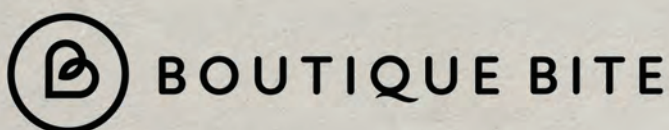


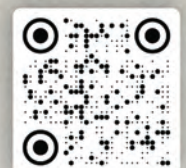
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# Dentistry

‘Frequently one person is rewarded for the efforts of so many others’

Professor Iain Chapple on page 38.



## Dental contract reform under pressure

The government’s contract reform timeline faces severe pressure following Wes Streeting’s resignation as Health Secretary to mount a leadership challenge against Prime Minister Keir Starmer.

James Murray has taken over, as the anticipated spring public consultation on contract reform officially slips to summer.

British Dental Association (BDA) chair Eddie Crouch warned Dentistry.co.uk that the widening political instability directly threatens healthcare deadlines.

Speaking exclusively to Dentistry.co.uk, Crouch stated: ‘Unless we get that consultation and make progress on this, their ambition to reform the contract during this parliamentary term is going to be under pressure.’

### MPs receive mailbags ‘full of dental problems’

Addressing the sudden leadership transition at the Department of Health, Crouch said: ‘I don’t

**‘If they don’t fix NHS dentistry by the end of this term, I think they’ve got no chance at the ballot box’**

know whether that will be a good thing or a bad thing, because it’s the treasury that’s holding up the real progress here.’

He added: ‘I think change obviously is uncertain.’

‘We know that the government at the moment are having their political problems.’

‘What I hope is that a minister that I’ve built up a relationship with over the last two years, who I believe has got the right motives, will continue in post, irrespective of who eventually ends up leading the Labour Party.’

The policy delay arrives amidst political fallout from the 7 May local elections, which saw the Reform Party secure 1,454 council seats.

Highlighting the direct electoral stakes for the current government, Crouch noted that backbench MPs face heavy constituent pressure.

‘There’s a huge percentage of Labour MPs who get mailbags full of dental problems, who get told on the doorstep that dentistry is important to them.’

‘If they don’t fix NHS dentistry by the end of this term, I think they’ve got no chance at the ballot box.’

‘And the investment needed is not an awful lot in the grand scheme of things – dentistry is about 3% of the NHS budget.’

Watch the full interview over on Dentistry.co.uk.



Chair of the British Dental Association, Eddie Crouch

# Dentistry will always be a face-to-face profession



**Seb Evans**  
Editor's view

If you spent any time walking the aisles at the NEC in Birmingham for The Dentistry Show recently, you likely noticed a recurring message.

Everywhere you looked, logos screamed at you to AI your practice, 'AI your workflow', and automate your life.

It seems that if a piece of software doesn't have an algorithm attached

to it nowadays, it barely gets space on an exhibition floor. After a few stands, it starts to feel like white noise. It reminds me of the early days of the digital dentistry boom. Back then, going digital was the silver bullet to solve every single issue under the sun. As the dust settled, the industry realised that while some of those digital tools became absolute staples that transformed daily operations, others were simply riding a marketing wave. There are undoubtedly AI tools entering the market right now that will genuinely streamline workflows. But my advice to any practice leader looking to invest is to shop around, don't blindly buy into the slick marketing packages, and make sure the tool actually fits into your specific workflow. If it doesn't solve a real-world problem in your surgery, it is just an expensive distraction.

## The power of the human network

However, as I drove home and looked ahead to the National Smile Month launch, my biggest takeaway from the event had absolutely nothing to do with software, code, or automation.

In fact it was the opposite - the overwhelming realisation that you simply cannot beat face-to-face, person-to-person interaction.

Joking around with colleagues, grabbing a coffee with old friends and just putting the world to rights is still the

absolute best way to spend your time.

## Keeping the fun

Dentistry is, by its very nature, a deeply human sector.

It relies on empathy, communication and trust.

But just as importantly, it relies on the strength of the community behind the clinic doors.

Working on the dental frontline can often feel like an isolating experience.

That is why these major industry events are so crucial.

They serve as a vital reminder of why people choose to work in this industry in the first place.

By all means, explore the technological future and see what tools can do for your business.

But as the year progresses, let's make sure we don't trade genuine human connection for screen time.

I genuinely hope to keep catching up at events, keep meeting face-to-face.

Let's ensure this remains a vibrant, supportive and fun profession to be a part of.



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Vol 33 No 6, June 2026  
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Printed by: Precision Colour Printing Ltd

ISSN: 1470-9368

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# ORE candidates would 'rather return to a war-torn country' than face fee hikes



The General Dental Council's (GDC) announcement that the fee for Part 2 of the Overseas Registration Exam (ORE) would increase by 65% has met with outrage from candidates.

On 6 May, the GDC confirmed that the Part 2 ORE fee is rising from £4,235 to £6,967 – an

increase of £2,732.

It said the hike was due to the cost of specialist clinical facilities, experienced examiners and capital investment in facilities and equipment.

However, ORE candidates and the wider profession have expressed concern about the affordability of this and the wider impact of

limiting accessibility to the exam.

Dentistry.co.uk recently reached out to many ORE candidates who say they can't afford to continue with the registration processed.

## **Ibrahim Dally, dentist**

As a refugee dentist from Ukraine who has made the UK my home, I am striving

for a future in dental practice.

I, along with many fellow overseas dentists, have been fighting to pass the GDC's ORE exam – a path made almost insurmountable by recent decisions.

With the newly-announced 65% increase in the ORE Part 2 fee, it has effectively doubled over three years.

This price is not just a number – it is an insurmountable barrier for me and countless other refugees who, despite their skills, find themselves priced out of the chance to serve in the NHS, a system that is in desperate need of more dentists at this very moment.

In conversations with my peers, many have told me: 'We would rather return to a war-torn country and risk our lives than continue on this path.'

I have friends selling cars and pieces of land in Pakistan, India and Egypt to pay for the exam.

It's not only exam fees – there are special courses and equipment needed. All-in-all, it can be £15,000 plus.

This is not just a financial issue; it is a moral outrage. There was no transparency, no prior notice. Just an abrupt, life-altering decision.

As the NHS faces a dire shortage of dentists, this decision will further deny patients the care they urgently need.

For more reaction and fallout from the ORE fee increase, head to [Dentistry.co.uk](http://Dentistry.co.uk).

# UDAs to increase by 48% for the Isle of Wight

New measures have been finalised to increase appointment availability, expand urgent care access and strengthen long-term dental services across the Isle of Wight.

Discussions between the integrated care board (ICB), Isle of Wight West MP Richard Quigley and

local dentists have led to a suite of new measures including a 48% increase in the island's unit of dental activity (UDA) rate.

In addition, providers will be able to deliver up to 110% of their contracted NHS activity in an attempt to maximise access.

Further investment in

orthodontic care will also see treatment capacity increased over the next three years.

New commissioning arrangements aim to provide additional urgent appointments, dedicated emergency sessions for children and stabilisation clinics.



The island is also seeing investment into workforce schemes such as £20,000 golden hellos designed to attract dentists to the area and funded training places for conscious sedation to encourage up-skilling.

Following the closure of a practice in Freshwater, its contracted activity has been transferred to Denbigh House Dental Clinic to maintain patient care.

Additional NHS activity has also been distributed across other practices on the island to improve the spread of available appointments.

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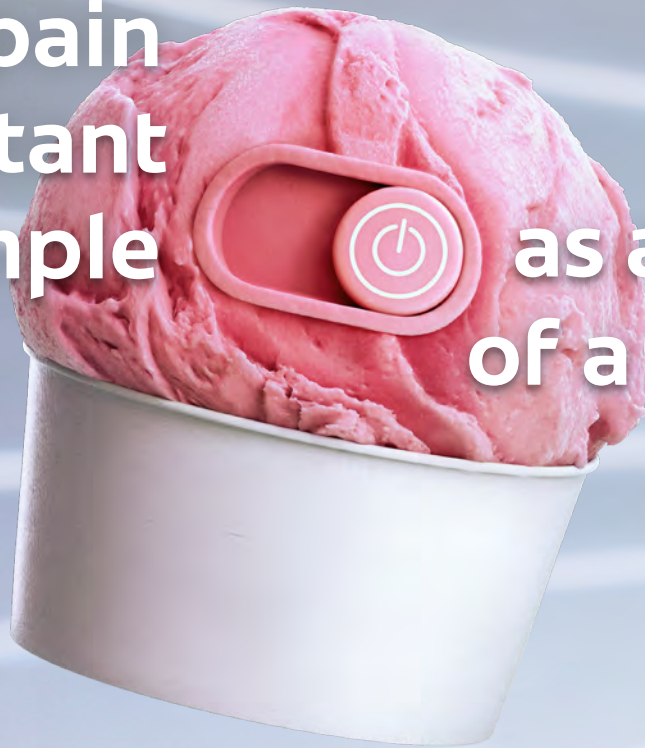


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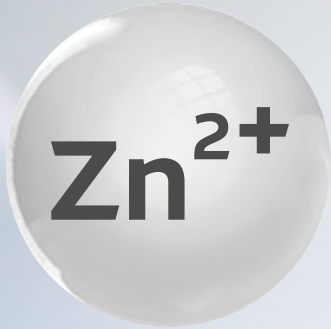
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# A fresh start for the GDC?

**Nigel Jones** looks at the early feedback from the regulator's latest strategy and explains why its cultural shift matters for the wider dental workforce

**Nigel Jones**  
Director, Practice Plan



The language surrounding the launch last November of the General Dental Council's (GDC's) strategy to become viewed as a 'trusted and effective' regulator was encouraging, even if, for many years, the profession will have heard similar intent expressed at various intervals in various forums. This time, however, it feels different.

I doubt anyone is under the illusion that the damage done to the relationship between the profession and its regulator will be repaired quickly.

The mindset shift has to percolate right through the organisation itself and old habits die hard.

Even after the operational changes are delivering a new approach consistently

and reliably, it will be a while before the perception of the GDC as a body to be feared is shaken off.

But the early signs and feedback are good, so there are definite grounds for optimism, which is just as well given the key contribution the GDC may play in influencing dentistry over the coming years.

As Dr Helen Phillips, chair of the GDC, put it in the foreword to the new strategy: 'Collaboration is key.'

'We have shared interests in making dentistry work across the UK and we all have a role to play.'

## **Workforce pressures driving the private drift**

Take, for example, the issue of the dental workforce

planning and the part the GDC plays in the number of clinicians on the register.

I've often expressed the view that the restricted supply of clinical services relative to demand from patients has been the main driver of change over the past.

An inability to recruit or retain associate dentists has often been cited by the owners of NHS practices as the straw that broke the back of their hesitation about 'going private'.

Indeed, we are increasingly seeing it is associate dentists, having concluded that NHS contractual arrangements (old or new) are not for them, that are driving the decisions about a practice's commitment to the NHS.

Resisting such requests is not easy, especially when there are so many vacancies in private practices offering better

time for note taking, all of which lessen the fear of getting on the GDC's radar for the wrong reasons.

And while there are obviously significant regional variations, the drift to private practice exacerbates the lack of access to NHS dentistry, boosting the confidence of the remaining NHS dentists.

With limited options available to patients, a move to purely private is feasible and so it goes on.

## **Commercial scrutiny and the CMA spotlight**

In both NHS and private environments, the lack of clinicians can lead to downward pressure on practice income at the same time as the pressure on running costs is relentlessly upwards.

The resulting financial pressure can bring into play behavioural matters relevant

by their work in the veterinary field.

In a provisional report, issues such as price transparency and rising private treatment costs were called out, as was the concentration of veterinary practice ownership in a few large companies.

The BBC even ran a story in January about vets reporting being under corporate pressure to increase revenue.

## **The register's impact**

The GDC has no remit to get directly involved in workforce planning, CMA recommendations, dental business models or NHS contractual arrangements.

However, the way in which it handles concerns about professional conduct is linked to the appeal of private dentistry.

More significantly, the rate at which it opens or closes the tap on new dentists joining the register can have indirect impacts on many aspects of UK dentistry which in turn could lead to the kind of professional and ethical issues that are definitely within the GDC's remit.

So, it is with all that in mind that the early signs of the GDC being true to the words of its strategy are to be highly welcomed.

A regulator that is seen as supporting the profession it regulates and gives deeper consideration to the wider environment in which dental professionals work will be essential in the years ahead.

## **'The resulting financial pressure can bring into play behavioral matters relevant to the tension between commercial and ethical considerations'**

financial packages, career development opportunities and pace of work.

The latter is of particular importance when private practice can offer the chance of longer appointments, leading to better communication and stronger relationships with patients as well as more

to the tension between commercial and ethical considerations.

Indeed, the Competition and Markets Authority (CMA)'s look at private dentistry, while likely to pick up on the supply and demand imbalance in the dental market, is almost certain to be influenced

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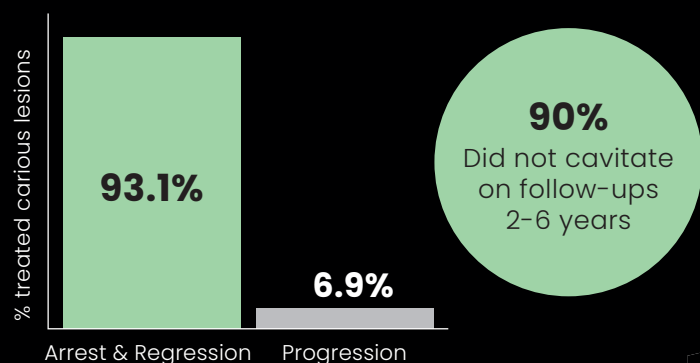
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\*Long-term clinical study in public pediatric dental clinic in Chur, Switzerland

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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.

