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Kalhara - Trainee Dental Nurse

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Is sustainability private dentistry's next growth engine?

Can solar panels on the roof become one of the best adverts for your practice, **Seb Evans** questions

Political leaders across the globe are shouting 'drill, baby, drill'. But out on the high street, the consumer's opinion is shifting. We've all felt the climate shift over the last few years. In the UK alone, we've recently witnessed intense heatwaves and torrential downpours all hitting within weeks (sometimes hours) of each other. And this year's El Niño is predicted will cause global temperatures to break all records.

Climate change isn't a distant abstract anymore – its impact is forcing patients to take serious notice.

Because of this, going green is no longer just a checkbox exercise or a token nod to recycling.

It has evolved into a forward-thinking business strategy.

Embracing sustainability is now a highly effective way to reach out to a completely new, highly loyal demographic of patients who want their healthcare to align with their personal ethics.

Moving past the price trap

Picture a layperson walking down the high street, looking at two competing private dental practices side-by-side.

If the clinical offerings look roughly similar, how does the patient choose where to get their treatment?

Do you offer a 'boutique, hotel-like reception, welcome and service'? This has become one of the most common phrases I hear in private dentistry – and it's no longer enough to stand out and be different.

If your only tool for winning that patient is being slightly cheaper, you fall straight into a race to the bottom.

And let's be direct – are the bargain-hunting patients really who you want to attract and build your business around?

True profitability in the

private sector relies on attracting patients who value quality and long-term relationships.

Modern consumers want to invest their money where it generates a genuine feel-good factor.

Small changes, massive statements

You don't need to completely rebuild your practice from scratch or disrupt your clinic.

Healthcare is a heavy producer of clinical waste, but installing visible eco-friendly initiatives sends a powerful message to the public walking past your windows.

Solar panels are an immediate, external advert that your business actively invests in green energy and reducing its carbon footprint.

Terracycling stations encourage people passing by to drop in and visit their recycling hub for oral care waste – like old manual toothbrushes, electric heads and toothpaste tubes.

Stocking and promoting eco-friendly oral care brands that minimise plastic packaging shows a commitment to the environment that extends outside the surgery walls.

Attracting the future

Small changes can act as a talking point and advert to the public.

They tell a story about your practice's values before the patient even books an appointment.

In a crowded marketplace where clinical excellence is expected, your environmental stance can be the differentiator that turns a passerby into a lifelong advocate.

As we look towards the future, it's time to think about your practice's environmental footprint.

What are you doing for the environment today to ensure you capture the loyalty of the next generation of patients?



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MISSION STATEMENT

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

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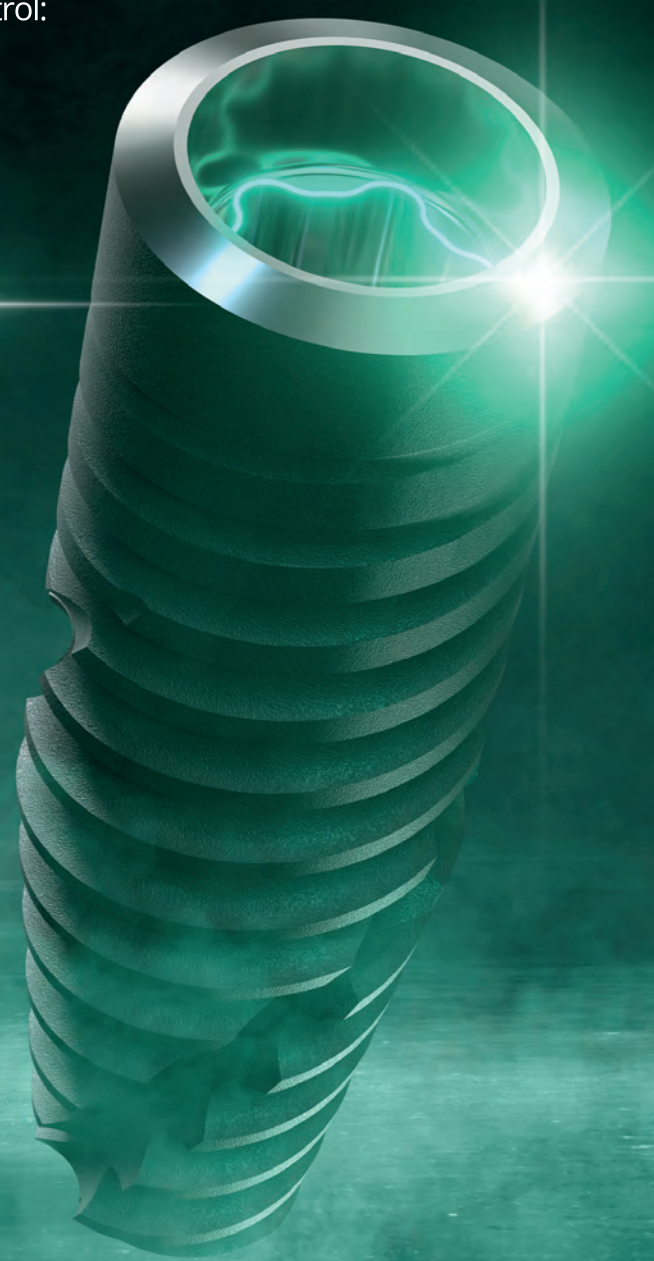
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Tooth-regeneration drug set for first trials in target patients



