthly helps you spot trends early rather than relying on instinct. If profit is falling, you want to know why while there is still time to act.

## 2 WHAT PROFIT MARGIN SHOULD A PRACTICE LIKE MINE BE AIMING FOR?

Without a reference point, it is impossible to judge performance. This should be

based on your mix of NHS and private work, your size, and how the practice is run.

The aim is not perfection, but context.

## 3 WHERE AM I OVERSPENDING COMPARED TO SIMILAR PRACTICES?

Every practice has areas where costs creep up quietly. Often, this is staffing, labs, consumables, or software subscriptions.

Identifying one or two problem areas can have a meaningful impact on profit.

## 4 IF REVENUE STAYED EXACTLY THE SAME, WHAT ONE CHANGE WOULD IMPROVE PROFIT THE MOST?

This question removes the pressure to grow for the sake of it. It forces the focus onto efficiency and structure.

A clear answer helps you prioritise rather than chasing multiple ideas at once.

## 5 WHAT SINGLE NUMBER SHOULD I BE CHECKING EVERY WEEK?

Dentists do not need complex dashboards to stay in control. One clear number, reviewed weekly, can act as an early warning signal. It might relate to collections, cash position, or activity levels.

## 6 AM I PAYING THE RIGHT AMOUNT OF TAX, OR JUST WHATEVER APPEARS ON THE CALCULATION?

Tax compliance is essential, but it is only the starting point. Good planning considers timing, structure, and future intentions.

These conversations are most valuable before the year ends, not after.

## 7 CAN I AFFORD TO HIRE, AND WHAT NEEDS TO HAPPEN FIRST?

Hiring decisions often feel emotional and urgent. A structured answer should include numbers and assumptions. This helps reduce the risk of taking on cost before the practice is ready.

## 8 IF I TOOK A MONTH AWAY FROM THE PRACTICE, WHAT WOULD ACTUALLY HAPPEN FINANCIALLY?

This question highlights how resilient the business really is. It shows whether income and cashflow depend heavily on you being present. Understanding this helps you plan for growth, delegation, and long-term sustainability.

## 9 WHAT DECISION AM I DELAYING BECAUSE I DO NOT HAVE CLARITY?

Most dentists are not short of ideas. They are short of confidence in the numbers behind them. A clear financial conversation can turn hesitation into action.

## 10 WHAT SHOULD I BE REVIEWING BEFORE THE YEAR ENDS, NOT AFTER?

Many financial opportunities are time sensitive. Once the year is over, options are limited. Forward looking reviews allow you to act while choices are still available.

### FOR YOUR INFORMATION

Try asking these questions and listen carefully to the answers. Some will be clear. Some will be vague. Some may not come at all.

That is not a criticism, it is simply information. And, as a business owner, information is what allows you to decide what you need next.



**Khyam Chudhry**

Khyam is a fellow chartered certified accountant and founder of Dental Accountant. He works with dental practice owners across the UK, focusing on financial clarity, decision-making, and long-term sustainability.

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# A dentist's guide to financial success

**Minesh Patel** puts down the drill to discuss dividends and how every dental professional can build wealth



**M**ost dentists will have spent years mastering the drill, but not the dividend. Topics such as 'quantitative easing' or 'yield curve control' probably never featured in your CPD hours, yet they quietly shape the financial future of every dentist. From rising practice costs, squeezed NHS contracts and growing insurance fees, not to mention everyday living expenses, the financial pressure on your wallet is real.

Here's what you can control; how you save, spend, earn and, most importantly, how you invest.

## WHY FINANCIAL LITERACY MATTERS FOR CLINICIANS

Dentistry is one of the few professions where income potential is high, yet it comes with a gap in financial education; let's be honest, most of us weren't taught how to manage money effectively.

In dental school, you're trained extensively on anatomy, pathology, diagnosis and treatment planning. However, nowhere in the curriculum were there any lectures on how to manage income postgraduation, plan

for tax as a self-employed individual, prepare financially for retirement, or understand the basics of investing.

In fact, financial literacy in the UK in general is poor. A 2024 report from HL Savings and Resilience Barometer found just 39% of higher earners are on track to meet a comfortable retirement, with less than 20% of overall households expected to reach this goal, and dentists are no exception.

## MAPPING OUT YOUR FINANCIAL JOURNEY

Before even picking up the drill, new graduates need to understand the structure and cost of student loans, including the mechanics of the loan repayments: term, frequency, interest rate and overpayments. Financial literacy helps new dentists balance debt repayment with cashflow planning and therefore saving and investing potential.

Next comes navigating the divide between NHS and private dentistry; the former provides predictable income but tighter margins, not to mention significant bureaucracy, while the latter offers greater earning potential, flexibility, but greater marketing obligations.

Developing financial literacy around what can and cannot be claimed enables dentists to assess contract values, UDA rates, and patient pricing more effectively.

## THE PROBLEM: THE HIDDEN COST OF FINANCIAL INACTION

Many dentists end up developing unhealthy money habits, working into their late 60s or 70s through necessity, relying too heavily on NHS pensions, avoiding investing due to fear or lack of knowledge and leaving cash idle in low-return savings.

Take premium bonds, for example. They're a popular choice in the UK; they may feel 'safe', but over the long term, they're a poor vehicle for wealth growth. Why? Inflation quietly steals the purchasing power of your capital.

£50,000 held in premium bonds since 1990 would only buy the equivalent of £15,000 worth of goods and services today – that's the real cost of 'playing it safe'.

Premium bonds can still serve a purpose; a safe place for emergency funds or short-term surplus cash, but if your money isn't growing, it's shrinking in real terms.

## THE SOLUTION: INVESTING

Whether you're a private dentist, practice owner, or NHS associate, the most effective long-term strategy to build wealth with minimal effort is investing in the stock market. It might feel risky, but you're already more exposed to risk than you realise.

Most workplace and private pensions are already invested in the stock market. These funds don't buy just a handful of



### Dr Minesh Patel BDS

Minesh is an associate dental practitioner with more than 18 years' experience in general practice. Over the past 12 years, he has developed a passion for financial literacy and now shares practical insights on investing and long-term wealth building with healthcare professionals and the wider dental team.

shares; they hold stakes in hundreds or even thousands of companies across the world, such as the Vanguard FTSE Global All Cap Index Accumulation (GBP) – which contains over 7,000 companies. That level of diversification means it's not about 'losing it all', it's about managing volatility.

And here's the key: over time, those ups and downs smooth out, creating an upward trend. The real risk? Not investing at all.

### **THE POWER OF COMPOUNDING AND PASSIVE INVESTING**

As a dentist, you understand delayed gratification better than most; you trained for years before earning properly. Investing rewards the same kind of patience. The market fluctuates just like dental income (especially during pandemics), but over time, it rises. Reinvesting the profits in the form of dividends or interest compounds your returns, creating exponential growth. Albert Einstein reportedly called compound interest the eighth wonder of the world. But it's difficult for the human brain to grasp compound growth; we're wired for short-term thinking.

Here's a classic thought experiment: would you rather have £1 million today or 1p that doubles every day for 30 days? If you chose the latter, you'd end up with nearly £11 million. Sure, your investments won't double daily, but historically on average, diversified stock markets have doubled approximately every 10 years.

You don't have time between patients to track stock prices or trade crypto. Which is where passive investing comes in. Low-cost, globally diversified index funds let you own a slice of the world's biggest companies, automatically. Your job? Be consistent and leave it alone. Think of it as 'autopilot investing' – simple, steady, and surprisingly effective.

### **UNDERSTANDING THE BUILDING BLOCKS**

Broadly speaking, most passive or index funds usually comprise two main asset classes:

1. Shares (stocks/equities): ownership in companies. Higher risk, higher long-term return
2. Bonds: loans to governments or corporations. Lower risk, lower return.

Funds may contain either of these two, or quite often a mix of both assets in varying proportions. The fund's factsheet shows you the exact percentage allocation. Your allocation depends on your age, risk tolerance, and investment horizon. Younger or mid-career dentists often lean towards equities and as you near retirement, bonds become more relevant to smooth volatility.

## **SMART TAX PLANNING CAN SUPERCHARGE YOUR RETURNS**

### **10 INVESTING RULES FOR DENTISTS**

1. Build an emergency fund first. For true emergencies only – boiler breakdowns, illness, or income gaps. Keep it safe and accessible
2. Only invest money you won't need for five to 10 years. That includes tax funds; short-term money belongs in cash
3. Avoid individual stocks unless you're experienced, and don't chase hot trends. Ignore hype-driven investments or 'get rich quick' schemes. Focus on consistency, not excitement
4. Choose a well-diversified fund, ideally a global one. The US makes up approximately 50-60% of global stock markets; most passive global funds reflect this naturally. Check the fund factsheet. Check how many holdings are in the fund – 10 equals riskier, 500 equals diversified
5. Understand your risk tolerance and consider your investment horizon. Invest according to your comfort level and time horizon. If you've more than 10 years to go until retirement then a fund with higher equity exposure could be your friend. As you approach retirement, a greater bond allocation will most likely serve you better; high investment volatility is undesirable here
6. Assess fund performance. Past returns aren't guarantees, but they're still worth looking at; to gauge if the fund has historically delivered reasonable returns
7. Keep costs low. High fees quietly erode returns over time, and just

like returns, costs compound too. Always check your total investment fees, including management and platform charges. If they exceed 1% annually, it's worth finding a lower-cost alternative. Even small savings in fees can add up to (tens of) thousands over the long term

8. Reinvest and review. Reinvest dividends to accelerate compounding. Review your portfolio once or twice a year; not daily. Ensure it still matches your goals and risk profile, and ignore short-term headlines
9. Don't panic sell! Market crashes are a natural part of the journey; sometimes dropping by 20 to 50%. Stay the course; stay invested. Time heals volatility; panic selling makes losses permanent
10. Try drip-feed investing – ease in, not all in. Skip the stress of timing the market. With drip-feed investing, you can invest gradually through automatic recurring monthly payments from as little £25 per month.

### **BONUS TIP: TAX EFFICIENCY FOR DENTISTS**

Smart tax planning can supercharge your returns. As a dentist, especially a practice owner or limited company director, consider:

- Stocks and shares ISAs for tax-free growth and withdrawals
- Using private pensions/SIPPs to reduce income tax and corporation tax liabilities
- Splitting income with a spouse via shares (if appropriate and within legal limits).

These are powerful tools, but remember it's wise to review your strategy annually, especially after changes in tax bands, thresholds, or pension rules; ideally with an accountant familiar with dental finances.

### **FINANCE YOUR FUTURE**

Dentistry demands focus, patience, resilience and long-term thinking; the very traits that make for a successful investor. You don't need to be a financial expert to build wealth, just consistency. Let time and compounding do the heavy lifting, stay disciplined, and your future self will thank you.

# ESTELITE

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**ESTEPOLISHER**

# Is it time to *increase* your prices?

**Stuart Ker** offers reassurance to those feeling hesitant about implementing a price increase in the dental practice

**C**onversations around price increases are never easy, particularly in healthcare, where trust and relationships matter deeply. However, thoughtful and well-communicated adjustments are sometimes necessary to ensure the sustainability of a practice and the ongoing quality of care patients rely on.

In this article, I wanted to share how we at The Row Dental determine when a price increase is appropriate, how we assess the value of our services, and how we communicate changes with clarity and care.

## FINDING THE RIGHT TIME

Deciding when to introduce a price increase requires careful evaluation. For us, this begins with a detailed review of rising operational costs, including materials, equipment and lab fees, as well as the continued investment required for new treatments and technology.