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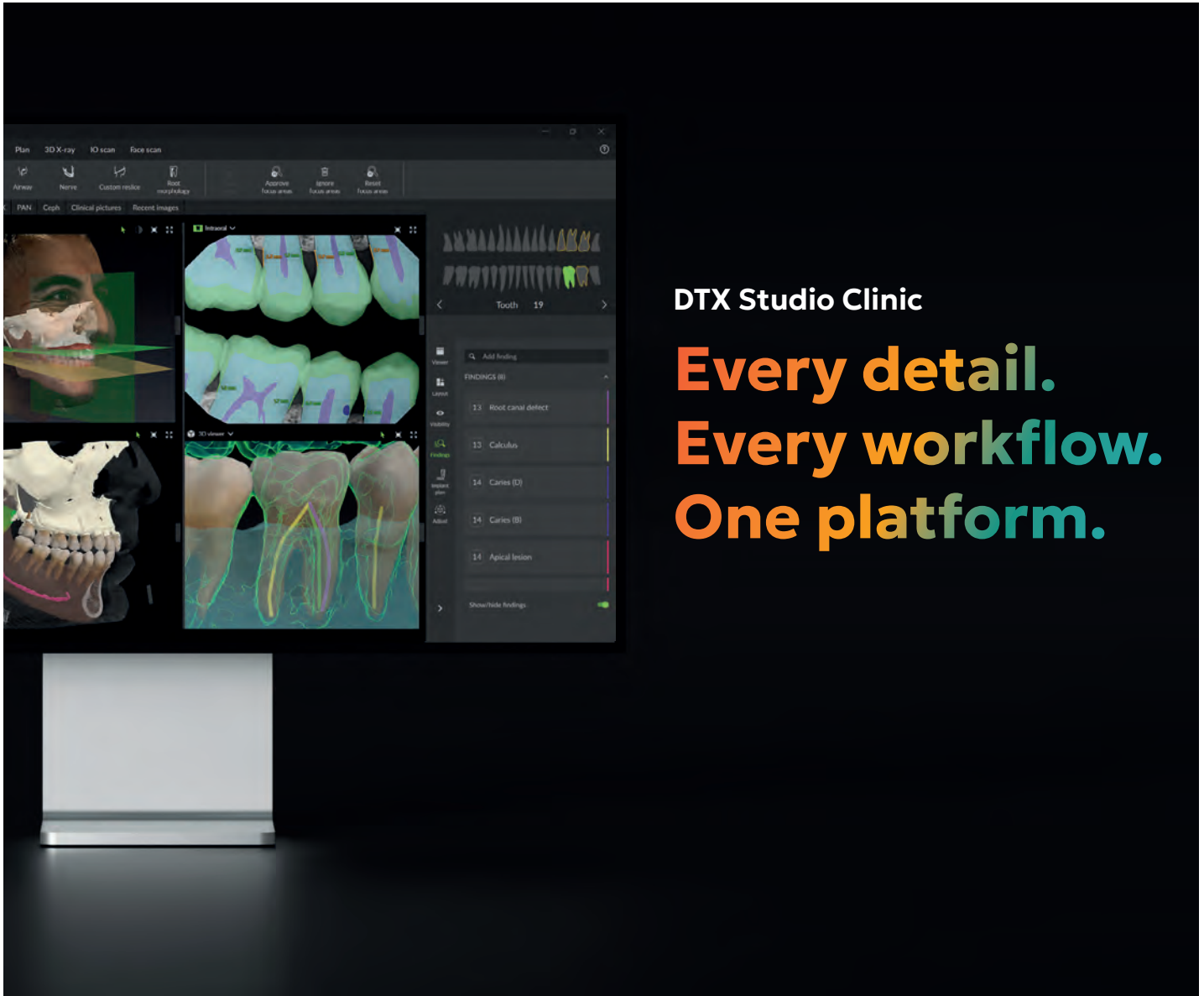
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# Utilising the trapezoidal flap technique for optimal healing

**Selvaraj Balaji** presents a case in which complex soft tissue augmentation was undertaken to address gingival recession at the UL3, UR3, and URI. In this case, the key aim was to treat the soft tissue to reduce the risk of tooth loss and produce an aesthetic outcome



## Selvaraj Balaji

BDS, MFDS RCPS(Gla), MFD SRCS(Ed), LDS RCS(Eng)  
Principal dentist and owner of The Gallery Dental Group and founder of the Academy of Soft and Hard Tissue Augmentation (ASHA)

### Patient presentation and assessment

A 58-year-old man presented to the practice for treatment.

On assessment, the patient had Miller classification class II recession at the UL3 site, in addition to class II recession at the UR3 and URI.

The prospect of soft tissue augmentation was

explained to the patient, and the benefits it offers in terms of reducing the risk of tooth loss.

### Treatment planning

Radiographs were taken of the affected areas which showed that, although there was gingival recession, there

was no bone loss.

It was recommended to complete treatment in two stages, beginning with the UL3 in the first instance and completing treatment at the UR3 and URI at a later date.

In order to address the gingival recession at the UL3, it was

important to discuss the potential treatment options, including doing nothing, which was not recommended in this case.

Soft tissue augmentation was deemed to be the most appropriate treatment pathway in this case.



Figure 2: Pre-treatment radiograph UL3



Figure 3: Pre-treatment radiograph UR3



Figure 4: Pre-treatment radiograph URI



Figure 5: Pre-operative UL3



Figure 6: UL3 flap raised

The use of a flap to cover the graft - known as the bilaminar technique - improves predictability of root coverage because it provides the graft with an additional blood supply.

Additionally, it offers an aesthetic result by hiding the white scar colour of the graft and masking the irregular outline of the mucogingival junction which is common after a grafting procedure.

Research suggests that the bilaminar technique is an effective procedure in the treatment of gingival recession, particularly in patients with aesthetic demands, as it results in complete soft tissue root

**‘The use of a flap to cover the graft - known as the bilaminar technique - improves predictability of root coverage because it provides the graft with an additional blood supply’**



Figure 7: UL3 flap advanced



Figure 8: UL3 healed buccal view



Figure 9: UL3 healed, pre-treatment of UR3 and URI

coverage in the majority of cases (Zucchelli G et al, 2003).

Additionally, the design of the mucogingival flap is significant, the trapezoidal flap technique consists of two horizontal and two slightly divergent vertical incisions extending to the alveolar mucosa (Zucchelli G et al, 2016).

This technique is beneficial as the design is such that the base of the flap is wider, making the blood supply more reliable (Kitcat and Benyon, 2022).

Soft tissue grafting was also recommended for the treatment of gingival recession at the UR3 and URI.

In order to ensure the best results, the patient consented to the placement of connective tissue grafts and soft tissue augmentation to both treat the recession and restore gingival thickness to this area of the mouth.

**Treatment provision**

According to the treatment plan, the mucogingival flap was designed and raised, following the trapezoidal flap and resective technique.

The recession at the site



Figure 10: Pre-operative UR3 and URI



Figure 11: UR flap design



Figure 12: UR flap raised

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was measured and the flap added 1 mm.

Once the root was exposed, it was cleaned by root planing, using ethylenediaminetetraacetic acid (EDTA) and amelogenin.

A connective tissue graft (CTG) was harvested from the palate, and sutured to the canine site.

The flap was then advanced to cover the connective tissue graft, following the bilaminar technique.

Good coverage was achieved by carrying out this approach, as is reflected in the clinical images.

The patient was provided with appropriate post-operative instructions to encourage optimal healing.

To treat the gingival recession at the UR3 and UR1, a split thickness flap designed for multiple teeth was raised.

Gingival planing was then undertaken using EDTA and amelogenin.

Two CTGs were harvested from the palate and placed onto the root surfaces of the UR3 and UR1 to ensure optimal gingival height is restored.

Once stabilised, the flap was advanced tension-free to cover the roots. As before, the patient was given post-operative oral health instructions to facilitate smooth healing.

#### Reflection

An excellent outcome was achieved in this case, with good soft tissue coverage at the UL3 ensuring an aesthetic result.

The main challenge presented was that the tooth was placed quite buccally, which made avoiding perforation



Figure 13: Connective tissue grafts placed

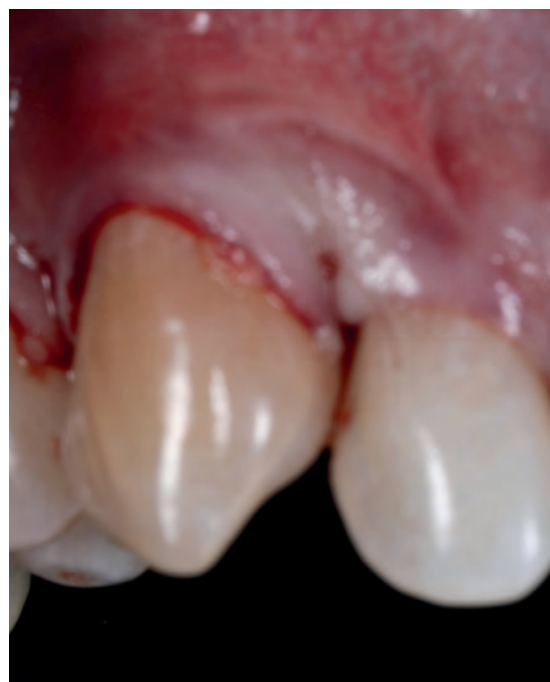


Figure 14: Flap advanced tension-free



Figure 15: Final result

difficult during surgery.

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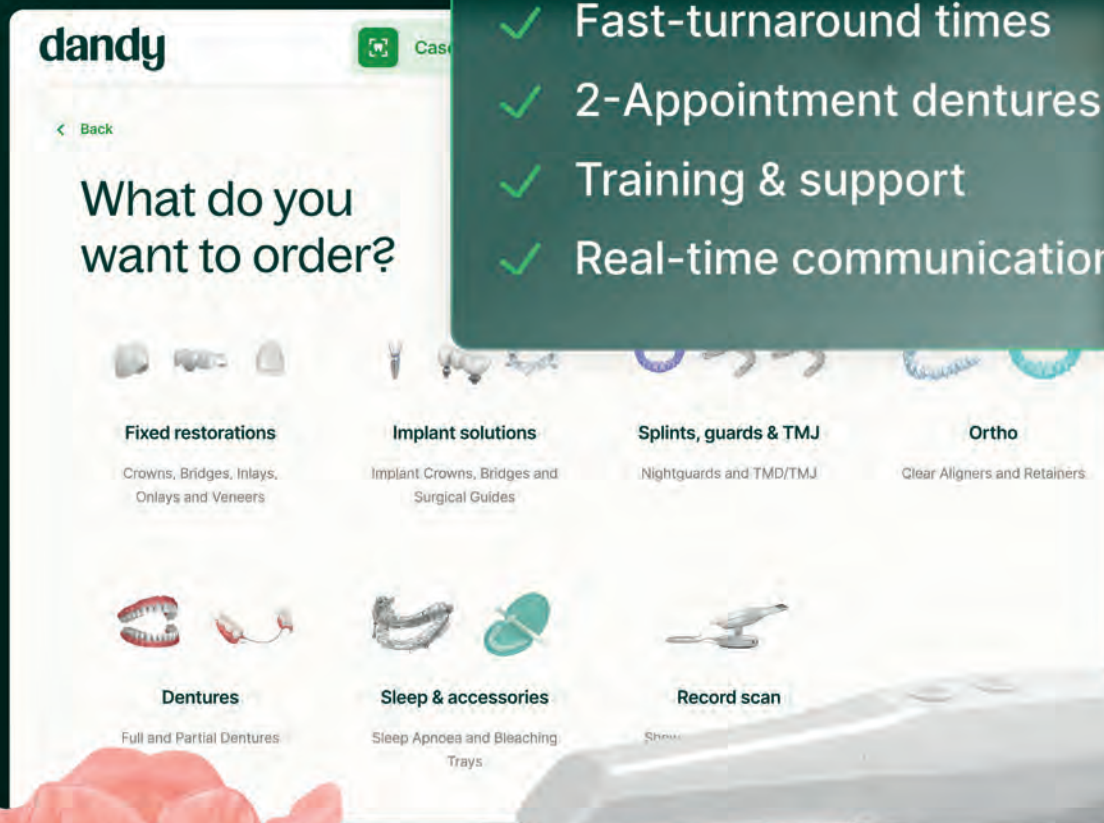
**‘The main challenge presented was that the tooth was placed quite buccally, which made avoiding perforation difficult during surgery’**

Dr Balaji provides industry-leading training courses on both hard and soft tissue management around dental implants with the ASHA Club.

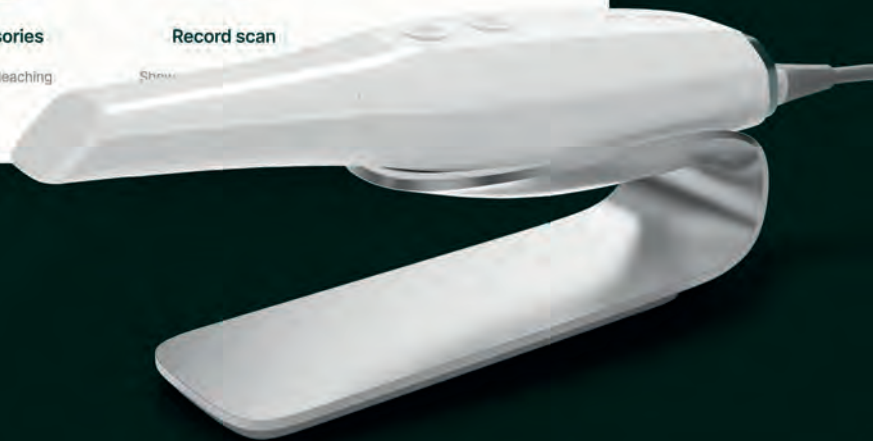
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Reference: 1. Haleon Data on File, 300029 CSR, 2024. 2. Haleon Data on File, HUT study, 2025. Consumer trial in Italy with 14 days use n=152. Trade marks are owned by or licensed to the Haleon group of companies. PM-GB-CSYL-26-00068

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# Mastering the rules of dental radiation compliance

Pat Langley outlines the essential steps dental teams must take to manage clinical X-ray safety effectively, from individual justification to robust local quality assurance

**Pat Langley**  
Founder of Dentistry  
Compliance

For many dental practices, the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) and Ionising Radiations Regulations 2017 (IRRI7) can feel like one more set of rules to remember.