A Japanese biotech company is moving towards its first trial of a drug aimed at regenerating teeth in patients.

Toregem BioPharma said the Phase II trial would test its experimental antibody treatment in people with severe congenital hypodontia, defined by the company as the absence of six

or more permanent teeth.

The Kyoto University spin-out said total funding, including grants and subsidies, had now exceeded US\$29 million.

The drug, TRG035, works by blocking USAG-1, a protein

that suppresses tooth development. The aim is to activate dormant tooth buds and stimulate new tooth growth.

Phase I trials in healthy adults with at least one missing tooth concluded without serious adverse events.

Unlocking the third dentition

The approach is rooted in the concept that humans retain vestigial tooth buds capable of producing a third set of teeth, but that USAG-1 normally prevents these from developing.

For paediatric patients with severe hypodontia, the clinical stakes are significant.

Because implants cannot usually be placed until jaw growth is complete, children may be managed with removable dentures for years, with potential consequences for function, nutrition and quality of life.

However, TRG035 remains experimental and has not yet been shown to regrow teeth in humans.

While researchers ultimately hope the approach could be used for adult patients with acquired tooth loss, that ~~remains a longer-term goal.~~

Partial fasting found to reduce gum disease inflammation



A new study has found that temporarily restricting calorie intake could improve the inflammation associated with gum disease.

The team at King's College London divided periodontitis patients into two groups, one following a five-day restrictive diet and the other continuing as normal.

The patients on the fasting diet ate 1,100 calories for two days, then 750 calories for three days, with their diet returning to normal by day seven.

This process was repeated three times within six months.

After this period, blood and gingival

crevicular fluid were taken from the patients and analysed.

The fasting patients were found to have reduced inflammation markers in both samples than those in the control group.

This includes both C-reactive protein – a general marker of bodily inflammation – and specific indicators of gum disease.

How does fasting improve gum disease?

Senior author Professor Luigi Nibali said there could be many reasons why fasting is beneficial for periodontitis patients.

'Fasting reduces oxidative stress in the body, a common cause of inflammation, which can damage cells and DNA.

'Intake of high calorific foods and refined carbohydrates, for example in cakes and biscuits, can also cause inflammation – so restricting these foods also reduces oxidative stress in

the body.

'It may also be that fasting has beneficial effects on the microbiome – the body's community of bacteria that help to keep it healthy.

'However, further research is needed to confirm this relationship.'

Dr Giuseppe Mainas, first author of the study, said it suggests lifestyle modifications could be important alongside proper tooth brushing for patients with gum disease.

He said: 'Now we have established this relationship, we would like to do a larger study, before potentially incorporating into gum disease treatment in the future.

'There may be patients where restricting foods can be dangerous, such as those with diabetes, so the advice will need to be targeted to specific patient groups.

'We are currently investigating how we could implement these benefits in high-risk groups who may not be able to fast.'

