

May 2026

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# Dentistry

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“  
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APPOINTMENT<sup>3</sup>**”

“  
**IT'S NOT LIFE-  
THREATENING, SO  
YOU JUST DON'T  
REALLY MENTION IT,  
I GUESS.<sup>3</sup>**”

“  
**YOU LEARN TO  
LIVE WITH IT<sup>3</sup>**”

See their sensitivity. Start a conversation.

**RECOMMEND SENSODYNE** 

# Dentistry

‘We are a profession with amnesia’

Miguel Stanley explains why he feels dentistry is a profession that has forgotten its craft, but the future is still bright – if dentists can find their purpose again

pg 55



## Major update puts infective endocarditis on the agenda

UK guidance on infective endocarditis (IE) prevention has undergone its most significant change in nearly two decades.

A 2008 decision by the National Institute for Health and Care Excellence (NICE) recommended against antibiotic prophylaxis (AP) for dental procedures.

However, a major new update has officially put IE prevention back on the front page.

### What has changed?

A 2026 NICE update signals a shift away from the 2008 ‘not recommended’ stance towards more targeted prevention.

The updated guidance recognises that for high-risk patients undergoing invasive dental procedures, the benefits of prophylaxis may outweigh the risks.

This move aligns the UK more closely with the rest of the world and places

the decision-making power back into a framework of informed consent and clinical assessment.

### A controversial history

In 2008 NICE recommended against the use of all AP for dental procedures, stating simply that it was ‘not recommended for people undergoing dental procedures’.

While international guidelines in the US and Europe continued to support targeted prophylaxis for high-risk patients, dentists working within the NHS were contractually bound to follow the NICE ban.

### High cost of inaction

The return to a more nuanced approach is driven by sobering clinical data.

Infective endocarditis is an infection of the heart valves with a mortality rate at roughly

30% of patients who die within one year of diagnosis.

Furthermore, survivors often face a lifetime of significant health challenges, including major cardiac surgery.

Critically for the dental profession, the link to oral health is extensive.

Research indicates that oral bacteria are implicated in between 35% and 45% of all IE cases.

### A new clinical responsibility

For practice owners and clinicians, this offers an opportunity to update their clinical protocols.

It requires a renewed focus on identifying high-risk patients, such as those with prosthetic heart valves or a history of IE, and ensuring that the appropriate preventative measures are discussed and documented.



## Journey to \$10 million revenue

US cosmetic dentistry titan Brian Harris talks to Alan Clarke and *Dentistry* magazine about how he built a family business up from \$1.5 million to \$10 million per year in revenue, plus what he learned about technology and information sharing along the way.

See page 50.

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# Dental hygienists and therapist are the key to the modern practice



**Seb Evans**  
Editor's view

On the 1 May, the profession celebrated National Dental Hygienist and Dental Therapist Day. It's a moment I'm proud to say that *Dentistry* magazine and Dentistry.co.uk initially launched and have been at the forefront of, pushing this vital role onto the national agenda. But now that the banners are down and the day has passed, the real

work begins.

As someone who views the profession from the editor's chair rather than the clinician's surgery, I see a contradiction. Dental hygienists and therapists (DHTs) represent the fastest-growing potential in dentistry.

They have fought tirelessly to expand their scope of practice and gain advanced skills.

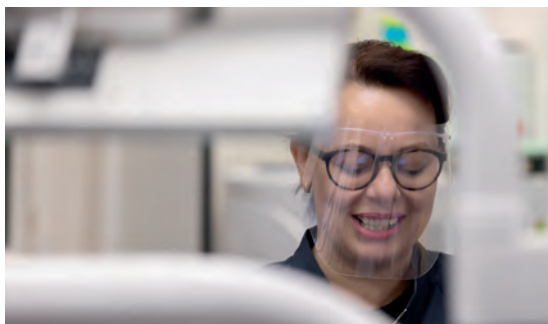
Yet, in many practices, they remain the most under-utilised asset in the building.

## The multi-tool of modern practices

If you are looking at the current state of the profession the solution to many practice's problems is already standing in another surgery.

If you want a modern-day working dental practice, you need to lean on DHTs more.

- For profitability – shifting routine restorative work to a therapist allows dentists to focus on the high-value, complex treatments they were trained for
- For patient throughput – if you want to move a stagnant patient list, a DHT-led model is the only way to increase capacity without burnout
- For prevention – we are moving towards a 'drill-free' era. DHTs are the natural leaders of this preventative model,



as well as providing vital education to patients, if their timetable allows this

- For recruitment – in a tight labour market, offering a therapist a full scope of practice makes your business the employer of choice.

## The caveat

However, we cannot expect DHTs to be the silver bullet for practice growth if they aren't given the tools to succeed.

You wouldn't ask a dentist to work alone, so why are so many therapists expected to work without a dental nurse?

To truly unlock this potential, forward-thinking practices must offer dedicated dental nurse support, modern technology to offer cutting-edge therapy and competitive salaries reflecting the increased patient throughput.

National Dental Hygienist and Therapists Day gave us the platform.

We've started the conversation, and the profession is clearly ready and willing to evolve.

But a day is just a gesture; a business strategy is the commitment.

DHTs are ready to step up. The question is – is your dental practice ready for them?

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## Mission statement

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# Pay uplift for NHS dentists will have ‘real consequences’



**‘These choices have real consequences for patients. The government recently boasted of increasing dentist numbers to ease the NHS access crisis. This policy will achieve the exact opposite outcome’**

The government has confirmed a pay uplift for NHS dentists.

Key figures in dentistry however, say the changes ‘radically underestimate’ the cost of delivering care.

On 25 March, the government announced that it would accept the recommendation of the Doctors’ and Dentists’ Review Body (DDRB) for a pay uplift for NHS dentists.

From 1 April 2026, the following groups received a 3.5% increase to pay ranges and the pay element of contracts:

- Hospital dentists

- Specialty, specialist and associate specialist (SAS) dentists

- Consultants.

Meanwhile, salaried dentists working in community dental services received a pay increase of 3.75%.

It is anticipated that staff will receive the uplift in June’s pay packet, back dated to April 2026.

This award is above the rate of inflation and the highest of any group within the NHS. Doctors and GPs will receive 3.5%.

## Why are dental experts against the pay uplift?

Two further recommendations related to dentistry were made by the DDRB:

- Governments should work with dentists’ representatives to develop an index of dental costs in each nation, which should be used to determine the expenses element of dental contract uplifts in each nation
- Governments should review pay and progression for salaried dentists working in community and public

dental services to assess whether the reward structure is appropriate to support recruitment, retention, and service delivery.

However, the government said ‘further time is required to carefully consider these and determine the best way forward’.

The British Dental Association (BDA) said it believes the government intends to use GDP deflator as the basis for the expenses uplift, which it said would ‘radically underestimate the significant inflationary pressures dentists are under’.

BDA vice chair Peter Crooks said: ‘By failing to properly reflect the costs of care, ministers are turning a recommended pay increase into a pay cut.’

‘These choices have real consequences for patients.’

‘The government recently boasted of increasing dentist numbers to ease the NHS access crisis.’

‘This policy will achieve the exact opposite outcome.’

The association estimated that dental staff costs have increased by 14%, laboratory bills for items like dentures and crowns by 9%, and other costs by 4%.

## Practices face impossible maths on urgent care

From April, NHS dental contractors must deliver 8.2% of their contract value as urgent or unscheduled care.

Dr Mariam Belattar, an

experienced NHS dentist, says the reform feels less like a solution and more like a pressure valve.

‘By bringing in a fixed requirement of 8.2%... the

system moves away from clinical judgement and organic local demand into a centrally imposed quota,’ she says.



### Not new, just newly complicated

For many NHS dentists, the 8.2% requirement is simply a change in administrative burden.

‘It feels like there are going to be increased admin challenges for practices,’ Mohsan Ahmad, principal dentist and director at Ahmad and Saleem Partners, points out.

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# New links found between snus and gum damage



**‘It is not only a matter of the portion pressing against the tissue; there also appears to be an inflammatory reaction that leads to bone resorption, which over time causes the gums to recede’**

Snus, a Swedish smokeless tobacco, has seen a sharp rise in usage among UK adolescents and young adults.

New research shows it ‘clearly’ damages the gums.

Although illegal to sell in the UK, snus, a form of nicotine usually delivered in a small pouch placed under the top lip, has grown in popularity as it is cheaper and more discreet than vaping or smoking.

But a systematic review found ‘consistent evidence’ that snus and similar can cause gum recession, particularly where the pouch is placed.

Several of the studies in the review also noted higher levels of gum inflammation in snus users, even after

controlling for plaque levels. The risk of gum recession is thought to be lower after using portioned snus pouches than loose powder.

## **How does snus damage the gums?**

Mats Jontell is professor emeritus of oral medicine and pathology at Sahlgrenska Academy, University of Gothenburg and a researcher on the paper.

He suggested that the impact of snus on the gums could be a result of inflammatory bone resorption.

He said: ‘When we weigh the evidence together, we see that snus affects the gums locally.

‘It is not only a matter of the

portion pressing against the tissue; there also appears to be an inflammatory reaction that leads to bone resorption, which over time causes the gums to recede.

‘However, we see no clear evidence that it leads to destructive periodontal disease.’

The review also did not find a strong link with tooth decay.

Some studies reported a higher incidence of filled or decayed teeth in snus users, while others found no difference.

The researchers concluded that it was ‘not possible to conclude that traditional snus itself increases the risk of tooth decay’.

# Toothpaste tubes now recyclable across the UK

All toothpaste tubes sold nationwide will now be made of recyclable polyethylene as part of a sustainability drive led by toothpaste manufacturers.

Toothpaste tubes have previously presented a challenge for recycling as they were formed of a sheet of aluminium sandwiched between plastic.

Led by toothpaste brands such as Colgate and Haleon in collaboration with the Waste and Resources Action Programme (WRAP), the

tubes will now be 100% recyclable.

While many local authorities are beginning to accept toothpaste tubes for recycling via kerbside collection, many consumers will still not have access to tube recycling from home.

However, toothpaste tubes can be taken to Boots locations across the country, where customers will receive Advantage Card points for participating in the Recycle at Boots scheme.

## **‘Monumental change’**

Research conducted by WRAP found that most people believe toothpaste tubes are non-recyclable.

In the survey, eight in 10 people said they put one or more items that could be recycled in the residual bin.

Catherine David, WRAP CEO, said ‘We’ve taken one of the most infuriating household items and made it recyclable.

‘To mark this monumental change, we’re asking oral healthcare professionals to



tell patients about this.

‘Dentists are the frontline of behaviour change in promoting oral healthcare practices, so we hope they’ll have a minute to encourage

patients to recycle the tubes too.

‘It’ll help reduce the amount of landfills caused by discarded toothpaste tubes!’

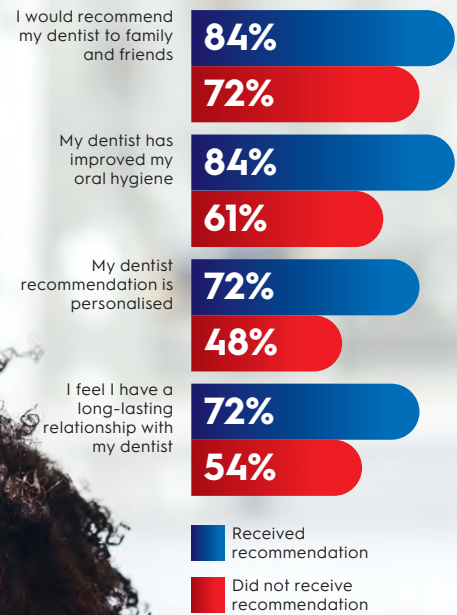
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\* Source: Consumer Survey n=100 (Data on file)



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\*\* Source: Consumer Survey (Data on file)



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# Can you solve this murder case?



A murder investigation spanning more than a decade could finally be cracked by a dentist recognising their own work.

Part of the victim's skull was discovered by two campers in Clocaenog Forest, Conwy county, Wales, in 2015.

The remainder of his skeleton was then found by police shortly after.

Despite a thorough investigation including a £20,000 Crimestoppers reward, the body has never been identified.

North Wales Police has now issued a renewed appeal for information, which states that the victim's 'unique' dental work – including fillings, crowns and root canals – could help them to identify him.

Speaking on the BBC's *Crimewatch*, detective superintendent Chris Bell said: 'We firmly believe that if you

were the dentist, you would recognise your work – it's quite unique.'

In 2016, forensic odontologist Dr John Rosie said: 'His pre-molar teeth have got some very extensive crown work, root canal work and filling work, which is of a high quality.'

'Now, the style of the dentistry is typical of dentistry that was done in the 90s, 2000s, possibly late 80s.'

#### Who was the victim?

The body was first discovered on 14 November 2015 by two brothers camping in the forest.

A pathologist found evidence of trauma to the skull, which suggested the cause of death was murder.

Further evidence indicated that the man was between

5'8" and 5'10.5" and of heavy build.

Examination of the spine also revealed that he suffered from arthritis which would have caused back pain.

However, the police noted that this pain might not have been known to loved ones.

Police believe the body may have been left on the site between 2004 and 2011.

More than 10 years after it was found, investigators said they were 'no closer' to identifying the victim.

Det Supt Bell said: 'Because of the delay in the time that we believe that the body was left, and the time that we got notified, we don't have the benefits of a traditional crime scene.'

The victim's dental history might therefore prove

'very important' for the investigation.

Det Supt Bell concluded: 'We are told that if you are that dentist performing that procedure you are likely to recognise your own work, which would hopefully enable us to identify who this person is.'

Any information should be directed to North Wales Police.

**'We firmly believe that if you were the dentist, you would recognise your work – it's quite unique'**

## restoration



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# National Dental Hygienist and Dental Therapist Day

*Dentistry* is delighted to announce the return of National Dental Hygienist and Dental Therapist Day

Now in its third year, the 1 May is dedicated to celebrating the invaluable contributions of dental hygienists and dental therapists.

Supported by the British Association of Dental Therapists (BADT), the British Society of Dental Hygiene and Therapy (BSDHT) and the Irish Dental Hygienist's Association (IDHA), National Dental Hygienist and Dental Therapist Day takes place on 1 May to commemorate the day direct access came into force in 2013.

To shine a spotlight on the role of dental hygienists and dental therapists, *Dentistry* has partnered with NSK to run a campaign on [Dentistry.co.uk](https://www.dentistry.co.uk).

Simply visit the website and search for the tag 'National Dental Hygienist and Dental Therapist Day' to hear from dental hygienists and dental therapists from across the UK and Ireland who are sharing their journeys, achievements and challenges.

Guy Hiscott, FMC content director, said: 'Dental hygienists and dental therapists are central to what modern dentistry should strive for – preventing disease and promoting lifelong oral health.'

'The skill, insight and dedication they bring to patient care are fundamental to improving the nation's oral health, and their contribution deserves far greater recognition.'

'As we mark National Dental Hygienist and Dental Therapist Day, it's also a moment to reflect on how far the profession has come since the introduction of direct access.'

'Practices that embrace skill mix and empower hygienists and therapists to work to the full scope of their abilities are seeing the benefits for both patients and teams.'

'The day is about celebrating these professionals and the vital role they play in the future of dentistry.'

[Dentistry.co.uk](https://www.dentistry.co.uk) reached out to some of the leading figures in the dental profession to give insights into their day-to-day practice and where they see the future of dental hygienists and therapists going.



Gemma Cowen

Embracing direct access (DA) as a dental therapist represents a significant and empowering shift in professional practice. With guidance from the General Dental Council, dental therapists in the UK are able to see patients without prior examination by a dentist.



Rhianna Clarke

Hygienists and therapists are central to multidisciplinary care. We often build the strongest relationships with patients, which places us in a key position to support, educate, and advocate for them.

Our role is critical in preventing complications such as osteoradionecrosis, and consultants rely on us to identify and escalate concerns early.

This collaboration improves workflow, enhances patient safety, and ultimately leads to better patient care.

Sweta Surana Bhandari  
I often describe the current state of many dental I therapists as being a 'Ferrari in a school zone'.

We are high-performance machines, trained for restorative excellence,



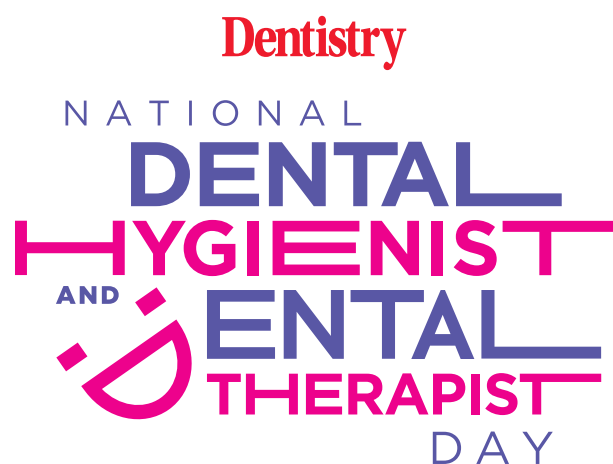
complex paediatric care, and primary tooth extractions.

Yet, for many, the reality is a clinical bottleneck.

Too often, highly trained therapists find their lists restricted to hygiene maintenance, while their restorative skills the very skills needed to alleviate the nation's dental access crisis, are left to atrophy.

With recent milestones like the Joint Statement on the Role of Dental Therapists in General Anaesthesia (GA) Settings, it is clear the industry wants us to step up. So why are so many still idling in first gear due to legacy practice models?