But at its heart, the principle is simple: every exposure to ionising radiation must be justified, properly managed and recorded, and kept as low as reasonably practicable (ALARP) while still achieving the aim.

The current framework is IR(ME)R 2017, as amended. The 2024 amendment, which came into force on 1 October 2024, did not completely rewrite dental radiography practice.

It did, however, strengthen employer duties, particularly around written procedures and protocols, clinical audit, accidental or unintended exposures, and co-operation where more than one employer is involved.

It is helpful to separate IR(ME)R from IRRI7. IR(ME)R focuses on protecting patients, including carers and comforters.

IRRI7 is mainly concerned with protecting practice team members and the public from occupational or incidental exposure.

In practice, dental teams need to understand both because safe radiography depends on patient protection, staff protection and robust practice systems working together.

## The clinical realities of justification and criteria

For clinicians, the key practical issue remains justification. Before any radiograph is taken, the IR(ME)R practitioner must decide whether the expected diagnostic or clinical benefit outweighs the radiation risk.

The image should provide new or confirmatory information relevant to diagnosis or prognosis.

There is no justification for 'routine' radiographs based simply on time intervals or blanket screening without proper clinical assessment.

Each decision must be based on the individual patient's circumstances.

That is where selection criteria matter. Every practice using X-rays should have access to current guidance, with the College of General Dentistry/Faculty of General Dental Practice (UK) Selection Criteria for Dental Radiography remaining the standard UK reference.

These criteria support, but do not replace, professional judgement and provide an important safeguard if decisions are reviewed

later. Records should make clear why a radiograph was needed.

Authorisation must also be recorded. This does not mean writing an essay for every exposure, but the notes should show who justified and authorised it.

Another clinician, auditor or regulator should be able to understand why the image was taken and who accepted responsibility for that decision.

## Defining roles and operator entitlement

IR(ME)R relies on the right duty holders being identified and entitled. The employer must establish safe radiography arrangements, including written procedures, entitlement systems, quality assurance processes and training records.

Referrers, practitioners and operators must be clearly identified and entitled for their roles. Entitlement is not just paperwork; it is the employer's written confirmation that a named person is trained, competent and permitted to carry out defined tasks.

This is especially important for operators. In dental practice, operator tasks may include patient identification, positioning, exposure, processing, quality assurance and, where locally entitled, clinical evaluation.



**‘Justify properly, record clearly, evaluate every image, keep doses low and make sure practice systems are current, specific and defensible’**

The entitlement system should make clear who can do what. Ambiguity is a governance weakness.

Every image must also be clinically evaluated, and the findings recorded. It is not enough to write 'X-ray taken'. The record should show the justification and findings.

## Actionable quality assurance

Quality assurance should cover written procedures, training, equipment, image processing and display, image quality and audit. Employers, in consultation with the medical physics expert, must establish local diagnostic reference levels and compare representative patient doses against them.

If doses are high, image quality is poor, or repeat exposures are common, the practice should investigate and rectify all poor practice without delay.

The message is clear: justify properly, record clearly, evaluate every image, keep doses low and make sure practice systems are current, specific and defensible.

If you would like help with how to apply the amendments in practice, the team at Dentistry Compliance would love to help you. Please scan the QR code to book a demo.



# Feedback without fear

Mark Topley reveals a research backed communication strategy that helps dental leaders address difficult issues without the fear of damaging team culture



## Mark Topley

Team performance specialist

Most dental practice owners I work with don't avoid feedback because they don't care.

They avoid it because they care too much.

They've seen feedback land badly before.

They've watched a quick word in the corridor turn into a week of sulking, a sick day, or a resignation letter.

So they hold their tongue, hope it sorts itself out, and do the work themselves.

And that's not leadership. That's exhaustion in slow motion.

The good news is that feedback doesn't have to be a confrontation.

There's a simple, evidence-based way to give it that protects the relationship and raises the standard at the same time.

Daniel Coyle, in *The Culture Code*, calls it magical feedback.

I just call it 'magic feedback'.

## The 19-word solution

The research comes from a study by Yeager and colleagues (2014), building on earlier work by Cohen, Steele and Ross.

They were looking at how teachers gave written feedback to school pupils on their essays.

Half the pupils received feedback with a standard

teacher, different sentence.

The pupils who received the second note were roughly twice as likely to revise their work.

Among pupils from groups who tended to mistrust the school environment, the effect was even larger.

They didn't just rewrite more often; the quality of their revisions improved.

**'Magical feedback works because it carries three signals at once: you belong, the standard matters, and I believe you can meet it'**

note attached: 'I'm giving you these comments so that you'll have feedback on your paper.'

The other half received the same feedback, but with one different sentence: 'I'm giving you these comments because I have very high expectations and I know that you can reach them.'

That was the only change. Same feedback. Same

## Why it works

One sentence. Nineteen words.

Coyle called it magical because the effect was so far out of proportion to the effort.

But he's clear about why it works. That sentence carries three signals at once:

- You are part of this group
- This group is special; we have high standards here

- I believe you can reach those standards.

In one breath, you've removed the three things people fear most when they're being given feedback – rejection, ambiguity and being written off.

## Ditching the verdict

Most feedback in practice fails because it does the opposite. It feels like a verdict.

The nurse hears, 'you've let me down.' The receptionist hears, 'I'm being told off.' The associate hears, 'she doesn't rate me.' Defensiveness goes up. Performance doesn't.

Magic feedback reframes the conversation before it begins. Try something like: 'I'm having this conversation with you because the standards in this practice matter, and I know

## A few practical notes for using it well.

- Keep the conversation short. Magic feedback works because it's clear, not because it's long. Two minutes is plenty
- Be specific about the behaviour, not the person. 'The handover at four o'clock wasn't clear' lands better than 'you're not communicating well'
- Don't dilute it with praise sandwiches. The opening sentence already does the relational work. Adding fluff afterwards weakens the message
- Follow up. A week later, notice what's improved and say so. That's where confidence builds.

you're capable of meeting them.'

Then say what you need to say. Plainly. Specifically. Without padding.

And remember – the words only work when the belief behind them is real.

Say the sentence without meaning it and your team will see straight through you.

Feedback isn't the problem in most practices. Avoidance is. Magic feedback gives you a way back into those conversations without dread, and gives your team a reason to lean in rather than brace.

High standards. Real belief. Said out loud.

That's the whole model.

For more information, visit [www.marktopley.co.uk](http://www.marktopley.co.uk).



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# Practice builder – The Doctor Station

In this new ‘practice builder’ series, [David Drew](#) explains how his high-tech surgery setup helps patients see exactly what he sees, making it easier for them to trust his treatment advice

**David Drew**

Owner and co-founder of The Dental Barns

As a new private practice, one of our biggest priorities was building trust quickly. Patients do not walk into a new dental practice with automatic confidence.

Asking someone to invest in their smile, their health and their confidence requires trust – and as a new practice, that trust had to be earned.

We knew patients needed to understand not just what we were recommending, but why.

Transparency and



we see, in a way they can understand.

Digital X-rays, intraoral images, 3D scans, artificial intelligence (AI) supported diagnostics, treatment planning visuals and patient

**‘The patient sees what we see, in a way they can understand’**



education had to sit at the centre of every appointment. That thinking led to our custom-built Doctor Station.

**Earning trust through transparency**

The principle was simple – the patient sees what



education can all be shown clearly on large patient-facing screens in real time.

Instead of describing a problem, we can show it. The key was making this completely frictionless.

We did not want multiple disconnected systems,

screen casting delays, separate monitors that slowed the appointment down.

The Doctor Station was designed from the ground up as a single integrated system, built around how our clinicians and nurses actually work.

**A frictionless journey**

Touchscreen control, external clinician and nurse controls via stream decks, mirrored patient screens and carefully selected agnostic technology allow the team to move between diagnostics, education, imaging and entertainment instantly. The same screen that

helps a patient relax can immediately become a powerful visual consent and communication tool.

The system brings together technology including Dürr digital imaging and intraoral cameras, Trios 6 with Dx Plus, Pearl AI, and supporting hardware to make the workflow seamless.

**Key dental technologies:**

- Dürr Dental Vistacam Xi HD Smart with Cam and Proxi interchangeable heads
- Dürr Dental Vistaray 7 intraoral X-ray sensors
- Dürr Dental Vistasoft imaging software
- 3shape Trios 6 intraoral scanner
- 3shape Dx Plus AI assistive diagnostic software
- Pearl Second Opinion AI radiologic detection aid.

**Key supporting technology:**

- Dell Precision 5860 tower workstation
- Intel Xeon w7-2495X processor
- 64GB random access memory
- 1TB solid state drive storage
- Nvidia Rtx A4000 graphics card
- Dual Samsung The Frame 65 inch 4K patient-facing screens
- Dell 24-inch touchscreen interface
- Elgato Stream Deck controls for clinician and nurse workflow.

**Total investment:**

The Doctor Station represents an investment of approximately £55,000, bringing together scanning, imaging, AI diagnostics, patient-facing displays and custom supporting infrastructure into one integrated chairside communication system.

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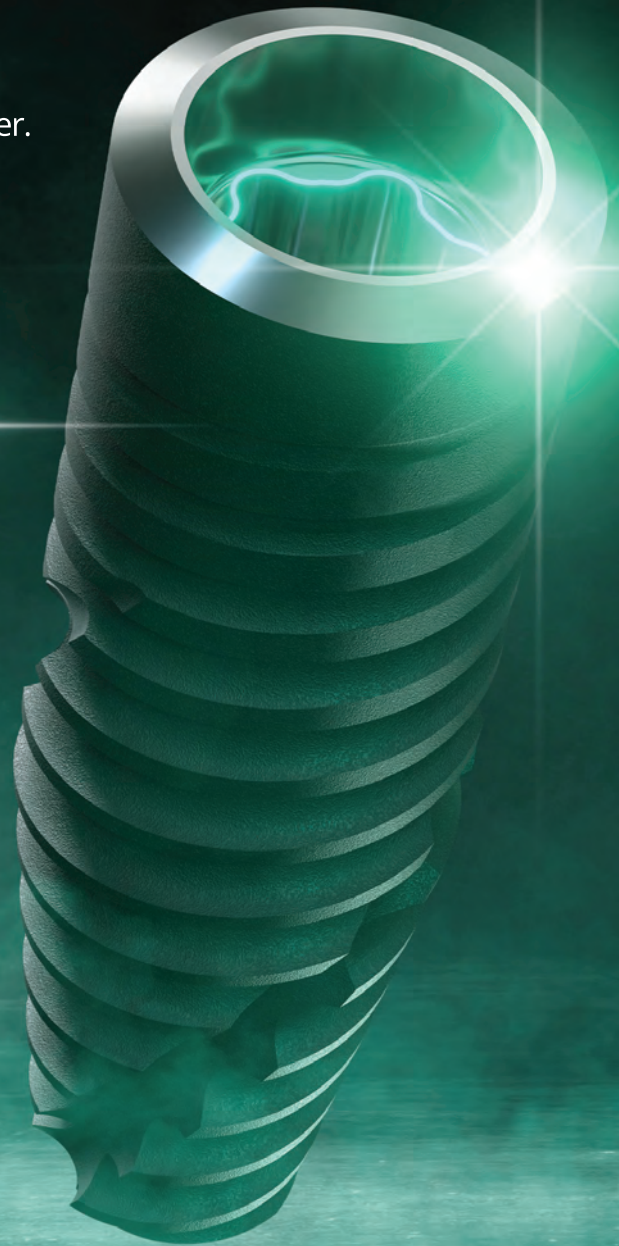
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**Complexity managed. Care prioritised.**

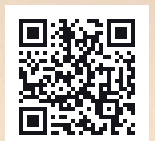
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# The employment law changes forcing practices to rethink HR

**Lara Brewood-Green** explains why people management now sits at the centre of dental practice stability

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

For many dental practices, employment law has traditionally sat quietly in the background of daily operations – important, but rarely urgent. That may now be shifting.

A series of updates linked to the Employment Rights Act between 2026 and 2027 is likely to reshape how practices manage sickness absence, family leave, workplace conduct and record-keeping.

On paper, some of the changes appear procedural. In reality, they may expose wider pressures.

## Why dentistry may feel these changes differently

Dental practices often operate differently from many other workplaces.

Most operate as small, highly connected teams where relationships matter and operational resilience depends on a relatively small number of people.

A last-minute sickness absence in a two-surgery practice carries very different consequences from the same absence in a large corporate organisation.

From April 2026, statutory sick pay (SSP) will become payable from day one of absence rather than day four.

Employees will also gain access to paternity leave and unpaid parental leave from the first day of employment.

Individually, these changes may appear manageable. Collectively, they create additional pressure for practices already navigating recruitment challenges, rota complexity and rising patient demand.