Dentist erased over dental bur dishonesty and failings involving 39 patients

A dentist who denied leaving a dental bur in a patient's mouth and told her it would not cause harm if swallowed has been erased from the General Dental Council (GDC) register.

The Professional Conduct Committee (PCC) also found repeated clinical failings involving 39 patients, including failings in radiographs, diagnosis and treatment, prescribing, consent, referrals and aftercare.

In total, the case involved four dishonesty findings.

The dentist, who qualified in the 1980s, did not attend the hearing and was not represented.

Dishonesty findings

The committee found the dentist breached professional standards requiring registrants to obtain valid consent, provide quality care based on current evidence and guidance, and act honestly and with integrity.

The dental bur incident formed part

of four dishonesty and probity findings relating to four patients.

The committee also found that the dentist gave an incomplete account of a specialist practitioner's comments, provided misleading advice about healing after extraction, and attributed previous root canal treatment to another dentist when he had provided it himself.

Erasure ordered

In deciding sanction, the committee noted that the dentist had no previous fitness to practise history.

However, it also identified aggravating features including actual harm or risk of harm to patients, misconduct sustained over a period of time, attempts to cover up wrongdoing, dishonest conduct and a lack of evidence of insight.

The committee said conditions would not be sufficient and concluded that suspension would not protect the public or meet the wider public interest.



It also noted information suggesting the dentist had not been practising since February 2024, but said he could return to practise at a later date if able to do so.

It said: 'Anything less than erasure would fundamentally undermine public confidence in the profession and fail to declare and uphold professional standards.'

The dentist's registration was suspended immediately to cover the appeal period.

Unless the appeal is lodged, the erasure will take effect 28 days from the date notice is deemed to have been served.

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The curse of the ping

Chris Barrow highlights why independent practice owners must stop being vague and start setting clear communication boundaries

During my recent workshop tour with Laura Horton, one topic produced more knowing nods than almost any other: out-of-hours messaging.

WhatsApp groups, Sunday evening updates, late-night 'just one thing' notes and the steady drip of notifications that make it feel as if nobody in the practice is ever truly off duty.

This matters because the issue is not technology. The issue is expectation.

The accidental rise of group chats

In most independent practices, messaging platforms have grown by accident rather than design.

They start as a quick way to share news, ask for cover or celebrate success. Then, slowly, they become the place where instructions are issued, decisions are chased, frustrations are aired and team members feel obliged to keep checking in case they miss something important.

That is where the trouble begins.

Setting a team protocol

Following the workshops, we drafted a team communication protocol using ChatGPT as a starting point.

It is untested by HR lawyers and should be treated as a discussion document, not gospel. Even so, it makes some sensible distinctions.

It suggests that WhatsApp should be used mainly for engagement, announcements and genuinely urgent operational issues, while routine management, task allocation, formal HR matters and confidential information should sit in proper business systems.

It also states that team members should not be expected to reply to routine messages outside their normal working hours.

Managing the expectation

One of my clients then ran the issue past their HR advisers, and the feedback was refreshingly practical.

Their view was that WhatsApp itself is not the enemy.

In small and medium-sized businesses it is common, useful and entirely workable. The risk lies in how it is used.

If staff are expected to read and act on messages in their own time, you have a problem.

If messages can wait until people are next on shift, and that expectation is made clear, the risk reduces dramatically.

Occasional contact for genuine sickness cover or urgent operational disruption is acceptable. Persistent intrusion is not.

That feels like the right answer.

Owners who ignore this are not simply risking resentment.

They are teaching the team that every ping carries equal weight, which is operationally lazy and culturally expensive.

People cannot rest properly or bring their best selves to work.

Independent practice owners do not need to ban every group chat tomorrow morning. They do, however, need to stop being vague.

The problem is not WhatsApp. The problem is unmanaged expectation.

Good businesses create clarity. Tired



Team communication protocol

- Decide which channel is for what. Put that in writing
- Keep patient information and formal employment issues off informal messaging apps
- Tell team members clearly that non-urgent out-of-hours messages do not require an immediate response
- Use delay-send where available
- Consider a duty phone or rota if somebody genuinely needs to handle early-morning absences
- Remember that many communication problems disappear when the daily huddle, weekly review and proper management systems are working.

businesses create noise.

In the modern independent practice, protecting people's personal time is not a soft option.