We also consider patient demand, appointment availability and the need to ensure our team is supported with ongoing training and development. Our fees must reflect not only the services we provide today, but also our commitment to continuous improvement and long-term patient care. Ultimately, pricing should align with the quality, expertise and level of service patients receive.

## UNDERSTANDING AND COMMUNICATING VALUE

For any business owner, trusting in the value you provide is essential. That



confidence carries through to how pricing changes are communicated and received. From a patient's perspective, it is important to understand that dental care is not simply a transaction, it's an investment in health, wellbeing and confidence.

Value extends far beyond the treatment itself. At The Row Dental it includes access to highly skilled clinicians, specialist services, evidence-based treatments, and a comfortable, modern practice environment. It also encompasses the reassurance of attentive staff, personalised care plans, and the time we take to ensure patients feel informed and supported throughout their journey. Our goal is for every patient to feel that their investment in their smile is worthwhile and meaningful.

## ROLLING OUT PRICING CHANGES

How price changes are introduced matters just as much as the changes themselves. To ensure a smooth transition, we take a proactive and structured approach. This includes updating our website, booking systems and all patient-facing communications so information is clear and consistent.

If possible, provide advance notice, so patients have time to understand and prepare for the update. Additionally, ensure the team is trained to discuss

pricing changes with confidence, empathy and clarity, ensuring patients receive the same message regardless of who they speak with.

## TALKING TO PATIENTS

Transparency and honesty are at the heart of every conversation. When discussing fee updates, we explain the reasons behind the change, reinforce the value of our services, and reassure patients that flexible payment options and membership plans remain available. These conversations are approached with care, so patients feel respected and informed rather than surprised.

## HANDLING PUSHBACK

Even with clear communication, some patients may have concerns. When this happens, we recommend:

- Listening first: taking time to understand concerns
- Reinforcing value: reminding patients of the expertise, quality and outcomes they receive
- Offering solutions: discussing payment plans, treatment staging or membership options
- Staying consistent: ensuring all team members deliver aligned messaging. Most patients respond positively when they feel heard, supported and valued.

## LOOKING AHEAD

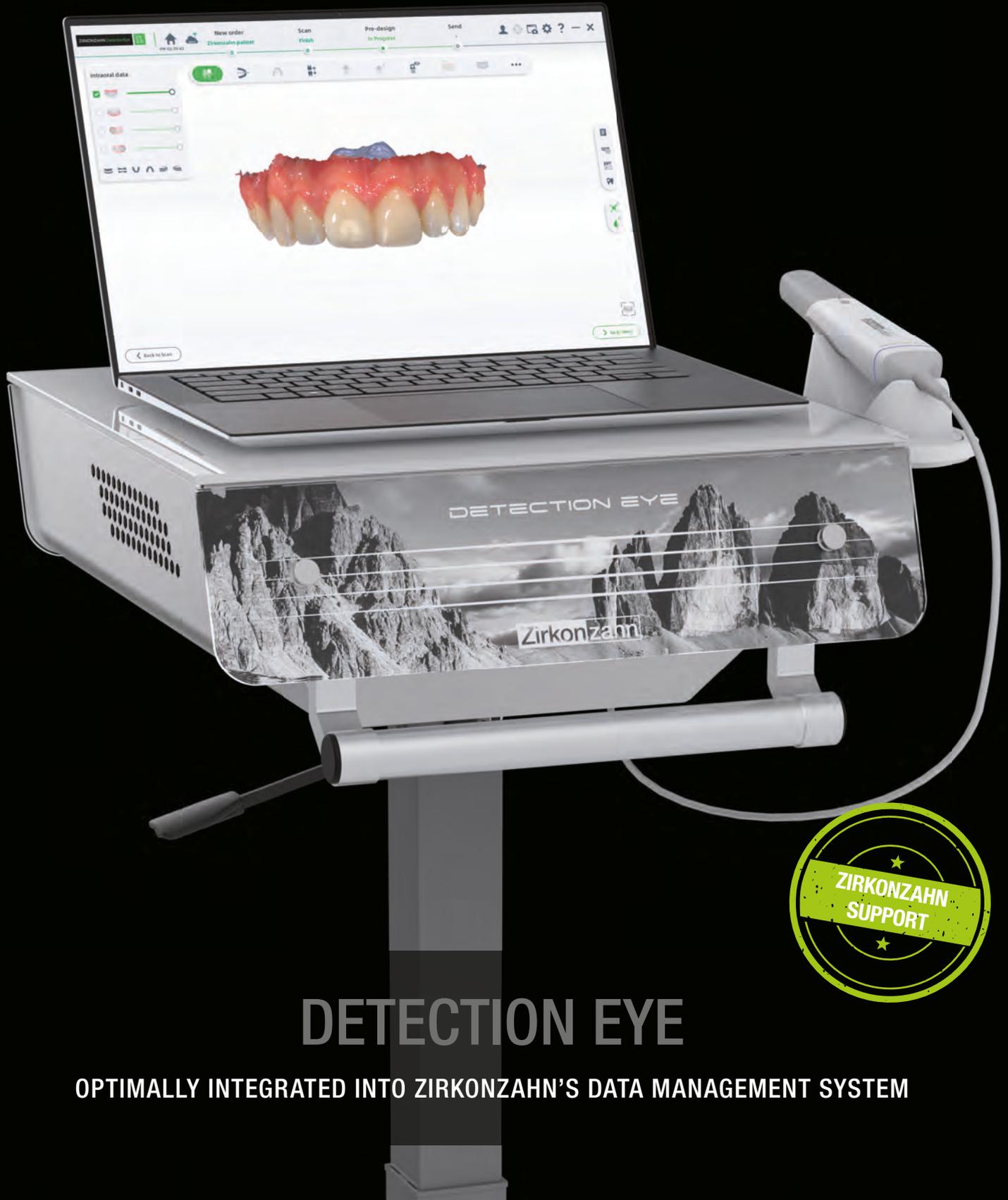
Updating our prices allows us to maintain the high standards patients expect from The Row Dental. Our focus remains on delivering exceptional care, meaningful experiences and lasting results.

When pricing reflects genuine value, expertise and care, it supports both the business and the people it serves.



**Stuart Ker**

Stuart is co-founder of The Row Dental.



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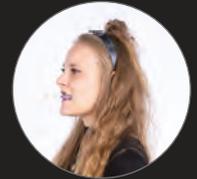
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## 3D PATIENT ACQUISITION



### DETECTION EYE

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- Via a QR code, 3D scans and clinical recommendations can be shared with the patient to facilitate a better understanding of the individual treatment plan
- Open output formats: export as STL, OBJ and PLY



Wireless version available

# A talent *transition*

**Rana Al-Falaki** explains why doing more courses isn't always the answer to how you become a better dentist

**Y**ou may have heard of the so-called 10,000-hour rule – the idea that mastery in any field requires years of relentless practice – 2.6 to be exact.

It's often cited when we talk about elite musicians, athletes and high performers, and it's usually offered as reassurance: keep going, put the hours in and eventually you'll get there.

Yet in dentistry, I meet many professionals who are quietly doing the hours and the courses, without feeling any closer to confidence, mastery or fulfilment. In fact, one of the most common frustrations I hear, particularly from associates, is this: 'I've invested so much in courses, but I still don't feel like a better dentist and am not earning any more money.'

That conversation is where Dr PB and I began. When I first met him, he was a young associate with an impressive list of postgraduate courses behind him. He was conscientious, motivated and genuinely committed to doing dentistry well.



**Rana Al-Falaki**

Rana is an internationally acclaimed leader in dental wellbeing and leadership. As founder of NAIL-IT in Dentistry, she works with dentists to achieve optimal performance. The award-winning periodontist, coach, author and speaker blends over 25 years' experience with the NAIL-IT system. Visit [nailitdentistry.com](http://nailitdentistry.com) for details.

He had spent significant time and money developing his clinical knowledge, often attending course after course in the hope that the next one would finally be the turning point. Except it never quite was.

Despite all that learning, he didn't feel more confident. His fees hadn't increased. His earning potential didn't reflect the level of investment he'd made. And perhaps most importantly, he still found himself doubting decisions, hesitating in conversations with patients, and wondering why others seemed to move ahead more easily.

## A COMMON, UNCHALLENGED BELIEF IN DENTISTRY

As we talked, a belief – that is incredibly common in dentistry yet rarely challenged – began to surface. In his own words, he explained that he thought that if he just did enough courses, confidence would eventually follow. That competence would naturally turn into certainty. That success was simply a matter of accumulating more knowledge.

This is the myth many dentists live by: that clinical courses alone create mastery.

They don't.

I asked him whether he had heard of the 10,000-hour rule, popularised by Malcolm Gladwell in *Outliers*. He had –

but, like many others, had missed the point that the research was never about time alone. It was about deliberate practice, carried out with focus, intention and feedback from someone who truly understands the skill.

Time without application doesn't build mastery. And knowledge without action rarely builds confidence.

What Dr PB was experiencing wasn't a lack of talent. It was a talent gap – the space between knowing what to do and being able to execute it consistently, confidently and under pressure.

Talent, within the 'tangibility' pillar of NAIL-IT leadership, is not about innate ability. It's about the process of acquiring, embedding and expressing skill in the real world. And that process is rarely linear.

Dentistry is a perfect example of this. You can understand the theory, attend the lectures and pass the assessments, yet still freeze in the moment that really

## Spring into action

Spring is a season of renewal. We instinctively declutter our spaces, reset routines, and look ahead with fresh energy. It's also the perfect time to ask deeper questions:

- What skills would genuinely change how I show up this year?
- Am I collecting knowledge or practising mastery?
- Do I have support, or am I doing this alone?
- Where could better structures accelerate my growth?

matters be that a patient conversation, a decision about fees, or a complex clinical judgement. That's because mastery doesn't live in the intellect and clinical skills alone. It lives in behaviour, belief and repeated action.

## MIND THE GAP

We introduced Dr PB to the conscious competency model, which describes how all skills are learned and embodied. At first, you don't know what you don't know. Then you become acutely aware of the gap.

With training and effort, you can perform the skill, but only with conscious thought and structure. And finally, with practice, the skill becomes so integrated that it feels natural, intuitive and effortless. In fact, you can't recall ever not knowing how to do it so well.

Broken down, the four steps look like this:

1. Unconsciously incompetent – you don't know what you don't know
2. Consciously incompetent – you recognise the gap
3. Consciously competent – you can perform with effort and structure
4. Unconsciously competent – the skill is embodied and effortless.

Dr PB realised that while courses had moved him forward intellectually, they hadn't helped him transition fully into that final stage. He was knowledgeable but not yet embodied. Capable, but not yet confident.

Our work shifted away from more courses and towards how talent is actually built.

## 1. Coaching and psychological safety

We began with coaching, because confidence doesn't develop in an environment of constant self-judgement. He needed a space where doubts could be explored safely, where imposter feelings could be challenged, and where decision-making could be strengthened and made faster. As his nervous system settled, his capacity to perform improved.

## 2. Structured accountability

We put strong structures in place. Learning was no longer passive. Every new insight had to be applied. Every development goal was paired with action and review.

Dentistry moved from something he was thinking about to something he was actively practising with intention.

## 3. Daily habits that reinforced confidence

We also focused on habits – small, daily reinforcements that helped him notice progress rather than dismiss it. Wins were acknowledged. Growth was tracked. Confidence was trained deliberately, rather than left to chance.

## 4. Communication and ethical selling skills

Crucially, we worked on communication. In dentistry, clinical skill alone rarely dictates income or satisfaction. Being able to articulate value, hold ethical fee conversations and connect confidently with patients changes everything.