There is also a broader shift in workplace expectations across healthcare and professional services.

Conversations around flexibility, wellbeing, workplace culture and employee support are becoming more visible, including within dentistry's practice environments.

## The growing importance of documentation

Some of the less visible changes may prove just as significant.

New requirements around annual leave record-keeping will mean employers must maintain detailed holiday and holiday pay records for at least six years.

Later reforms will extend employment tribunal claim time limits from three months to six.

There are also new obligations linked to sexual harassment and whistleblowing protections. Employers will be expected



to take more proactive steps around workplace conduct, reporting procedures and staff awareness.

For many practices, this is where operational pressure can begin to surface.

It is rare that contracts or policies are entirely absent.

More often, documents have evolved over time, and wording no longer reflects current legislation.

In small practices especially, people management has relied heavily on trust.

Those approaches can work well, but they can become harder to sustain as expectations and regulations evolve.

## From reactive to prepared

The challenge for many practice owners is not a lack of commitment to teams.

Most clinicians entered dentistry to provide patient care, not to manage

increasingly complex HR and employment processes.

As employment expectations continue to evolve, many practices are beginning to reconsider whether their current systems are enough.

Increasingly, the conversation is moving beyond simple HR compliance and towards preparedness – are policies current, do they reflect what happens in practice, are records accessible, and do managers feel supported?

That may explain why more practices are starting to look for HR support designed around the realities of dentistry, rather than relying on fragmented spreadsheets, paper files or generic systems.

## Where to go for support

As these changes begin to take effect across the

profession, Dentistry HR will be hosting informal discussion sessions and Q&As exploring what the Employment Rights Act updates may mean for dental practices in practical, day-to-day terms.

Practices registering their interest will receive details of upcoming sessions to put questions directly to the Dentistry HR team.

**To register your interest and receive details of upcoming Dentistry HR sessions, scan the QR code below.**



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# The Meta ad myth

If your marketing reports show hundreds of leads but your diary is still empty, **David Nelkin** explains why the problem isn't Meta – it's the way you're trying to close the digital circle

**David Nelkin**  
Chief executive officer and  
founder of Xcelerator Dental



## The 'Kit Kat' test

When you are watching a film and a Kit Kat ad comes on, you do not pause the film and drive to the shop to buy a Kit Kat. You see the ad three or four times across the week, and then the next time you are at the till buying something else, you reach for one.

The advertising worked. It just did not work in the moment, and it did not work in isolation.



is your only source, there is nothing to lean on while you fix it.

Marketing also takes time to compound, and almost every channel that builds long-term resilience builds slowly.

## What you can change?

Stop judging Meta on direct conversions.

If your reporting only shows last-click attribution, your reporting is hiding the role Meta is actually playing.

Look at assisted conversions. Watch your branded search volume – is it growing while Meta is running?

Look at how many of the patients who eventually book through Google were already aware of your practice.

The right question is not whether Meta is converting on its own. It is whether the rest of your funnel is set up to convert the demand Meta is creating.

Meta is a brilliant awareness and retargeting tool, and it has never been a marketing strategy.

The practices winning right now are running Meta hard, running everything else alongside it, and not depending on any one channel to carry the whole thing.

For more information,  
visit [www.xceleratordental.com](http://www.xceleratordental.com).

Meta ads have a credibility problem in dental at the moment.

Even 12 months in, with thousands of pounds spent and agency reports that all look reasonable, plenty of practice owners cannot point to many patients they would say came from the channel.

After enough of that, the obvious conclusion is that Meta does not work.

I want to make the case that the problem here is rarely Meta itself.

The problem is the assumption that a single platform can carry the whole job of patient acquisition, and the way Meta gets sold as a one-stop solution because it is easy to demonstrate leads coming through.

Meta is essential for any modern practice.

It is also, on its own, almost never going to deliver all the

patients you need.

## What Meta actually does

Meta is brilliant at two specific jobs.

The first is awareness – putting your practice in front of people who were not yet thinking about treatment.

The second is retargeting – bringing back people who have already shown interest by visiting your website,

with the people who showed interest until they are ready to take the next step.

What it cannot do alone is be the search someone runs the day they finally decide to compare three providers and pick one.

## Why one-platform strategies fail in dental

The patient journey for any meaningful treatment

hundreds of practice clients shows patients enquiring at three different practices on average before they commit.

They see a Meta ad. They Google the treatment. They check reviews. They watch a couple of videos. They look at two or three websites. Maybe they see another Meta ad through retargeting that brings them back. Then they enquire.

## 'Meta is a brilliant awareness and retargeting tool, and it has never been a marketing strategy on its own'

watching one of your videos, or engaging with your content.

What it rarely does, on its own, is close cold traffic.

Meta builds familiarity. It plants the idea that someone might want to do something about their teeth. And then through retargeting, it stays

is rarely a single-session decision.

The higher the treatment value, the longer the buying window, and at the top end we routinely see patients taking three to six months from first interest to first appointment.

Our own data across

## The fragility problem

Setting aside whether Meta is the right closer, putting all your acquisition into a single channel is a fragile way to build a practice.

Channels shift. An algorithm change, a creative that stops working, if Meta

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# Running Meta ads but not seeing patients?

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SCAN TO LEARN MORE

# Clinical precision over creative flair

Laura Short reveals why repeatable, high-quality imaging is the ultimate tool for precise treatment planning

## Laura Short

Senior clinical photographer at Birmingham Dental Hospital, in collaboration with DB Orthodontics

Dental photography is hardly new. Most clinicians learned the basics early in their careers, invested in a camera and flash setup, and developed a routine.

Yet, despite how familiar it is, clinical photography remains inconsistent across many practices.

The problem isn't lack of knowledge – it's lack of consistency.

High-quality images are valuable only if they can be reproduced reliably over time. When positioning, retraction, and framing vary, small differences accumulate, making it difficult to compare before-and-after treatment images or document progress.

Patient expectations have also changed. Social media and digital sharing have

made clarity, accuracy, and consistency more important than ever.

Photography is no longer just documentation; it is a communication tool that must convey precise clinical information.

## Small changes, big improvements

Most common photography issues are the result of compromise: compromising on positioning, retraction, or equipment.

These minor shortcuts may seem insignificant, but they have a big impact on the usefulness of your images.

The good news is that small, deliberate adjustments can dramatically improve outcomes. Correct retractor choice for each view, proper assistant positioning,

warming mirrors to prevent fogging, and standardised camera settings are simple steps that transform inconsistent shots into reliable clinical records.

Tools matter as much as technique.

Even with perfect technique, poor equipment can undermine results.

Retractors that deform after sterilisation, mirrors that distort or create shadows, and reflective surfaces that introduce glare all compromise consistency.

High-quality, purpose-designed products, such as the Gold Series lip retractors and chrome-coated palatal mirrors from DB Orthodontics, help remove these variables.

Durable, reliable tools allow clinicians to focus on technique, ensuring images are consistently accurate and clinically useful.



**‘In clinical dentistry, the most valuable photograph isn't the most creative one. It's the one you can reproduce perfectly, every time’**

## Consistency over creativity

While creative photography has its place in marketing and patient engagement, clinical photography serves a different purpose.

It is not about producing visually striking images – it is about producing repeatable, standardised images that support diagnosis, treatment planning, and communication.

Standardisation allows images taken today to be compared with those taken months or years later.

This clarity is what transforms photography from a routine task into a valuable clinical asset.

## The takeaway

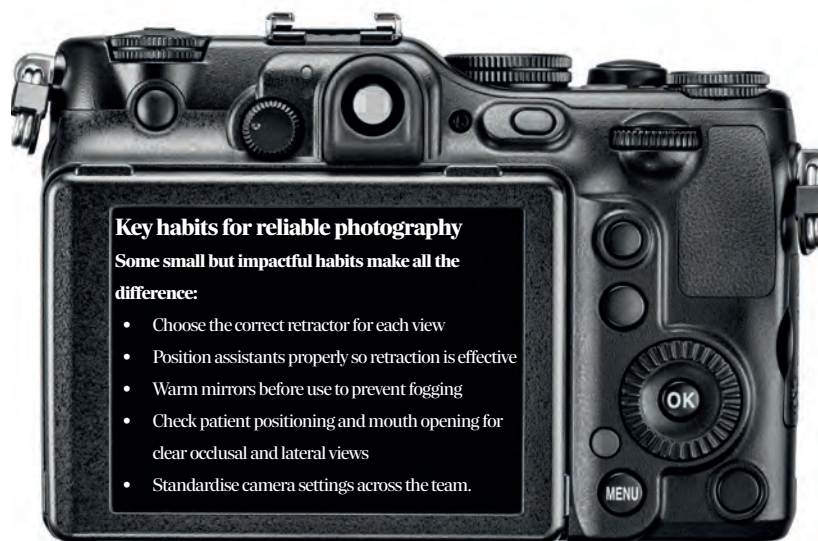
Great dental photography is defined by reproducibility,

accuracy, and reliability, not artistry.

When clinicians adopt a consistent approach, supported by the right techniques and tools, photography becomes a powerful part of clinical care, enhancing documentation, treatment outcomes, and patient communication.

Because in clinical dentistry, the most valuable photograph isn't the most creative one. It's the one you can reproduce perfectly, every time.

Scan here to see the full range of photography products from DB Orthodontics.

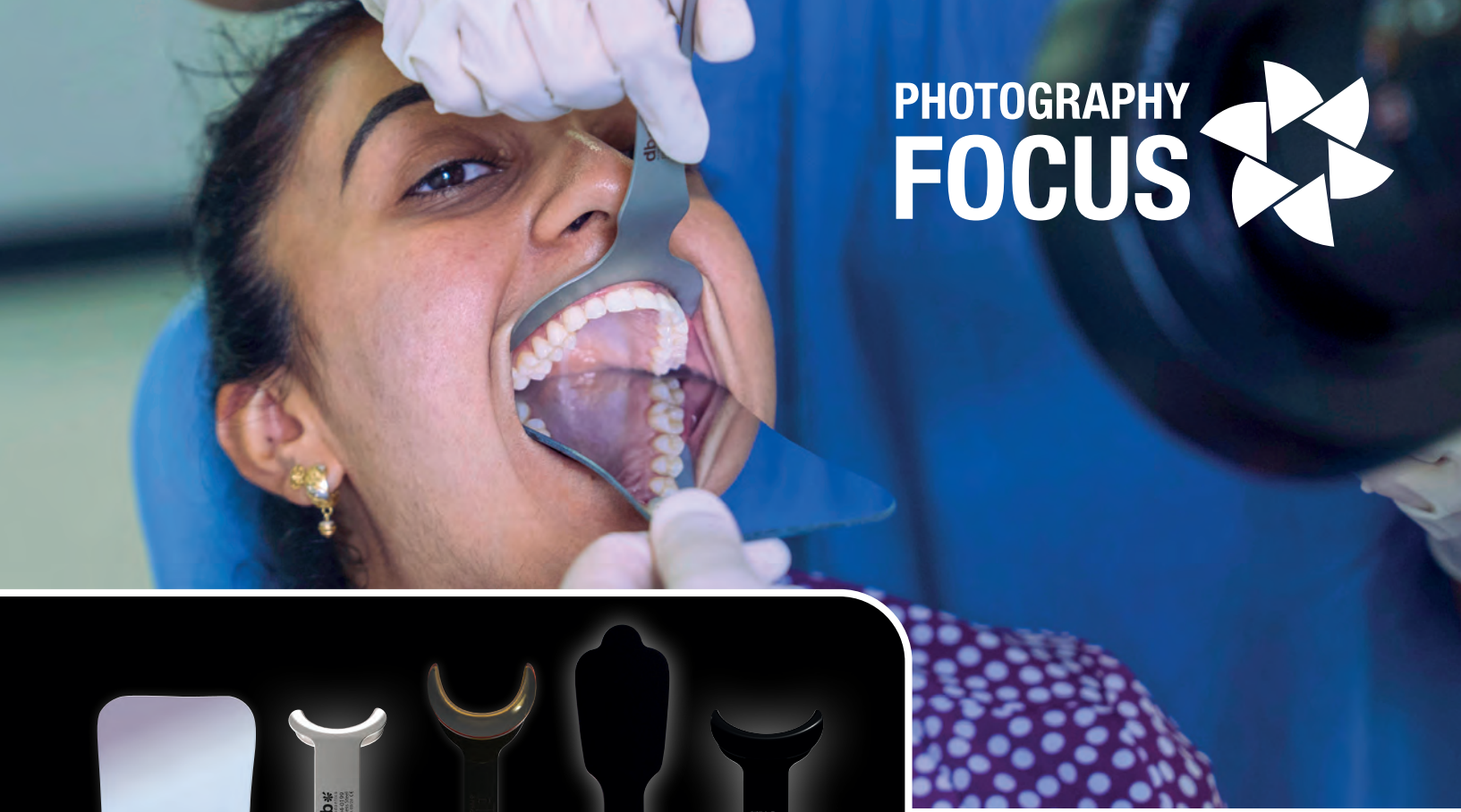


### Key habits for reliable photography

Some small but impactful habits make all the difference:

- Choose the correct retractor for each view
- Position assistants properly so retraction is effective
- Warm mirrors before use to prevent fogging
- Check patient positioning and mouth opening for clear occlusal and lateral views
- Standardise camera settings across the team.

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# Navigating the pressure of NHS contract reform

Zoe Close reflects on how the recent reforms to the England NHS dental contract will affect practices working within it

## Zoe Close

Head of sales Practice Plan

The latest reforms, discussed in a recent Practice Plan webinar hosted by director, Nigel Jones, with panellists BDA chair, Eddie Crouch, and practice owner and head of BDA Indemnity, Len D'Cruz, do not herald the end of the much criticised UDA contract.