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The ultimate private practice growth engine

Haley Abivardi and Goly Abivardi discuss the science, philosophy and commercial potential of their breakthrough early caries treatment

The dream of every dental principal is to lead a practice defined by cutting-edge innovation, patient-centred care and organic growth.

Yet, for decades, private dentistry has been tethered to a restrictive, invasive model: the drill.

By introducing a biomimetic peptide technology that treats early caries without needles, pain or tissue loss, sisters Haley and Goly are closing a historical treatment gap in dentistry while unlocking an entirely new revenue stream for private practices.

We sat down with the visionary founders to discuss the science and the financial reality of micro-invasive dentistry.

PD: What was the turning point in your clinical careers that inspired you to challenge traditional dentistry?

Goly: Our journey took a defining turn when Haley and I led a public paediatric dental clinic in a rural area of Switzerland, treating children from low-income families.

We saw firsthand the immense suffering caused by untreated cavities.

It was heartbreaking to see children in pain and to realise that, despite our training and commitment, dentistry still lacked effective, non-invasive solutions to treat the early stages of the disease and avoid invasive restorations.

We also saw how much fear, anxiety



and lack of awareness surrounded dental care. Parents often did not know how serious early cavities could become, and children were already afraid of the dentist before treatment had even begun.

We did not want to simply drill their teeth and start what we often call the restorative cycle (cycle of death). We wanted to change their experience entirely.

Haley: In our 20s, we took a massive risk. We put all our savings together, additionally securing a £3 million bank loan to open Europe's first fear-free dental clinic group – Swiss Smile.

It was highly successful, but we still lacked the technology to treat early decay micro-invasively.

Goly: After decades of searching for

a better way to treat early decay, we discovered the technology behind Curodont.

This biomimetic, peptide-based formulation treats early decay non-invasively by mimicking the natural process through which enamel is formed.

Convinced it could solve a major challenge in dentistry, we sold our entire clinic group and global oral care brand to back its development.

PD: You talk about a treatment gap in everyday practice. What is this gap, and how does it impact a business?

Haley: The treatment gap affects up to 80% of the patients sitting in a dental chair.

These are the patients with early



Dr Haley Abivardi
Co-CEO and co-founder of VVARDIS



Dr Goly Abivardi
Co-CEO and co-founder of VVARDIS

carious lesions. Historically, a clinician had only two choices: watch and wait while the decay worsened, or drill into the tooth.

Sending a patient home to watch leaves everyone with a bad feeling.

If you think about medicine, centuries ago, if someone had an infection, doctors had no penicillin, so they took a knife and amputated a part of the body.

In dentistry, we walk into ultra-high-tech offices, yet for initial caries, we still reach for a drill, which can be regarded as a 'maltreatment' for these small lesions based on most modern approaches, since a significant amount of healthy tooth structure needs to be sacrificed.

Curodont Repair changes the philosophy of care entirely by introducing a medical, non-invasive restorative approach that proactively stops the cycle of repeated fillings.

PD: Does Curodont Repair make financial sense?

Haley: If a dentist blocks out an hour of chair time to perform traditional drilling and fillings, they might generate around £450 in revenue.

If that same hour is utilised for Curodont treatments, the practice can generate up to three times as much.

The beauty of this model lies in workflow efficiency.

Curodont Repair requires absolutely no alteration to your existing workflow.

Because the application takes a mere three to five minutes, a clinician can perform it right then and there during the initial check-up or hygiene appointment, without the need to book a separate appointment.

A small filling carries a 40% to 50% no-show risk, which potentially leaves your chair empty and costs money.

Curodont Repair offers an immediate profitable revenue whilst doing the best for the patient.

PD: Walk us through the clinical application. What are the limitations?

Goly: Curodont Repair is universally applicable – it is for children, adults, and permanent teeth across smooth, occlusal and interproximal surfaces.

The prime indication is non-cavitated enamel carious lesions.

To ensure a predictable success rate of over 90%, clinicians should utilise it when the X-ray shows the decay is

contained within the enamel.

Haley: By the time an early decay lesion is clearly visible on an X-ray, it has penetrated beyond the point where traditional preventive approaches can repair the damage.