**To read these opinions in full and for more on National Dental Hygienist and Dental Therapist Day simply follow the QR code.**



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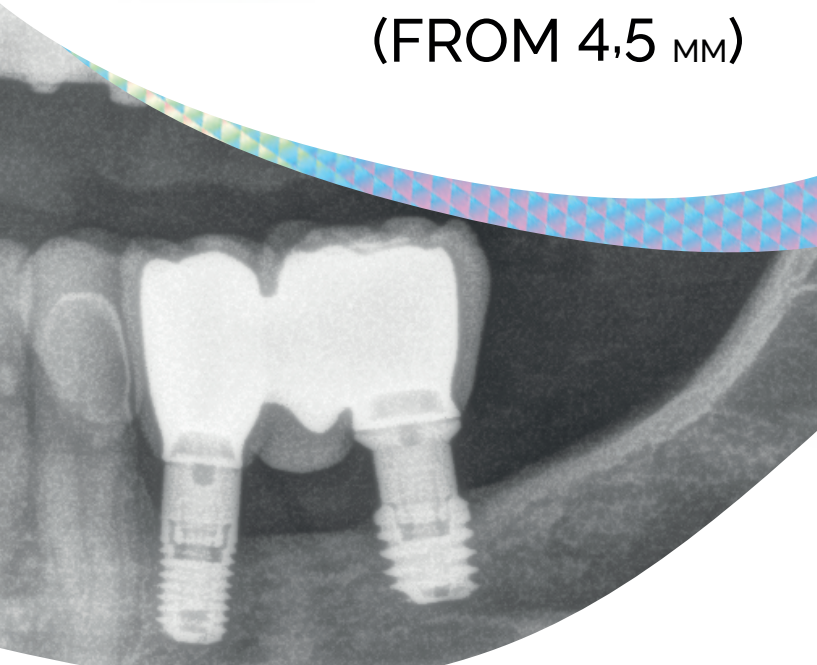
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Science and experience



Donna Paton

Historically, dental hygienists in Ireland have operated under indirect-access models, requiring patient referrals from dentists.

The IDHA has been holding discussions with the Department of Health and other stakeholders about improving access and

efficiency in preventive oral care for patients, often referred to as 'direct access'.

Since November last year, the IDHA, along with our newly appointed lobbyist, Mr Sorley McCaughey, has been actively engaged, focusing on lobbying ministers and strongly anticipating the introduction of a bill before the Dáil to amend the Dental Act, enabling direct access for dental hygienists.



Cat Edney

True skills mix remains elusive.

What that means is we don't truly have skills mix. We work within our own defined roles, and we're not always comfortable speaking openly with each other.

There are also cultural barriers within the profession, including imposter syndrome and differing clinical opinions.

Give 10 dentists the same patient and you'll get 11 treatment plans. We have to accept that different treatment modalities are okay.

What's missing is a clear framework for collaboration.

What we need is a clear communication blueprint: how we decide who does what, when something needs treating, and crucially, how we're remunerated for that care.



Imogen Johnson

Watching an elite athlete drive through the final seconds of a race, we're drawn to the visible signs of effort, the power in their stride, the focus in their eyes, the determination etched across their face.

What we rarely consider is that performance is supported by systems far less visible. Every part of the body contributes, including the mouth.

Oral health remains one of the most overlooked aspects of sport, yet its impact can be significant.

Pain, infection, inflammation and dehydration associated with oral disease can all influence comfort, sleep, recovery and ultimately performance.

In high-performance environments, marginal losses matter and the mouth is not exempt from that equation.

# Dentistry

## NATIONAL DENTAL HYGIENIST AND DENTAL THERAPIST DAY



Lisa Knowles

Imagine if one of the most effective ways to prevent chronic disease was not found in the GP surgery, but in the dental chair. Dental hygiene appointments, while traditionally focused on oral health and early disease detection, can serve as an entry point for broader preventive care.

Dental hygienists and dental therapists are preventive healthcare professionals with the potential to impact more than just oral health.

By broadening our focus beyond biofilm removal to also incorporate lifestyle medicine principles, we can transform hygiene appointments into key opportunities for whole-person preventive care.

Providing practical lifestyle advice alongside comprehensive periodontal treatment positions us to help patients prevent illness, reduce oral disease, and coordinate care that bridges dentistry and the greater healthcare system.



Kate Reading



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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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# NHS dental contract reform – a little more consideration, please

**Nigel Jones** questions whether the chaotic rollout of new NHS contracts is a case of poor planning or a complete lack of empathy for exhausted clinicians



**Nigel Jones**  
Director, Practice Plan

Was it simply inadequate planning? Maybe it was a lack of empathy with those inhabiting the exhausting hectic world of clinical dentistry who have little time, energy or inclination to wade through pages of fine print. Or worse, a demonstration of a lack of regard for one of the most important professions we have.

Whatever the root cause, the start of new contractual arrangements in England and Wales has caused confusion, alarm, despondency and anger even among some of the most fervent supporters of NHS dentistry.

## **A profession in the dark**

As evidenced by a webinar I hosted the week after the new arrangements went live, the profession still has many questions about the details and their likely impact on them operationally and financially.

These are small business owners, in the main, and they are now trying to run those small businesses to a set of requirements they don't fully comprehend.

The unfairness and disrespect of it all is staggering.

It's widely acknowledged we don't have enough dentists in the UK, and especially not enough willing to work in the NHS.

Surely, someone considered the need to keep the

profession onside through the implementation of what has been described by the NHS itself as the biggest change to NHS contractual arrangements since 2006?

I want to be sympathetic to people put in a difficult position, constrained by a lack of time and resources, trying to deliver projects of this size, but it's a struggle.

I know the challenge of doing this in my own business on projects, significant for us but small in comparison to the latest undertakings for NHS dentistry.

## **The Teal Book failure**

While wondering about and researching what project management advice they receive, I stumbled across *The Teal Book*.

*The Teal Book's* purpose is described on [www.gov.uk](http://www.gov.uk) (2025) as being able to 'provide guidance to enable practitioners and teams to direct and manage portfolios, programmes and projects in government, ensuring the successful and timely implementation of government policy and business objectives'.

Chapter 26 is 'Stakeholder engagement', the purpose of which is 'to ensure that the needs and concerns of

stakeholders are addressed appropriately to meet the objectives of a portfolio, programme or project'.

Among the key points listed in this chapter is the need to identify and analyse stakeholders so that engagement can be prioritised, tailored and reflective of their needs and preferences.

Those at the sharp end of NHS dentistry in England and Wales could be forgiven for scratching their heads as they try to wrap themselves around the implications of the changes and wondering if anyone bothered to read chapter 26.

## **More than a memo**

Anyone who tries to engage with the dental profession knows it isn't straightforward.

You can't just send a 'memo', electronic or otherwise, or just hold a webinar and believe that the stakeholder engagement box can be ticked.

The wording of chapter 26 tells you this when it says engagement should 'reflect their needs and preferences'.

To me, this means allowing for the fact that your target audience is working flat out clinically during the working day and in the

evening, is more likely to fall asleep on the sofa in front of the television than tune into an online event or wade through the detailed guidance notes.

Surely, that's obvious? So obvious, that it is no wonder the more cynical consider the current state of affairs to be more conspiracy than cock up, and that fears of dentists being constructively dismissed from the NHS are being realised.

I favour the 'qualified cock-up' theory where the project teams find themselves under such immense pressure that executing and implementing strategy to a high standard is nigh on impossible.

However, with demand for dentistry growing, driven by cosmetic dentistry and an ageing population retaining more natural teeth, and supply of dentistry under pressure due to part-time working and lower productivity, the balance of power lies with the profession.

Indeed, it could be said that the NHS needs the dental profession more than the dental profession needs the NHS.

And future stakeholder engagement plans should take that into account.

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# Get ready for digital tax

**Iain Stevenson** explains why making tax digital is no longer a future concept but a vital tool for real-time financial control in 2026

## **Iain Stevenson**

Head of dental at Wesleyan  
Financial Services

Making Tax Digital (MTD) is now a reality for many dental professionals. After years of delays, the system is in place and changing the way income is reported to HM Revenue & Customs (HMRC).

At its core, MTD requires eligible dentists to maintain digital records and submit updates to HMRC on a quarterly basis.

Rather than relying on a single annual tax return, income and expenses must now be tracked and reported throughout the year.

While this may feel like an administrative shift, it also presents an opportunity to gain greater visibility over your financial position.

### **Are you eligible?**

MTD currently applies to sole traders (including associate dentists, hygienists and other self-employed clinicians) with

total income over £50,000.

Remember, this is based on gross income, not what ultimately reaches your bank account after deductions such as pension contributions. So, you could fall within scope sooner than expected.

The threshold is also set to reduce in the coming years, meaning most dentists will eventually need to comply.

Early engagement will make the transition much easier in the long run.

Practically, this means adopting compatible software, maintaining accurate digital records and establishing a routine for quarterly submissions.

For many, this will also increase the need for closer collaboration with accountants and financial advisers.

### **The benefits of early adoption**

While the change may seem daunting, those who embrace it

early are likely to benefit.

Regular reporting can support better cash-flow management and reduce last-minute tax surprises, as well as encouraging more proactive financial planning throughout the year.

MTD is about more than compliance.

It represents a shift towards real-time financial awareness.

For dentists, that can only be a positive step forward.



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# Rehabilitation of a periodontal patient in the maxilla and mandible

**Eduardo Anitua** describes the management of a patient with advanced periodontitis and terminal dentition, demonstrating how a minimally invasive implant approach can achieve long-term stability without complex bone regeneration



## **Eduardo Anitua**

Founder of the University Institute for Regenerative Medicine and Oral Implantology (UIRMI) and the BTI Biotechnology Institute

Periodontal disease (PD) comprises a group of chronic inflammatory conditions of infectious origin that affect the tooth-supporting tissues, collectively referred to as the periodontium, including the gingiva, periodontal ligament, root cementum, and alveolar bone (Albandar 2014; Kwon et al 2021; Armitage and Cullinan 2010; Heitz-Mayfield and Lang 2010).

Its aetiology is associated with dysbiosis of the subgingival microbiota, which triggers a host-mediated inflammatory response modulated by genetic, systemic, and environmental factors (Armitage and Cullinan 2010; Heitz-Mayfield and Lang 2010; Wen et al 2014; Hu et al 2015; Karoussis et al 2003).

The interaction between these factors leads to progressive destruction of the periodontal attachment apparatus, characterised by clinical attachment loss, formation of periodontal pockets, and resorption of the alveolar bone (Albandar 2014; Kwon et al 2021; Schou 2008; Sgolastra et al 2015; Lee 2014; Ramseier et al 2017).

From a clinical perspective, the progression of PD may result in tooth loss if it is not adequately controlled through periodontal therapy and long-term maintenance programs

(Ramseier et al 2017; Manresa et al 2018; Kinane et al 2017; Graziani et al 2017).

The rate of disease progression and the individual prognosis depend on multiple variables, including plaque control, patient adherence to supportive periodontal therapy, the presence of systemic and behavioural risk factors (particularly smoking), and the genetic susceptibility of the host (Manresa et al 2018; Silveira Souto et al 2019; Thiem et al 2023; Siow et al 2023; Genco and Borgnakke 2020; Chapple et al 2015; Kocher et al 2018).

## **Therapeutic strategies**

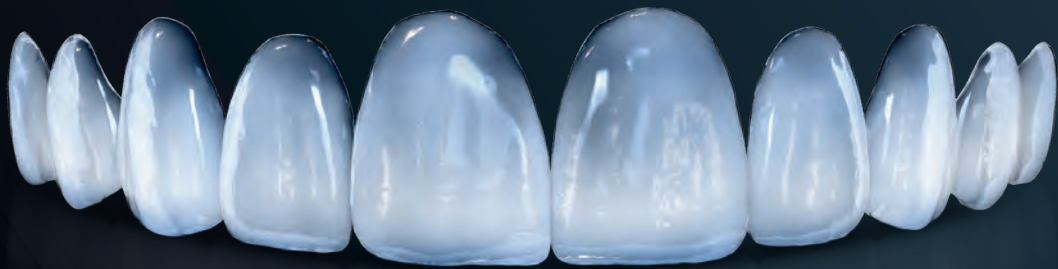
In advanced stages of the

disease, extensive bone destruction and tooth mobility may irreversibly compromise the stability of multiple teeth, leading to clinical situations described as terminal dentition (Ramseier et al 2017; Helal et al 2019).

As a consequence, a significant proportion of patients with advanced periodontitis progress toward partial or total edentulism, either due to progressive tooth loss or as a therapeutic decision to perform multiple extractions when the prognosis of the remaining teeth is unfavorable (Ramseier et al 2017; Kinane et al 2017; Helal et al 2019; Matuliene et al 2008).

In these cases, rehabilitation with osseointegrated dental implants has become a predictable treatment option for restoring masticatory function, aesthetics and patient quality of life (Wen et al 2014; Karoussis et al 2003; Kim and Sung 2012; Monje et al 2014; Karoussis et al 2007; Guarnieri et al 2021).

However, patients with a history of periodontal disease often present significant alveolar bone defects resulting from the progression of the pathology, which may limit conventional implant placement and require specific therapeutic strategies (Karoussis et al 2003; Kim and Sung 2012; Monje et al 2014; Karoussis et al 2007; Guarnieri et al 2021; King et al 2016; Cortellini et al 2020; Alqutaibi and Algabri 2015).



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### Minimally invasive implant techniques

In this context, minimally invasive implant techniques have gained increasing relevance in contemporary clinical practice. The development of short, extra-short, and narrow-diameter implants allows clinicians to manage situations with limited residual bone volume, in some cases reducing the need for complex bone regeneration procedures and decreasing surgical morbidity (do Vale Souza et al 2022; Yu et al 2021; Ravidà et al 2019).

Several studies have demonstrated that, when cases are properly selected and appropriate surgical and prosthetic protocols are followed, these implants may present survival rates comparable to those of conventional implants (Klein et al 2014; Schiegnitz and Al-Nawas 2018; Assaf et al 2015; Romandini et al 2023).

### Risk and clinical management

In periodontal patients, implant rehabilitation planning also requires careful evaluation of biological risk, as a previous history of periodontitis has been associated with increased susceptibility to peri-implant inflammatory complications (Romandini et al 2023; Matteson et al 1996; Patel 2020; Zitzmann et al 2010).

Therefore, control of aetiological factors, the implementation of strict periodontal and implant maintenance programs, and appropriate restorative planning are essential to ensure the long-term stability of implants and peri-implant tissues (Siow et al 2023; Guarnieri et al 2021; Carvalho et al 2021;

Chambrone et al 2010; Axelsson et al 2004).

Within this framework, the present report describes the clinical management of a patient with advanced periodontitis and remaining teeth that could not be preserved until completion of treatment, followed by implant rehabilitation in both jaws using a minimally invasive surgical approach adapted to the available residual bone volume and its clinical evolution after a 10-year follow-up.

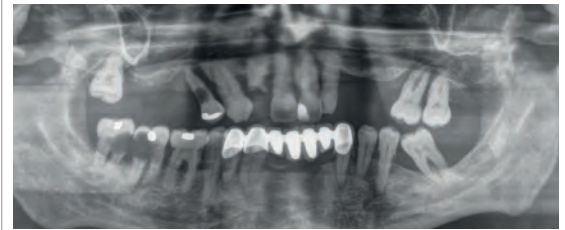
### Clinical case: initial presentation

We present the case of a 56-year-old male patient who attended the clinic complaining of generalised mobility of all teeth and multiple carious lesions, and requesting oral rehabilitation with dental implants.

The initial clinical images revealed advanced periodontal disease associated with poor plaque control, the presence of several root remnants, and multiple carious lesions (Figures shown below).



The initial panoramic radiograph (OPG) showed several carious lesions in the mandibular teeth as well as the severe periodontal compromise affecting most of the remaining dentition (Figure below).



### Extractions and socket regeneration

During the first treatment phase, multiple tooth extractions were planned together with alveolar socket regeneration using PRGF-Endoret.

At the same surgical session, the mandibular anterior bridge and premolars were preserved and maintained through comprehensive periodontal therapy in order to temporarily retain these teeth.



### Extractions and socket regeneration

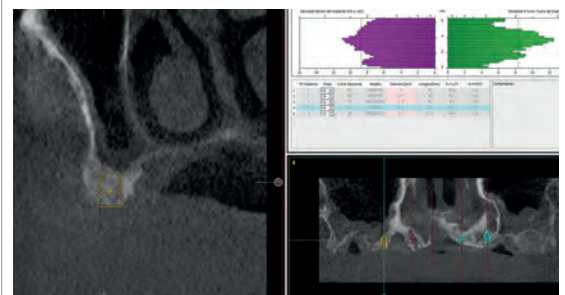
Eight weeks after the extractions, once adequate soft tissue closure had been achieved, the first surgical phase for implant placement in the maxillary arch was scheduled.

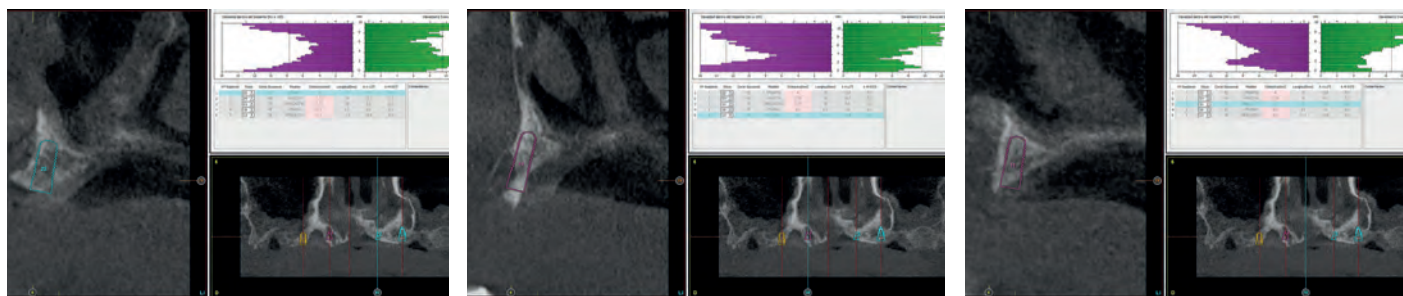
The cone-beam computed tomography (CBCT) analysis used for treatment planning revealed generalised mixed-pattern maxillary bone atrophy.