As his communication improved, his fees rose naturally, not because he forced them, but because he finally believed in the value he was offering.

## 5. Mentoring and real-world practice

We also encouraged him to practise beyond his own chair. Teaching, mentoring and discussing cases with others accelerated his development far more than another certificate ever could. Mastery deepens when you are required to explain, demonstrate and embody what you know.

## A WINNING FORMULA

Within NAIL-IT leadership, this progression is described using a simple formula:

- Talent, applied with effort, becomes skill
- Skill, applied with effort, becomes achievement
- Achievement, applied with effort, becomes mastery.

Dr PB already had the talent. What changed was how and where his effort was applied.

Over time, the shift was unmistakable. He stopped overthinking. His presence with patients changed. His confidence stabilised. Dentistry felt lighter, more fluid and more enjoyable. He had moved into unconscious competence, not because he did more, but because he finally integrated what he already knew.

If you're finding yourself stuck despite effort, it may not be because you need another course. It may be because talent needs to be trained, supported and embodied, not just accumulated.

Mastery doesn't come from knowing more. It comes from practising what matters – deliberately. And with the right support, mastery doesn't take years. It takes focus, feedback, and courage to seek help and take action.

---

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Visit [bit.ly/45Uj8Hr](https://bit.ly/45Uj8Hr) for more details.*



## **‘It won’t be me’ ... until it is**

**Probably fine.**  
(Until it isn’t.)

As this year begins, we still might say,  
*“It won’t be me. Well not today.”*

That policy waits. The file’s nearby.  
Reviewed last year... or so we tried.

The team all nod. There’s quiet trust.  
Things feel in place. Enough for us.

No drama here. No raised alarm.  
Compliance works best when it’s all calm.

It’s steady habits, clear and sound.  
Not last-minute fixes rushed around.

So for this year, we pause, review.  
We tidy. Check. We follow through.

Not from fear or mounting stress,  
But because being ready just takes less.

With the right support, steady and known,  
We don’t have to carry it alone.

**Amrita Bhambra Nijjar**

*Compliance Manager at  
Dentistry Compliance*

# Gamifying growth in dentistry

**Amanda Reast** shares how turning practice goals into collaborative challenges can unlock growth, accountability and a culture the team genuinely enjoys

**D**ental business owners are always surprised when I say that you can grow the practice and also have a team that genuinely looks like it's having fun.

Almost without realising it, we transformed our business goals into a game – not just for the leadership team, but for everyone in the practice.

In dentistry, growth targets, KPIs and operational improvements can easily become repetitive or disengaging. We challenged that mindset. By adapting our growth strategy and doing something a little different, we turned essential objectives into team-driven challenges that encourage collaboration, motivation and momentum. Proof that practice growth doesn't have to feel like hard work – and that engaged teams deliver the best results for patients and the business.

At our practice, this looked like:

- Improved workflows
- Exceeding KPI targets
- Increased clear aligner uptake and achieving top independent comprehensive Invisalign provider in the north of England
- Third year Diamond Apex, placing us in the top 1% in the UK and EMEA
- Overall uptake in new patients and all dental services
- A happy and motivated team.

## WHAT MADE IT WORK?

Three things were non-negotiable:

1. Full leadership support
2. Smart, achievable goal setting
3. Using data to refine and adapt quickly.



**Amanda Reast**

Amanda is business manager at The Dental Architect, and a chartered manager.

Growth strategies only work when leadership fully commits – not just by setting targets, but by actively supporting, encouraging and removing barriers. This is how we did it.

### 1. Clear strategic focus

We set strategic goals across two key areas – clinical and non-clinical. This ensured growth wasn't siloed and that every team member could see where they contributed.

### 2. Everyone was involved

The entire team helped shape the challenges:

- Ideas weren't dictated from the top
- The team co-created solutions
- Ownership was built naturally.

### 3. The '1% idea' concept

One of the most powerful tools we introduced was the 1% idea. For this:

- Each team member brings one small, actionable idea
- Ideas are discussed at monthly team meetings
- The individual takes accountability for implementation.

Small improvements, consistently applied, led to significant progress – and brought fresh thinking into the practice.

One standout example for us was sponsoring a local girls' football team. As a female-led independent business, this resonated deeply with our values – and the team went on to win the league!

### 4. Leadership participation (not observation)

Management backing was key. Both myself and Dr Martina Hodgson actively participated in challenges, encouraged ideas and removed obstacles. When leadership shows up, buy-in follows.

## USING THE DATA

Everything was tracked, measured and reviewed. Results were shared openly at team meetings, creating transparency and accountability.

We spent time training and empowering the team – because you truly cannot invest too much time in your team.

Key performance trends analysed included Invisalign conversion rates, rebooking rates, call answering times as well as patient feedback and experience data.

Crucially, data wasn't just collected – it was turned into actions, decisions and growth strategies.

Team effort was recognised in ways that genuinely meant something to them:

- Real-time recognition
- Incentives and bonuses
- Flexibility (including work from home options, where appropriate).

Recognition was timely, personal and meaningful rather than generic.

## THE IMPACT

The impact on the practice was significant. We saw increased clear aligner conversions, business and revenue growth, smoother systems that scale effectively, deeper insight into practice performance, clear visibility of next milestones, a motivated, accountable team who enjoy both the challenges and the rewards and a collaborative culture with a shared direction.

When team members are part of the process and truly buy in, they don't just hit targets – they own them.

This approach is adaptable to any practice willing to invest in its people, use data intelligently and lead with intention.

# Recognise, reward, retain

Mark Topley explains how to build loyalty in your dental team

I have been a judge for the Private Dentistry Awards for more than a decade now. Every year, I read submissions from practices across the UK, and I can tell you this: the ones that consistently win aren't necessarily the most profitable or the most clinically advanced. They're the practices where you can feel the loyalty and engagement of the team through the pages. You can't fake that. And increasingly, you can't succeed without it. Loyalty isn't bought. It's built.

In private practice, where you're already competing on salaries, benefits and working conditions, the differentiator isn't what you pay. It's whether your team would choose to stay during difficult times, recommend you to talented friends and remain genuinely engaged year after year.

That kind of loyalty – the kind that weathers associate turnover, competitive offers from corporates, and the inevitable challenges of running a business – doesn't come from another pay rise or an extra day's holiday. It comes from something deeper.

But first, let's be clear about what we're building. Many practices describe themselves as 'a family', and I understand the sentiment. You want that warmth, that sense of belonging, that commitment to each other. But families can be dysfunctional. The language of family can excuse poor

boundaries, manipulate people into accepting less than they deserve, or create guilt when someone needs to prioritise their actual family.

Be intentional. Build the best aspects of family – genuine care, mutual support, celebrating together – while maintaining professional boundaries and clear expectations. That's the foundation. Now let's talk about how recognition, reward and retention work together to create genuine loyalty.

## RECOGNISE: THE DAILY PRACTICE OF BEING SEEN

Recognition isn't an annual appraisal or employee of the month. It's the consistent practice of noticing and acknowledging behaviour that reflects your values.

This is where many practices lose their employed team. Your dental nurses, hygienists and reception staff aren't necessarily motivated by the same things that drive your associates. They're not building a patient list or developing their clinical reputation. They need something else: to know their work matters and to feel valued for their contribution.

When your dental nurse anticipates exactly what you need during a complex procedure, mention it. When reception handles a difficult patient with grace, acknowledge it. When someone stays late to support a colleague, thank them specifically for that choice.

The power of recognition multiplies when it's tied to clear values. If one of your practice values is 'we support each other', catch people doing exactly that and name it: 'That's exactly the kind of teamwork we value

here'. You're not just thanking them, you're reinforcing what good looks like.

For associates, recognition takes a different form. They need acknowledgment of their clinical excellence, respect for their professional judgment, and appreciation of the relationships they build with patients. An associate who feels their expertise is valued and their autonomy respected is far more likely to stay than one who's simply tolerated as a producer of revenue.

Recognition costs nothing, but the absence of it costs everything. When people feel invisible, they leave. Replacing them costs your practice between £10,000 and £30,000 per person, plus the disruption to your team and patient experience.

## REWARD: BEYOND THE PAYSIP

Recognition tells people they matter. Reward shows you mean it.

Yes, competitive financial reward matters. You can't build loyalty on goodwill alone. But once you're paying fairly – and in private practice, you probably are – the meaningful rewards become less about money and more about growth, autonomy and opportunity.

For your employed team, reward means investment in its development. It means funded training, clear progression paths and opportunities to take on more responsibility. It means flexibility when they need it and genuine care about their wellbeing. It means profit-sharing or bonuses tied to practice success, so they benefit when the practice thrives.

Your practice manager who's been with you for eight years isn't staying for



**Mark Topley**

Mark is a leadership and team performance consultant working with dental practice owners and senior leaders. He helps people create clarity, set clear standards, and build real accountability so teams perform well without constant chasing.



## YOU CAN'T BUILD LOYALTY ON GOODWILL ALONE

£2,000 more elsewhere. They're staying because they've built something here, because you trust their judgment, because they have autonomy and influence. That's reward.

For associates, the reward equation differs. They're motivated by clinical autonomy – freedom to treat their patients as they see fit without interference. They want income aligned with productivity, the ability to build their reputation, and professional respect from the practice owner and team. Security matters too: knowing their list is protected, that they'll be supported with materials and equipment, that the practice isn't going to be sold from under them.

Corporates can outspend you on base salary. They can't give your associates the personal relationship with an owner who respects their expertise. They can't give your employed team the family-without-dysfunction warmth of a practice

where they're known and valued as individuals.

That's your advantage. Use it.

### RETAIN: THE COMPOUND EFFECT OF GETTING IT RIGHT

Recognition and reward don't exist separately. They're interconnected practices that, done consistently, create the kind of loyalty that transforms your practice.

When your team stays through difficult periods – when an associate leaves unexpectedly, when you're short-staffed, when there's a complaint or a tough day – that's loyalty. When they recommend talented friends to work with you, that's loyalty. When they're still genuinely engaged five, 10, 15 years in, that's loyalty.

You can't manufacture that. You build it through hundreds of small decisions that show your team they matter.

This is where the 'family' metaphor becomes useful again. The best families show up for each other. They assume positive intent. They forgive mistakes and help each other learn. They celebrate successes and support through challenges. They have difficult conversations when needed, but with care and respect.

That's the culture that creates retention. Not because people can't

leave, but because they don't want to.

The practices that aren't struggling with retention right now have created environments where:

- People understand the practice's purpose and feel part of something worthwhile
- Values are clear and consistently modelled
- Good work is noticed and appreciated regularly
- People's strengths are recognised and developed
- Both associates and employed team feel respected for their different contributions
- Mistakes are learning opportunities, not reasons for blame or fear.

This isn't the soft approach. It's a rigorously strategic one supported by the data. Every time someone leaves, you lose productivity, expertise, patient relationships and team morale. You spend months recruiting and onboarding their replacement. You risk losing the patients who were loyal to them. You create uncertainty in your remaining team.

The business case for loyalty is overwhelming. But here's the better reason: work is a huge part of people's lives. Creating a place where they feel valued, where they do meaningful work, where they're genuinely glad to show up – that's worth doing for its own sake.