Curodont Repair penetrates deeply into the lesion, where it arrests progression and actively regenerates hydroxyapatite crystals.

Goly: Dentists frequently ask if they need separators or wedges to treat tricky interproximal lesions, which make up 80% of these early-stage carious lesions. The answer is no.

You simply squeeze the sponge applicator close to the lesion, and the proprietary formulation diffuses directly into the micro-porosities of the lesion within seconds through capillary action.

PD: Practice leaders are facing immense team recruitment and retention pressures. How does this technology help manage a team?

Goly: High-performing dental teams want to be part of a progressive, meaningful mission.

Curodont Repair also helps broaden the competencies of the dental team. As it can be fully delegated to dental hygienists and dental therapists, who are legally authorised to apply it independently in the UK, it enables them to play an even greater role in patient care and elevates their professional purpose.

The principal can comfortably hand over early caries management to their trusted hygiene team, knowing the practice is maximising its hourly billing while the dentist focuses exclusively on larger, complex treatments.

PD: How do private patients react to paying for a drill-free alternative?

Haley: Patients recognise its value and are willing to pay for it.

When you show a patient early decay and offer them a choice between a traditional filling with a needle and a drill, or a fast, needle- and drill-free application that costs the exact same as a standard filling, virtually every single one chooses Curodont Repair.

They view it as a 'premium express service'.

Consumer mindsets have shifted heavily toward wellness and biological preservation.

A recent independent survey

conducted by a top global consulting firm interviewed thousands of patients and asked: 'If your existing dentist refused to offer Curodont, would you switch clinics?'

An astonishing 58% of patients explicitly stated they would leave their current dentist to find a practitioner who does.

To support this, we created the Curodont Clinic Locator tool online.

Proactive patients are actively using it to seek out certified 'Curodontists'.

Principals in the US are writing to us stating they are having to expand their teams simply to handle the new patients.

Even your routine recall list can take on a new dimension, as patients actively seek out minimally invasive alternatives to conventional restorative treatment.

PD: Finally, what is the ultimate vision for the future of vVARDIS?

Goly: Our higher mission remains deeply personal: save teeth, save lives, where drilling is no longer the automatic default for early-stage disease.

Haley: We are only scratching the surface of what is possible.

Modern patients understand that oral health isn't an isolated issue – it directly impacts systemic health and longevity.

We want future generations to grow up viewing a visit to the dentist as a relaxing, fear-free, lifestyle-focused experience.

Our parents always taught us a vital lesson that we carry into every business hurdle: 'If you have a vision, go for it. "It doesn't work" simply does not exist.'

Be part of a purpose that changes lives.

Scan the QR code to register and get started.

Follow vVARDIS on Instagram @vvardis.professional for the latest insights and updates.



CQC registration has changed

In part one of this two-article series, Pat Langley looks at what entrepreneurial dentists wanting to start up a new squat practice need to know in light of the recent CQC changes to the

Opening a new dental practice has never been a small undertaking. Between securing premises, fitting out surgeries and building a patient base, the squat start-up journey demands energy, resilience, and comprehensive, and accurate professional support in all areas from advisers and suppliers who understand the dental industry.

Another very important factor to consider in their plans is that the Care Quality Commission (CQC) has tightened its approach to new provider registration applications.

This change means CQC registration must sit at the centre of the launch plan.

What has changed?

From 5 May 2026, new dental provider applications must include additional supporting documents, as well as a new oral health service form, alongside the standard CQC application paperwork.

Historically, applicants have usually submitted the core paperwork first and dealt with further evidence later.

The CQC's new approach is much more front-loaded.

Applicants are now expected to provide a complete, relevant and up-to-date evidence pack at application.

For new dental providers, that means the application must do more than describe the proposed service.

It must demonstrate that the practice is ready, safe and properly governed before registration can be granted.

The CQC says the changes are

designed to help it process applications more quickly.

In practice, they also raise the stakes for applicants. If required documents are missing, incorrect, out of date, the application is likely to be rejected.

If that happens, the provider will need to resubmit, and the resubmission will be treated as a new application rather than holding its place in the queue.

What providers now need to include

All new provider applicants must submit the standard CQC documents.

A financial viability statement may also be required.