In the anterior region, the bone deficiency was predominantly horizontal, which led to the selection of narrow-diameter implants in this area.

In contrast, the posterior regions showed more pronounced vertical bone loss, and therefore short implants were chosen for these sites.

The use of narrow implants in the anterior region and short implants in the posterior regions allowed the implant treatment plan to be adapted to the available residual bone volume, thereby avoiding the need for more complex and potentially more invasive bone regeneration procedures.





After completion of the surgery, multi-unit abutments were placed and impressions were taken for immediate loading. The provisional prosthesis was delivered 24 hours later (Figure 11 below).



**Mandibular rehabilitation and proprioception**

Three months after the initial loading phase, the prognosis of the mandibular teeth had worsened, with increased mobility being observed. Consequently, extraction of the remaining mandibular teeth and placement of implants in the mandible were planned, preserving the canine in the third quadrant in a final attempt to maintain at least one natural tooth for proprioceptive purposes.

During this surgery, an additional distal implant was placed in the second quadrant, which had not been inserted during the first surgical phase due to insufficient mineralisation of the bone tissue in that area at the time of the initial procedure (Figure 12).

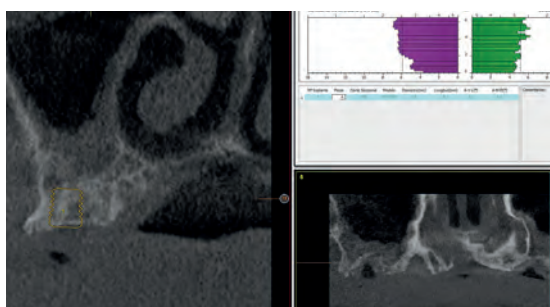
Immediate loading of the mandibular implants was again performed, and the newly placed maxillary implant was

had to be extracted. The final rehabilitation therefore consisted of two complete implant-supported hybrid prostheses.

These prostheses were fabricated using CAD/CAM metal frameworks over which lithium disilicate (E.max) crowns were cemented, achieving an excellent aesthetic outcome (Figures 14-17).

Once completed, the prostheses were delivered to the patient, restoring the aesthetics, function, and vertical dimension that had been lost at the initial stage when the patient first presented to the clinic (Figures 18-23).

The patient has remained under continuous follow-up with regular maintenance visits, and the entire rehabilitation has remained stable 10 years after placement, as confirmed by the control panoramic radiograph (Figure 24).



connected to the progressive loading prosthesis (Figure 13). All mandibular implants had conventional diameters and lengths, except for the implant placed in LR3, where mild horizontal atrophy required the use of a narrower implant.

**Definitive hybrid prosthesis**

At the time of fabrication of the definitive prosthesis, the canine in the third quadrant exhibited grade III mobility and



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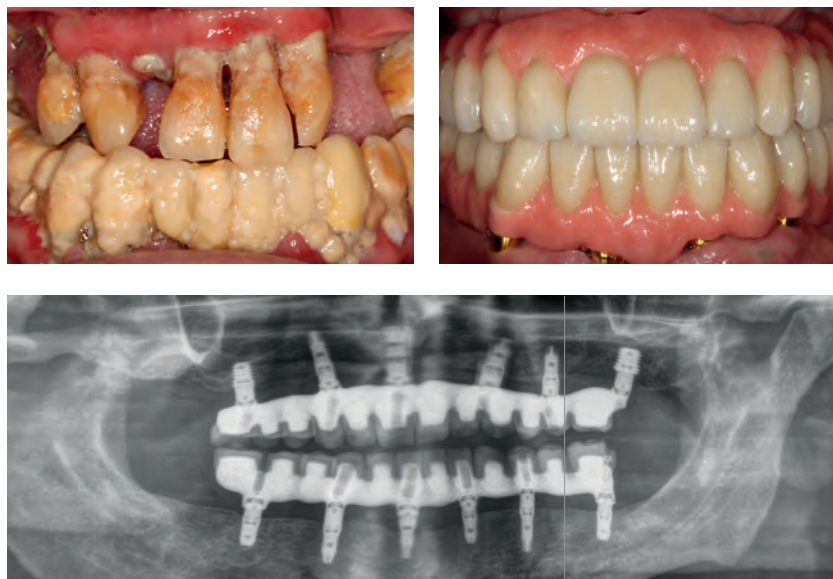
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## ‘The prevailing approach focuses on preserving the natural dentition for as long as possible, replacing only those teeth with an unfavorable or hopeless prognosis with dental implants’

### Discussion

Therapeutic protocols for patients with periodontitis have undergone significant evolution in recent decades (Romandini et al 2023; Patel 2020; Zitzmann et al 2010).

Currently, the prevailing approach focuses on preserving the natural dentition for as long as possible, replacing only those teeth with an unfavourable or hopeless prognosis with dental implants (Manresa et al 2018; Kinane et al 2017; Siow et al 2023; Patel 2020; Orishko et al 2024).

This concept allows teeth and implants to coexist within the same patient, each requiring specific maintenance protocols.

In this context, supportive periodontal therapy programs play a fundamental role,

particularly in patients with a history of periodontal disease, in whom strict control is essential to prevent the development of complications affecting both the remaining teeth and osseointegrated implants (Kinane et al 2017; Karoussis et al 2007; King et al 2016; Zangrando et al 2015; Sarafidou et al 2022)

### Transition to edentulism and functional adaptation

In the present case, the decision was made to maintain the natural teeth for as long as they remained clinically viable, allowing a progressive transition from a partially compromised dentition to a condition of complete edentulism (King et al 2016; Hirschfeld and Wasserman 1978; Trulsson 2006).

This therapeutic strategy

also facilitated functional adaptation during the intermediate phases of treatment by temporarily preserving periodontal proprioception and contributing to a more gradual prosthetic transition (Trulsson 2006; Mishra et al 2016; Song et al 2022).

### Pathophysiological links and implant prognosis

The relationship between periodontal disease and peri-implant diseases has been widely discussed in the literature, as both conditions share several aetiological factors and pathophysiological mechanisms, including the presence of bacterial biofilm and the host inflammatory response (Heitz-Mayfield and Lang 2010; Sgolastra et al 2015; Siow et al 2023; Patel 2020; Zitzmann et al 2010; Anitua 2022).

Nevertheless, several longitudinal studies have shown that patients with a history of advanced periodontitis can benefit from implant therapy without the need for systematic extraction of all affected teeth.

In such cases, long-term prognosis largely depends on an adequate

maintenance strategy and the control of modifiable risk factors such as poor oral hygiene, smoking habits, or certain systemic conditions (Wen et al 2014; Karoussis et al 2003; Lee 2014; Kim and Sung 2012; Monje et al 2014; Karoussis et al 2007; King et al 2016; Alqutaibi and Algabri 2015; Patel 2020; Meyer et al 2012).

### Long-term survival of narrow and short implants

In patients with long-standing periodontitis, alveolar bone loss often leads to anatomical limitations that hinder the direct placement of conventional implants.

In these situations, bone regeneration procedures are frequently considered as a therapeutic option to restore the bone volume required prior to implant placement.

However, these techniques may increase surgical complexity, prolong treatment duration, and increase postoperative morbidity (Karoussis et al 2003; Ramseier et al 2017; Romandini et al 2023; Anitua 2022; Derks and Tomasi 2015).

For this reason, therapeutic strategies that reduce the number of surgical interventions represent a minimally invasive alternative with high acceptance among patients.

Within this context, the use of short implants and narrow-diameter implants has been consolidated as a valid therapeutic option for managing situations with limited residual bone volume (Anitua 2022).

Although most published studies evaluate the survival of short implants in short- and medium-term follow-up periods (one to five years), some studies with longer

observation periods have reported survival rates comparable to those of conventional implants, reaching values close to 98.9% in certain cohorts.

Similarly, narrow implants have demonstrated effectiveness as an alternative to avoid complex regenerative procedures, with reported survival rates ranging between 90% and 94% (Schiegnitz and Al-Nawas 2018; Cho-Yan Lee et al 2012; Dank et al 2019; Graetz et al 2018; Graziani 2018; Lizio et al 2022; Anitua et al 2023; Badran et al 2017).

The combination of these therapeutic strategies allowed the present case to be managed despite its high clinical complexity through a relatively conservative surgical approach, adapted to the patient's anatomical limitations while avoiding more invasive reconstructive procedures.

Finally, in patients with a history of periodontal disease, the long-term success of both tooth-supported and implant-supported rehabilitations largely depends on the control of aetiological factors and the patient's adherence to maintenance programs (Chambrone et al 2010; Axelsson et al 2004).

Patient motivation, compliance with regular follow-up visits, and the establishment of adequate oral hygiene habits represent key determinants for maintaining the stability of periodontal and peri-implant tissues over time.

In the present case, the patient's commitment to maintenance and regular monitoring played a decisive role in the favorable evolution of the treatment.

For a list of references email [seb.evans@fmc.co.uk](mailto:seb.evans@fmc.co.uk)

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**References:** **1.** Recession, dentine hypersensitivity, tooth wear periodontal health and associated risk factors: an observational, cross sectional multi-centre epidemiological study in 7 European countries, December 2023. **2.** Children's Dental Health Survey 2013. Report 2: Dental disease and damage in children. HSCIC March 2015. Available from <https://files.digital.nhs.uk/publicationimport/pub17xxx/pub17137/cdhs2013-report2-dental-disease.pdf>. Accessed March 2026. **3.** Office for health improvement and disparities. Official Statistics Main findings of year 6 oral health survey. Available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-children-in-year-6-2023/main-findings-of-year-6-oral-health-survey>. Accessed March 2026. **4.** Carvalho T *et al.* Erosive tooth wear in children. *Monogr Oral Sci.* 2014;25:262-78. doi: 10.1159/000360712.

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# The 3am booking problem

**Elliot Hamilton** explores why a significant share of patient enquiries happen when nobody is available to respond, and what that means for practices, teams and revenue

## Elliot Hamilton

Co-founder and chief executive officer of Boxly

Across dental practices, a growing proportion of patient enquiries are happening outside of normal opening hours, often when no one is there to respond.

In data drawn from practices we work with, this can be close to half of all enquiries, although this will vary by practice.

This isn't a small operational inconvenience. It's a revenue leak.

When patients are ready to ask about pricing or book, delays in response can mean lost opportunities, increased pressure on teams and a disjointed patient experience.

If you ran a shop and half your customers turned up when the doors were locked, you wouldn't assume they'd come back the next day. You'd change how you operate, or you'd find a way to serve them.

Yet this is what many dental practices are facing. The phones switch off, the website captures an enquiry, and the patient moves on.

## The motivation window

A patient searching for a dentist late in the evening, or trying to contact their regular practice outside working hours, isn't doing it for fun. They may be in pain, have finally overcome

their anxieties, or are ready to book something they've been putting off for months.

That motivation has a shelf life. By the next morning, when enquiries are picked up, that patient may already have contacted another practice or simply lost the urge.

Practices can be losing patients without ever realising it, because you can't measure the patients you never spoke to.

## The team problem nobody talks about

There's another dimension to this that often gets overlooked. When out-of-hours enquiries are picked up the next day, they land on reception teams that are already stretched.

The first part of the day can quickly become a backlog exercise, all while supporting patients in the practice and answering a busy phone.

It's not a staffing failure. It's a structural one.

Reception teams are being asked to manage two things at once – the patients in front of them and the patients who tried to reach them overnight.

Something has to give, and it's often either response time or the quality of interaction.

For practices with high volumes of inbound enquiries, this pressure is even more pronounced.



**'If you ran a shop and half your customers turned up when the doors were locked, you wouldn't assume they'd come back the next day. You'd change how you operate'**

## Meeting patients on their terms

So, what's the answer?

It's not asking teams to work longer hours. And it's not relying on forms that sit in an inbox until the next working day.

It's about making sure patients can get answers, ask questions and take the next step at the point they're ready to act.

Technology is starting to support this shift.

Artificial intelligence (AI) powered front desk

platforms can handle enquiries around the clock, helping to bridge the gap between patient intent and practice availability.

For us at Boxly, what stands out isn't just the volume of conversations handled. It's the quality of patients arriving already informed, and the reduction in pressure on teams during the busiest parts of the day.

## The expectation shift

The 3am booking problem

is part technology, but it's also about expectations.

The harder shift is recognising that the traditional model of phones, forms and delayed responses no longer matches how patients behave.

People are used to accessing services on their own terms, at a time that suits them.

Dentistry has been slower to adapt, but patient expectations are changing.

For practices, that creates both a challenge and an opportunity.

Those that find ways to respond when patients are ready to act are likely to improve not just performance, but also patient experience.

This is where change begins.

# Breaking point for Welsh dentistry

**Louise Anderson** warns that the unpiloted new contract is leaving Welsh dentists at breaking point and patients facing a two-tier system

## Louise Anderson

Regional support manager at Practice Plan

The new Wales NHS dental contract came into effect on 1 April.

Many in the principality were acutely aware of the irony of things being introduced on this date but, as the full effects of the changes are causing havoc in practices across the country, they're finding it's no laughing matter.

Practice Plan regional support manager, Louise Anderson, has seen first-hand the effects the new contract has had upon practices.

'It's a shambles and practices are having to find out a lot of information for themselves,' she says.

'The main theme coming through is that it should never have gone ahead because it's unpiloted, it's not ready, and now practices have been left in a position where it's unworkable.'

As well as struggling to understand the details of the contract, practices are left wrestling with its administration too, as Louise explains.

'Claims are rejected. I spoke to one practice manager who had spent all Easter weekend resubmitting rejected claims only for them to be rejected again.'

'I also heard from another dentist yesterday who's

had his claims rejected four times!'

Unsurprisingly, anger and frustration are running high among the profession!

## Patient anger

However, as Louise is finding, those emotions are not confined to practice teams as patients are also expressing dissatisfaction with the new system.

Although practices may be bearing the brunt of the ill feeling, patients appear to appreciate that practices are not the source of the problem.

'Whilst a lot of patients are angry, for once they're not angry with the practice, the anger is at the Welsh government,' Louise explains.

'One patient told me the practice we were in was the fourth one he'd tried to get NHS treatment, because the previous three he'd been to had also gone private like the practice we were in was doing. But he told me he would join the plan as he felt he had no other choice now.'

## Patient care compromised

Some clinicians are expressing overwhelm at the amount of additional admin they are being asked to undertake.

As one dentist told Louise: 'Because I'm having to do so much on the computer, I'm almost forgetting that I've got a patient in the chair.'

'I'm so desperately trying to work out which care package, what's going on, count the teeth, and enter all the details, that I have to remind myself there's a patient in the room!'

Hearing about the experiences of practice teams in the early days of the contract Louise feels that, although they will learn to work with the new system in the short term, the introduction of this contract may be the final straw.

'I've been in dentistry for over 30 years,' she says. 'I've worked with fee

you do adapt, but this one feels different.

'It feels as if a lot of the dentists are at the end of their tether.'

## Fears of a two-tier system

She attributes this to more than simply the contract itself but places some of the blame on the manner of its introduction.

'It's not just the messaging, it's how they've been spoken to. A lot of practices are just trying to do the right thing by doing their best to provide an NHS service for patients, especially in the

mental health of some of my practitioners because a lot of them are having sleepless nights worrying about how to make things work,' she confesses.

'They're also trying to shield teams because the front of house staff are getting flak left, right and centre.'

She also worries about the long-term implications for NHS dentistry in Wales.

'Let's face it, we're not a rich nation,' she continues.

'Although a lot of people do work, they're working poor. So, to ask them to find the additional costs now associated with NHS dental treatment, could be a step too far.'

'What is sad, is that we probably will end up with a two-tier system.'

'The exempt patients will still get their treatment and those that can afford to pay will pay; my concern is for the middle tier of patients who can't afford to pay and are not exempt.'

If the changes to the NHS dental contract have got you thinking about your options why not book a no obligation conversation with our Wales NHS experts?

**'Whilst a lot of patients are angry, for once they're not angry with the practice, the anger is directed at the Welsh government'**

per item, units of dental activities (UDAs) in 2006, then contract reform and I've worked in practice through each of those models. And yes, there are pain points, and yes,

more deprived areas.'

Louise fears the introduction of the contract may be placing an intolerable burden upon practice teams.

'I am worried about the



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# When did you last genuinely switch off?

Mark Topley explains why burnout is a structural design flaw rather than a character failing, sharing his own journey from high-level functioning to hitting the wall

## Mark Topley

Team performance specialist

When did you last finish a working day and actually leave it behind?

Not checked your phone at dinner, not rehearsed a difficult conversation on the drive home, not lain awake running through tomorrow's list?

If you're struggling to answer that, you're not alone. And if your first instinct is to treat it as a badge of commitment rather than a warning sign, this article is for you.

Burnout in dentistry is getting more attention than it used to.

The conversation is more open, and that matters.

But underneath the awareness sits a belief I still hear regularly – that burnout happens to people who aren't coping well enough. The disorganised. The insufficiently tough.