Instead, they attempt to rebalance it by reallocating risk, redefining access, and making some long standing realities harder to ignore.

For contract holders and associates alike, this is no longer abstract policy, but day to day change.

### Unscheduled care and the shift at reception

The most striking change is the mandated unscheduled care requirement, with 8.2% of contract value ring fenced and representing a separate target from the core contract.

In effect, contract holders now have two targets, each carrying its own clawback.

More significant than the percentage, however, is the redefinition of what counts as urgent.

'Severe pain' is no longer the gateway. A lost crown, fractured tooth or broken denture, the types of calls practices field daily, are now formally within scope.

There are no exceptions. These appointments can be for existing patients, former patients or those entirely

unknown to the practice.

They may come via III or by contacting the practice directly. Responsibility sits firmly with the contractor.

Most practices have been providing something close to this level of urgent care for years. What has changed is that it is now monitored, segmented and contractual.

This will place pressure on triage systems, diary management and front of house teams, particularly at peak times.

### Associate pay

Technically, the payment system for unscheduled care is straightforward.

Activity converts into UDAs at the practice's contract value and appears as a separate line on compass for each performer.

Payment follows the familiar formula. On paper, little changes.

In practice, friction is likely to arise with the £15 per appointment allocation, introduced to offset the higher likelihood of DNAs in urgent slots.

This payment goes to the practice regardless of attendance and is protected from clawback.

What the contract does not define is how it should be shared between the contract holder and the associate.

Some practices are absorbing it into the wider unscheduled care pot.

Others are retaining it to

offset disruption, lost chair time and administration.

There is a legitimate case for both, as nothing is mandated.

What this reform does is expose ambiguities in agreements between contract holders and associates.

For associates, this offers transparency, with activity clearly recorded as UDAs.

For practice owners, it may prompt uncomfortable conversations, as agreements that have not been reviewed are unlikely to remain under the radar.

Unscheduled care may not reinvent associate pay, but it will bring forward discussions many practices have delayed, and these conversations lead to change.

### Complex Care Pathways

Complex Care Pathways (CCPs) aim to improve access for high needs patients.

The three new pathways acknowledge a clinical reality long overlooked by the UDA system – patients with extensive disease cannot always be resolved within a single banded course of treatment.

Here, stabilisation, rather than resolution, becomes the goal.

This represents a positive shift. Monthly funding over six or 12 months better reflects the care required and reduces the number of



patient charges.

However, complexity remains. The pathways are not compulsory, creating scope for variation.

One clinician may enrol a patient onto a CCP, another may treat the same case through traditional courses. While clinically justifiable, this introduces potential for confusion and complaint.

There is deliberately no fixed clinical endpoint.

Stabilisation relies on time and patient behaviour rather than a clear outcome.

Although regulation is expected to be light touch, confidence in that approach will depend on how claims are audited.

Operational questions also remain – patient disengagement, partial attendance, tracking pathway status, and the relationship between NHS stabilisation and private

definitive care.

Guidance is expected, but whether it simplifies or complicates remains to be seen.

### A transition, not the final destination

These reforms feel more like a holding pattern than a new contract.

With no additional funding, they appear driven as much by political pressure around access as long-term strategy.

Over the next year, the key question will not be whether dentists can adapt – they always do – but whether adaptation alone is enough to make NHS dentistry feel sustainable rather than simply survivable.

That remains uncertain.

For more information, call 01691 684165 or visit [www.practiceplan.co.uk/be-practice-plan/](http://www.practiceplan.co.uk/be-practice-plan/).



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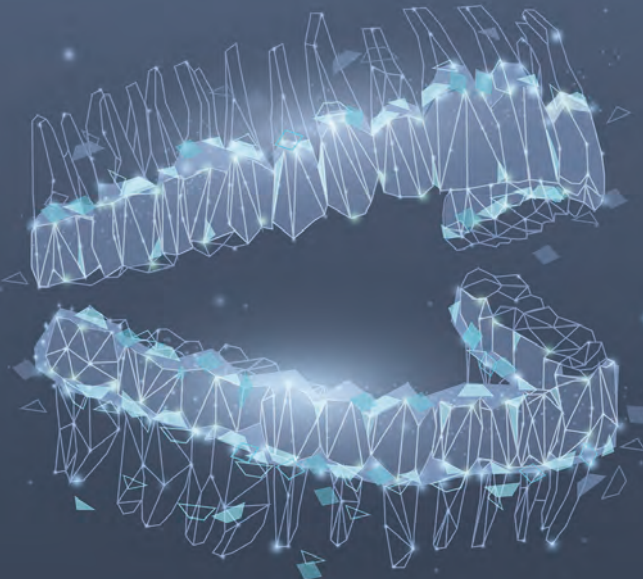


# Dentistry Show London

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The Dentistry Shows are always major events for the profession, from Birmingham to London, they're a chance for us all to come together, network, and share knowledge. I've had the opportunity to present several times today and engage with colleagues across the industry. It's also a great space to see what's new in dentistry, reconnect with peers, and stay connected as a community.

**MANRINA RHODE**, COSMETIC DENTIST AND OWNER OF DRMR CLINIC AND ACADEMY

Dentistry Show London is a great opportunity for people to come together and connect with audiences we don't usually reach. That's why it's so valuable, it allows me to meet and present to new people across the profession. Everyone learns differently, and having that mix of hands-on experiences and education in one place makes this event especially impactful.

**JASON WONG**, CHIEF DENTAL OFFICER ENGLAND

Dentistry Show London is absolutely essential for the dental community. Dentistry can be a lonely profession, and this event brings everyone together, showcasing new technology, equipment, and expertise you simply don't see in practice. It's also a fantastic opportunity to reconnect, network, and make new connections. The educational offering is incredible too, there aren't many places where you can earn so much CPD in a single day, and for free!

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# Careers in dentistry - Professor Iain Chapple

This issue we hear about the amazing career of **Professor Iain Chapple** and how it led to him receiving an MBE



- 3.** Next was my appointment as clinical lecturer in Birmingham 1990, under the generous and kind guidance of Mr Don Glenwright.  
Here I met Dr John Matthews, a brilliant immunologist and PhD supervisor who taught me about critical, well planned and meticulous scientific method and succinct writing!  
And Dr Gary Thorpe of the Wolfson Applied Technology Labs who taught me about enhanced chemiluminescence as a research tool, about entrepreneurship, and the power of enthusiasm!

- 1.** I was appointed as senior house surgeon in maxillofacial surgery at Sunderland General Hospital in 1987.  
This was the best unit in Europe at the time and where I learned my core skills in surgery and medical management of head and neck cancer, trauma and craniofacial surgery, under the mentorship of two brilliant surgeons, Professor Peter Ward-Booth and Mr Robert (Bob) Ord.

**2.**

I became a surgical registrar at Leeds University, where I met Professor's Colin Robinson and Jennifer Kirkham. They inspired my interest in oral biology and lab-based exploratory science.

Their patience and generosity of time was fantastic – even when I messed up a Gilson pipette in my first lab session by turning the dials the wrong way (rookie error).



- 4.** What followed was a post-doctoral sabbatical of three months at the Forsyth Institute, Boston USA in 1995.

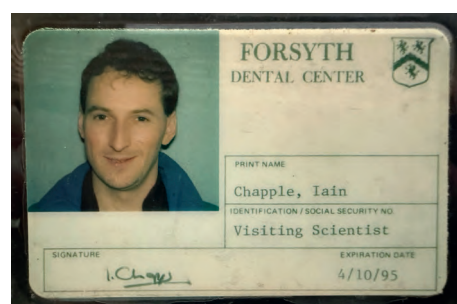
Here the generosity and brilliance of Sig Socransky, Max Goodson, Zie Skobe, Anne Hafajee, Marty Taubman and others was truly enlightening.

It was here I met my brilliant and life-long friend Dr Serge Dibart, Panos Papananou, Constantino Eftimiadi, Ricardo Teles and many others.

This period was where I developed my interest in neutrophil biology and oxidative stress, taking all my lab kit over with me and working in a microbiology lab and doing my own immunology – unheard of at the time!

- 5.** This gave me the autonomy and authority to start clinical translational research studies to complement our biological research, and to develop multiple amazing clinical collaborations with medical specialties throughout the region.

Next I completed my five-year specialist clinical training in 1996, and immediately became head of the periodontal academic department and regional clinical service – thank you Don Glenwright!





8.

Replacing Jan Lindhe in 2005 as European Federation of Periodontology (EFP) Workshop co-chair in Ittingen, thanks to the generosity and forcefulness of Professor Klaus Lang – a true friend and one of the kindest people I met.

It has been an honour serving under my great friend Mariano Sanz and more recently Professor David Herrera workshop chairman 2008-2019 and 2020-2026 respectively.

This has been a challenge and privilege and we achieved many key milestones including the 2018 classification system and several S3-level clinical practice guidelines.

6.

Winning my first MRC grant in 2001 and exploring gene expression changes in peripheral blood neutrophils in periodontitis patients!

My work was collaborative with Dr Paul Cooper (now Professor), a brilliant biological scientist and of course Dr John Matthews.

This helped greatly in my securing a personal chair at the University of Birmingham the same year.

10.

Being awarded the 2019 IADR Distinguished Scientist in Periodontal Research, the pinnacle of my career and a wonderful follow up to the junior distinguished scientist award (Rizzo award) in Chiba Japan in 2001.

11.

Being awarded the EFP Eminence Award in Vienna in 2022 in the fantastic company of Mariano Sanz 2021 awardee) and Frances Genco, the widow of my great friend and colleague Bob Genco

7.

Meeting Mr Haase, the charismatic giant and owner of Quintessence Publishing in 2000, and embarking on a journey of nine textbooks and also the cell-to-cell communication videographic series with Mr Alexander Aman and Mr Johannes Walters.

My first book was completed the week before my eldest daughter Jess was born, and my fourth book the week before my youngest daughter Tasha was born.

9.

Becoming EFP Treasurer thanks to the confidence shown in me by my great friend Professor Richard Palmer, and then serving as EFP Scientific Chair and Secretary General.

This taught me how true friendship survives heated disagreements and arguments and how hard work in a committed and innovative team can have global impact.



Currently, I remain professor of periodontology at Birmingham Dental School. I lead Birmingham's NIHR Biomedical Research Centre in Inflammation's theme of 'Oral, Intestinal and Systemic Health', am honorary consultant to the OCDO of England, and president/chair-elect of the Platform for Better Oral Health in Europe.

There are many other key career moments such as being British Society of Periodontology president 2013-2014, and I guess it was capped by the Queen awarding me my MBE in 2022 and receiving it from the King later the same year.

That is what teamwork does and is perhaps the only thing that is unfair in teamwork, frequently one person is rewarded for the efforts of so many others.

So thank you to all my colleagues, friends and family.

12.

# Dentistry Show London – gain more, grow faster, get ahead

From business growth and workforce challenges to AI and clinical innovation, Dentistry Show London 2026 will bring the profession together around the conversations shaping dentistry right now

Following the highly successful British Dental Conference & Dentistry Show (BDCDS) in Birmingham, attention is turning to Dentistry Show London (DSL) 2026, taking place on Friday 9 and Saturday 10 October at Excel London.

For dental professionals, the value of events like these increasingly comes down to usefulness. Teams are looking for ideas they can take back into practice, honest discussion around the issues affecting UK dentistry, and time to step away from the day-to-day routine to think more strategically about what comes next.

DSL's programme reflects how dentistry now extends far beyond the surgery itself. Confirmed sessions include discussions around standing out in a competitive market, introducing medical aesthetics into practice, attracting and retaining the future workforce, and understanding the impact of contract reform six months on.

Alongside this, technology and innovation will feature strongly across the two-day event, particularly around AI and digital dentistry. The emphasis is firmly placed on practical application, helping delegates understand what may genuinely improve workflows and patient experience.

## More than lectures and lanyards

The appeal of events like DSL stretches beyond formal education, with delegates increasingly looking for practical insight, interaction and genuine connection alongside traditional lecture-based learning.

With seven CPD-accredited theatres, 100+ speakers and a large exhibition floor featuring over 180 leading suppliers and manufacturers, the Show is designed to create opportunities for conversation, collaboration and hands-on learning across the profession.

More panel discussions are scheduled this year, alongside interactive sessions, live demonstrations and chances for delegates to hear multiple perspectives on some of the biggest issues facing dentistry today. For many, hearing how others are approaching similar challenges can be just as valuable as the formal CPD sessions themselves.

DSL will once again bring together practice owners, practice managers, dentists, dental hygienists, dental therapists, dental nurses and dental technicians under one roof, reflecting how closely connected the team has become.

Whether delegates are looking to strengthen clinical



knowledge, explore new technology, build confidence in their next career step or find fresh ideas to support practice growth, DSL is designed to offer practical insight and relevant conversations for the whole dental team.

## Coming together

That combination of education, innovation and connection comes through strongly in feedback from previous speakers and attendees.

Jason Wong, Chief Dental Officer for England, described Dentistry Show London as 'a great opportunity for people to come together and connect with audiences we don't usually reach', adding that 'having that mix of hands-on experiences and education in one place makes this event especially impactful.'

Mike Lewis, Emeritus

Professor of Oral Medicine at Cardiff University, has similarly highlighted the social side of DSL, describing it as 'a great place to catch up, share ideas over a coffee and gain valuable CPD at the same time.'

Reflecting on the atmosphere of previous events, Eddie Crouch, Chair of the BDA Board, called the Show 'a brilliant mix of CPD, innovation and networking', after reconnecting with colleagues and making new connections across the profession.