# Ensuring financial stability

**Chris Nicholson** explains how a dental membership plan in private practice can pay dividends

**D**ental membership plans are now a cornerstone of sustainable growth for a modern dental practice.

Introducing a dental membership plan benefits a practice by:

- Encouraging preventive care. Patients who are plan members are more likely to attend regular oral health examinations and hygiene appointments. This proactive approach improves oral health outcomes and can help reduce the risk of costly treatments
- Strengthening patient loyalty. Membership plans create a sense of belonging. As well as a feeling of ownership, patients appreciate the transparency and the value plans offer, which serves to foster trust and long-term relationships
- Financial stability. Regular, predictable monthly payments can smooth out cash flow for the practice, reducing reliance on sporadic high-value treatments. This predictability often brings peace of mind and enables practices to plan investments and staffing with confidence
- Enhancing perceived value. Bundling routine care into a plan makes dentistry feel more affordable and accessible for patients. It allows them to see clear benefits and savings compared to 'pay-as-you-go' appointments.

## MAKING THE INTRODUCTION

There are some key things that need to be considered or acted upon when introducing a membership plan into the dental practice.



**Chris Nicholson**

Chris is a regional support manager at Practice Plan.

## Engage your team first

For a membership plan to thrive, the team must be on board. Everyone must understand the benefits of a plan for both the practice and patient and be confident in explaining them. Provide training on how the plan works, its value proposition and how to handle common patient questions.

## Communicate clearly with patients

For patients to want to become members of your plan they need to understand the benefit it can offer them. Introduce the plan during consultations, on your website and through social media. Focus on the health and access benefits rather than simply affordability and discount. Remind them that they are not simply ensuring they will have access to dental treatment when they need it, they are also making an investment in their oral health.

## Make use of technology

As well as automated payments and

renewals, many providers offer other online services to help maintain and monitor plans. Having this information at your fingertips makes managing your plan simple and reduces the administrative burden on the team.

## Monitor and review regularly

Track key metrics such as uptake rate, retention and revenue contribution. You could also ask for feedback from your patients and staff to refine and improve your offering over time.

## Effective management

Once your plan is live, managing it becomes an ongoing process. Promote consistently. Ensure the patients who haven't yet joined get to hear about how the plan could benefit them on every visit. Include reminders in newsletters, appointment confirmations and posters or signs in the practice.

Measure success by reviewing your KPIs quarterly and use this data to adjust your pricing or its benefits if you need to.

## THE BOTTOM LINE

Dental membership plan benefits achieve far more than just financial stability. They also serve to strengthen relationships with patients and align perfectly with preventive dentistry.

By offering your patients the convenience, value and peace of mind of a membership plan, you help secure your practice's future.

With the right structure and management, dental membership plans can transform your business model from reactive to proactive, helping you ensure both clinical excellence and commercial success.

## Successful dental membership plans: key features

A well-designed plan should be simple, transparent and tailored to your patient base's needs. Most plans offer:

- Inclusive preventive care – usually two oral health examinations and two hygiene appointments per year
- Discount on treatments – typically 10 to 20% off restorative or cosmetic procedures
- Worldwide dental emergency cover – provides peace of mind for patients when away from home
- The chance to spread the cost of oral healthcare by paying by monthly direct debit.

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THE BEST, BY DESIGN

# The emotional side of dentistry

Barry Oulton uncovers why every patient decision is driven by feelings

**H**umans are emotional beings. Every choice we make is rooted in feelings, even when we rationalise our decisions with logic afterward. In dentistry, this means patients are not just choosing procedures based on necessity; they're motivated by how the outcomes will make them feel.

Consider a patient contemplating tooth whitening. On the surface, they want a brighter smile. But dig deeper, and you'll find the true motivation: they're yearning for confidence, self-assurance in social settings, or even to avoid feelings of insecurity.

## EMOTIONAL DRIVERS

To serve your patients effectively, it's crucial to understand their underlying emotional drivers. Let's explore three common motivators: confidence, connection and relief.

### 1. Confidence

A straight, white smile is often associated with confidence. Patients who feel self-conscious about their teeth might avoid smiling or speaking freely. Addressing these concerns isn't just about aesthetics; it's about helping them reclaim their self-assurance.

### 2. Connection

For many, a great smile represents connection – whether it's impressing a loved one, feeling accepted in social circles, or appearing professional at work. Patients might not articulate this need explicitly, but it's often a key factor behind their decisions.



**Barry Oulton**

Barry is a practising dentist and the founder of The Confident Dentist. He is a qualified coach and experienced trainer, certified in hypnotherapy and a master practitioner in neuro-linguistic programming (NLP).

### 3. Relief

Pain, discomfort or functional issues often bring patients to your practice. Beyond the physical relief, they're seeking peace of mind and the ability to enjoy everyday activities without worry.

## REFRAMING THE CONVERSATION

Shift the focus of your conversations with patients from 'what' you're doing to 'why' it matters. Highlight the emotional benefits of the treatment, not just the technical aspects. For example:

- Instead of saying: 'This implant will last 20 years', say: 'This implant will let you enjoy meals without worry'
- Instead of saying: 'A crown will protect the tooth', say: 'This crown will restore your ability to smile confidently and eat comfortably.'

This simple reframing connects the treatment to the outcomes patients truly care about, making it easier for them to see the value in your recommendations.

When you address patients' emotional needs, you show them that you understand and care about their goals. This builds trust and fosters long-term loyalty. Patients who feel emotionally supported are not only more likely to proceed with treatment but also to refer friends and family to your practice.

## IMPLEMENTING EMOTIONAL CONNECTION

Want to tap into the emotional side of dentistry? Action these strategies:

- Use open-ended questions to uncover emotional motivations. For instance: 'How would you feel if we could address this pain for you?'
- Listen actively: pay attention to the words, tone and body language
- Tailor your communication to match the patient's emotional needs, whether it's offering reassurance, building excitement or celebrating their progress

## Making an emotional connection

- **Understand emotional motivations:** recognise that patients' decisions are driven by feelings like confidence, connection and relief
- **Reframe the conversation:** highlight the emotional outcomes of treatments rather than just the technical details
- **Build trust through empathy:** show patients you understand their needs to foster trust and loyalty
- **Empower your team:** train your staff to address emotional drivers at every touchpoint
- **Take action:** start asking better questions and listening for the emotional cues that guide patient decisions.

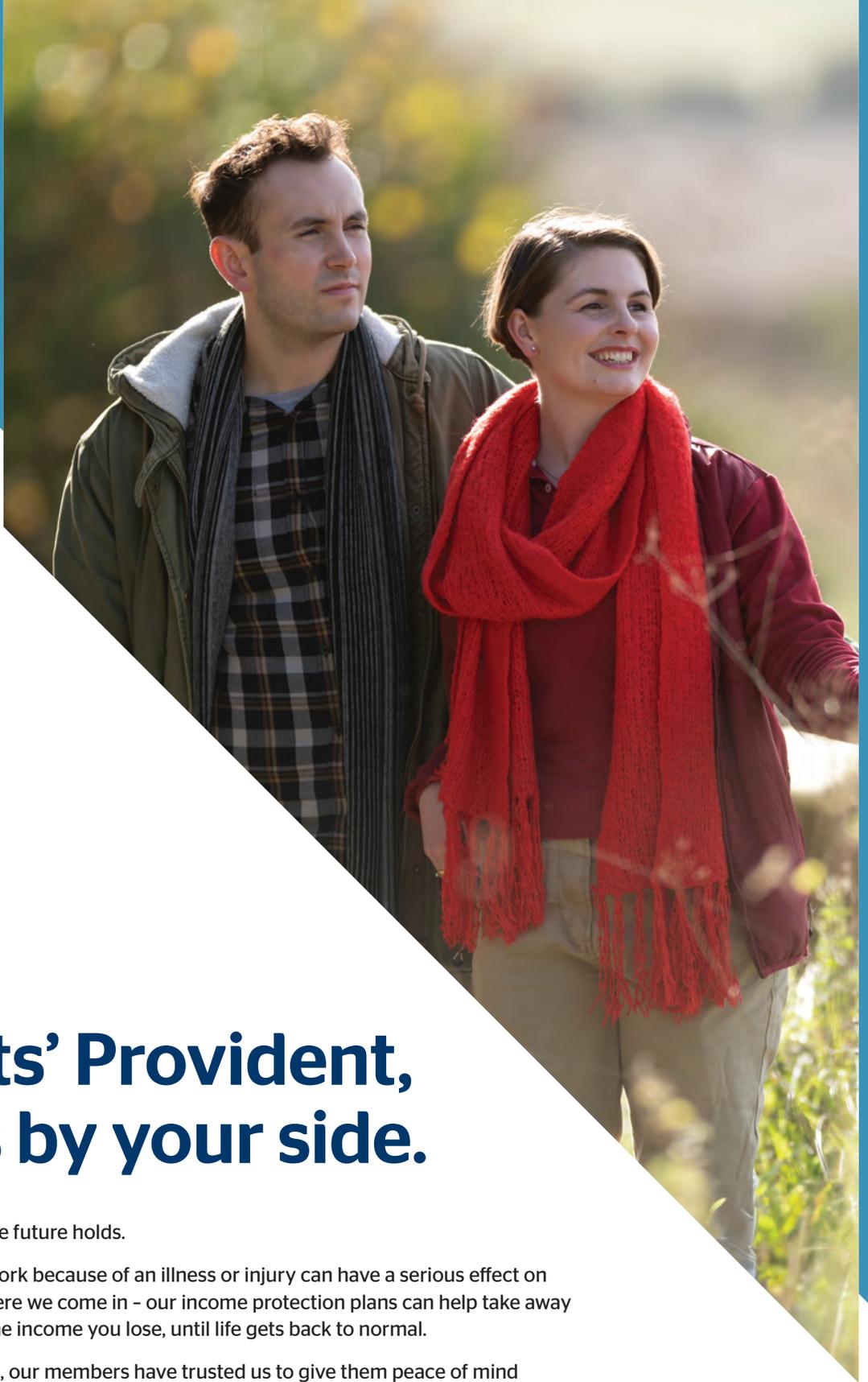
- **Train your team:** ensure every team member understands how to identify and address emotional drivers.

## PUTTING PATIENTS FIRST

When you align your practice with the emotional needs of your patients, you create a service that goes beyond dentistry. You're not just fixing teeth; you're improving lives. This focus doesn't just enhance patient satisfaction, it also builds a reputation that attracts new patients, increases case acceptance and drives business growth.

Whether you're an associate looking to connect more effectively with patients or a practice owner striving to elevate the patient experience, understanding emotional drivers is the key to success. And it's a skill set I help dentists master in my programmes, combining practical techniques with mindset shifts to create lasting change.

By tapping into the emotional side of dentistry, you can transform your patient relationships, elevate your practice, and ultimately improve your own professional fulfillment.