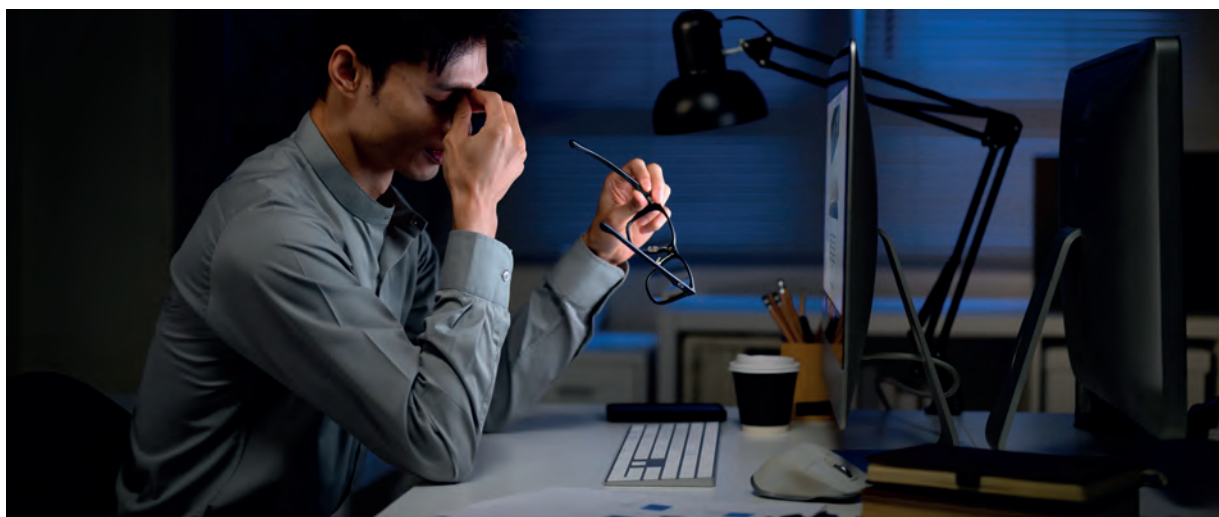
I want to challenge that directly. Because in my experience – personal and professional – it's wrong. And it's quietly making things worse.

### It happened to me

In March 2017, I burnt out.

I wasn't disorganised or struggling. I was fit, committed, and functioning at a high level.

In the 18 months before it happened, I had been



leading an organisation in Tanzania whilst living back in the UK, opened a new branch of the charity in Australia, and completed a 500-mile fundraising challenge through the Pyrenees in five days.

The warning signs were there – I'd stopped having fun, small decisions felt heavier than they should, a quiet fearfulness had crept in where confidence used to sit. But I was organised and driven, so I kept going.

I came back from a trip to Tanzania, took my usual recovery day, and went back to work. My brain wasn't there. Not tired, not emotional – just absent.

No capacity, no bandwidth. Recovery took the better part of a year, working with a brilliant coach who helped me understand not just what had happened, but the patterns.

### This isn't a personal failing. It's a design problem.

Burnout happens when sustained demand exceeds sustainable capacity over a long enough period without adequate recovery.

That's a structural problem, not a character problem. And in dentistry, the structural pressures are significant – clinical responsibility, team management and business performance, carried simultaneously, day after day.

When practice owners look at their teams and conclude that people are going soft, they are usually misreading the

**'Disengagement and pushback are more often a response to unclear expectations, unsustainable workload, or a culture where raising concerns feels unsafe'**

signal.

Disengagement and pushback are more often a response to unclear unsustainable workload, or a culture where raising concerns feels unsafe.

The team is telling you something. The question is whether you're listening.

### What actually helps

Awareness is a starting point, not a solution.

What makes the real difference is structure – building recovery into the working week as a requirement rather than a reward, getting honest about what you're actually carrying, and addressing the

things that keep generating friction rather than managing around them.

None of that tends to happen by accident, and it rarely happens alone.

There are excellent free resources available – the Breathe Dental Wellness hub at [www.breathedentalwellness.org](http://www.breathedentalwellness.org) is worth knowing about.

And if you'd like to think this through with someone who understands the territory from the inside, I offer a complimentary roadmap session for practice owners and managers.

Sometimes that's the most useful starting point of all.

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# Can we still bank on trust as a currency?

**Andy Acton** explains how a little financial goodwill in practice acquisitions goes a long way towards sealing a deal

## **Andy Acton**

Director of Frank Taylor & Associates

A volatile geopolitical landscape appears to have heightened perceived business risks.

For those unused to large, lengthy transactions, the so-called 'art of the deal' and the practice of reneging on promises add unnecessary apprehension to what is already a stressful experience.

Whether this anxiety is justified is not the point; the focus here is on instilling deep confidence in the dental market and fostering a positive outlook for both purchasers and sellers.

Dentists are often described as risk-averse, guided by safety standards, regulations and clinical protocols.

In contrast, practice ownership lacks the same safety nets. When this is combined with decision fatigue, rising costs and economic caution, many dentists might understandably feel nervous.

While the fundamentals of practice sales remain the same, there's a sense that more may be at stake.

## **Trust remains the currency**

Despite this, dentistry remains a highly entrepreneurial, deeply ethical community, with the onus on specialised brokers to foster a good relationship between parties.

Happily, trust remains a currency that informs the process and is the glue that binds.

In many circumstances, someone's word is still their bond. However, an extra gesture of goodwill goes a long way – and comes in the form of a holding deposit.

It's not unique to this sector. Securing commitment is widely recognised as difficult.

Look around at your everyday transactions. Numerous industries recognise that requiring a deposit is a welcome addition to their business model.

Restaurants use deposits to prevent no-shows, building contractors seek upfront payments for materials and equipment, event organisers require a percentage to book venues, and car sales often involve a down payment.

These practices reflect good intent.

## **Why do we need a holding deposit?**

In England and Wales, practice sales are not legally binding until the contracts are formally exchanged, meaning either party may withdraw beforehand, risking the loss of any costs incurred.



Therefore, a specialist broker can request a holding deposit upon acceptance of an offer.

This ensures commitment and minimises the uncertainty that often accompanies a handshake, reinforcing the seriousness of the transaction and the commitment required.

This holding deposit serves as insurance against knee-jerk decision-making, keeps sales on track, and discourages buyers who might be tempted to renegotiate prices at the last minute.

The holding deposit (usually 1% of the agreed sale price) is typically paid on the understanding that the seller agrees to remove the property from the market, giving the purchaser confidence that exclusivity is assured, without the risk of another interested party making a better offer later on or of being forced into a

bidding war.

There will also be caveats.

Usually, the purchaser will have their holding deposit returned if, for example, the seller misrepresents their practice information; the purchaser cannot obtain finance, or any issues arise during due diligence that cannot be resolved, which is an unusual situation.

However, the holding deposit is at risk if the purchaser changes their mind about the purchase or unreasonably causes delays.

To avoid such scenarios, there is an obligation to communicate regularly throughout the process and for all parties to work together towards a timely completion date.

All in all, a holding deposit helps streamline the process by removing unnecessary barriers and reducing friction, providing a laser-like focus and incentive to get the deal done.

## **A win-win**

The argument that trust cannot be bought with money still holds true.

In an industry that remains tight-knit, good-faith players are plentiful, and respect for fellow professionals is what gives dentistry its unique community spirit.

However, checks and balances are an acceptable and welcome facet of business today.

A small holding deposit can significantly enhance stability and trust in practice sales and oil the wheels of any transaction.

It serves as a safeguard against impulsive decisions, while keeping sleepless nights to a minimum, making the whole thing less problematic for everyone.

Ultimately, it's a win-win.

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# The heartbeat of growth

David Nelkin breaks down why your local presence is the primary driver of visibility and provides a nine-step framework to ensure your practice remains the first choice in search results

## David Nelkin

Founder and CEO of Xcelerator Dental

Local search for dental practices is changing faster than most practices realise, but one thing has become clear; your Google Business Profile (GBP) now plays a central role in whether your practice is seen, trusted and ultimately chosen.

Many of the decisions practices still make about GBP are based on outdated assumptions about how Google, maps and artificial intelligence (AI) driven search actually work today.

This article focuses on what genuinely matters in 2026, without unnecessary theory, and gives you a practical framework to use.

## 1. Why GBP underpins local and AI visibility

There's a growing assumption that AI somehow makes GBP less important, whereas in reality, the opposite is true.

As search continues to evolve, with AI overviews, GBP has quietly become one of the most influential sources of local business data on the internet.

Map pack results, local listings and AI generated summaries are still built from the same underlying dataset, and in almost every case, that dataset is your GBP.

Google's real advantage here isn't language models.

It's data.

When it comes to local businesses, GBP remains the richest, cleanest and most trusted source they have.

Your website explains your practice, whilst your GBP decides whether you're seen.

## 2. What a GBP actually is

For many practice owners, GBP still feels like that box on the right hand side of Google.

In reality, it's Google's verified record of truth about your practice.

Your GBP tells Google who you are, where you are, what you offer and whether people trust and engage with you. Because this data is structured and verified, Google places more confidence in it than almost any other source.

This is no longer a set and forget listing, but rather a live performance asset, and the practices that treat it that way are the ones winning local visibility.

## 3. How GBP feeds map results and AI driven search

Local AI results don't appear out of thin air. They're built using a combination of GBP data, review content, categories, services and engagement signals.

Even when results are presented as AI summaries, Google is still pulling from the same local business



## 'Your website explains your practice, whilst your GBP decides whether you're seen'

dataset. Increasingly, other AI platforms are resolving local intent queries using GBP entities rather than crawling websites first.

If your GBP data is incomplete, inconsistent or generic, you are invisible at the exact moment of intent.

## 4. What actually impacts GBP rankings in 2026

GBP rankings are driven by relevance, activity, engagement and trust working together.

At a practical level, this includes your business name, categories, reviews, services, attributes, opening hours, visual content, links, messaging and how people interact with your profile.

These elements don't work in isolation, but Google looks at how consistently and credibly they reinforce each other.

## 5. Engagement is the most underestimated factor

Google pays close attention to how people interact with your business profile.

Profiles that feel active and well maintained consistently outperform technically correct but inactive ones.

Engagement signals, such as calls, clicks, photo views and time spent on the profile feed directly into prominence.

## 6. Reviews still matter, but they've evolved

Google reviews still matter for local rankings and map pack visibility, but they no longer work effectively in isolation.

Increased moderation, delayed publishing, removals and anonymous reviewers mean practices need to focus less on raw

numbers and more on recency and credibility.

A steady flow of recent reviews consistently outperforms large historic totals. It signals that patients are choosing you now.

It's also now crucial to have a cross-platform review strategy which includes other platforms such as Yell, Facebook, Trustpilot and Whatclinic.

Google itself monitors and sometimes displays your activity on these, whilst other AI platforms such as Chatgpt and Perplexity rely on review of these to inform them about your practice.

## 7. Why this all leads to one conclusion

Optimising your GBP is no longer about ticking boxes once a year. It's about building a credible, active profile that reflects how patients actually experience your practice.

Which brings us to the most important section...

## 8.

### Step-by-step: optimising your GBP properly

Here is your takeaway checklist for your dental practice of what a fully optimised, future-proof GBP actually looks like.

#### Business name

- ✓ If your real world trading name legitimately includes the thing you want to be found for, it can move rankings noticeably
- ✓ Opening a new practice? This is the perfect time to do this – add a strapline with keywords in it and if you make sure this is in your logo and signage you can use it as your GBP name
- ✓ Don't keyword-stuff or invent names which can come with a suspension risk.

#### Categories

- ✓ Choose the primary category that most closely matches the main keyword you want to rank for and add as many relevant additional categories as possible
- ✓ Consider practitioner listings and ensure each one has a different primary category – as a dental practice you are allowed multiple listings, but you'll need to optimise each one in the same way to get the most out of it.

#### Reviews

- ✓ Ask every patient for a review (unless you know they're unhappy), and never stop asking
- ✓ Follow up, keep the flow consistent, and prioritise recency and sentiment
- ✓ Reply to every review within 24 hours.

#### Services and products

- ✓ Add every service Google suggests (as long as you actually offer it)
- ✓ Add custom services too and write them in patient language rather than clinical language
- ✓ List every core treatment in both services and products
- ✓ Treat products like mini landing pages, not placeholders
- ✓ Think outside the box ie, free consultations and nervous patients
- ✓ Add new services regularly.

#### Attributes

- ✓ Add every attribute that applies to your practice, because attributes help you show up in searches that include that intent (finance, accessibility, etc).

#### Website and booking links

- ✓ Make sure your website is linked to your profile
- ✓ Use the correct link types (website and booking) and track them, because it improves trust signals and helps you measure performance.

#### Opening hours

- ✓ Keep hours accurate and keep special hours up to date
- ✓ If you genuinely answer calls later than your competitors, you can benefit in that extra window, and your practice is more likely to appear over them
- ✓ Never set 'open 24 hours' unless you are truly open 24/7.

#### Visual content

- ✓ A minimum of 100 real images per practice location
- ✓ Quarterly clean-up of outdated or irrelevant images
- ✓ Regular uploads of authentic photos – every few weeks
- ✓ Never use stock images
- ✓ Short videos such as clinic tours, treatment explainers and patient testimonials.

#### Google posts

- ✓ Treat posts as free adverts, not social media updates – they are generally shown to a pre-qualified audience
- ✓ Publish weekly
- ✓ Focus on offers, services, open days, testimonials, before-and-after results and awards
- ✓ Avoid filler content that doesn't support engagement or conversion.

#### Supporting features and engagement

- ✓ Add social media links (Facebook, Instagram, Youtube and any other active channels) so Google and users can corroborate your brand beyond GBP – and check they are correct
- ✓ Enable messaging – activate Whatsapp and SMS messaging so both existing and new patients can contact you in the way they increasingly expect to
- ✓ Test messaging regularly to ensure it's actually working and being monitored by the team
- ✓ Select relevant attributes such as accessibility features, amenities and finance availability, as these act as fast trust and ranking signals in local and AI-driven interfaces.

#### Citations and consistency

- ✓ Ensure accurate listings across trusted directories
- ✓ Prioritise consistency and authority over volume
- ✓ Regularly audit for duplicates or outdated information.

#### Monitoring and optimisation

- ✓ Track search versus map views
- ✓ Monitor calls, clicks and booking activity/Track search vs map views
- ✓ Monitor appearances in AI overviews and conversions from these, not just rankings
- ✓ Review engagement with images, posts and services
- ✓ Make adjustments quarterly based on what is actually driving visibility and enquiries.



## 9. The future role of GBP

GBP is no longer a basic listing but a visibility engine, a trust signal and a conversion driver.

As Google moves towards calling businesses on a user's behalf from search and maps, and monitors increasingly granular behaviour signals such as call handling and responsiveness, reliability and user experience will matter more than ever.

The practices performing best locally in 2026 won't be chasing shortcuts, but treating GBP as a system supported by processes, data and ongoing optimisation rather than a background task.

**If you'd like to understand how this fits into your practice, you can find out more via our website, or Whatsapp David on 07834 978074.**

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# Is your retirement plan on hold?

Paul Griffiths breaks down how the ongoing recalculation delays are unsettling dental professionals and why financial clarity is the key to



## Paul Griffiths

Dental specialist financial adviser at Wesleyan Financial Services

The NHS pension scheme has long provided a sense of certainty in an otherwise demanding profession.

But recent reforms and ongoing recalculations have unsettled that confidence, with delays to the Mccloud remedy leaving many dentists without clear answers about their retirement income.

### When certainty is no longer certain

For many the NHS pension scheme is a foundation for the future, supporting decisions about when to step back, how to transition into retirement and what life after clinical practice might look like.

Following the 2015 pension reforms and subsequent Mccloud judgement, many NHS pensions are still being

recalculated.

And for those already retired (or close to retirement), this means living with ongoing uncertainty about something that should be clear – whether they're receiving the income they're entitled to.

### What this means

Dentistry is a profession built on careful planning. Whether you are running a practice or preparing for retirement, financial clarity plays a central role.

Without it, even well-considered plans start to feel uncertain.

If you are approaching retirement, not having accurate pension figures makes it harder to answer key questions with confidence.

Without reliable information, these big decisions become more difficult to navigate.

### For those already retired

If you've already retired, the situation can feel even more frustrating. Many dentists are currently receiving pension payments without knowing whether those amounts are correct.

While any adjustments are expected to be applied retrospectively, that does not remove the uncertainty in the here and now.

Whether it is managing

wider dental workforce.

At a time when NHS dentistry is already under pressure, clarity around pensions matters even more.

For some experienced clinicians, the lack of clear information may be influencing decisions about whether to retire sooner than planned.

For others, it could be causing hesitation about extending their careers.

## 'For some experienced clinicians, the lack of clear information may be influencing decisions about whether to retire sooner than planned'

household spending or making longer-term plans, day-to-day financial decisions are being made without a full picture.

And for some, there is a lingering concern about what happens when the recalculations finally arrive.

Changes to pension income could also mean revisiting tax positions, potentially creating complications further down the line.

It is not just about the numbers. It is about the knock-on effect those numbers can have.

### The wider impact

While this uncertainty affects individuals, it also has implications for the

### The 30-second Mccloud briefing:

- **The problem:** recalculation delays
- **The victim:** anyone retired or retiring soon
- **The risk:** miscalculated tax bills and 'income guesswork'
- **The fix:** specialist intervention.

Considering a range of possibilities can give you greater flexibility and reduce the risk of being caught off guard.

### Specialist support

At times like this, having the right support in place can make all the difference.

The NHS pension scheme is complex at the best of times, and the Mccloud remedy has added another layer of detail to work through.

Speaking to someone who understands both the scheme and the realities of a dental career can help you assess your options and make informed decisions, even while some uncertainty remains.

Staying informed, seeking specialist advice and having a clear plan based on what you do know will help you move forward with confidence.

Remember too, it is not about having all the answers immediately.

It is about being ready to act and adapt when the full picture becomes clear.

For individuals or the wider profession, neither scenario is ideal.

### Staying in control

While the situation itself may be outside your control, there are still some steps you can take to feel more confident about your financial position.

Start by making sure your records are up-to-date and that you have a clear understanding of your current pension details, even if they aren't final.

Keeping everything organised can make a real difference.

It can also help to think in terms of scenarios rather than fixed outcomes.

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# A new voice for dental defence

Having relied on the Dental Defence Union during a pivotal moment in his own early career, **Simon Kidd** now takes the lead to ensure the organisation remains a steadfast advocate for the profession

**Simon Kidd**  
Head of the DDU

When I was a young associate dentist in Scotland, I remember being distraught to get my first complaint and how relieved I was to be able to speak with another dentist on the Dental Defence Union's (DDU's) advice line.

With their help, the whole thing was resolved in a few days but what stayed with me was the pillar of stability offered by the DDU as I thought my world was crumbling around me.

As the new head of the DDU, it's so important to me that we continue to be a source of expert advice and steadfast support for dental professionals in need.