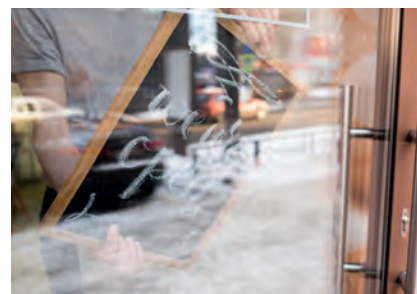
For dental practices, there is now a further set of dental-specific requirements.

These include critical examination and acceptance test reports, a fire risk assessment, evidence of registration with the Health and Safety Executive in line with the ionising radiation regulations, a health and safety risk assessment, a legionella risk assessment, LOLER lift safety certification where applicable, and a radiography risk assessment and local rules documentation.

In addition, the CQC may ask to see other evidence during the process.

This could include a floor plan, electrical installation certificate, emergency lighting completion certificate, gas safety certificate, medical emergencies and resuscitation policy, serious incident policy, fit and proper persons policy, and relevant installation or calibration certificates for equipment such as decontamination units, suction, compressors, ventilation or amalgam separators.

In other words, this is not just a paperwork exercise. It is a readiness test.



The building control point

Another important change affects any location that requires building regulations approval.

Where this applies, the applicant must include a building control final certificate with the application.

This could be particularly relevant for squat practices, where premises are often undergoing significant refurbishment or conversion.

Dental fit-outs can involve changes to room layout, plumbing, ventilation, electrical systems, radiation protection and accessibility.

If the project needs building control approval, the final certificate is now part of the CQC registration process.

That means timing is crucial. Practice owners should speak early to architects, contractors and compliance advisers to understand when certificates and commissioning documents will be available.

The CQC application timeline should be built around evidence being complete, not around optimism about when the builder might finish.

Dentistry Practice Services provides CQC registration support and full compliance support to dentists wanting to open a new squat practice. For more details, please contact ryan.hall@fmc.co.uk.



Pat Langley
Clinical director at Dentistry Compliance

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‘We bought a dental practice... just to tear it down!’

How **Loven Ganeswaran and Deepa Panch’s** unstoppable shared enthusiasm is driving impactful, joined-up healthcare at the reimagined Sunninghill Clinic

Loven Ganeswaran and Deepa Panch drew inspiration for their business ethos from an unlikely source.

While dining out, an exceptionally proactive waiter suggested to the entrepreneurial couple that they simply share their preferred flavours rather than selecting their meals from the menu.

‘Attentive, accommodating and thoughtful,’ Loven observed.

Consequently, they invited the said waiter (Eric) to their newly launched clinic to train the team on ‘how to create those same feelings’.

And it is precisely this kind of five-star hospitality that gives their reimagined Sunninghill Clinic in Berkshire its magic touch.

Loven is a dentist turned tech founder and creator of Chairsyde, the award-winning AI-powered digital consultation platform.

Deepa is an NHS surgical doctor turned aesthetics practitioner, specialising in skin health and ageing.

It’s a complementary pairing that forms the engine room driving Sunninghill, which blends biomimetic

dentistry and advanced medical aesthetics with GP-led lifestyle and wellbeing medicine.

The couple has transformed the clinic into something ‘more holistic, more forward-thinking and more reflective of how health truly works as a whole’.

But there is another element just as intrinsic to this vision – and that is the profound belief that education is the beating heart of optimal patient care.

Greater sense of purpose

Pull back a little, and this principle was also the foundation of Loven’s digital ‘baby’, Chairsyde, an idea born from the ‘life-changing experience’ of helping orphans when the conflict in Sri Lanka ended in 2009.

Those weeks spent radically improving the dental health of the forgotten children provided ‘a greater sense of purpose, a broader perspective on life, and immense gratitude,’ he recalls.

And it was a simple song he created to encourage kids to brush their teeth that sparked a lightbulb moment.

On his return to the war-torn country some time later, the song was being sung by children he’d never

previously encountered.

He realised that empowerment and ownership of health, along with access to care, are a powerful combination.

And so Chairsyde was born. A communication platform, it uses interactive visuals, AI notes and engaging follow-ups to help dentists increase case acceptance and boost patient understanding.

Since its inception, it has scooped multiple awards and accolades.