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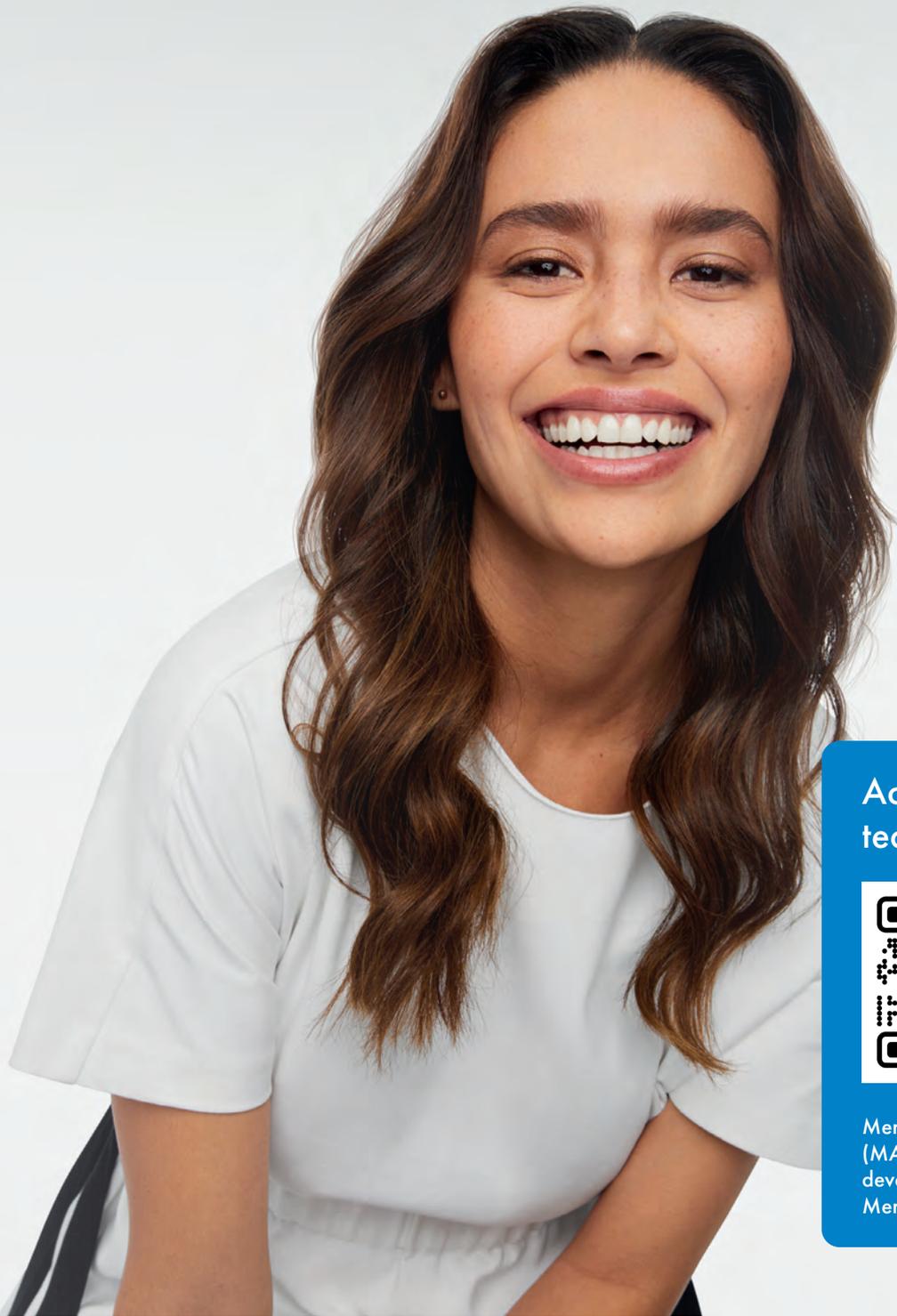
1. BOCOUTURE Summary of Product Characteristics. Merz Pharmaceuticals GmbH:  
<https://www.medicines.org.uk/emc/product/600/smpc> (Last accessed January 2026).

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# Building a centre of excellence

Private Dentistry Awards winner **Craig Mallorie** discusses leadership, specialism and opening a specialist oral surgery and dental implant centre in south Wales

**W**hen Craig Mallorie graduated from Cardiff in 2006, he had no way of knowing just how wide-ranging his career would become – or that it would eventually bring him back to south Wales to set up what is now one of the region's most comprehensive specialist oral surgery and implant referral centres.

Now a specialist oral surgeon and clinical director of the South Wales Specialist Oral Surgery and Dental Implant Centre, Craig's career has spanned general practice, hospital dentistry, overseas training, Harley Street, and ultimately practice ownership. Looking back, he sees it as a path shaped by curiosity, drive and a willingness to step outside his comfort zone.

'I qualified in 2006 and spent my first couple of years in general practice,' he says. 'It didn't take long to realise I wanted to focus on surgery more seriously, so I went back into hospital dentistry as a maxillofacial senior house officer. That's where I completed my MJDF and really confirmed that oral surgery was what I wanted to do.'

A major turning point came when Craig moved to Australia, spending five years deepening his surgical and implant experience.

'Australia completely changed things for me,' he explains. 'I trained in implants at UCLA in California and finished top of my cohort, then completed an implant diploma at Sydney University. That's where I really immersed myself in implant dentistry and built on the surgical foundations I'd developed in the UK.'

After five years overseas – and with a young family by then – Craig returned to the UK, initially settling in London. There, he continued to invest heavily in postgraduate education, completing a sedation diploma at King's College London, a master's in oral surgery, a medical education degree in Edinburgh, and a PGCert in dental law and ethics, all while working four days a week on Harley Street and teaching one day a week in King's College London's oral surgery department.

'It was an intense period,' he says. 'But it was also hugely rewarding. I was working at a very high clinical level while continuing to develop academically, and that combination really influences how I practise today.'

## FROM ROAMING SURGEON TO SPECIALIST CENTRE

After three years in London, Craig moved back to Cardiff and set up a roaming oral surgery service across south Wales. While the model worked well, it also exposed the downsides of being spread across multiple sites.

'Constantly travelling between clinics takes its toll, both physically and logistically,' he says. 'Over time, it became clear that I wanted a permanent base – somewhere purpose-built around specialist care, efficiency and a bespoke patient experience.'

That idea became the South Wales Specialist Oral Surgery and Dental Implant Centre. Today, it's home to a multidisciplinary team including Specialists in oral surgery, oral medicine and maxillofacial surgery, and has so far received referrals from more than 300 dentists as well as local GPs.

## THE REALITY OF BUILDING A PRACTICE FROM SCRATCH

Craig is open about how demanding it was to build the centre, describing practice ownership as one of the toughest – but most satisfying – things he has ever done.

'It was incredibly hard,' he says. 'I approached eight banks before one agreed to fund the project. Once that hurdle was cleared, it became completely all-consuming.'

The building was stripped back and rebuilt internally from the ground up, requiring months of near-constant involvement.

'For four to six months, I was working 19 or 20 hours a day,' he recalls. 'I remember stripping wallpaper at three in the morning so the decorators could start their painting first thing that morning. It was relentless, but also exhilarating.'

Having worked in around 25 practices over the years, Craig was determined to design a space that genuinely worked for both patients and staff.

'This was my chance to bring together everything I'd seen and learned – what works and what doesn't – and try and create something special,' he says.

## TRUE TO ONE'S ROOTS

The practice symbol is a triquetra, a Celtic motif made up of three interlocking arcs, which for Craig represent the clinics three core values: quality, honesty and service. 'They're bound together by a circle, which represents the team that holds those values together,' he explains. From the outset, Craig was clear that the centre should feel rooted in Wales. Local talent was used throughout, from the



**PRIVATE**  
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**WINNER**

South Wales Specialist Oral Surgery and Dental Implant Centre won New Practice South West and Wales at the 2025 Private Dentistry Awards.



architects and builders to the artists, blacksmith and designers.

'If we're called the South Wales Specialist Oral Surgery and Dental Implant Centre, the building needed to feel Welsh through and through,' he says. 'We worked with Welsh professionals and commissioned local artists to showcase their talents wherever possible.'

Inside, the space features a central sculpture by a Welsh blacksmith, murals by Welsh artists, and large photographic wall coverings showing beautiful landscapes from across south Wales, all intended to soften the clinical feel.

'Most rooms have high-definition murals – a waterfall from the Brecon Beacons, the lighthouse at Porthcawl, and the beautiful Castle Coch, which sits just opposite the practice across the valley,' Craig says. 'I wanted patients to feel calm as soon as they walk in, without losing that sense of precision and professionalism.'

**NAVIGATING PRESSURE AND DECISION-MAKING**

Beyond securing funding, one of the biggest challenges was the sheer number of decisions involved.

'You're making hundreds of decisions every minute of the day (and night!) – on equipment, layout, workflows – often under real time pressure,' Craig says. 'People are constantly looking to you for answers, and you feel a huge responsibility to get it right.'

Setbacks were inevitable, and adaptability was key. 'You have to take things as they come,' he says. 'Delays happen, unexpected building work crops up, furniture suddenly arrives that needs assembling overnight. But you just stay focused on the bigger picture and roll with the punches.'

Support from trusted external partners was also crucial, particularly in preparing for regulatory inspections and ensuring the practice opened on time.

**ADVICE FOR ASPIRING PRACTICE OWNERS**

When asked what advice he'd give others thinking about ownership, Craig is refreshingly frank. 'Be honest with yourself about why you want to do it,' he says. 'Ownership doesn't make life easier. Being a well-paid associate in a good practice is probably as easy as working life ever gets.'

## SPOTLIGHT

He also stresses the importance of surrounding yourself with the right people. 'Don't just chase the lowest cost. Work with people who are genuinely excellent at what they do and who care about the outcome – that passion will seep through to the final result.'

That said, he recognises the rewards that come with autonomy. 'You gain control over your environment, your team and how care is delivered to your patients from all angles,' he says. 'If you're passionate about doing things properly, that's an incredibly empowering situation to be in.'

The centre focuses on a specific skill set amongst the team, something Craig believes is essential to strong referral relationships.

'We don't offer routine general dentistry, endodontics, orthodontics or non-surgical facial aesthetics,' he explains. 'Referrers know their patients will always come back to them following completion of the treatment that they were referred for, which makes us a safe place to refer to.'

Services include all aspects of implant dentistry (including zygomatic implants) plus associated hard and soft tissue grafting, routine to complex extractions, wisdom tooth removal, cyst removal, frenectomies, removal of soft tissue lumps, gingival grafting, sedation, oral medicine, TMJ pain management, blepharoplasties and the list goes on!

Craig has been placing implants for nearly 20 years, with a current success rate of 99.3%. He attributes this high success rate to having stayed consistent with his methodology over

the years. By taking a staged evidence-based approach with no compromise in quality of materials throughout, and by working with the patient's biology to try and give them the highest chance of a predictable long-term result.

'We cover everything from straightforward implant cases to full-arch work, complex grafting and implant-retained dentures,' he says. 'Education is also a huge part of what I do – it's something I care deeply about. So regularly throughout the year I am lecturing on this subject that I love either in our own in-house lecture theatre, or nationally and internationally.'

### LEADING FROM THE FRONT

Integrity and patient-centred care sit at the heart of the practice. 'I genuinely treat every patient as if they were family,' Craig says. 'I recommend the treatment that I feel is right for them based on their situation, expectations and budget. That philosophy is embedded in everything we do which is perhaps one of the reasons we seem to have rapidly built a strong reputation locally.'

To help achieve that, Craig has a hands-on and team-oriented leadership style where regular one-to-ones, open communication and a willingness to learn and adapt have helped build a strong, cohesive culture.

'I'd never ask someone to do something I wouldn't do myself,' he says. 'The team has seen me mopping floors, setting up rooms, loading the autoclaves – whatever needs doing to achieve our common objective.'

'There's no hierarchy here. If one part of the team isn't working well, none of us can do our jobs properly.'

### NATIONAL RECOGNITION

In 2025, the South Wales Specialist Oral Surgery and Dental Implant Centre was named New Practice South West and Wales at the Private Dentistry Awards – a moment Craig describes as both affirming and emotional.

'Those awards are highly respected,' he says. 'They're a genuine national benchmark, so being recognised at that level meant a great deal to both myself and the whole team.'

For Craig, entering wasn't about personal recognition, but about testing whether the vision he and his team had worked so hard on stood up beyond local feedback.