That might be a complaint but of course there are many more areas where our colleagues need help, such as advising on an aspect of the consent process or representing a dentist through the jeopardy of a GDC fitness to practise process or defending them against a negligence claim.

## The weight of regulation

At a national level, we also need to speak up for a profession that is being stretched in multiple directions, whether it's meeting patients' dental needs, fulfilling their NHS contract, adapting to new ways of working and advances in technology or

being caught up in outdated regulatory and legal systems.

One thing that would improve the situation – and raise morale – would be reform of the GDC's drawn-out fitness to practise process to make it more timely, fair and consistent for dental professionals who are on the receiving end of a complaint.

The latest Professional Standards Authority review for 2024/25 has again found the General Dental Council (GDC) was taking too long to deal with fitness to practise cases and noted that it had last met the standard for timeliness in 2017/18.

More worryingly, it found the GDC had 196 cases older than 156 weeks, more than at any time in the last four review periods.

No dental professionals should be subjected to such an ordeal for more than a few months, let alone three years.

## Campaigning for reform

While the GDC is trying to improve the process, it is being held back by its own governing legislation.

The government has started to reform the regulation of healthcare professionals but the GDC was left out of its immediate plans, which makes little sense as it has some of the oldest governing legislation of any professional regulator.

Until the government does the right thing, campaigning for regulatory reform will be one of the DDU's top priorities.

Another is the campaign for fixed legal costs in clinical negligence claims to address the disproportionate amount being paid by the claimants' solicitors.

These spiralling legal fees are pushing up the cost of claims, which is unfair for anyone who needs professional indemnity. They are also unsustainable for the NHS which must pay out precious funds to pay costs rather than improving patient care.

**Until the government does the right thing, campaigning for regulatory reform will be one of the DDU's top priorities**

**The DDU will move with the times and expand our services but our core purpose will stay the same: to guide, support and defend dental professionals**

## Momentum in Westminster

I'm pleased that after many years of sounding the alarm on this issue to policymakers, momentum for change is building in Westminster.

At the start of this year, The Public Accounts Committee called on the government to 'clarify its position on a fixed recoverable costs scheme for lower-value clinical negligence cases at the earliest opportunity' after work in this area was effectively put on hold.

On 17 March 2026, Catherine McKinnell member of parliament introduced a '10-minute rule bill', urging the government to act on rising clinical negligence costs, including fixed recoverable costs and repealing Section 2(4)



of Law Reform (Personal Injuries) Act 1948 which means compensation awards for ongoing care must assume this will be in the private sector, not the NHS.

## Looking forward

Since joining the DDU in 2020, alongside my 17 years in general practice, I've been proud of the relationship we have with our members as a mutual organisation, staffed by dental professionals.

Much of that is down to my predecessor, John Makin, who took the DDU from strength to strength during his 10 years in charge.

I'm aware I have big shoes to fill but I'm fortunate to have a strong team around me and together, I'm looking forward to representing our members across the UK.

The DDU will move with the times and expand our services but our core purpose will stay the same: to guide, support and defend dental professionals.

# Careers in dentistry – Dr Jana Denzel

There are so many varied and different career paths to take in the dental profession. We hear from Jana Denzel who tells us more about his career journey



## 1.

### Early foundations

Coming from an immigrant family, we didn't grow up with much.

Both of my parents worked manual labour jobs and poured everything they had into our education.

From a young age, they instilled discipline, resilience and a relentless work ethic.

That upbringing shaped my mindset and continues to drive how I approach both dentistry and business today.

## 3.

### Graduation and early clinical years

After graduating in 2019 from Universidad Europea de Valencia, I completed my NHS foundation training where I learned invaluable fundamentals from Graham and Riten at Carlton Dental Care in Nottingham.

I then transitioned into private practice, refining my skills further on Harley Street and learning from experienced clinicians such as Mark Hughes.



## 5.

### Covid and building a global presence

When Covid halted clinical dentistry, I used the time to focus on building my brand and international presence.

Through Instagram, I connected with and hosted live sessions alongside globally recognised clinicians such as Bill Dorfman and Michael Apa.

This period expanded my network and positioned me within a global dental community.

I went on to shadow them in later years and others across the world.

## 2.

### Getting into dental school

Getting into dental school was far from straightforward!

I missed my offers three consecutive times in the UK, which left me with very few options.

Studying abroad initially felt impossible financially. But I eventually found a university in Valencia that accepted international students onto a Spanish-taught course.

I didn't speak the language at the time, but it was my only route. So I took it and learnt as I went along!



## 4.

### Getting into dental school

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# 6.

## Founding Denstudio on Harley Street

Establishing Denstudio on Harley Street marked a defining step in my career.

It allowed me to create a premium, patient-focused brand centred around natural smile transformations.

Over time, my patient base has grown to include musicians, actors, directors, athletes and members of royal families, reflecting the level of trust placed in my work.

# 8.

## The Apprentice UK experience

Taking part in BBC's *The Apprentice* was a completely different challenge!

Walking away from Lord Alan Sugar and choosing to continue on my own terms was a defining moment that landed my face on the front cover of many tabloids!

However, it reinforced my belief in backing myself and building something independently.



# 10.

## Where I am now and future direction

I currently work as a cosmetic dentist on Harley Street, focusing on high-end smile transformations while continuing to grow Denstudio.

Alongside clinical work, I am developing new patient-focused products, including whitening systems and an upcoming clear aligner platform.

My long-term vision is to scale both the brand and clinical impact globally, while continuing to raise standards in cosmetic dentistry.

# 7.

## Developing a signature approach to smile makeovers

As my clinical work evolved, I began focusing on full smile transformations – combining aligners, whitening and bonding into a cohesive treatment journey.

This approach allows for highly personalised, natural-looking results and has become a defining part of my practice.

# 9.

## Balancing dentistry with entrepreneurship

Alongside clinical work, I've had to develop as an entrepreneur; building systems, managing growth and maintaining high standards across both patient care and brand experience.

This balance has been one of the most demanding but rewarding aspects of my career.



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# A cosmetic dental giant's journey to \$10 million revenue

Alan Clarke speaks to US cosmetic dentistry titan Brian Harris about how he built a family business up from \$1.5 million to \$10 million per year in revenue, plus what he learned about technology and information sharing

**Alan Clarke**  
Dentist and founder of Paste Dental

**Brian Harris**  
Cosmetic dentist



**Alan Clarke (AC):** In the very first interview of our Stateside Sessions series, I have the tremendous privilege to be here with Dr Brian Harris.

**Brian Harris (BH):** Thanks for having me. When I got the invite, I knew I had to make the time to be here because I've been so inspired by what you're doing and how you're bringing the communities of cosmetic dentistry around the world together. I think it's fascinating.

Maybe I'll start with my story. I grew up around dentistry. My dad was a dentist, and I saw him go through a transformation in the early 90s. That is what made me want to be a dentist.

He ended up signing up for the first over-the-shoulder cosmetic course, which was held at Baylor and called the 'Cosmetic Continuum'. Bill Dorfman, Bill Dickerson, David Hornbrook and so many others were there. From that course was born this first cosmetic revolution.

He went on to teach for many years at the various different 'Cosmetic Continuums'. So that was my first experience with cosmetic dentistry – seeing how it transformed his life, going from a general dentist that enjoyed dentistry enough to being truly passionate about what he was doing.

**AC:** You've since grown and scaled your own practice – tell me about that journey.

**BH:** When I joined my father, from a revenue standpoint, we were taking in \$1.5 million a year in a single location. We're close to \$10 million now in that same location.

I attribute all of that to learning how to communicate with patients around treatment needs and wants, and considering what the patient experience looks like.

**AC:** In that \$10 million practice, do you feel you've kept its core values, or do you feel that you've elevated dentistry to a different place than it's ever been?

**BH:** I think any time you're growing something, it's difficult to keep those core values intact, right? The things that got you to a certain point, sometimes aren't what are going to get you to that next point.

But I think we've been able to maintain an amazing

culture.

Our practice is a little innovative in that you have to first go through a video consultation before you see me. It's my way of being able to serve more people, help more people, and just answer more questions.

**AC:** To pivot slightly, can you tell me about Smile Virtual?

**BH:** At the end of 2016, I recognised that most people want to know a few things:

- Can you help me?
- What does it cost?
- What are my opinions?

I remember starting to use social media when it first came out. I started posting before and after cases, and that's when people would reach out and start asking questions.

And I thought, there's no point making them come in and see me to answer their questions. I'll just answer them right now. From there, everything changed.

**AC:** And do you feel that that was a catalyst for growth on your own site?

**BH:** Oh, yeah. It allowed me to get in front of so many more people.

Instead of spending an hour with somebody who just wanted to get some basic questions answered, I could spend five to 10

**'When you give out to the world – when you share and help elevate others – it does come back full circle'**

minutes with a lot more people and help them see what was possible.

Smile Virtual is now one of the largest and the most well known video console platforms for cosmetic dentistry. It's an amazing platform. We've got close to 500 clinicians using it now across the US and a few different countries.

A lot of them are really well known and have incorporated it into part of their workflow to take their success to another level, but also to support others.

The question is, how do we use technology to really be our friend rather than our enemy?

It's been fun watching all these other dentists use it in their practice and see what it's allowed them to do.

**AC:** How have you worked to craft that experience

for patients that really sets you apart?

**BH:** We've spent a lot of time meeting as a team to really define what our culture is. And that's changed over the years.

There was a time when our slogan was: 'Where people mean everything.' It was all about customer service and taking great care of people.

But now it's this idea of building confidence and how we can help people have that self-confidence they've always been looking for.

**AC:** Where do you see things going in the future?

**BH:** I think the future is all about transparency, trust and clarity – helping people see what's possible. And particularly doing it in a way where we don't have to make them jump through a bunch of hoops to get their questions answered.

To view the full video interview, scan the QR code below:



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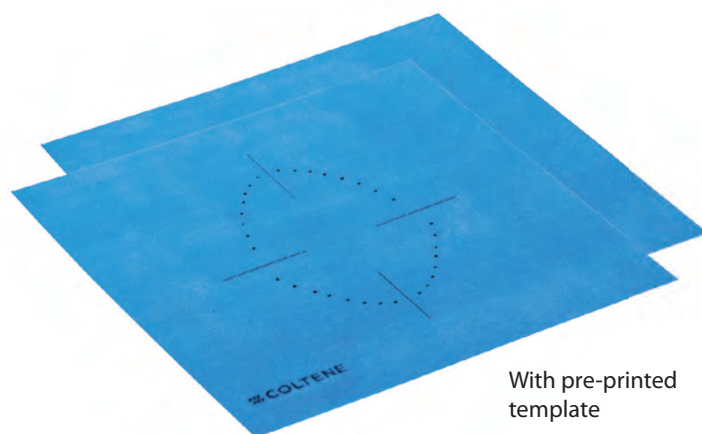
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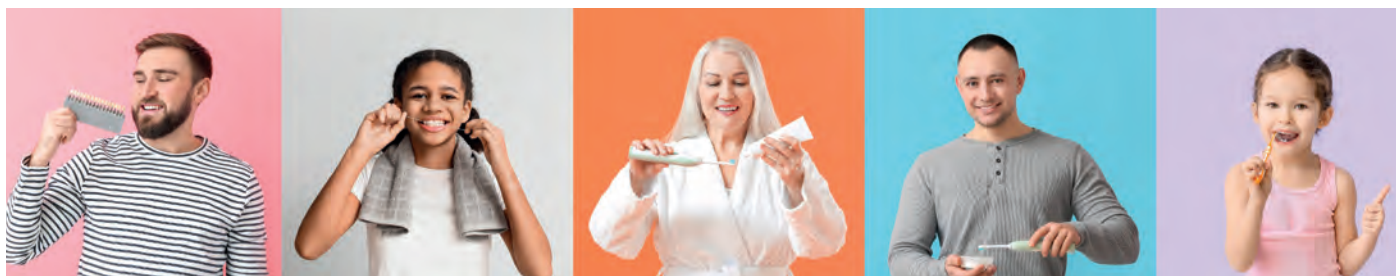
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# Directing the future of care

As National Smile Month marks 50 years, **Rhiannon Jones** reflects on how dental hygienists and dental therapists are helping reshape access to care in a changing landscape



**Rhiannon Jones**  
Dental therapist

We can all see that dentistry is changing in the UK, with access to care under pressure and patients engaging with the dental team in new ways.

Increasingly, care is no longer confined to the traditional journey of booking, attending and returning.

Instead, it is becoming more flexible, more varied and, in many cases, more accessible.

This shift is not happening by chance, as over the past 50 years dental hygienists and dental therapists have steadily expanded their role, helping to create new ways for patients to access care, in no small part thanks to direct access.

## A broader view of engagement

For many patients, a different entry point can feel more approachable, making it easier to take that first step.

Importantly, this model also reflects a broader shift in thinking, where care is no longer defined by a single pathway.



**‘Increasingly, care is no longer confined to the traditional journey of booking, attending and returning. Instead, it is becoming more flexible, more varied and, in many cases, more accessible’**

Instead, it is about creating multiple, appropriate entry points, ensuring more people can get the support they need, when they need it.

In areas where provision is limited, this approach can be the difference between receiving care and receiving none at all.

At the same time, the focus is shifting beyond access alone, towards how we communicate with patients we do see, using education and support to encourage meaningful behaviour change.

Patients today are more informed and more aware of their oral health than ever before.

They are actively seeking information, asking questions and, in many cases, taking greater ownership of their overall health.

This creates an opportunity for dental teams to move beyond simply delivering care, towards supporting long-term behaviour change.

Alongside this, digital channels are playing an increasingly

important role. Practice websites, social media and short-form content allow teams to share clear, accessible messages with a much wider audience, supporting patients even when they are not in the chair.

## Building on momentum

For practices, the opportunity now is to build on this momentum in ways that feel realistic and relevant.

That may be through adopting new ways of working, engaging more actively with the community, or making better use of skill mix.

For example, the British Society of Dental Hygiene & Therapy's (BSDHT) 'First Smiles' campaign offers a simple

and effective way to get involved.

Supported by Oral-B and taking place on Friday 12 June, the campaign offers the opportunity to deliver oral health education directly in schools and community settings.

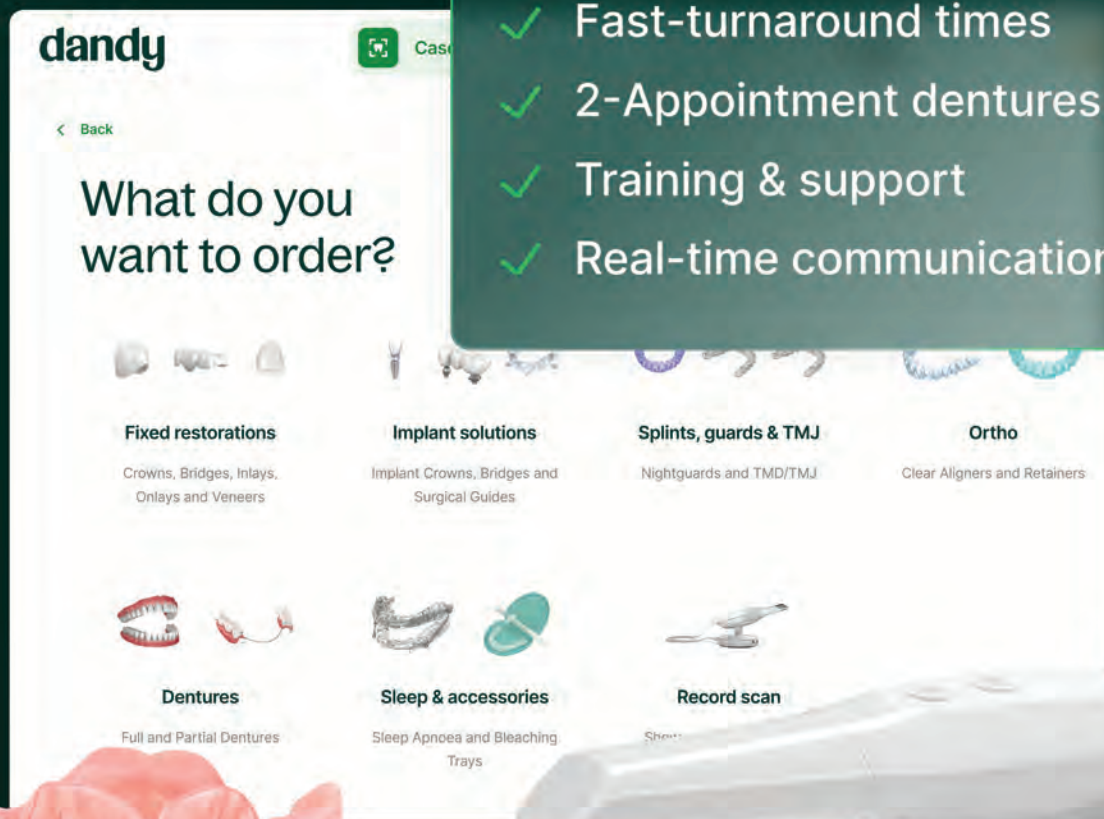
Getting involved can be as simple as signing up via the BSDHT website, downloading ready-made resources tailored to different age groups, and connecting with a local school or community group, or building something new that works for you and your local community.

By meeting children where they are, 'First Smiles' helps establish positive habits early and extends the reach of the dental team beyond the practice, supporting the next generation to build confident, lifelong approaches to oral health.