Given this huge success, why seek practice ownership now? After all, the journey is never without jeopardy, stress and the risk of overwhelm.

‘On occasion, it feels like 10 steps forward and five steps back,’ Loven admits.

‘Overnight, I was suddenly responsible for all the things dental school didn’t teach – hiring, budgets, tech, and making sure the patient experience actually works.

‘Sometimes, I’ve ended up leaning on my experience building a start-up and reapplying those learnings at Sunninghill.’

Building value

Loven had been an associate at





Sunninghill since 2010 until taking full ownership with Deepa in 2023, rebuilding it from the ground up.

It bridges the healthcare-patient literacy gap with the team treating patients across the NHS and private divide to ensure equitable, accessible, comprehensive healthcare, all within a spa-like setting.

‘We create a health vision for all our patients, including assessments for oral cancer, tooth decay, tooth wear, and gum disease, which give them the prevention they need and help them understand what is important.

‘If they are at risk, they get blood testing, saliva testing and a deep dive into their overall wellbeing.

‘The most powerful thing is empowering people to make better decisions and to trust you. If they value what you offer, they will return.’

For the project, the couple engaged design-and-build experts Anglian Dental, which specialises in creating patient-centred clinics, and Vita Architecture, which aligned this ethos with a thoughtfully designed layout.

Excel Building Contractors brought the innovative ideas to life through precise construction management.

And every aspect reflects Loven and Deepa’s meticulous eye for detail. From ergonomic surgical layouts to cutting-edge equipment and premium cabinetry, the design features innovative decontamination systems and a centralised plant hub to optimise clinical efficiency.

The project was planned in two phases, with the first involving the ground and first floors of

the building adjacent to the existing practice.

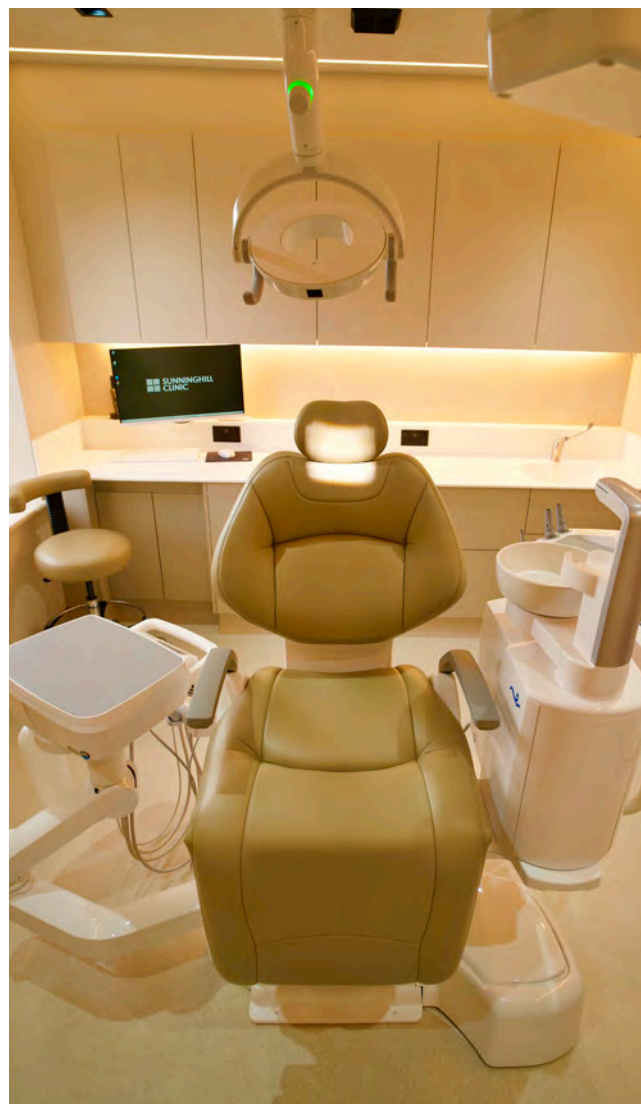
The second phase will see an extension adding five surgeries. The final outcome will be a practice that prioritises the patient experience.