'We'd had hundreds of dentists visit for courses and tours, and the feedback was consistently strong,' he says. 'The awards felt like a way to see if that held up nationally.'

Being shortlisted felt like an achievement in itself, but winning went beyond expectations.

'Just being a finalist was such an honour,' he says. 'Then finding out we'd actually won was truly overwhelming – in the best possible way.'

He's quick to point out that the award belongs to far more than just the clinicians.

'This wasn't my award,' Craig says. 'It was for everyone involved – nurses, treatment coordinators, receptionists, management, architects, builders, designers. Everyone poured themselves into it.'

He adds: 'You invest an enormous amount of time, energy and emotion into building something like this. Having that recognised nationally gave the whole team a huge boost. It made the late nights and tough decisions feel worthwhile.'

From a patient perspective, Craig believes the award has helped reinforce confidence and trust.

'Patients don't always understand the technical side,' he says. 'But they understand quality. National recognition helps to reassure them that they're in a good place.'

It has also strengthened relationships with referring dentists, many of whom have shared in the local sense of pride.

'We've had some of our referrers get in touch to say how pleased they are for us which means the World,' Craig says. 'That really matters to us – it shows we're doing right by the profession as well as our patients.'

While the trophy is proudly displayed, Craig sees it less as a finish line and more as a reminder of responsibility.

'Winning doesn't mean you stop pushing,' he says. 'If anything, it raises the bar. It reminds us we need to keep innovating, improving and delivering the standards that earned us that recognition in the first place.'

For Craig and his team, the award represents more than a celebratory moment. It stands as proof that a clear vision, relentless attention to detail and a genuinely collaborative approach can translate into excellence on a national stage.



# From ‘probably fine’ to provably compliant

What dental practices learned in 2025, and what inspectors are focusing on in 2026

**D**ental practices entered 2025 under more pressure than ever. Time was tighter. Expectations were higher. And compliance increasingly sat in the background until something brought it sharply into focus.

Across the year, our compliance advisers worked closely with practices of all sizes. Looking back, clear patterns emerged – not just about where practices struggled, but about the quiet gaps that caused the most stress when scrutiny increased.

## WHAT WE REPEATEDLY SAW ACROSS PRACTICES IN 2025

Most practices weren't struggling because they didn't care about compliance. They were struggling because the way compliance lived inside the practice hadn't kept pace with how it's now being assessed.

Across practices, we repeatedly saw:

- Evidence that existed, but wasn't easy to find, review or explain
- Actions logged, but not clearly followed up or communicated
- Compliance knowledge sitting with one person, creating pressure and risk
- Assumptions that things were 'probably fine', until something triggered closer scrutiny.

These weren't dramatic failures. They were gaps that built over time, and often where inspectors, advisors and practice teams spent the most time.

## WHAT CONFIDENT PRACTICES DID DIFFERENTLY

One of the clearest lessons from 2025 was that confidence didn't come from

doing more compliance. It came from doing it differently.

Practices that felt calmer and better prepared moved away from relying on memory and last-minute fixes. Instead, they leaned into clearer systems, shared responsibility and visibility.

When teams understood why something mattered, not just what they needed to do, engagement improved and responsibility was shared. Compliance became part of everyday working, rather than something saved for inspection preparation.

## WHAT INSPECTORS ARE FOCUSING ON NOW

As we move into 2026, expectations around governance, evidence and accountability continue to rise. In many cases, the rules haven't changed – but how compliance is being assessed has.

Inspectors are spending less time asking whether something exists, and more time exploring how it's used, reviewed and improved.

Across the sector, there is increased focus on:

- Clear audit trails and follow-through
- Real-time evidence, not retrospective explanations
- Consistency across multi-site practices
- Demonstrating learning, not just recording training.

Having policies and records in place is no longer enough. Inspectors want to see how they're used in practice.

## WHY SUPPORT STILL MATTERS

Looking ahead, the most confident practices aren't trying to fix everything at once. They're making small, steady shifts – moving compliance into shared systems, building simple routines, and asking questions early.

Compliance can feel isolating if teams think they're expected to know everything. The right combination of clear systems and experienced support helps practices feel calmer, more organised and better prepared.

If any of these pressure points feel familiar, book a demo to see how Dentistry Compliance can help your practice move from 'probably fine' to confidently compliant.

## Common compliance pressures seen in 2025

- CPD gaps across employed and self-employed team members
- Audits completed, but actions not clearly communicated
- Tasks done, but not evidenced or signed off
- Limited oversight of how compliance was being maintained day to day
- Difficulty evidencing team understanding of compliance responsibilities.

# Dentistry Compliance

Book your demo at [dentistry.co.uk/compliance](https://dentistry.co.uk/compliance).

# Three decades of change

**David Houston** discusses the transformation private dentistry has seen over the past 30 years, and where the momentum is heading

## How has private dentistry changed over the past 30 years?

Perhaps the question should be what has not changed? As someone who qualified 40 years ago, the dental landscape upon graduation was dominated by the provision of NHS dentistry with undergraduate training being tailored towards the 'drill and fill', 'heavy metal' dental health landscape one was expected to encounter in general practice.

Indeed, the population of the UK was conditioned to expect easy access to NHS care as their right, with minimal, if any, cost implications. But the understanding and acceptance was of a basic and limited selection of options.

Obviously, outlying bastions of private care existed in locations such as Wimpole Street, and certain pioneering individuals such as Dr Ellis Paul and Professor Paul Tipton championed private care elsewhere.

However, much of the profession at best dabbled with offering private sector alternatives, based upon a marketing tactic of suggesting the use of better quality materials or the provision of more aesthetic alternatives. (Always mindful of the perils of 'mixing' treatment and the consequent attentions of the Dental Practice Board.)

Presently, I would contend that private dentistry could be considered the norm and is now specifically sought by patients who desire to benefit from the latest clinical techniques, utilising modern materials provided by highly skilled and well-trained clinicians supported by motivated teams. Hence

the change has been fundamental, whereby individuals accept that the private sector is the new default provider of both routine and specialist treatment options wherein patients make well-informed and considered choices based upon a desire to receive competent 21st century levels of care from clinicians able to devote time and skill to their treatment.

## What factors have influenced this market shift from NHS to private?

This new bias is multifactorial and complex, but implicit within the change must be:

- Chronic underfunding of NHS dentistry by the state, through failing to provide sufficient fees to allow the provision of treatment options that clinicians feel ethically and morally compelled to provide to the best advantage of their patients
- Advances in techniques and materials such that the ideal options are often too modern and innovative to be sanctioned by, or deemed fiscally feasible to offer anywhere other than the private sector
- A dynamic, well-educated and inquisitive profession whereby individual care providers wish to expand their knowledge and skill base and endeavour to offer these options to their patients
- A better-informed, longer-living population at large who are often well aware of the benefits of advanced care provision and hence actively seek private sector care to ensure continued health and function in contrast to the lower expectations of previous generations
- Social media promotes an idealised image of the 'perfect' smile that drives

patients seeking self-improvement to access care on a discretionary basis

- The enterprise and commercial intuition of practices. The traditional brass plates discretely located on plain building frontages leading to drab and sterile waiting rooms has been replaced by enticing entrances, eye-catching window displays and welcoming environments, reflecting stunning interior design to create a curated image of quality and competence
- A less insular view of what the role and scope of the profession is. The arrival of inspiring educators from around the globe (such as Newton Fahl, Larry Roenthal, Galip Gurel, Ken James and Pascal Magne) who demonstrated just what it was possible to achieve with knowledge and training, resulted in a cohort of dental surgeons who became disciples for change and their support for each other saw the genesis of organisations such as the British Academy of Cosmetic Dentistry, which disseminated the message of broadening one's horizons
- The incorporation of complementary treatments such as facial aesthetics within a safe clinical environment such that entirely new market sectors were explored
- Invention of the dental implant and reliable, predictable treatment outcomes through their utilisation
- The emergence of body corporates run on commercial frameworks (often by non-clinician entrepreneurs) wherein freedom to trade in an unrestricted manner was deemed an operational necessity and market share was sought to satisfy stakeholders.

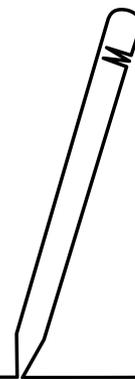


**David Houston**

David is a retired dentist and owner of Houston Dental Group.

1996 –

2026



### How has the public perception of private dentistry evolved in that time?

I believe that in many regions it has gone from being the exception to becoming the rule.

Private sector care is no longer considered a luxury for the few. Rather, with the ability for practices to offer private capitation and dental health insurance schemes, those who seek to maintain a stable relationship with a clinician/a practice, can now budget confidently for their ongoing care, making the concept of being a private patient less financially daunting.

As influences such as the media in general, and social media in particular, permeate everyday culture, patients are more self-aware, possibly more self-critical and desire to improve their health and aesthetic appearance through accessing treatments that may be beneficial in these regards.

Hence, private sector care becomes something that is actively sought and is neither daunting nor remote from their expectations. It is a desire driven (albeit often discretionary) option in contrast to the perception of an outmoded, limited in scope NHS care alternative.

The lack of time constraints and reduced stress afforded to practice teams by implementing realistic private sector fee structures provides an atmosphere conducive to content patients experiencing the best the profession has to offer, maintaining loyalty and fostering strong relationships.

### Which wider trends have been the biggest drivers?

- A better educated public who desires to achieve long-term dental health through the provision of cutting-edge care, utilising the best of modern techniques and materials
- Practices explaining the benefits of continuing care, free of restriction and

antiquated regulations, preserving the patient/clinician relationship on a mutual trust and respect basis

- A dynamic profession seeking to continually develop new skills, identify fresh markets, and provide high-quality care in stunning environments, through the creation of leading care centres, thus encouraging uptake of treatment by the public at large
- The globalisation of the profession and the public, allowing both to understand what is possible, to be influenced by fresh ideas and mutually benefit from expanded horizons
- The emergence of minimally invasive techniques, and clear aligner systems that can be mastered by the majority to satisfy the increasing demand for desire driven treatment in a non-specialist environment
- Dental implant technology, which revolutionised previous generations of patients' expectation of function and aesthetics in later life
- Providing non-traditional complementary care options such as facial aesthetics to access additional income streams and attract a different patient demographic into practice for potential cross-referral
- Body corporates understanding that investment in personnel, facilities and advertising (which, if done competently) will enhance their brands' status with patients and increase awareness of their offering. This tactic has had the benefit of raising the profile of dentistry in general more widely
- The desire for younger clinicians educated to be competent with modern techniques and materials to apply these skills for the benefit of patients, rather than being restricted and frustrated by NHS protocols, rendering these options redundant.

### Where do you see the momentum heading in the next few years?

Given the incredible rate of change and the very different dental landscape from 1996 until today, it would be a brave individual who predicted with confidence quite what lies in store for the profession in the future!

However, given the fiscal pressures on government in general and the NHS in particular, one would expect that at best only a core NHS dental contract will eventually be offered to the populus going forward.

By definition and by default, this will encourage and promote the further growth and development of private sector care within the UK.

One might hope that professional pride and increasing consumer expectation will promote the development of practices of increasing quality who expand to offer comprehensive care options to satisfy demand for both routine and advanced care.

The body corporates may well reposition themselves to serve differing markets to create differentiation of offering and hence attempt to preserve market share. (Albeit some of this may be the result of consolidation.)

I would hope, and expect, that the new generation of practitioner will continue to see dentistry 'in the round' and apply enterprise and entrepreneurship to the betterment of all who work within the profession and access it for care.