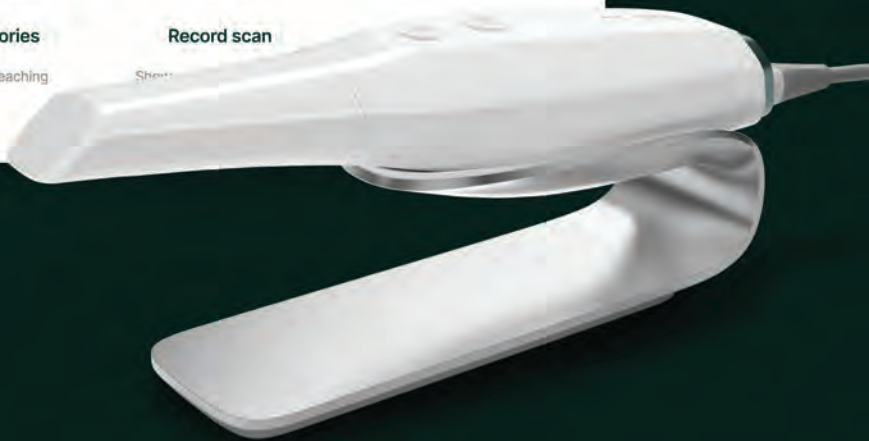
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# Curing dental amnesia

Miguel Stanley tells Guy Hiscott why dentistry has to find its purpose again – and why the future is bright if it can



**Miguel Stanley**  
Dental surgeon  
**Guy Hiscott**  
Content director, FMC

Sitting down to discuss the future of dentistry with someone like Dr Miguel Stanley, you expect strong views.

The trailblazing clinician behind Lisbon's world-renowned White Clinic and founder of the Slow Dentistry movement has built a reputation for saying what others won't.

But even with that expectation, it's clear from the outset that this is a conversation about something deeper than trends or technology.

'We are a profession with amnesia,' he says. 'We've forgotten many times the importance of our craft.'

It is a line that underpins his whole ethos. A belief that dentistry has, over time, lost sight of what it is supposed to be – and, in doing so, limited what it could become.

At the centre of his

argument is a shift in identity.

He asks: 'When did we stop thinking as physicians of the oral cavity? When did we stop thinking about immunology and limit our intervention on the human anatomy to mechanics?'

'We've been trained to look at dentistry as mechanics of the mouth. We don't really think about subclinical, low-grade, chronic infection or inflammation above and beyond simple periodontal disease.'

## 'Stop rushing straight into treatment before being the architect of that treatment'

The consequence, Miguel argues, is a profession that has become disconnected – from wider healthcare, from its own clinical potential, and from the biological realities that underpin oral disease.

### A profession shaped by compromise

For Miguel, that disconnect isn't accidental – it's the product of the environment dentistry operates within.

'I like that challenge,' he says. 'But when you're thrust into business thinking and life, business difficulties filter out what our profession truly can be. You don't find that in cardiology or orthopaedic surgery – but you do find it in dentistry, where things get filtered to fit a budget.'

That tension between 'ideal' care and 'deliverable' care is one of the defining characteristics of modern dentistry, shaping clinical decisions as much as patient expectations. At White Clinic, his response has been to push in the opposite direction.

'It's a very high-end tech hub,' he explains. 'I'm trying to

connect all of that science, technology and know-how with my team to improve what dentistry should be in the future, and to establish some form of benchmark for future generations.'

It's an ambitious aim, but one grounded in a simple, uncomfortable question that Miguel poses: 'Why do patients in first world countries have so much tooth decay and then complain that dentistry is expensive?'

Part of the answer, he suggests, lies in what he sees every day in practice.

'Most of my work today is revision dentistry – treating the results of outdated legacy work.'

He estimates that 'half a billion patients' across developed countries are living with dental work that is no longer fit for purpose. Not because

it was poorly done, but because all dentistry has a lifespan – something the profession has never fully acknowledged.

'There's a lot of guilt and shame... somehow allowing our patients to believe that the filling you did 20 years ago has to last you a lifetime. And that's crazy.'

'Find me one other profession; one other thing you can acquire that's supposed to last that long.'

'I think we need to revisit that conversation and perhaps help dentists understand that there's no guilt or shame in your work not lasting.'

The result is a growing backlog of ageing work that fails gradually, often silently, before presenting as complex, costly problems.

And, as Miguel puts it, that is a conversation the profession needs to reset.





### Minding the gap

Much of this can be traced back to dentistry's focus on the visible and immediate – 'mechanics and aesthetics' – at the expense of deeper biological understanding.

'We don't really think about subclinical, low-grade, chronic infection or inflammation,' he says.

'Our tools to diagnose are the probe and the X-ray. Why is that still okay?'

These are tools that no longer suffice on their own. Advances in saliva testing, biomarkers and genetic screening offer a far more detailed understanding of disease.

They are increasingly accessible – and increasingly expected, to the point where failing to adopt them risks obsolescence.

'You need to upgrade, or you won't have a place in the future of healthcare,' he says bluntly.

Because patients, he argues, are changing faster than the profession.

'When they are attracted by marketing, they will immediately jump onto artificial intelligence (AI) and ask: is this true?'

Patient trust is no longer a given. It is being interrogated – often in real time – and for practices that don't keep up, the gap between what is possible and what is delivered is only becoming more visible.

### Systemic strain

Miguel's critique extends beyond the clinic to the system itself, where the reality of running a dental practice brings challenges that other areas of healthcare don't even need to consider.

'We have to invest in our clinics. We have to invest in this economy. We don't have the luxury, like a heart surgeon or orthopaedic surgeon, of having the ecosystem built for us.'

That reality shapes difficult but necessary decisions.

'You have to say no to patients more than yes,' he says. 'You win by exclusion, not by inclusion.'

It is a challenging idea in a profession built around access and care. But it reflects a practical truth:

comprehensive, high-quality dentistry requires time, resource and, inevitably, funding.

'Inclusivity is a big word, but if you've got a lot of problems in your mouth, you have to have money to pay for it. I hate to say it, but it's wealth care, in some cases, not healthcare.'

That tension sits at the heart of many of the profession's challenges, and feeds into the 'guilt and shame' he sees among clinicians.

'Dentists are not responsible for their patients' problems,' he says. 'If it's a new patient, you didn't create that situation: you're the solution.'

'Like a good lawyer, you are hired to be effective. You're not hired to be nice, kind, cool, fun, cheap or sweet. It's great if you can be those things, but you're hired to solve problems – and that requires arsenal, team, firepower and knowledge.'

'It's an expensive ecosystem.'

If there is a single principle that runs through Miguel's thinking, it is this: slow down.

'Dentists need to stop seeing too many patients a day... doing everything at speed creates a lot of stress.'

That stress is as much about compromise as it is workload, he argues: 'I don't know a dentist who doesn't love challenging cases. We just don't like doing them at speed, when we can't do the right thing.'

From that thinking came Slow Dentistry; a model built on thorough diagnosis, careful planning and deliberate execution.

'Stop rushing straight into treatment before being the architect of that treatment,' he says.

'Say no more; do the right thing. Always understand you're a physician, not just a mechanic.'

### A profession rediscovered

Yet for all its challenges, Miguel is buoyant about where the profession is heading.

'I think there's a beautiful phase of dentistry coming,' he says. 'One where we are put front and centre in the longevity conversation.'

'That's one of the biggest markets in the world right now. As soon as people understand that well-done dentistry impacts longevity, the conversation changes. This isn't about beauty. It's about lifespan and healthspan.'

For Miguel, that shift – from cosmetic perception to medical relevance – will redefine dentistry's role to what it should have been all along.

As evidence continues to build linking oral inflammation with systemic disease, it represents the healing of a divide between dentistry and general medicine that he has been trying to bridge for almost three decades.

With diagnostics as the foundation of a more integrated model of care, new technology and rising patient expectations point to opportunity.

'I think it's a really exciting time to be a dentist,' he says. 'If we join these things up, everybody wins.'

The tools are there. The evidence is there. The only question is whether dentistry is willing to remember what it's supposed to be.

**To watch this interview in full, please scan the QR code:**



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# Mastering the art of composite bonding

Carol Somerville Roberts explores the motivations behind the rise of composite bonding, the importance of holistic smile design and why British clinicians must stay ahead of the curve



**Carol Somerville Roberts**  
Dentist and member of the  
BACD

Composite bonding is hugely popular, with patients actively seeking dentists who offer this cosmetic treatment.

As a collective, we should encourage patients to be treated in the UK to ensure that they achieve a long-lasting outcome with access to timely and proper follow up appointments.

To do this, British cosmetic dental professionals must stay ahead of the competition by furthering their knowledge and skills in this area.

Common motivations for seeking composite bonding may include dissatisfaction with the length of a tooth, a notable chip or crack, or discolouration.

A full and proper clinical assessment should never view the tooth in isolation – cosmetic dental treatments must follow a holistic approach to smile design, with an emphasis on finding out why and how the problem occurred.

This involves always analysing the whole smile and factoring in the patient's dental history.

For instance, a concern with a tooth's appearance could be caused by an asymmetry with the teeth or incorrect gingival levels – the patient should be shown the cause and how tackling the underlying issue can enhance the rest of the smile with greater longevity.

#### Age and expectations

The treatment options must consider the age of the

patient. Younger patients wanting an extreme smile makeover would have to make a commitment for many decades and may therefore need repeated treatments across their life – if this is even appropriate for them.

Older patients may have different expectations and desires. Clear, professional communication with the patient is essential.

For treatment planning, digital mock ups can help the patient see the predicted final outcome and are a powerful aid for understanding, consent and managing expectations.

Other clinicians find carrying out a mock up in the patient's mouth to be useful in terms of patient communication and managing expectations.

The key here is that whatever you show the patient, you must be able to deliver – no overpromising.

#### Technique and restorative choice

If happy with a minimally invasive treatment plan, the patient may decide to have composite bonding, leaving the dentist to decide on the best restorative technique.

cutting it back to layer in the characteristics and a final enamel composite.

Regardless of technique, getting the underlying shape, line angle and anatomy can create a beautiful restoration of the tooth even with just a single shade of composite.

#### Advancing clinical skills

There is always more to

**‘A full and proper clinical assessment should never view the tooth in isolation – cosmetic dental treatments must follow a holistic approach to smile design’**

Injection moulding is predictable and relatively quick, making it a reliable option for treating multiple teeth, as well as if the patient is looking for a more monochromatic outcome.

Alternatively, if a restoration is needed on just one tooth, where the adjacent teeth have a lot of characterisations, such as translucency, or the patient wants a more natural look, then a layering technique may be more suitable to replicate the existing morphology.

Some may opt for a hybrid version, such as milling a veneer from composite and

learn with composite bonding, and members of the British Academy of Cosmetic Dentistry (BACD) have the opportunity to do so at this year's summer social.

Taking place on the 13 June at the Pavillion Club in London, the event will feature talks from masters of composite bonding and is an excellent outing for all those looking to advance their clinical skills with composite bonding. This event is free to members of the BACD – reserve your place at [www.BACD.com](http://www.BACD.com).

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# The clinical power of a diet diary

Lauren Long details how a deeper understanding of patient nutrition can elevate clinical outcomes through the use of a simple diet diary

**Lauren Long**  
Nutritional therapist

It is well known that diet plays a central role in oral health.

We know that sugar is a substrate for the bacteria that cause dental caries, acidic foods and drinks contribute to dental erosion; and it is becoming well known that the Western diet increases inflammation in the body, leading to problems with the host response and patient healing, which in turn impacts patient outcomes.

The diet can also be protective. Certain foods can help to support the oral cavity, for example, calcium and phosphate in dairy products support remineralisation. Fibrous foods help to stimulate saliva flow, which supports the buffering capacity of saliva, and foods high in nutrients support the immune system and inflammatory pathways, helping the host response.

It isn't just about looking at foods that cause disease, but also what supports health.

## Tracking and frequency

Then there is the timing and frequency. This will highlight patterns such as frequent snacking, sugary drinks, and acidic foods.

These patterns will highlight risks and allow for personalised, evidence-



## 'A diet diary is more than just a record; it is a conversation starter'

based advice to minimise them, whilst showing patients how their own habits are impacting their oral health and creating a powerful moment of awareness.

A diet diary is more than just a record; it is a conversation starter.

As helpful as a diet diary can be, it is important to note that it does need to be handled carefully by a dental professional, as the advice given is tailored to the patient but mostly generic due to scope and time restrictions.

A nutritional therapist, nutritionist, or dietitian would spend an hour getting to know the client and their relationship with food, and it is important that advice is safe and doesn't contribute to any disordered eating habits.

My advice as a nutritional therapist is never to take any foods away, but to look at what can be added to make it better or how it can be improved to decrease risk.

For example, keeping sugary foods to mealtimes is a great example of this.

## Gain informed consent from the patient

Explain the purpose to them and let them know that it is about understanding, and not about judgement. Educate on the relevance and give examples. Give the patient a choice.

If the patient is unsure, alternatives that could be offered are – a verbal 24-hour recall, discussing a typical day, or just focusing on specific areas such as sugary drinks and building on this at future appointments.

## Timeframe

Ask the patient to complete the diet diary over three days and ensure one of these days is at the weekend, so you can see what they do when they are out of routine.

## Review together

- Look at the frequency of sugar/acid
- Highlight high-risk times such as late-night snacking, grazing, and sipping
- Look for protective habits, ie, healthy snacks, meals versus grazing, hydration, and nutrition
- Avoid terms like 'good' and 'bad' foods, and do not restrict items, to avoid risking food anxiety
- Focus on patterns, not perfection

## Record

All food and drinks should be recorded, ensuring details such as anything added to foods or drinks (such as sugar in tea/coffee) are included, as well as how long it took to drink a fizzy drink – small sips over an hour or drunk quickly. Ask them to record the timings also.

## Give personalised advice

Keep the conversation supportive and stay within scope.

Keep it positive and champion the patient where possible.

Watch for red flags and be alert for any anxiety, distress, mention of restrictive behaviours, bingeing, or feelings of guilt around food.

If this happens, stop the process and consider a different approach and signposting.

## Reinforce and follow up

This can help to track progress and support behaviour change.

This can be at routine

appointments, or consider getting the patients back in earlier if they need more support.

## Signposting

Always signpost to the patient's doctor if you have any concerns regarding disordered eating or eating disorders.

You can signpost to a nutritional therapist, nutritionist, or dietitian in your area to support your patients.

Find someone local that you can refer to, and who could also refer to you; or you can go onto directories such as the 'find a practitioner' search on the British Association for Nutrition and Lifestyle Medicine (BANT).

To access an example food diary, please scan the QR code:








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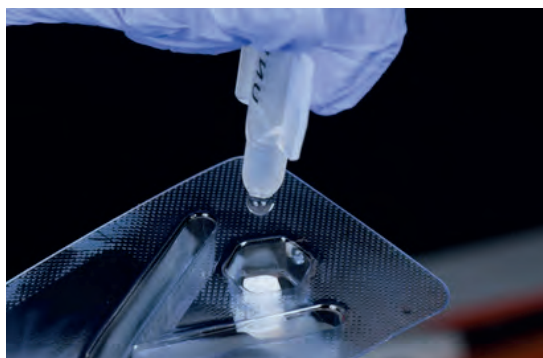


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# Investment achieves Unicorn status



## Vvardis

A high-growth dental medtech company pioneering non-invasive cavity treatment, announced a strategic minority investment from Apollo-managed funds.

The investment will support Vvardis' next phase of global growth and commercial expansion, including the continued rollout of its Curodont suite of products.

The investment establishes Vvardis as one of Europe's

few privately owned, billion-dollar-plus, healthcare companies.

Vvardis' founders and co-CEOs, Drs Haley and Goly Abivardi, will retain a substantial majority shareholding in the company.

'Vvardis has built a differentiated business, with Drs Haley and Goly Abivardi pioneering a new category in dental care backed by peer-reviewed clinical studies,' said Jeremy Honeth, partner and Andrea Vanni,

managing director at Apollo. 'Apollo Funds' investment supports the company's continued expansion in key markets across the US and Europe, bringing this restorative therapy to more practices and patients worldwide.'

'Curodont fills a longstanding gap in dentistry - when prevention fails, dentists now have a quick, easy-to-use non-invasive treatment free of drilling and needles.'

'The rapid adoption of Curodont reflects the urgency of that unmet need,' said Haley Abivardi, DMD, co-CEO and co-founder of Vvardis.

'Apollo Funds' investment strengthens our commercial foundation in the US and Europe and enables us to scale this environmentally sustainable technology across markets.'

# Revolutionary denture scanning workflow

## Mimetrik

Mimetrik is set to unveil Cubit360 at the British Dental Conference & Dentistry Show (BDCDS) 2026, marking the launch of a new, workflow-driven approach to digital dentistry.

Purpose-built for dental practices, clinical dental technicians (CDTs) and laboratories, Cubit360 has been designed to transform denture workflows by removing the friction and complexity that have



historically limited digital adoption.

The system enables a streamlined, two-visit denture workflow for both

clinicians and patients.

For further details and to register interest ahead of the show, visit our website.

**mimetrik.tech**

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year warranty, with a strong UK distributor network alongside local manufacturer support, and you've got total peace of mind.

Want to try it out?

You can see the Compact LE dental unit, as well as our Viso GI CBCT unit and Romexis dental software, on stand J37 at Dentistry Show Birmingham 15-16 May.

**02476 994160**



# The future of imaging systems



## Carestream Dental

Carestream Dental helped dental professionals see the future of their imaging systems at BDIA Dental Showcase,

with leading CBCT solutions on show.

Clinicians and their teams found out more about the capabilities of such systems, including integration with new AI-propelled CS 3D Imaging Premium software, which accelerates implant workflows with accuracy.

Amongst the solutions on display was the CS 8200 3D Advance Edition, a state-of-the-art but equally intuitive CBCT system which makes high-quality image taking simpler.

With CBCT imaging, 3D object scanning, and panoramic and cephalometric imaging

capabilities, the CS 8200 3D Advance Edition offers versatility for practices looking to transform their care capabilities.

For more information on the imaging systems on offer from Carestream Dental, contact the team.

**[www.carestreamdental.co.uk](http://www.carestreamdental.co.uk)**



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# Showcasing a commitment to clinical excellence



## British Endodontic Society

The British Endodontic Society (BES) was delighted

to attend BDIA Dental Showcase 2026, taking the opportunity to meet many current and future members of the society.