## Ideas become action

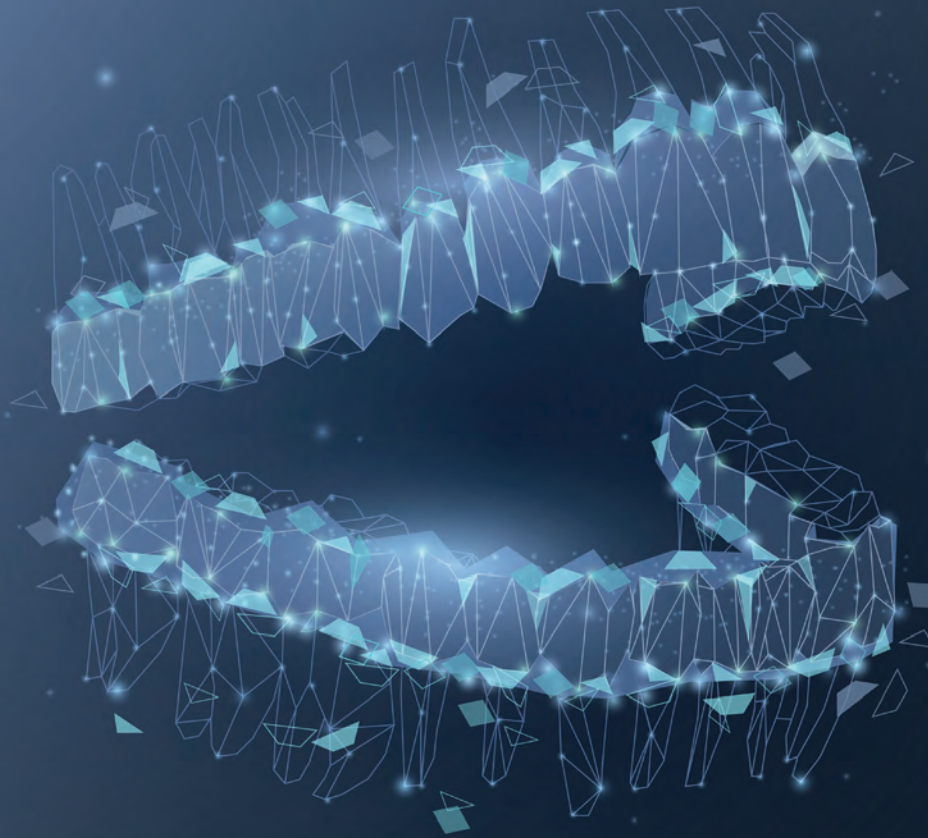
In many ways, that combination of practical learning, innovation and community is what continues to make events like DSL stand out.

While experiences across dentistry differ, conversations happening in practices are strikingly similar.

By bringing those conversations together under one roof, DSL gives delegates the opportunity to gain fresh insight, build confidence and get ahead with ideas they can take straight back into practice.

**Dentistry Show London 2026 takes place at Excel London on Friday 9 and Saturday 10 October.**

Free for dental professionals to attend and designed for the entire dental team, the event promises two days focused on practical learning, fresh thinking and valuable connection across the profession. To find out more or register, visit [london.dentistryshow.co.uk](http://london.dentistryshow.co.uk).



## Gain more, grow faster, get ahead.

Dentistry Show London stands at the centre of a profession in transformation. As AI reshapes diagnostics, private dentistry grows, workforce dynamics evolve, and NHS reform shapes care, DSL unites the sector to navigate what's next. With 100+ leading speakers, 100+ hours of Enhanced CPD education, and 180+ exhibitors, it delivers practical insights, new connections, and real opportunities, helping practices and teams thrive in a rapidly changing UK dental landscape.



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# From celebration to change

**Simran Bains** reflects on the 19th annual Vaisakhi celebrations in Parliament and explains why faith leaders and healthcare professionals must unite to tackle oral health injustice

## Simran Bains

Membership director for BACD and the secretary of the College of Dentistry West Midlands division

I was honoured to be invited to mark Vaisakhi 2026 through my work with the British Academy of Cosmetic Dentistry (BACD) and the College of Dentistry, as the British Sikh Consultative Forum convened parliamentarians, faith leaders, health professionals and community organisations at the Speaker's State Rooms, House of Commons.



The 19th Annual Vaisakhi at Westminster united celebration with civic purpose, bringing together voices from across the UK to address one of the most pressing issues facing communities today – health inequalities.

Vaisakhi is one of the most significant dates in the Sikh calendar, marking renewal, gratitude, equality and the creation of the Khalsa in 1699.

It is a celebration of faith, service and community, values that continue to resonate far beyond religious observance. Central to Sikh teaching is seva; selfless service for the benefit of others.

For those working in dentistry, the theme should resonate strongly. Oral health inequalities remain among the clearest and most preventable examples of wider health injustice.

Dentists see every day how deprivation and delayed access translate into pain, untreated disease and avoidable extractions.

## The social gradient of oral disease

Too often, dentistry is discussed separately from mainstream healthcare policy.

Yet oral disease follows the same social gradient as many chronic conditions, with those who have the greatest need often facing the greatest barriers to care.

**‘For dentists, the question is not whether we have a role in reducing inequalities. It is how we choose to lead it’**

Children in deprived communities continue to experience higher rates of decay, adults under financial pressure frequently delay treatment until symptoms become acute, and older patients can struggle with access, transport and affordability. These inequalities affect communities across the UK and are closely linked to wider health outcomes.

Oral health does not exist in isolation; it is strongly connected to conditions such as type 2 diabetes, cardiovascular disease and respiratory illness.

When prevention is limited and access to care is delayed, the cumulative impact on both oral and general health can be substantial.

## Bridging the gap through faith

What made this year's event especially notable was the recognition that faith institutions and community organisations are already helping to bridge healthcare gaps.

Gurdwaras, charities and local community hubs across the UK frequently provide health awareness sessions, screening events, mental health support, food programmes and signposting into statutory services.

They are trusted spaces with local reach, often engaging people who may not respond to traditional healthcare channels.

The discussions at Westminster also highlighted the important role dentistry can play in reducing wider health inequalities.

Dentists are not only treatment providers, but trusted healthcare professionals with an important voice in prevention and community wellbeing.

## That means continuing to advocate for:

- Sustainable NHS dental access
- Prevention-led commissioning
- Targeted services for high-need communities
- Integration of oral health into wider healthcare pathways
- Partnerships with trusted community organisations.



This year's Vaisakhi at Westminster was therefore more than a cultural celebration.

It was a timely challenge to policymakers to recognise that fairer healthcare must include oral healthcare.

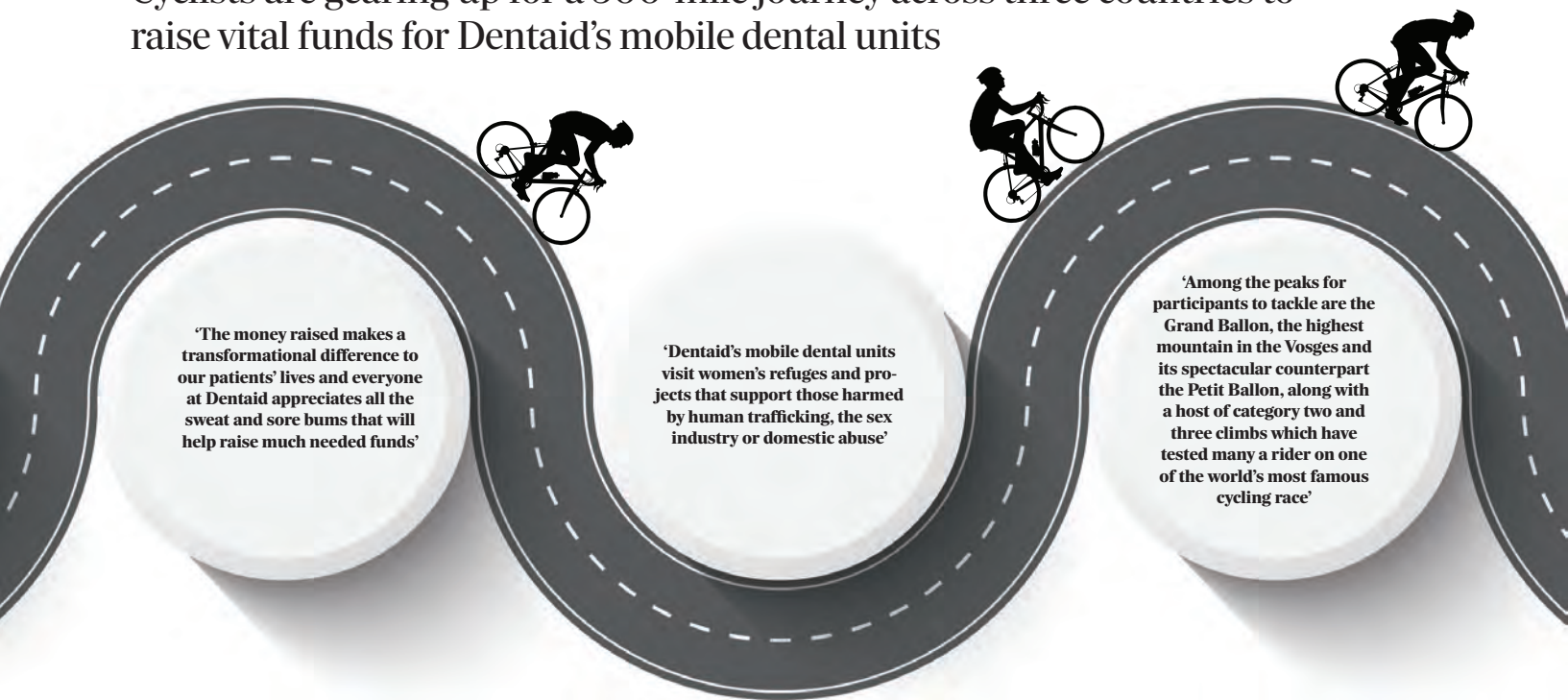
For dentists, the question is not whether we have a role in reducing inequalities. It is how we choose to lead it.

## Community partnerships with gurdwaras, faith groups and local organisations could support:

- Oral health promotion in community languages
- Early prevention messaging for families and children
- Signposting to NHS dental pathways
- Smoking cessation and oral cancer awareness campaigns
- Diabetes and periodontal health education
- Outreach for older or socially isolated adults.

# From celebration to change

Cyclists are gearing up for a 500-mile journey across three countries to raise vital funds for Dentaïd's mobile dental units



'The money raised makes a transformational difference to our patients' lives and everyone at Dentaïd appreciates all the sweat and sore bums that will help raise much needed funds'

'Dentaïd's mobile dental units visit women's refuges and projects that support those harmed by human trafficking, the sex industry or domestic abuse'

'Among the peaks for participants to tackle are the Grand Ballon, the highest mountain in the Vosges and its spectacular counterpart the Petit Ballon, along with a host of category two and three climbs which have tested many a rider on one of the world's most famous cycling race'

Riders are gearing up for a five-day pedal-powered challenge as the seventh Straumann Group charity bike ride heads to Switzerland, Germany and France.

The event will be raising funds for Dentaïd The Dental Charity with Straumann staff and customers joining together to take on mountain climbs, high speed descents and long days in the saddle.

This year, around 40 participants will take on the task of completing a 500-mile route, starting at Straumann's global headquarters in the beautiful city of Basel, Switzerland.

From there, the route travels north-west through the beautiful Alsace wine region and its many lush vineyards, climbing through the Vosges mountains and visiting the United Nations Educational, Scientific and Cultural Organisation (UNESCO) heritage city of Strasbourg, before crossing into Germany.

Riders head back south through the renowned Black Forest Nature Park with its beautiful mountainous scenery, before arriving to a big celebration at the finishing line in Basel.

## The route challenge

There are two routes to challenge the riders, with a longer option covering some of the great climbs featured on the routes of the Tour De France in past years.

Among the peaks for participants to tackle are the Grand Ballon, the highest mountain in the Vosges and its spectacular counterpart the Petit Ballon, along with a host of category two and three climbs which have tested many a rider on one of the world's most famous cycling race.

Whichever version of the course the riders take on, they

will face five days of testing time on the road along with plenty of opportunities to join together, forge friendships and support one another along the way.

Those taking part will receive support from a team of support riders, medics and vehicles that will follow them along the route.

Riders will also receive specialised branded jerseys for the ride courtesy of platinum sponsor Createch.

The event is about more than just cycling, as it brings Straumann staff and customers together while making a positive impact.

## Community and impact

Dr Adam Glassford from Straumann Group, who is among those returning to the event in 2026, said: 'Taking part in the Dentaïd charity rides is something that I really look forward to. It's a chance to support

a cause that genuinely changes lives by giving people access to essential dental care.

'The ride brings together a community of like-minded people who want to make a difference and being part of that energy is incredibly motivating.

'The experiences, challenges and laughs that we've shared over previous rides have stayed with me and that's why I'm determined to take part again knowing that every mile helps someone in need makes the challenge even more worthwhile.'

Money raised through the Straumann bike ride 2026 will be used to support Dentaïd The Dental Charity's work across the UK including supporting women facing violence and abuse.

Dentaïd's mobile dental units visit women's refuges

and projects that support those harmed by human trafficking, the sex industry or domestic abuse.

Care is provided by volunteer dental professionals who give up their time and skills to provide life-changing treatments and oral health programmes for those who struggle to access dental care and have had their confidence and appearance affected by the harm they have experienced.

Spaces are still available for the Straumann bike ride 2026.