Here's to the next 30 years!

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*This article has been taken from a deep dive on the transformation of private dentistry over the past 30 years, supported by Belmont. Read more at [dentistry.co.uk/private-dentistry-three-decades-of-transformation](http://dentistry.co.uk/private-dentistry-three-decades-of-transformation).*

# Bariatric care in dentistry

**A-dec** explains how to create an inclusive practice for everyone

**A**s obesity rates continue to rise in the UK, dental practices are increasingly meeting patients whose weight exceeds the limits of standard dental chairs. According to NHS Digital data from May 2025, in 2023 to 2024, 64.5% of adults aged 18 years and over in England were estimated to be overweight or living with obesity.

This situation poses both practical and ethical challenges for dental professionals: how can safe and effective care be ensured without discriminating against patients who don't fit the 'average' weight profile?

## PUTTING PATIENT SAFETY FIRST

Dental professionals have both a legal and moral obligation to prioritise the safety of all their patients.

Standard dental chairs typically support a maximum weight of around 127kg, which means that patients exceeding this weight could be at risk if seated on regular equipment. Additionally, using chairs beyond their weight limit can lead to insurance complications: public and employer liability coverage might be voided, leaving professionals without protection in case of equipment failure.

When a patient cannot be treated safely within a practice, it's both justified and necessary to refer them to a specialist unit, which are better equipped to provide the extra support needed, ensuring patient safety and adherence to legal requirements.

Obesity is linked to disabling health conditions such as cardiovascular disease, joint damage and type 2 diabetes. Under the Equality Act 2010, dental practices are required to make

'reasonable adjustments' for patients with disabilities, providing access that is as close as reasonably possible to the standard offered to other patients. What constitutes a reasonable adjustment varies depending on the size of the practice, resources and patient needs. For example, a specialist bariatric chair may be a significant investment for a small practice but is often essential for larger practices or those serving a high volume of patients.

Documenting these adjustments ensures compliance with legislation and demonstrates a commitment to care.

## REMOVING BARRIERS TO CARE

Research indicates that individuals who are obese tend to use dental services less frequently, experience higher levels of dental anxiety, and have a lower quality of life related to oral health. While dental anxiety isn't exclusive to those with obesity, it can create a pattern where patients only seek help when issues arise, rather than keeping up

with regular check-ups. This, coupled with limitations in equipment, can result in delayed treatment, discomfort and stress for both the patient and the dental professional.

The good news is that advancements in dental equipment design are helping practices tackle these issues. Take the A-dec 500 dental unit, for instance; with a maximum lifting weight of 227kg, it comfortably accommodates patients who exceed the limits of standard chairs, effectively removing a major barrier to care. This kind of equipment not only boosts safety but also builds patient confidence, showing that the practice is committed to accessibility and comfort for everyone.

## LOOKING FORWARD

Bariatric care in dentistry goes beyond just a technical challenge; it's an ethical obligation. By thoughtfully selecting equipment, adhering to safety and equality regulations and communicating compassionately with patients, dental practices can foster an environment where every individual feels valued and cared for.

Chairs and treatment units that can accommodate higher weights are essential for providing safe and equitable care. Inclusive chairs like the A-dec 500 show that it's possible to meet the needs of all patients without sacrificing safety, comfort or workflow efficiency. For practices, investing in bariatric-capable equipment ensures that no patient feels excluded, while also safeguarding the practice from potential legal or insurance issues.

### Caring for bariatric patients: advice

- Assess equipment limits – be aware of the maximum weight capacity of your chairs and avoid using any equipment that exceeds its rated load
- Consider reasonable adjustments – whenever possible, invest in bariatric chairs or establish clear referral pathways to specialised units
- Document adjustments – keep thorough records of assessments, accommodations, and referrals to show compliance with legal and professional standards
- Communicate sensitively – discuss weight-related issues in private, using empathetic and non-judgmental language to uphold dignity.

*Discover more at [a-dec.com/dental-chairs/a-dec-500](https://www.a-dec.com/dental-chairs/a-dec-500).*

# Knowledge is power

Improve your skills by investing in your education with **Zirkonzahn**

**T**ake the opportunity to expand your expertise at one of Zirkonzahn's Education Centers set in the stunning landscape of South Tyrol's Aurina Valley.

Join one of the upcoming courses for dentists at the Klinik DeMedici, Zirkonzahn's dedicated training centre designed to host events that foster interdisciplinary collaboration between clinics and laboratories.

## PRETTAU® SKIN® COURSE

A two-day course to learn all about the new minimally invasive technique for producing ultra-thin zirconia veneers (0.2 mm) and how to restore the patient's smile with zero to minimal impairment of tooth substance.

The new technique is suitable for the aesthetic correction of tooth discolourations, tooth gaps, crooked teeth, cone teeth and abraded teeth. Participants will also master the complete workflow protocol using the correct parameters, focusing on both clinical and technical aspects.

The course will be held on 23-24 April 2026 by a qualified dentist, supported by a master dental technician, and allows a maximum of six participants.

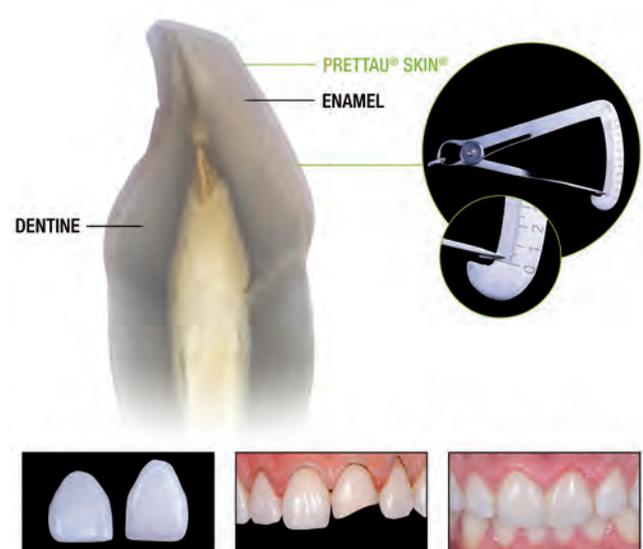
## MINIMALLY INVASIVE TOOTH PREPARATION COURSE

A two-day course on the importance of a minimally invasive approach to dental treatments, combining digital and analogue workflow steps. It is conceived for all dentists willing to practise and improve skills on minimally invasive tooth preparation for different clinical situations.

In this course, participants cover the five preparation phases, apply theory to working models, and use Zirkonzahn's Detection Eye intraoral scanner. Special attention will be also given to the cementation technique.

The course will be held on 16-17 April, 15-16 June and 7-8 September 2026 by a qualified dentist and allows a maximum of six participants.

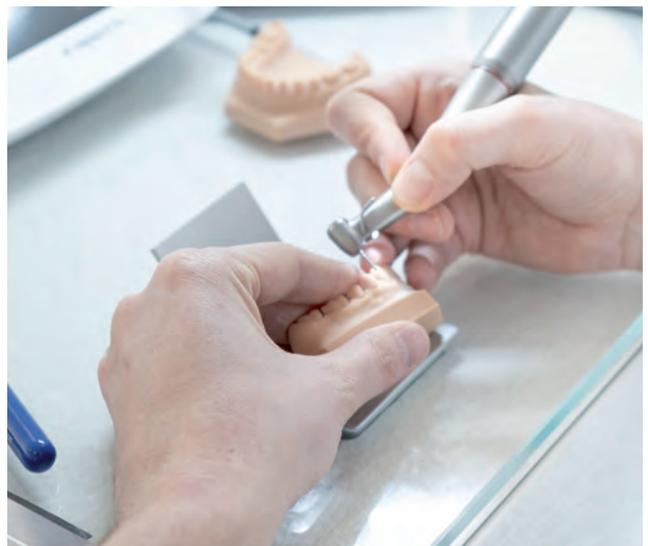
For more details and registration, scan the QR code, email [education@zirkonzahn.com](mailto:education@zirkonzahn.com), call +39 0474 066 650 or visit [www.zirkonzahn-education.com](http://www.zirkonzahn-education.com).



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# Zirkonzahn®

## Human Zirconium Technology



*Based on practical exercises on models, participants can master the art of preparation, for the wellbeing of the patient*

# Building surgical confidence

Discover how Modules 3 and 4 of the Postgraduate Diploma in dental Implant Reconstructive Surgery at **Brighton and Sussex Medical School** will expand clinical capability in implant dentistry

**F**ollowing the strong diagnostic, planning and restorative foundations established in Modules 1 and 2, clinicians on the Postgraduate Diploma in Dental Implant Reconstructive Surgery at Brighton and Sussex Medical School (BSMS) progress into the core surgical and reconstructive elements of implant dentistry.

Modules 3 and 4 represent a pivotal transition point in the programme. At this stage, delegates move beyond straightforward implant concepts in the first year and begin developing the biological, regenerative and digital understanding required to manage more complex cases predictably. Importantly, introducing digital workflows earlier in training was intentional so they underpin, rather than follow, more advanced surgical concepts.

## MODULE 3: BONE PRESERVATION, GRAFTING & SOFT TISSUE TECHNIQUES

### Developing biological and surgical predictability

Module 3 focuses on the biological principles and surgical techniques that underpin successful implant outcomes. Delegates build on earlier surgical fundamentals to learn how to preserve, augment and manipulate both hard and soft tissues:

- Ridge preservation and socket management
- Bone graft biology and biomaterials
- Guided bone regeneration (GBR) principles
- Defect assessment and graft selection
- Flap design, vascularity and wound closure
- Soft tissue handling and

augmentation techniques.

Training is delivered through a combination of lectures, simulation, model-based exercises, cadaveric dissection and supervised clinical exposure. The emphasis is on predictability rather than complexity – understanding when, why and how to intervene biologically to support long-term implant success.

## MODULE 4: EMERGING TECHNIQUES

### Introducing digital thinking earlier – by design

To better reflect modern implant practice, BSMS has intentionally included the digital workflow module, allowing delegates to integrate digital planning and other principles earlier in their clinical development:

- Digital implant planning and prosthetically driven workflows
- CBCT-based planning and data interpretation
- Surgical guides: indications, limitations and risk management
- Digital restorative planning and communication with laboratories
- Understanding how digital workflows support accuracy and safety
- Integrating analogue and digital techniques in real-world practice.

By introducing digital concepts at this stage, clinicians can immediately apply them to their grafting, surgical and

restorative cases – reinforcing good habits before more advanced surgical exposure.

This sequencing ensures digital workflows are seen not as an add-on, but as a core planning and risk-reduction tool embedded within everyday implant practice.

## CLINICAL MENTORING: APPLYING NEW SKILLS TO REAL PATIENTS

Throughout Modules 3 and 4, delegates continue to be supported in treating patients under supervision as part of their clinical logbook development. At this stage, clinicians are supported in:

- Managing ridge preservation and augmentation cases
- Applying digital planning to surgical decision-making
- Integrating guided and freehand surgical approaches
- Refining soft tissue handling and closure techniques.

Structured mentoring, work-based assessments and directly observed procedural skills (DOPS) ensure that clinical progression remains safe, supported and competency-driven.

These modules begin to see digital workflows rooted earlier in training with learning better reflecting contemporary implant practice. Embedding surgical planning and skills that are more accurate and prosthetically driven, crucially reinforce confidence in practical skillsets through logical and cohesive progression.

Modules 3 and 4 mark a turning point – where clinicians move from foundational skills into confident, digitally informed implant surgery.

Visit [www.bsms.ac.uk/dental](http://www.bsms.ac.uk/dental) for more details.