BES council member, Dr Rahul Patel, presented his session 'Keeping it hot or keeping it simple: warm vertical condensation versus single cone' which was enjoyed by many endodontic

lovers in attendance.

The BES is committed to providing high-quality educational opportunities to its members and improving the nation's oral health by consistently supporting pioneering research and clinical excellence.

The society offers its members a wide range of benefits, with the aim

of furthering clinical knowledge and supporting endodontic excellence.

If you missed us at the show, and would like to find out more and become a member, please get in touch with our team today.

**www.**

**britishendodonticsociety.org.uk 07762945847**

# Invaluable business insights

## Denovo Dental Partners

Denovo Dental Partners was delighted to host Mary Portas OBE at BDIA Dental Showcase 2026, where she offered invaluable business insights and advice to boost patient retention.

Mary is one of the UK's most influential and innovative business leaders: a celebrated author, broadcaster, journalist, activist and government adviser across retail, fashion, and consumer industries.

During the session, Mary spoke to Kristen Pope, chief integration, partnership and communications officer of Denovo, about what it takes to build a meaningful brand, create a positive workplace culture, and inspire engagement and loyalty from patients.

The Denovo team were also on hand on the exhibition floor to speak with practice owners about the opportunities for growth available through the Denovo model. Their unique shared ownership approach enables principals to retain autonomy while benefiting from the support and scale of a collaborative group – with full business value realised through a



combination of upfront cash and equity.

To learn more about Denovo Dental Partners, or to arrange a conversation with the team, please get in touch.

**www.denovo.partners**

# Clinical and business impact at BDIA Dental Showcase



## Sprinray

Dental professionals attending BDIA Dental Showcase 2026 last week saw first-hand how Sprinray is transforming digital workflows through advanced 3D printing solutions designed for chairside use in modern practice.

As a specialist in digital dentistry, Sprinray enables clinicians to produce high-quality restorations quickly and efficiently in-house, helping to improve patient experience while unlocking new revenue streams.

At the event, the team presented the Pro 2 and Midas 3D printers, demonstrating practical applications for everyday

dentistry.

Dr Neil Harris delivered a well-received lecture, 'How 3D printing can increase profitability and unlock the potential within your practice,' offering clear, actionable insights for clinicians looking to integrate digital workflows.

One attendee described the session as 'clear, useful and professional', while delegate Laura Hall commented that he 'gave all the information needed'.

Sprinray continues to support dental professionals in adopting digital solutions that enhance efficiency, profitability and patient care.

**sprinray.com/en-uk**

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- ✦ what to focus on over the next 90 days

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# Between the margins

**Charleane McNally** explains why cleaning below the margins for implant patients is imperative to successful treatment outcomes

**Charleane McNally**  
Professional educator for  
Waterpik and dental hygienist

Effective oral hygiene routines displace plaque biofilm from the oral cavity, reducing the risk of infection and disease.

Whilst visible plaque may be easily targeted, subgingival biofilm poses an equally unwanted threat to oral hygiene.

Almost half of all adults in the UK have a degree of periodontitis that is not reversible, and between 50-90% of the adult population has some degree of gingivitis. Dental plaque biofilm has a known causative effect on this, and subgingival plaque is recognised as playing a key role by creating a hypoxic environment that allows anaerobic bacteria to thrive.

Peri-implantitis, a destructive infection of the tissue surrounding an implant restoration, has a wide-ranging prevalence. One 2022 systematic review suggests it affects 20% of patients and 11.5% of implants, but prevalence could be as large as 28-56% according to a consensus report from the 6th European Workshop on Periodontology. For implant bridges and dentures in particular, an inability to remove plaque and biofilm from below the restoration can lead to widescale adverse oral health outcomes.

Understanding how subgingival plaque operates,

and the oral hygiene advice that should be provided to patients, helps to improve oral health outcomes.

## Hidden threat

When patients are subject to biofilm-induced gingivitis, changes in the subgingival microbiota provoke the continued growth of pathogenic species. This results in inflammation of the periodontal tissue.

At this stage, a continuous cycle of destructive microbe production begins. The subgingival biofilm population gradually changes to one dominated by gram-negative anaerobes, with the literature noting the prevalence of *Capnocytophaga*, *Selenomonas*, *Veillonella*, *Campylobacter*, *Fusobacterium* and *Prevotella*. The inflammatory process creates products that gram-negative bacteria can use as a source of nutrients, and so these continue to thrive, perpetuating an environment that supports its continued growth.

The literature finds that subgingival dental plaque and peri-implant plaque differs, with the latter having more aerobic organisms. Dental plaque at sites of standard gingivitis also presents more diverse microbe populations, with a higher plaque index and an increased proportion of strict anaerobes. It's thought that inflammation throughout peri-implant

tissue can be triggered by a thinner and healthier biofilm, with the implant itself being a partial cause of this biological response. With this in mind, patients with these restorations (including single- and multi-unit implants) need to be further engaged with effective oral hygiene routines, and consistently debride subgingival plaques from implant sites.

## Taking action

Given the prevalence and effects of anaerobic bacteria that thrive below the gingival margin, professionals have the responsibility to remind patients to remove this biofilm regularly. Clear instructions and advice are imperative, and patients should understand that professional support may be needed at points from the dental team.

Toothbrushes can be angled to improve access to subgingival spaces, helping to remove some of the biofilm from here. This may be difficult in the posterior dentition, however, especially for those with limited dexterity. The use of traditional dental floss to access subgingival spaces is also heavily reliant on a patient's technique, and improper approaches may leave biofilm untouched. For patients with implant bridges and dentures, it's vital that patients achieve effective access between every point of contact with



the periodontal tissue. Toothbrushing is imperative, and traditional string floss can be helpful, however, additional solutions may be recommended to ensure maximum removal of plaque.

## New additions to effective routines

Interdental brushes and floss aid subgingival plaque removal, with the ability to reach deeper below the gingival margin and into spaces around dental implant restorations. The efficacy of each is difficult to ascertain, with some in the literature declaring an advantage to interdental brushes, whereas others find little difference.

The use of an oral irrigator, especially with a specially-designed tip to access the spaces around restorations, may be more consistently beneficial for many patients. Whilst the literature notes that oral irrigators may help to facilitate subgingival biofilm removal up to 6mm, with pulsations also reducing inflammation, patients need to be directed towards clinically-proven alternatives.

This includes the Ultra Professional water flosser from Waterpik™, the #1 water flosser brand recommended by dental professionals. The oral hygiene adjunct reaches below the gingival margin where brushing and traditional flossing cannot access, and is able to remove up to 99.9% of plaque from treated areas. Patients can receive extra support with the Waterpik™ Implant Denture Tip, which is specifically engineered to clean around fixed implant bridges and dentures. Compatible exclusively with the Ultra Professional water flosser, the Implant Denture Tip uses a unique curved design for improved access to treatment sites, enabling patients to confidently look after their restorations.

Subgingival plaque presents a risk to oral health and restoration success, so patients and the dental team need to work together to effectively remove biofilm. Doing so will remove anaerobic bacteria from around the gingival margin, and breathe new life into a smile.

**For more information on Waterpik™ water flosser products visit [www.waterpik.co.uk](http://www.waterpik.co.uk). Waterpik™ products are available from Amazon, Costco UK, Argos and in stores across the UK and Ireland.**

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\*Based on 2025 independent survey of Dental Professionals; among those who recommended branded water flossers

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\*in vitro, data on file

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# DEXIS sets a new benchmark for digital dentistry with advanced AI and seamless connectivity

## New AI Features and Multi-Site Sync Empower Clinicians to Save Time and Build Patient Trust

DEXIS™, a global leader in dental imaging, today introduced its most advanced update yet to the DTX Studio™ platform—bringing AI-driven diagnostics and multi-site connectivity designed to redefine workflows, accelerate decision making, and elevate patient care worldwide.

### AI That Empowers Clinicians

The DTX Studio platform has long been recognised as a powerful imaging platform for modern dentistry, bringing together 2D X-rays, CBCT scans, intraoral images, and clinical photos into one intuitive interface.

Today, more than 50,000 clinics worldwide rely on DEXIS imaging platforms, processing over half a billion images annually. In 2025 alone, DEXIS AI analysed 120 million clinical findings, helping dental professionals deliver smarter, quicker care.

With this latest evolution, DEXIS delivers its most advanced capabilities to date—built to help clinicians work faster, collaborate seamlessly, and communicate treatment plans with clarity.

This update continues to build on our robust AI foundation—expanding capabilities for workflow automation, productivity, and treatment planning across both 2D and 3D imaging.

The latest DTX Studio Clinic v4.7 introduces intelligent indicators, automated treatment planning, and streamlined routine tasks—all powered by FDA-cleared AI.

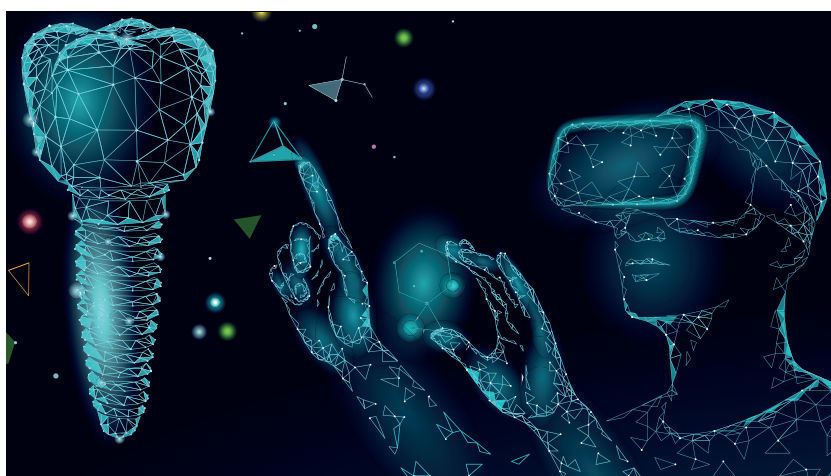
Clinicians can now instantly identify up to 15 diagnostic insights on 2D intraoral radiographs, including eight newly added restorative indicators such as crowns, bridges, and root canals.

Full-mouth AI detection and layout are five times faster than previous versions, powered by the platform's most advanced AI engine yet.

This same FDA-cleared AI module is now also integrated with DEXIS Imaging Suite v10, ensuring consistent diagnostic accuracy and efficiency across the DEXIS ecosystem.

### Key enhancements include:

- Expanded AI indicators, including restoration detection
- Enhanced caries visualisation for improved planning and communication
- Bone measurement to visualise periodontal changes over time



- Smart grouping to organise findings and reduce duplicates
- Customisable views with layered visualisation
- Advanced planning with STL export and enhanced 3D imaging
- Workflow enhancements, improved lab integration, and streamlined setup.

### Connectivity Without Limits: DTX Studio Go Sync

DEXIS also introduced DTX Studio Go Sync, a cloud-native solution designed for multi-location practices.

Go Sync enables secure synchronisation of patient records across all sites, ensuring seamless continuity of care and data safety.

Clinicians can access imaging and diagnostic data from any location, supporting a truly

connected care experience.

### Expanded Partner Network

DEXIS continues to strengthen its ecosystem with new integrations including:

- CephX for AI-powered cephalometric analysis
- BeamReaders for expert radiology review and fast CBCT diagnosis
- Qlone for advanced 3D facial scanning

These integrations strengthen end-to-end workflows for clinicians and labs, enabling faster, more accurate care within an open platform.

“DEXIS is setting a new benchmark for digital dentistry,” said Robert Befidi, President at DEXIS.

“This latest evolution brings FDA-cleared AI across our ecosystem—giving dental professionals

powerful visual tools and seamless connectivity to labs and partners, so they can focus on the treatment story and the patient experience.”

To learn more about how DEXIS is shaping digital dentistry, visit [DEXIS.com/DTX](https://DEXIS.com/DTX).

### About DEXIS

DEXIS, part of the Envista family of brands, is a global leader in dental imaging, uniting trusted brands across 2D and 3D imaging, intraoral scanning, and diagnostic software within a single, connected, AI-powered ecosystem.

Our technologies are designed to streamline workflows, enhance diagnostic precision, increase productivity, and support better patient outcomes.

To learn more, visit [DEXIS.com](https://DEXIS.com).



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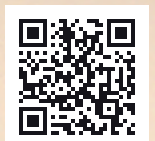
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# As employment law evolves, HR in dentistry is becoming harder to ignore

**Lara Brewood-Green** explains how Dentistry HR provides a clearer way of handling day-to-day HR decisions

**Lara Brewood-Green**  
Lead people consultant at  
Dentistry HR

If I think about the conversations I have with practice managers and owners, HR is very rarely the thing they open with. It tends to come out more gradually.

A question about how to handle an absence. A situation that didn't feel entirely straightforward at the time. Something that's been dealt with, but still sits slightly in the background.

Most of it isn't urgent. It's just part of running a practice.

And for a long time, that's been manageable.

What's changing now is the context around those decisions.

Over the next year, a number of employment law updates will come into force, covering areas such as sick pay, family leave, workplace conduct and record keeping.

None of these changes are particularly dramatic on their own.

But they do bring a sharper focus to how things are handled behind the scenes.

There's a bit more expectation around clarity, around consistency, and around being able to show how and why decisions have been made.

## Where things start to feel less certain

In most practices, people are doing their best to handle situations fairly.

But they're doing it in real time.

You're often making decisions in between patients, or at the end of a long day, without the luxury of stepping back and working through everything in a structured way.

So, things get resolved, but not always documented as clearly as they could be, or handled in exactly the same way each time.

That's not a failure. It's just the reality of how practices operate.

What we're seeing now is that this more informal approach can start to feel slightly uncomfortable as expectations shift.

Not because anything is being done wrong, but because there's less room for interpretation than there used to be.

## Why dentistry feels different

Dentistry has always had its own rhythm.

Teams are small, people work closely together, and situations tend to feel more personal than procedural.

At the same time, there's a



**'Over the next year, a number of employment law updates will come into force, covering areas such as sick pay, family leave, workplace conduct and record keeping'**

constant layer of regulation sitting in the background, which doesn't pause while you work through a people issue.

Most HR systems haven't been built with that in mind. They assume time, distance and structure that simply don't exist in a busy practice. And that's often where the friction comes from.

As has been highlighted across the profession, the challenge is rarely the amount of HR activity, but how well it fits the way dental

teams actually work.

## Bringing a bit more clarity into the day to day

What most practices are looking for isn't more to do. It's a clearer way of handling what's already there.

That might be knowing that your documentation reflects how the practice actually runs. It might be feeling confident that a situation would be handled consistently, even if it came up again in a few months' time. Or simply having

someone to talk something through with before making a call.

That's exactly the thinking behind Dentistry HR.

It's been developed to support the day-to-day reality of practice life, bringing together clear documentation, simple processes and access to experienced HR support when it's needed.

Not to overcomplicate things, but to make them feel more manageable.

## A more confident way forward

The changes in employment law aren't there to make things harder.

But they do highlight how important it is to feel clear about what you're doing and why.

For many practices, this isn't about changing everything.

It's about putting a bit more structure around what's already happening, so decisions feel easier, situations are dealt with earlier, and there's less second guessing.



**Dentistry HR - a clearer, more practical way to manage people in dental practices**

# A new standard for dental growth in the UK

## Is Saint Visage the fastest growing dental group in the UK and what does that mean for dentistry?

Growth in UK dentistry is entering a new phase. Expansion is no longer defined only by access to funding or the number of clinics acquired, but by how quickly services can be delivered once a site changes hands.

Across the sector, practice owners and clinicians are reassessing what sustainable growth looks like in a market shaped by clinician availability, recruitment challenges and rising operational costs.

For more than a decade, rapid expansion across many UK dental groups was driven by private equity backed acquisitions, allowing national footprints to be built at speed. Yet growth built on capital alone has struggled to resolve the industry's core constraint: workforce capacity.

Saint Visage Dental Group, a family owned UK dental group operating across 42 clinics and predominantly debt free, has built its expansion around integrating dental recruitment, clinician development and acquisition strategy into one operating framework.

With growing international activity including strategic work in the UAE, the group reflects a shift toward workforce-led expansion, where clinical teams are prepared ahead of growth rather than assembled afterwards.

### Saint Visage reflects a shift toward workforce-led expansion, where clinical teams are prepared ahead of growth rather than assembled afterwards

#### A Workforce First Approach

Traditional dental expansion often follows a familiar sequence. Secure funding. Acquire the clinic. Recruit afterwards. In the current environment, where clinician availability is limited, that order can create pressure on margins and service delivery.

Saint Visage reverses this model. Under the leadership of CEO Dr Samin Usman, who also oversees Visage Dental Recruitment, clinical teams are mobilised ahead of expansion through an integrated workforce infrastructure. By aligning recruitment planning with acquisition strategy, the group reduces one of the most significant operational risks in dentistry: the empty chair.



This workforce first structure allows clinics to be developed across several regions at the same time rather than sequentially, enabling expansion to continue while maintaining clinical delivery.

#### The Visage Blueprint in Practice

One recent example of this approach is the Peterhead Dental Implant Centre. Where recruitment pressures had previously limited sustainability, Saint Visage deployed a full clinical team through its internal recruitment infrastructure before expansion began.

Joel Mannix, Head of Dental at Christie and Co, who managed the transaction, said: "Having managed the sale of Peterhead to Saint Visage, and after working with countless dental businesses nationwide, I can say it is almost unheard of for a group to scale from zero to eight dentists and, within months, build an operation now projecting over £3 million in annual revenue.

The speed and scale set a new standard for the sector."

The comment reflects a wider shift in how expansion is being delivered within UK dentistry. Peterhead is one example of a model Saint Visage is now applying across multiple regions, where workforce readiness allows clinics to move directly into delivery rather than extended recruitment phases.

#### Developing Clinicians at Scale

Clinical Director Dr Nasrullah Khan leads a structured mentorship and progression framework designed to support dentists in developing into high value clinicians through the Associate Development Programme.