**To If you would like to donate to this fantastic cause, please visit our Justgiving page [www.justgiving.com/team/straumannbikeride2026](http://www.justgiving.com/team/straumannbikeride2026).**

For enquiries about the event, please contact Sarah Gardiner, events manager at [sarah.gardiner@straumann.com](mailto:sarah.gardiner@straumann.com) or by calling 07710 308252.



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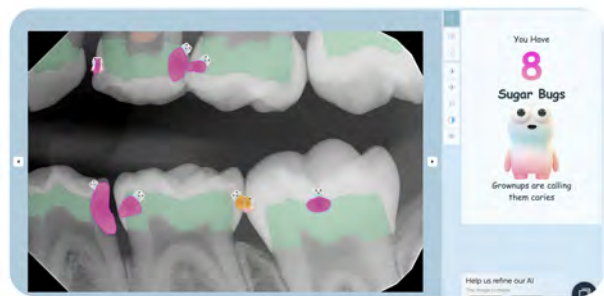


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# Removing the red tape

Greig Wilson explains how the ability for dental therapists to open courses of treatment is creating a more harmonious practice environment

**Greig Wilson**  
Bsc (hons) University of  
Portsmouth

Performer numbers allow dentists to open up courses of treatment (COT) through the NHS but cannot be used by a dental therapist, dental hygienist or a dental technician.

Once a dentist has undertaken an examination, they could refer on any treatments that were in scope. However, Personal Identification Numbers (PIN) have allowed us to work under a similar model increasing access to patient care and can be implemented without having to undertake a vocational training scheme.

Now that dental therapists and hygienists can open up a COT, we are able to undertake dental examinations if we are trained, competent and indemnified to do so and carry out treatments within scope.

This has allowed a harmonious relationship between clinicians.

Where we identify treatment out of scope, we can refer these back to a dentist and this pathway must be in place before considering utilising it.

If a course of treatment has been solely carried out by a dental therapist there is no need to use a dentist performer number.

If however, a dentist has contributed to treatment, their performer number must be inputted.

As a dental therapist my

**‘My dentist colleagues can now focus on higher end treatments such as endodontics, crowns, bridges, dentures and orthodontics freeing up their time doing simpler treatments to focus on areas of specialities’**



#### There are three stages:

- First you need to create a PIN
- Secondly you need to be added to the contracts
- The third stage is an authorisation from Compass. It can take a few weeks for the authorisation stage to be completed and it must be updated if a clinician leaves a practice. If working at multiple practices the same PIN can be used.

role has become less stressful with red tape removed and daily treatment increasingly varied.

#### A new era of clinical harmony

In addition to the introduction of exemptions training and the amendments to the Human Medicines Regulations 2012 (HMR2012) we can now administer specific medicines without requiring a patient specific direction or a patient group directive from a dentist.

I am now able to administer local anaesthetic and apply medications such as Duraphat 22,600ppm without a dentist's prescription, which allows a check up without interrupting a dentist.

My dentist colleagues can now focus on higher end treatments such as endodontics, crowns, bridges, dentures and orthodontics freeing up their time doing simpler treatments to focus on areas of specialities.

With multiple therapists within our practice we constantly refer in-house these treatments.

My principal, for example, has an interest in implants and oral surgery. I am able to utilise my full remit and carry out treatments that I enjoy such as resin infiltration and composite bonding.

I can fully integrate my skills learnt on post graduate courses without worrying about skill loss. I am currently completing a post graduate diploma in restorative and aesthetic dentistry and feel this is helping my role.

#### Navigating the business model

Each practice will have its own business model, whether a clinician is paid an hourly rate or similar to General Dental

Practitioners where Units of Dental Activity (UDA) are paid.

Issues usually arise where COT are split between dental hygienists and dental therapists with associates.

In my practice, I log these patients and I come to an arrangement between myself and an associate or principal. Compass can be used to track the number of UDA solely submitted by a dental therapist or dental hygienist, similar to a dentist.

Of course, there is still the contentious issue that despite taking on the extra responsibility we do not have access to an NHS pension.

This is something that the British Association of Dental Therapists will continue to fight for.

#### Implementing the change

For those who wish to set up a PIN number, NHS Dental Business Services have offered guidelines. The

process is similar to setting up a dentist and managers with practice owners should be familiar with the process.

It must be noted that this is not mandatory and not all dental therapists and dental hygienists will want to provide examinations.

Newly qualified therapists or those who have not been able to fully utilise their scope for a long time may require additional support.

We must also ensure that we are up to date with the most recent guidelines for carrying out examinations.

A fully supportive practice is essential and we must all realise that we are team players.

**For more information, please scan the QR code:**



# Dentistry's Next Top Digital Dentist: training and support

**Sheena Tanna**, *Dentistry's* Next Top Digital Dentist winner, shares the training that she's undertaken as part of the journey and how it has helped the practice stay ahead of the curve

## Sheena Tanna

Principal dentist, Billericay Dental Care

Winning Next Top Digital Dentist has opened many doors for Sheena Tanna and the team at Billericay Dental Care.

Run in collaboration with Align Technology, *Dentistry's* Next Top Digital Dentist offers a unique opportunity to embark on a year-long journey of mentoring, coaching and access to cutting-edge digital tools designed to drive clinical excellence and practice growth, unlocking the full potential of digital workflows

Here, Sheena details the educational opportunities the practice has encountered as part of its Next Top Digital Dentist journey.

## Has winning *Dentistry's* Next Top Digital Dentist revealed any new areas of digital dentistry you're particularly excited to explore or develop further?

What I love about digital dentistry is the fact that there's always change happening – it keeps me excited and interested.

Winning *Dentistry's* Next Top Digital Dentist has opened my eyes to the world of support I have available to me from Align.

We were using some of it, but I don't think I realised how much was available to me and how much more there was to it. It's been really great for moving us as a practice forward.

We're now using something called X-ray Insights, which is helping us explain things much more clearly to patients.

Before we started this journey, we were only using the smile video at the start of treatment to show the before and after, now we use it throughout treatment.

All these things help enhance the patient journey and the patient experience.

I'm also really looking forward to the Smile Collab Roadshow in June!

## What motivates you to prioritise continuous learning?

I'm motivated by the patient journey and patient experience.

The other thing I love seeing is all my other team members grow.

One of the great things about digital is being able to utilise everybody. It's not just about me and my growth, it's about each individual team member.



It allows me to train them, it allows them to shine as individuals, and as a result, we provide the best patient experience.

We're all benefiting from that.

## Looking back, how has ongoing education influenced the dentist and business owner you've become?

I'm a great believer in clinical education. It's an important part of not just my own growth, but my team's growth.

One of the key courses I did was the Mastering Invisalign course, run by Mismile.

Sandeep was really inspirational, and had a lot of really good points. I integrated lots of it straight away, personalising it for us and what we were about and what we wanted to achieve.

## Making the dream work – thoughts from the team at Billericay Dental Care

### Megan Day, practice manager:

It's been groundbreaking having our team having training courses alongside Sheena.

Our treatment

coordinator has attended the TCO Mismile course and has now become almost a mentor for reception in terms of enhancing what they're delivering to our patients over the telephones and face to face at the desk.

### Leah May, treatment coordinator:

I gained so

much from attending the TCO Mismile Training Day, mainly that it's not about trying to sell to patients, but about educating them about why Invisalign can be good for their oral health.

It has helped me become more confident with discussing treatment options with patients.

### Ella Albin, dental nurse:

The Mismile social media training course has helped us boost our engagement online, especially the way we share our content and engage with patients.

It's helped us build a better rapport and make sure that we're showing the best bits, and especially the behind the scenes of treatment.

### Leah Duffy, dental nurse:

I found the iTero Bootcamp very hands-on, very engaging, very valuable, and it really helped me boost my confidence in my scanning, and was really nice to learn techniques and different styles needed for the patient's needs.



# 100%

## STRONGER PROTECTION\* in between brushing

\*against plaque vs ordinary fluoride toothpaste, with twice daily usage.



Am J Dent 2025 Jun;38(3):155-160.  
A 3-month randomized trial evaluating the effects  
of stannous fluoride bioavailability on gingivitis  
Tao He 1, Julie Grender 2, et al

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Each team member has an appraisal every year, and we talk through what their objectives are, and we invest in courses that are going to help not just grow us, but grow them and make them reach their next levels.

And in doing so, we then, as a practice, all grow together and provide an amazing experience.

**You've taken part in ADA courses and forums. How have these learning opportunities contributed to your professional development and enhanced your clinical skills in practice?**

I love Align Dental Academy (ADA). I've invested heavily in its courses and mentoring. Dentistry can be a very lonely profession, but ADA



provides you with a team of people who are there to help you, and mentors who you can bounce off and support. With that, you learn to grow and you become a better clinician. And when you become a better clinician, it doesn't just impact your patients, your team feel it, and then when they're feeling it, your patient feels it, and you provide a better experience and that all of you grow together. That's what I love so much about it.

**Has this experience changed the way you approach digital workflows or treatment planning?**

We've always used digital workflows in our practice,

but one of the things that has become apparent in this process was that the digital workflows we were using, we perhaps weren't optimising properly.

You don't know what you don't know, until you start speaking to people, and then start you start experiencing education.

**What advice would you give to other dentists on how to get the most out of their partnership with Align?**

Just get going! One of the easiest ways you can do that is to engage with your territory manager. They are a wealth of information. They're always so friendly, and they make life so easy, because they'll actually come to the practice for you, so you don't even need to take time out of your day.

When we talk about digital to some people, that can feel really overwhelming.

So what I always say is start really easy - just download the app and see what it has available to you.

There's so much readily available you've just got to make a phone call and get going.

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# Why prevention shouldn't be a luxury

Michaela O'Neill joins Rhiannon Jones on the Dental Health Matters podcast to discuss how the First Smiles programme is reaching children who are missing out on routine dental care



## Rhiannon Jones

Dental hygienist, BSDHT president, and host of the Dental Health Matters podcast

## Michaela O'Neill

Dental hygienist and former president of the BSDHT

The reality of prevention in everyday oral care varies depending on where you are working.

Reflecting on her early years in private practice in London, Michaela described rarely seeing children and, when she did, the focus was largely on treatment rather than education.

A later role in a paediatric practice offered a stark contrast. With extended appointments, the emphasis shifted to prevention: time to engage, demonstrate and make oral health education meaningful.

After that, returning home to Belfast, where deprivation brought different challenges into sharper focus, the experience stayed with her, highlighting how limited time and access meant prevention was often missing altogether.

'It felt like a luxury to have that time,' she noted, when prevention should, as we know, sit at the centre of what the profession does.

Yet, for many children, that time still does not exist.

As Michaela noted, if adults are not attending consistently, their children



**'If adults are not attending consistently, their children are unlikely to either, leaving a significant group outside the reach of routine care'**

are unlikely to either, leaving a significant group outside the reach of routine care.

## Beyond the chair

The First Smiles programme sits directly in that gap, taking oral health education into schools, where dental hygienists and dental therapists can reach those who might otherwise be missed.

As Michaela explained, the classroom setting changes who can be reached and how the message is received.

Away from the clinical environment, children tend to be more relaxed and more open to learning.

Surrounded by their friends, the conversation around oral health becomes easier to engage with, and, importantly, easier to retain.

That shared environment also allows something else to happen: repetition and normalisation. Messages are not delivered in isolation but reinforced through discussion and

shared experience, helping preventive behaviours take hold.

## Making it stick

As Michaela pointed out, awareness alone is rarely the issue.

Most people already know they should brush twice a day, so the challenge lies in translating that awareness into something consistent.

Alongside this sits a more difficult reality in that, for some families, even having a toothbrush cannot be taken for granted. In that context, ensuring every child leaves with their own brush becomes as important as the education itself.

It also provides an opportunity to address persistent misconceptions, particularly around the importance of the primary dentition. The belief that

baby teeth do not matter because they will be replaced remains common, despite clear links between early oral health and outcomes in adulthood.

## A right, not a privilege

First Smiles is about reaching children who might otherwise be missed and giving them the chance to learn something they can carry with them.

It's about taking the time to show them how to look after their teeth and making it part of an everyday routine.

Over time, those small steps start to add up.

For Michaela, the ambition is straightforward: prevention should not depend on time, setting or circumstance.

It should not be something experienced by a few, but something expected by all.

'Prevention shouldn't be a luxury,' she said. 'It should be a right.'

**First Smiles takes place on Friday 12 June and is supported by Oral-B. The programme is open to volunteers through the British Society of Dental Hygiene and Therapy (BSDHT), with resources and guidance available to support delivery in schools.**

To find out more and to listen to the full conversation on the podcast, visit [www.bsddht.org.uk/podcast](http://www.bsddht.org.uk/podcast).



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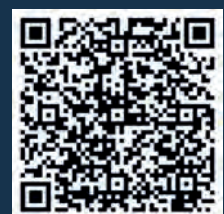
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# Fit-N-Swipe: optimising patient hygiene



## Hager Werken

In everyday practice, hand instruments, probes, ultrasound transducers and dental mirrors are often cleaned in an ad hoc manner, such as with a napkin on the patient, a paper towel on the tray or cotton wool.

This approach is not only inconvenient, but also frequently fails to meet optimal ergonomic and hygienic standards.

Fit-N-Swipe is a simple yet effective solution designed to address this issue precisely: single-use cleaning and drying pads attached directly to the back of the

glove to ensure they are always within easy reach.

They are incredibly straightforward to use.

The pads can be attached to the glove in any position chosen by the user, allowing for one-handed use without any additional movements.

Debris, blood or plaque residue can be wiped away quickly and efficiently

without interrupting the workflow.

This ensures shorter movements, greater control, and improved ergonomics during treatment.

The blue Fit-N-Swipe drying pads have been specially designed for use with dental mirrors.

Their innovative multi-layer fabric ensures streak-free cleaning and clear, fog-free reflections, even when dealing with greasy or oily residues.