## A-dec at BDIA Dental Showcase 2026

### A-dec

This March, A-dec returns to the BDIA Dental Showcase at London Excel from 13-14 March, inviting visitors to stand C10 to experience its award-winning range of dental equipment. On display will be A-dec's range of dental chair packages, delivery systems, LED lights and ergonomic dental stools, all designed to support efficient, future-ready practices.



A-dec will be showcasing three dental chair packages: the premium A-dec 500 Pro, the versatile A-dec 400 Pro, and the entry-level A-dec 300

Core. The 500 Pro pairs the renowned A-dec 500 dental chair with the innovative 500 Pro Delivery System, powered by A-dec+, an updatable software platform that delivers ongoing performance improvements without the need for hardware upgrades.

The 400 Pro combines ergonomic design with intuitive touchscreen controls and multi-user monitoring through A-dec+, while the 300 Core offers reliable, entry-level performance built to the same high standards. All packages are backed by A-dec's industry-leading 10-year warranty.

Visitors can also explore A-dec's new dental unit waterline (DUWL) solution, designed to support best practices in waterline maintenance, safety and compliance, providing simple, effective infection control and peace of mind.

[a-dec.com/find-a-dealer](http://a-dec.com/find-a-dealer)

## Quick, simple, integrated retainer workflow

### Sprintray

For clinicians offering clear retainers, Sprintray provides an opportunity to implement fast and fully integrated processes that optimise both clinical outcomes and the patient experience. Retention



**SprintRay**

is a vital step to optimise the longevity of orthodontic treatment, and it's important to use solutions that you and your patients can trust.

With the Sprintray Biomaterial Innovation lab, dentists can deliver reliable, custom-made, 3D printed devices to patients in the same appointment. The need for thermoforming, cutting and model production is completely eliminated with Sprintray Retainer, creating a smoother workflow with fewer steps and opportunities for error.

Formulated for strength and translucency, as well as an excellent fit and finish, your patients are sure to be impressed with their new retainers.

You can take scans and bite registrations as normal, send them to Sprintray in one click, and receive back an automatic AI-powered Could Design within five minutes to adjust as necessary. You can then 3D print the designs in-house and retainers can be with your patients in just 15 minutes.

[sprintray.com/en-uk](http://sprintray.com/en-uk)

## High precision and scanning speed

### Zirkonzahn

Zirkonzahn's new Detection Eye intraoral scanner stands out for its very high scanning accuracy and high scanning speed, which enables to digitise the patient's jaw in less than 60 seconds.



The Detection Eye intraoral scanner provides real-time scanning with realistic colours and detailed preparation margins. The scanning areas do not need to be pre-treated with powder, which simplifies the acquisition process.

**Zirkonzahn®**  
*Human Zirconium Technology*

The intuitive software allows the user to complete the scanning process using a one-button operation. It can also be operated via motion sensing technology. By simply moving the scanner, the user can issue commands, simplifying its handling and ensuring a hygienic scanning process with no risk of cross-contamination (eg by touching the PC).

Thanks to artificial intelligence, the software automatically identifies and removes unnecessary data from the scans (eg soft tissue, the dentist's tools and fingers), resulting in a faster and optimised scanning process.

Via a QR code, dentists can share the 3D scans acquired as well as clinical recommendations with the patient on their smartphones for a better understanding of the individual treatment plan. Additionally, the choice between two different tips as well as the customisable background music make the impression-taking more comfortable and patient friendly.

Finally, the scanner's cart is equipped with a drawer that provides perfect storage and organisation of accessories. The user can also rotate the cart and adjust its height as desired to adopt the most ergonomic posture while scanning.

The intraoral scanner is also available in a wireless version.

[www.zirkonzahn.com](http://www.zirkonzahn.com)

## Implant restorations you can trust

### Coltene

The Brilliant Crios from Coltene offers an ideal a solution for single-unit implant restorations.

Its outstanding bonding values, excellent marginal seal and high wear resistance all afford total peace of mind in the quality and durability of the restoration it creates.



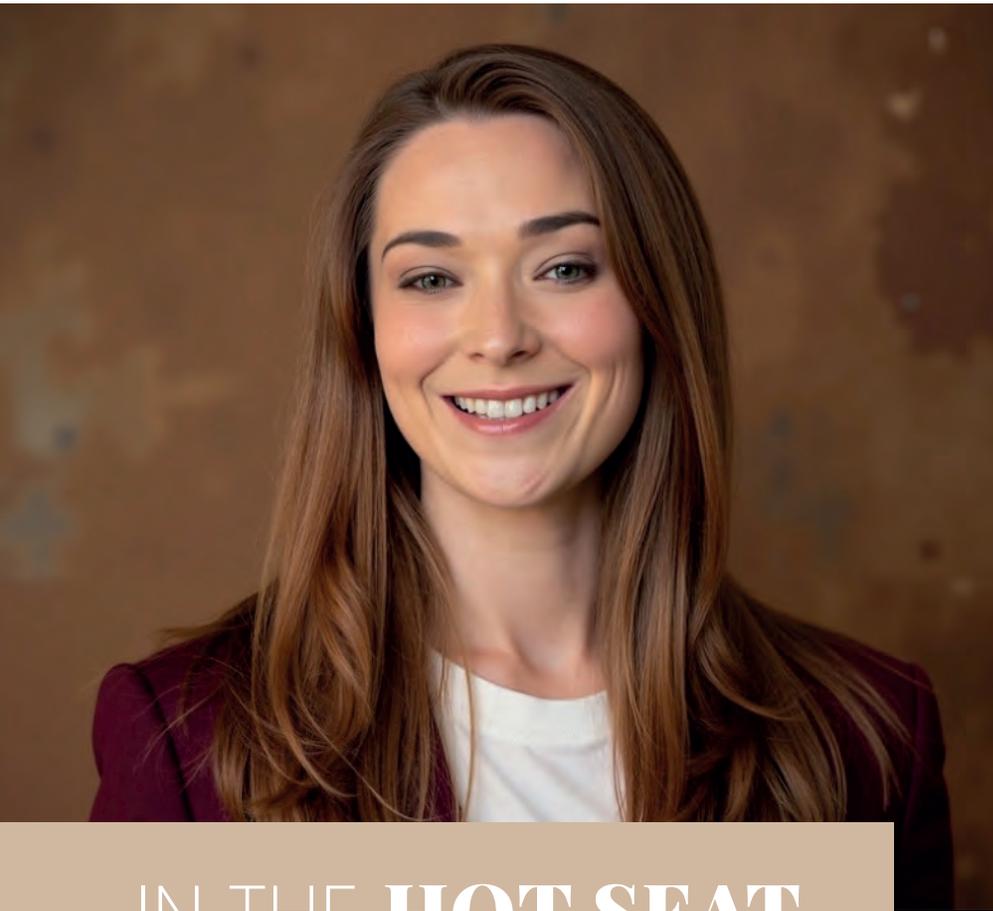
Particularly important for implant-retained restorations, the material also exhibits a dentine-like modulus of elasticity. This minimises the stress caused by chewing and reduces the risk of material fatigue for long-lasting clinical confidence.

The expert Coltene team is always ready to help if you have any questions or need product advice.

[colteneuk.com/crios](http://colteneuk.com/crios)

[info.uk@coltene.com](mailto:info.uk@coltene.com)

0800 254 5115



## IN THE HOT SEAT

**Rachel Derby**, owner and dentist at Chapel Dental, on protected me time, pizza and *K-Pop Demon Hunters*

**Q When and where was your last meal out?**

**A** I'd love to put something exciting here, but I am mother to a six-year-old picky eater!

My last meal out was a few days ago, we went to a local pizza restaurant in Hove called Fatto al Mano.

Niamh had bumped her head in school, but I'd also locked myself out... I forgot to reattach my front door key to my car keys when I went out for a run but only remembered after the door closed!

So I thought this would be a good excuse for a treat. And I earned that pizza after my run!

**Q Who would play you in the movie of your life?**

**A** Margot Robbie. I'm sure we're practically twins!

**Q What's your all-time favourite movie?**

**A** *Alien*! I absolutely love it. Ellen Ripley is such a heroine and badass and originated that female action star. I firmly believe that *Alien* wouldn't have been so successful if a man had played the role of Ripley, just wouldn't have worked. Perhaps because if it was a male character, they would have listened to him and the premise of the story is that they don't listen to the woman who ends up being right!

**Q How do you unwind?**

**A** Life is busy so it's nice to just have protected 'me time', which is important to my husband and I. Currently, I'm training for the London marathon, so I'm doing a lot of running at the moment – and if I'm not running then I'm at the gym.

**Q Describe your perfect holiday...**

**A** Am I allowed to say by myself, somewhere hot in a five-star luxury resort?

**Q What song is guaranteed to make you want to dance?**

**A** I would love to say something cool and eclectic to make me appear edgy and interesting, but at the moment it's Soda Pop by Saja Boys from *K-Pop Demon Hunters*. It is a banger and does get Niamh and I up dancing.

**Q What's the best advice you've received?**

**A** To marry my husband, Neil. However, the advice was from Neil, so in hindsight I'm not sure about the reliability of the source!

**Q What keeps you up at night?**

**A** My daughter sneaking into our bed then stealing my covers.

**Q If you won the lottery, what would you do with the money?**

**A** I wouldn't tell anyone, but there would be signs!

**Q What was the last gift you received?**

**A** I'd have to say the gift of patience!

**Q What's your guilty pleasure?**

**A** I do enjoy a bit of *Bluey*! I love the dad, Bandit – he's a strangely handsome figure.

**Q What was the last photo you took on your phone?**

**A** This is Jack! Jack stealthily entered the practice last week and caused a bit of a hoo-ha. I managed to trap him in the kitchen and then a very gallant patient captured him for us and released him out into the world.



# OIL-LESS COMPRESSORS

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#### SINGLE SURGERY TO BESPOKE SYSTEMS

Our range of compressors produce clean, dry, oil-less air, protecting the dental unit, rotary instruments, staff and patients.

Compressor filters provide superior air purification, filters can be further upgraded to **HEPA H14 FILTERS** providing an even higher level of filtration.

**HAND BUILT AND QUALITY CHECKED** at every stage of production and fully conform to ISO standard 22052.

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Our compressor receivers are coated internally, delivering effective protection against microbes such as bacteria and mould. The exterior is coated with an electrostatic paint.

#### LOW MAINTENANCE

Cattani compressors are built with a self-purging drying column, requiring minimum maintenance.

#### SPECIALIST COMPRESSORS FOR MILLING MACHINES

Oil-less compressors which can run up to 10 bar.

#### SOUND REDUCING HOODS AVAILABLE



All compressors can be supplied with fitted sound reducing hoods.

Our AC100, AC200 and AC300 compressors can be fitted with a sound reducing cabinet which reduces noise levels to an impressive 52dB(A).

Supplied with a 5 year warranty\*. An additional 2 year warranty\* can now also be purchased, increasing the warranty from 5 to 7 years.



#### BioCote® Silver Ion Technology

delivers highly effective protection against microbes such as bacteria and mould



\* Cattani compressors when correctly specified will deliver the minimum requirements of 50 Litres / minute per chair (at 5 bar pressure) when running simultaneously. Registration on SmartApp should be completed by an engineer upon installation and is a requirement of the units warranty (see our terms and conditions for further information). Warranties are subject to Terms and Conditions of servicing schedule. Additional 2 year warranty must be purchased with the unit at point of sale.



QUALITY  
DESIGNED AND  
MANUFACTURED

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