During 2026:

- Around 80 dentists are projected to be placed directly into Saint Visage clinics
- More than 105 dentists are expected to be deployed into external practices nationwide through Visage Dental Recruitment

#### A New Standard for Growth

Across the UK, many dental groups are becoming more selective about expansion as recruitment challenges reshape how growth is delivered. Saint Visage is moving in a different direction. By integrating recruitment, clinician development and acquisition strategy into one operating structure, the group continues to acquire and open clinics across multiple regions while maintaining clinical delivery and performance.

Measured by the speed at which clinics move from acquisition to full clinical capacity, Saint Visage is emerging as the fastest growing dental group in the UK operating outside private equity or venture capital ownership structures.

Across multiple regions, the same operating model is now being applied repeatedly, allowing clinics to move from acquisition to active delivery with a consistency that few UK dental groups are currently able to match.

Strategic metric	Institutional or PE Groups	Saint Visage Model
Financial Structure	Heavily Leveraged Debt Led	Family Owned Predominantly Debt Free
Expansion Sequence	Capital -> Site -> Staff	Staff -> Site -> Capital
Operating Risk	Higher Exposure to Staffing Delays	Reduced Through Pre Staffed Teams



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# The blueprint for a perfect squat

**Performance Finance** marks two decades of supporting UK dentistry with the launch of a new video series, starting with an in-depth guide to dental squats

For two decades, Performance Finance has served as the backbone of UK dentistry, helping clinicians transform empty 'shells' into thriving, state-of-the-art practices.

Now, as the dental landscape evolves in 2026, we are thrilled to launch our first video 'Let's talk new start dental squats' as part of our ongoing series, 'Funding our success'. In our debut episode, Performance Finance account managers Pete George and Susan Marshall sit down with a true industry heavyweight: Andy Acton, director of Frank Taylor & Associates. Together, they dive deep into one of the most exciting yet daunting journeys in a clinician's career: launching a new-start 'squat' dental practice.

## A specialist direct funder understands the value of your clinical skill and the projected goodwill of a new site, offering flexibility that traditional lenders simply cannot match

### The blueprint for a successful start-up

A 'squat' practice offers the ultimate creative freedom, but it requires a rock-solid financial foundation.

This conversation distils decades of wisdom into a single, unmissable session for any aspiring practice owner.

#### 1. The support network

Opening a practice is more than just buying equipment. Pete, Susan, and Andy discuss the extensive support available – from the initial business plan to the final CQC registration.

The consensus is clear – while you provide the clinical vision, having a specialist team behind you is the fastest way to navigate the hurdles of entrepreneurship.

#### 2. The actual cost of a new start

What does a squat cost in today's market? The team breaks down current financial requirements, covering:

- Initial capital: realistic setup costs for surgeries



- Loan terms: what 'good' looks like, including repayment structures tailored to the unique cash flow of a dental start-up.

#### 3. Why a specialist funder is non-negotiable

General high-street banks often struggle to understand the nuances of a dental squat – a business that starts with zero patients but high growth potential. The panel explores why a specialist direct funder is paramount.

Specialists understand the value of your clinical skill and the projected 'goodwill' of a new site, offering a level of flexibility that traditional lenders simply cannot match.

#### 4. Underwriting criteria

How do you get to a 'yes' from the credit committee?

Our experts share their wisdom to streamline your application, focusing on:

- Clinical experience: how your background influences your borrowing power
- The business plan: the specific metrics underwriters look for in a new start
- Financial hygiene: simple steps to ensure your finances are 'application ready'.

#### A word from the team

The goal of this video is to demystify the numbers and

empower clinicians to take the next step in their careers with confidence.

'We are very proud of this new resource for anyone looking to set up a new dental practice,' says Pete George, account manager at Performance Finance.

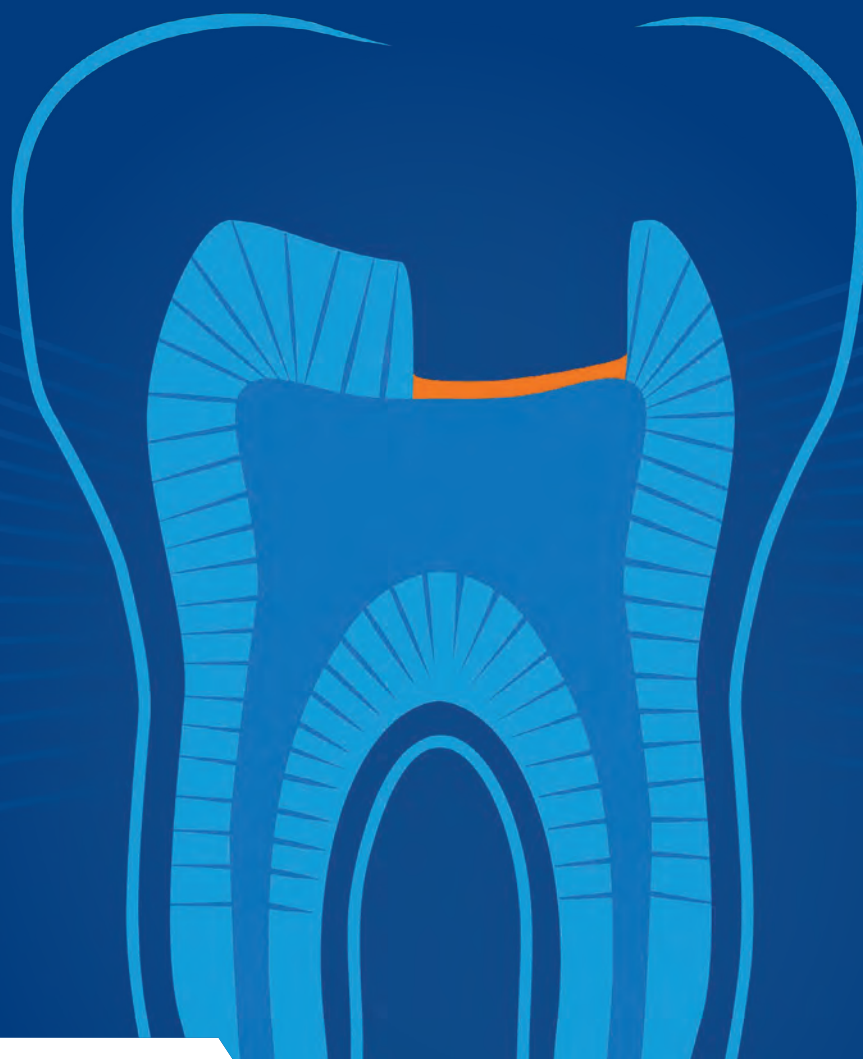
'It is aimed at first time squats but anyone expanding to a second, third, or fourth practice will benefit.'

Join Pete, Susan, and Andy as they pull back the curtain on dental financing and help you map out your journey from associate to owner.

**Watch the first episode now on [www.performancefinance.co.uk](http://www.performancefinance.co.uk)**

**For more information, call 0330 088 1156, or visit [www.ft-associates.com](http://www.ft-associates.com)**

# Avoid endo. Save the pulp.



## PRESERVING PULP VITALITY IN DAILY PRACTICE

- **Reliable:** mineralises to form a stable bacteria-proof seal
- **Time-efficient:** immediate further processing thanks to layering without pressure
- **Practical:** for use in selective or stepwise caries management and vital pulp therapy

## MTA vpt





# The Ultimate Dental Compliance Guide

A practical compliance self-check  
for dental practices



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Includes  
decon room  
and COSHH  
checklists

# Strength in numbers

Compliance is no longer a solo endeavour. Pat Langley explores why a collaborative approach is the only way to build a sustainable, stress-free dental business

**Pat Langley**  
Founder of Dentistry  
Compliance

Let's start with an immutable fact – if you don't have a compliant business, you don't have a business.

So what is the best way to ensure your practice becomes and remains compliant?

A little bit like the adage that a dog is not just for Christmas; it's for life – compliance shouldn't just be about your inspection, it should be how you run your practice every day.

That way, your practice should be more organised with less stress, a more motivated team and fewer complaints.

Thankfully, more and more practices understand this, and they also understand that compliance is a team event, meaning the burden of compliance isn't left to one person, as has often been the case in the past.

In the early days of regulation, compliance was often something that the practice manager 'did' on a Friday afternoon, while

everyone else did something more interesting. Or the stressed practice principal spent their weekends and evenings 'doing' compliance.

If your practice isn't quite there yet, what are the key things you need to consider on your journey to becoming and staying compliant?

## Develop a positive attitude to compliance

Great leadership requires a great attitude, whether that be towards customer service, clinical standards, team development, or compliance.

Having a positive attitude will enable leaders to create a culture in which team members can grow and develop in their roles and feel their contributions make a difference.

Leaders who believe that compliance is an unnecessary distraction from the business of running a practice will find that the whole team thinks that too, and that is dangerous territory.

Conversely, leaders who see compliance as an essential component of running a

## Appoint a lead in each compliance area

### You will need a named lead for:

- Infection control
- Safeguarding
- Complaints management
- Radiation protection
- Data protection
- Health and Safety, including

Control of Substances Hazardous to Health (COSHH).

Each lead should be responsible for ensuring compliance in their area and should delegate tasks to share the load.

In addition to helping ensure all tasks are completed on time, it will also give team members a feeling of empowerment and a sense of contributing to the overall success of the practice.

successful business will impart this to their teams and reap the benefits.

## 'A dog is not just for Christmas; it is for life. Compliance is much the same'

### Share compliance tasks between team members

Put simply, there are too many compliance tasks that need to be completed for one person to do it all.

In addition, different team members have different skills and knowledge in different areas, so it makes sense to utilise their skills and experience in the areas they are most knowledgeable about.

### Invest in compliance management software

If you haven't already done so, investing in compliance management software will pay you back 10-fold.

At Dentistry Compliance, we find an almost universal fear in practices that they 'don't know what they don't know', and they worry they may have interpreted requirements or guidance incorrectly. Why live with that worry when there

are solutions to remove it?

A good compliance management system should be user-friendly and contain all the up-to-date information you need to feel confident and remain compliant.

It should also prompt you to complete your compliance tasks on time and explain how to do any tasks you are unsure about.

You should be able to delegate tasks to team members and check that they have been completed on time. As well as be able to seek advice from an experienced team if you have a query.

### Which system to go for?

It's very personal! Have demos of all the systems to see which one best fits your practice's needs.



If you would like a demo of our system at Dentistry Compliance, we'd love to chat with you.



# Underrated dental products that are totally worth the hype

Thanks to engaging TikToks and Instagram Reels, dentist Emi Mawson is simplifying the complex, debunking myths and empowering patients everywhere amid the digital age's overwhelm

**Emi Mawson**  
Cosmetic and general dentist

As dentist *\_emi* – Emi Mawson is captivating a growing audience of 92k on TikTok and thousands more on Instagram with her vibrant approach to dental care.

Passionate and dedicated, she transforms expert advice into fun, easy-to-understand content.

Posts such as 'Your face shape should dictate your tooth shape in cosmetic dentistry. Not everyone suits every style!' garnered 736.9k views, whilst 'Vaping & Oral Cancer' reached 442.7k people.

'Scary things about oral cancer that are literally burned into my brain' resulted in 620.7k views and her 'How to lose your teeth in 10 ways' an audience of 139k.

## Too many people lack access to dental care, so offering free, easy-to-access preventive advice helps equip them to be more proactive about their oral health

The numbers are impressive; the titles irresistibly catchy. As such, Emi is building a dedicated following by tapping into the zeitgeist of our times – digital connectivity, the rise of Gen Z values, the demand for brand transparency and the push to correct misinformation.

She explains: 'Instagram and TikTok have become the new search engines; it is where many people spend most of their time.'

'Too many people lack access to dental care, so offering free, easy-to-access preventive advice helps equip them to be more proactive about their oral health.'

Whilst knowledge empowers patients, the proliferation of oral health options on shop shelves and online can be problematic.

So does she think patients are often overwhelmed by the market?

'The oral health market is saturated, and walking through the supermarket aisles reveals just how confusing it can be,

with many brands making different claims.

'Online, I often see products being used incorrectly or people relying too heavily on a single product to address their dental issues.'

'Therefore, it's important to provide education on this topic. Whether it's the trend of using charcoal toothpaste or the abrasive ingredients in whitening pastes that can be harmful over time, we need to share our expertise to help simplify product use and highlight things people may not know, but that could

benefit their oral health.'

### Skincare for the gums

Emi's recent 'Underrated dental products that are actually worth the hype!' list was a treasure trove of oral health tools for anyone seeking at-home hygiene tips.

With 37.6k views, Emi's TikTok listed '5 products I wish more people knew about, but you probably haven't heard of', lifting the curtain on her professional insight.

Among the products she says she is 'always recommending to my patients' was Gengigel, a gingival gel containing hyaluronic acid that supports the healing and hydration of the gums, and that she cleverly marketed as 'skincare for the gums'.

Emi explains: 'Although not widely known, Gengigel can be a valuable addition to any oral health routine, and I wanted to spotlight it alongside other must-haves.'

'Its hyaluronic acid-based formula is gentle on the oral microbiome, supporting healing and comfort.'

'It's especially beneficial for dry mouth, which can occur during hormonal fluctuations such as pregnancy, the postpartum period, and menopause, and is a common side effect of many medications.'

'Because it can help rehydrate the gums and

support healing, I also recommend it to patients who have undergone extractions or surgery to aid recovery.'

'New brace wearers may find it helpful, particularly if they experience gum irritation. It's also a useful adjunct for patients with periodontal disease, or who are undergoing complex perio treatments.'

In a world where everything is immediate, and people expect instant results, Emi is happy to meet these expectations by providing information at a pace.

However, in her treatment approach, she believes that only by slowing down and ensuring a solid foundation of overall health before moving on to anything else can she deliver optimal smile aesthetics.

'While I recognise the benefits of fast, easy access to evidence-based information, once in the chair, my patients receive the gift of time and a tailored approach.'

'Communication and understanding are vital to any smile makeover journey.'

'Having an online voice is just part of this.'

**For more information, visit [www.gengigel.co.uk](http://www.gengigel.co.uk) to register your interest to receive product information & samples.**





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# Ambition without limits

We explore the career of Sulaman Anwar and how his appetite for challenge has shaped his path from a last-minute career pivot to becoming a specialist practice owner



**Sulaman Anwar**  
Specialist periodontist

## Dentistry magazine

**(DM): Why did you decide to pursue a career in dentistry?**

**Sulaman Anwar (SA):**

Interestingly, dentistry was not my original plan.

I initially had a place to study accounting and finance and, after receiving my A-level results, I was preparing to follow that route.

However, a friend asked me what had drawn me to accounting, and it was the first time I had properly asked myself that question. In that moment, I realised I did not have a genuine answer. It was more aligned with what my parents had hoped for me than what I truly wanted for myself.

That moment prompted me to take a gap year and properly consider what career I would find fulfilling.

I narrowed it down to medicine and dentistry,

but dentistry stood out because it combined manual skill, patient care and the opportunity to build long-term relationships with people.

I was also attracted to the structure of the profession and the potential for a better work-life balance compared with some medical career pathways.

Looking back, it was one of the best decisions I have made.

Dentistry has given me the opportunity to work clinically, specialise in periodontics, contribute to professional regulation, build a practice, and continue developing as a clinician and business leader.

**DM: Could you share an interesting or lesser-known fact about yourself?**

**SA:** Some may call it ambitious, others may say I have a high appetite for challenge, but within the

space of three months I started a new clinical role, opened a squat specialist dental practice, commenced an MBA at Imperial College London and bought a new home.

It was certainly a busy period, and my wife was not particularly impressed with the timing!

However, it does reflect my personality quite well.

I tend to be driven by growth, challenge and the belief that if something is worth pursuing, it is worth committing to fully.

When I am not working, I am usually trying to tick something off my bucket list.

So far, this has included skydiving over the Palm Jumeirah in Dubai, scuba diving at the Great Barrier Reef, riding the worlds longest zipline in Ras Al Khaimah, taking on the worlds steepest zipline in St Maarten, and cage diving with sharks off the coasts of South Africa and Hawaii.

## Top clinical tips

1. Notes, notes, notes. Document everything carefully. Having worked as a fitness to practise (FTP) panellist and sat on many FTP cases over the years, it has only reinforced to me how important good records are. Your notes can either support you or work against you
2. Do not chase the money. Keep investing in yourself, your training and your standards, and the financial rewards will follow
3. Communicate well with your patients and take a genuine interest in them. Inevitably, not everything in dentistry goes exactly to plan. However, patients are far more likely to be understanding when you have built trust, rapport and openness from the beginning
4. Limit your time on social media. 'Imposter syndrome' is very real. Much of what we see online is people's best work, best days and best outcomes. Very few people openly share the complications, difficult cases or learning moments that are part of everyday clinical practice.

**DM: What has been your most unusual or memorable experience within the profession?**

**SA:** One of my proudest moments was qualifying as a specialist periodontist.

It represented years of training, discipline and sacrifice, and it remains a milestone I value deeply.

More recently, another memorable moment was seeing Serio Dental receive national recognition as Practice of the Year 2025 at both the Dentistry Awards and the Private Dentistry Awards.

To have built a squat practice from the ground up and then see the business recognised at that level was incredibly special.

**DM: In your opinion, what does the future of dentistry hold?**

**SA:** I think this is a genuinely exciting time for dentistry. The adoption of

artificial intelligence (AI) will continue to shape the profession, not by replacing clinicians, but by complementing us.

Used properly, AI has the potential to make us more efficient, improve diagnostics, support communication and enhance the patient experience.

I also believe 3D printing in dentistry has not yet reached its full potential.

As the technology becomes more accessible, accurate and integrated into everyday workflows, it will be a game changer for both clinicians and patients.

Ultimately, the future of dentistry will still depend on the same core principles: trust, communication, clinical excellence and prevention.

Technology will enhance what we do, but it will not replace the human relationship at the heart of good dentistry.

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