The effective cleaning of instruments is what the white Fit-N-Swipe cleaning pads are designed for.

Their high-performance microfibre impresses with its high absorbency and retention capacity.

They can also be used as a practical storage pocket for endodontic needles, which can be attached directly to the glove.

Another advantage is that the pads can be sterilised. This makes them suitable for surgical applications.

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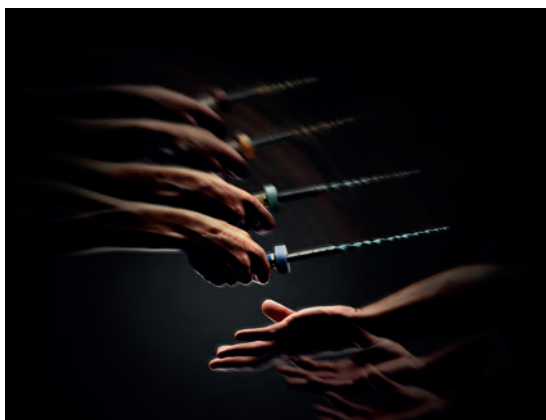
This approach is particularly well suited to clinicians who want to continue practising dentistry, caring for patients, and leading their teams – with greater support and less pressure.

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# The Endodontic Precision Protocol



## Coltene

Coltene is thrilled to announce The Endodontic Precision Protocol, a full-day hands-on course for dental professionals taking place on Saturday 28 February 2026 at the Devon Hotel & Conference Centre in Exeter.

This advanced and highly practical event is led by Dr Dhiraj Arora,

a renowned expert in endodontics, and is designed to support clinicians in creating repeatable workflows with an emphasis on precision, safety, and predictable results.

Participants will explore the complete workflow from access cavity design and outlining orifice locations to applying torque and evaluating irrigation dynamics – all of which can be applied in the clinical setting.

Spaces are limited, and registration is now open so be sure to book your place now and take your endodontics to the next level!

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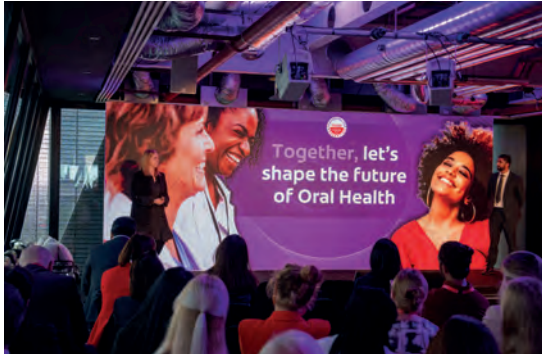
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\*Taha et al. 2018

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# Colgate partnering for prevention: from evidence into action



**Colgate**  
Landing Forty Two in London provided a fitting backdrop for Colgate's recent

thought leadership event, Partnering for prevention: from evidence into action. The event brought together dental professionals from across the UK for an inspiring networking event, exploring how to bridge the gap between clinical and chairside reality. The audience heard insights from a range of stakeholders focusing on caries prevention including moving beyond clinical data to put them into their patients' shoes to better understand real world challenges.

thought leadership event, Partnering for prevention: from evidence into action.

The event brought together dental professionals from across the UK for an inspiring networking event, exploring how to bridge the gap between clinical and chairside reality.

The audience heard

insights from a range of stakeholders focusing on caries prevention including moving beyond clinical data to put them into their patients' shoes to better understand real world challenges.

Simon Petersen, senior vice president and general manager at Colgate, Northern Europe welcomed the audience, sharing that Colgate's leadership position is driven by its purpose of reimagining a healthier future for all.

Simon said Colgate understands the significance and importance of evidence-based prevention and Delivering Better Oral Health guidance; including increasing fluoride availability and stating that Colgate is proud to have supported the dental profession with medically licensed evidence-based high fluoride products to prevent, control and arrest caries.

Simon concluded that he was delighted Colgate had brought together insights from the dental profession, consumers, researchers and academia to explore prevention and how we best translate evidence into action to improve oral health.

## Same-appointment retainer delivery

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# The impact of rising heart disease on the workforce

**Dentists' Provident** highlights the risk of heart disease in today's workforce and how the dental profession is not immune

Latest figures show that 800,000 more UK adults are out of work due to health conditions than in 2019, a 40% rise, with projections suggesting another 600,000 could leave work by 2030 without intervention (Keep Britain Working, 2025).

The British Heart Foundation (BHF) has called it the worst start to a decade for heart health in 50 years, with cardiovascular disease rising notably among working-age UK adults (British Heart Foundation, 2025).

Alongside this, research from the Institute for Public Policy Research in 2024 found that a cardiovascular diagnosis carries a 22% likelihood of leaving the labour market – higher than cancer or mental health conditions.

Deaths from heart disease among working-age adults aged 20 to 64 rose by 18% between 2019 and 2023, reaching nearly 22,000 a year according to the BHF (2025).

Cardiovascular disease covers a range of conditions affecting the heart and circulation, including coronary heart disease (angina and heart attacks), hypertension, stroke, heart failure and arrhythmias (disturbances of the heart rhythm).

It is estimated that around 80% of heart disease deaths

could be avoided with earlier intervention on known risk factors including high blood pressure, high cholesterol, smoking, physical inactivity, and diet.

## More common conditions

Atrial fibrillation is the commonest and most clinically significant arrhythmia seen in the UK – yet it remains widely underdiagnosed.

A 2025 review in the British Journal of Cardiology estimates that approximately 1.2 million people in the UK have been diagnosed with the condition – with the true number likely higher, as many cases go undetected.

'Atrial fibrillation is commonly caused by coronary heart disease, hypertension, and high alcohol intake. Although it typically causes symptoms such as palpitations, shortness of breath, and light headedness, many patients with atrial fibrillation have no symptoms and are unaware of it until they have a clinical examination and ECG.

'Atrial fibrillation is a leading cause of stroke and heart failure and so it's important that it's detected and treated effectively to reduce the risk of these complications,' says Dr Peter O'Connell, chief medical officer at Dentists' Provident.

## What our claims show

In 2025 Dentists' Provident, paid out more than £200,000 in claims for cardiovascular diseases.

Many needed a significant period of time off work to recover from their heart conditions.

What distinguishes cardiovascular claims from many others is the absence of any obvious trigger.

'One claim was from a dentist in their 50s, whose deteriorating cardiac issues required surgery followed by a period of recovery and rehabilitation.

'Our income protection plan supported them for over the three months they needed to make a successful return to work,' says Paul Roberts, head of claims at Dentists' Provident.

In total 9% of claims paid to male members last year were due to cardiovascular diseases – a higher proportion than females (2% of cardiovascular claims).

## Cardiovascular disease for dental professionals

Dental professionals are well-educated, medically trained and generally well aware of the risk factors associated with cardiovascular disease.

That awareness, combined with what tends to be an active lifestyle outside of work, means many dental professionals take their health seriously.

But knowledge of risk factors is not the same as immunity from them.

'The key risk factors for coronary heart disease are smoking, high blood pressure, high cholesterol, poor diet, diabetes, raised BMI and physical inactivity.

'Some of these factors are modifiable and can be managed through lifestyle changes, unlike one's genetic predisposition to heart disease.

'Over time, and with increasing age, these modifiable factors interact and drive the development of coronary disease.

'With coronary disease progression, there may be warning signs, such as angina, breathlessness, and impaired exercise tolerance.

'However, around 40% to 50% of heart attacks arise in individuals without warning and no prior symptoms,' says Dr O'Connell.

## Work absence – and its impact

For someone aged 50 to 59, falling out of work due to ill-health is estimated to reduce lifetime earnings by over £200,000 (Keep Britain Working, 2025).

Recovery from a cardiac event is rarely straightforward. How quickly someone returns to work depends on how much cardiac muscle was damaged, how promptly treatment was received – but also very often confidence.

'It takes time to rebuild confidence after an acute event, such as a heart attack.

'Frequently, patients feel significant impairment, which is disproportionate to objective investigations.

'Perceived impairment may in part be due to fear and whether stressful situations, including work, may trigger a catastrophic event.

'Low mood and associated health anxiety is commonly seen after heart attacks and can be helped by attending a cardiac rehabilitation course and possibly treatment from a GP.'

Following a heart attack, a return to work should take place in a phased fashion and with appropriate support to help restore confidence,' says Dr O'Connell.

Whatever stage you are at in your career, it is worth taking the time to consider your cardiovascular health and be aware of modifiable risk factors.

Many of the conditions we see in our claims data arrive without warning, in people who consider themselves healthy.

Dentists' Provident is a leading provider of income protection insurance for dental professionals. For further information visit [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk).

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## Derbyshire dentist launches toothbrush project



### A Derbyshire dentist is handing out toothbrushes in local schools after discovering that a quarter of children in his area had never registered with a dental practice

Kirk Hallam-based Kev Chavda has handed out more than 6,000 toothbrushes across 35 primary schools and nurseries since January, after a pre-Christmas school visit revealed that a quarter of children in the area had never registered with a dental practice.

'I was expecting a fairly standard oral health for children talk about brushing and sugar,' he said.

'What I found surprised me. When I asked who had a dentist, around a quarter of the children did not put their hands up.

'That was unexpected, especially as we are walking distance from the school and we accept NHS children.

'It made me realise that access and awareness are not the same thing.'

The response was immediate. Chavda spent

the Christmas holidays, fitting the work around a one-year-old daughter, a three-year-old son, and full-time clinical work, developing a structured model from scratch.

'It was just me, Chatgpt, and a lot of thinking,' he said.

'Over those two weeks I worked out the numbers, found suppliers, designed a logo, created the branding, ordered the first batch of toothbrushes, and set up the Instagram page.'

#### Oral health for children

Each visit follows a consistent format covering tooth decay, brushing technique, and the two-minute habit, with an interactive brushing game and an original song to reinforce the message at home.

Every child receives a toothbrush, and the school

receives a formal letter included in the parent newsletter, taking the prevention message directly to families.

The reaction has been immediate. At Scargill School, one of Chavda's most recent visits, a pupil captured the moment simply saying: 'Thanks to my mum for giving my friends a toothbrush', the child's mother having sponsored the brushes distributed to that school.

A member of staff added that it was 'a really valuable project and so important that children are taking care and looking after their teeth'.

The project is non-profit. The model works out at roughly 25 pence per toothbrush, meaning around £75 can fund a full school delivery of approximately 300 brushes.

# “I now take Mondays and Fridays off — and nothing's on fire when I come back.”

A.B. - Practice Owner

Six months ago, she was solving every problem, chasing every standard, and carrying it all home.

Her team hasn't changed. What's changed is what she can see — and what she has stopped tolerating.

It started with one honest look at how the team was really doing.

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- ✦ which behaviours are being reinforced
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# From the pool to Forbes

**Crystal Marruganti** shares her unconventional journey into dentistry, the power of holistic patient care, and why the future of the profession relies on prevention



**Crystal Marruganti**  
Dentist

## Why did you decide to pursue a career in dentistry?

When people ask why I chose dentistry, they are often surprised to hear that I actually started by studying mathematics after high school.

I have always loved numbers and the way they help us make sense of the world around us.

However, after being accepted into dental school in Italy – which is extremely competitive – I decided to take a completely different path.

What immediately fascinated me about dentistry was the unique combination of science, artistry and human interaction.

It is one of the few professions where you can work with your hands, apply scientific thinking,

and at the same time build meaningful relationships with patients.

I loved the idea that dentistry was not only technical, but also deeply personal.

## Could you share an interesting or lesser-known fact about yourself?

A lesser-known fact about me is that, when I was younger, I used to compete as a professional swimmer in Italy at a high level.

Looking back, I think sport taught me discipline, consistency and resilience very early on – qualities that have helped me enormously throughout my academic and clinical career.

Another turning point came during the Covid-19 lockdowns.

I was in my final year of dental school and suddenly had a lot more time at home than expected.

Out of curiosity, I started

teaching myself statistics and epidemiology.

That eventually opened the doors to research very early in my undergraduate training and completely changed the trajectory of my career.

It is funny to think that one of the most difficult periods globally ended up shaping such an important professional opportunity for me – proof that sometimes it is the unexpected moments that can completely redirect your future.

## Could you share your top clinical tip?

My top clinical tip would probably be surprisingly simple: spend time talking to your patients.

Some of the most important information you will ever gather does not come from radiographs or periodontal charts, but from conversations.

I strongly believe in treating patients holistically and understanding their lifestyles, stress levels, nutrition, sleep habits and behaviours.

Dentistry is becoming increasingly connected to systemic health, and I think clinicians should never underestimate the value of listening carefully and building trust.

## What has been your most unusual or memorable experience within the profession?

**‘What immediately fascinated me about dentistry was the unique combination of science, artistry and human interaction’**

One of the most memorable experiences of my career so far has undoubtedly been being named in the ‘Forbes 30 Under 30 Europe’ list.

It was a surreal moment, especially because someone else had proposed my name for consideration and I was later shortlisted.

Beyond the recognition itself, what inspired me most was becoming part of a network of incredibly driven individuals from different industries who are all trying, in their own way, to create a positive change in the world.

It reminded me how much impact dentistry and healthcare can have beyond the clinic alone.

## In your opinion, what does the future of dentistry hold?

I believe the future of dentistry will increasingly shift from intervention-based care to prevention-based care.

We are moving towards a much more holistic understanding of oral health, where lifestyle medicine, behavioural change and systemic health will become integral parts of both clinical practice and dental education.

I think future dental professionals will not only treat disease, but also play a key role in preventing chronic conditions and improving overall wellbeing.

That is an incredibly exciting direction for the profession.



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