Comfort and ergonomics

Nothing has been overlooked, and to ensure patient comfort, one surgery is equipped with a Belmont Eurus S8, while two other surgeries feature Eurus S6 chairs in Papyrus luxury-stitched Ultrasoft upholstery, and they even enjoyed a tour of the Belmont HQ to better understand how the treatment centres are built.

‘Belmont aligns perfectly with our ethos – not just visually but by offering comfort and superb ergonomics, enabling clinicians to deliver the highest quality care efficiently.





'The treatment centres support our work, integrate seamlessly into our approach, and feature ambient lighting and foldable leg rests that meet patient expectations.

'We can transition effortlessly from a consulting space (chair in an upright position, using Chairsyde of course) to a more clinical mode once we have consulted face-to-face.'

Paying forward

Loven regularly shares 'the wins, the mistakes, and the behind-the-scenes of practice ownership' with those interested (and canny enough) to sign up for his monthly emails.

Full of honest truths and lived experience, he is paying it forward big time.

It is, he says, a real-time reflection of the week.

For both him and Deepa, sharing adds value for others who may follow their path to practice ownership, and they are relaxed enough about their success not to gatekeep these vital insights.

'One of the most fulfilling things is truly being able to explore who you are, why you want to do what you do, and understand that true north star,' they say.

'And if they can inspire others to find the courage to build what they want to create by doing so, then surely that's another win for patients wherever they might be.

Who was involved?

Builders

Excel Building Contractors

Designers

Vita Architecture

Dental Software

Dentally

Chairs/treatment centres

Anglian Dental
Belmont

Compliance

Dentistry Compliance

Patient education supplier

Chairsyde

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Picture shopping – Aneka Khaira

Private dentistry is no longer just about clinical excellence – it’s about unforgettable design. From bespoke reception desks to high-tech galleries, we hunt down the design features stopping patients in their tracks – starting with **Aneka Khaira**

For me, the Rex Mirror by Timothy Oulton has become an iconic part of Vogue Dental.

From the moment patients walk through the door, it acts as the centrepiece of the practice – bringing glamour, warmth, and light into the space.

It is more than just a mirror; it creates an immediate sense of occasion.

Whether a patient is checking their outfit, admiring their new smile, or capturing a selfie, the mirror adds a touch of instant sophistication and makes a lasting impression.

Its striking presence reflects exactly what Vogue Dental stands for – luxury, confidence and attention to detail.

It has become one of the most memorable features of the practice and perfectly complements the overall patient experience.



What makes it even more special is the story behind it.

I first discovered the mirror while walking through London with my husband.

We happened to pass the showroom, stepped inside, and I instantly knew it belonged in the future Vogue Dental.

At the time, I was with my firstborn son, who was just a baby and was there with me every step of the way as I built the practice from the ground up.

Every time I see the mirror, it reminds me not only of the vision I had for Vogue Dental, but also of that exciting chapter in my life – building a business, becoming a mother, and creating a space that feels both elegant and deeply personal.

Why people become obsessed with it:

- Instant wow factor
- Celebrity association
- Art Deco glamour
- Exceptional craftsmanship
- Social media appeal
- Scarcity and exclusivity.

A bit of background

The Rex Tall Mirror by Timothy Oulton has developed something of a cult following among celebrities, influencers including and luxury interior designers. At nearly eight feet tall, illuminated with 24 warm bulbs, and priced at around £9,595 in the UK, it is designed to be a true statement piece rather than a functional mirror.

Celebrities and influencers linked to the Rex Mirror

While not every celebrity has publicly confirmed ownership, the Rex mirror has been featured in several high-profile homes and influencer interiors. Celebrities including Kylie Jenner, Paris Hilton, Cara and Molly Mae.



Transforming Dartmoor Dental

Mike Hesketh opens the doors to his second large practice transformation in Devon



In 2017, we sold our first dental practice project, The Exeter Dental Centre, to Bupa in a ‘walkaway’ deal.

It was the culmination of a four-year transformation that saw the practice’s value grow tenfold.

Following a family gap year traveling the world with our young family, we found ourselves at a crossroads deciding to test if the principles we used in Exeter still worked in a post-pandemic economy. So we began searching for a new challenge.

That search led us to Lynbridge House Dental Practice in Tavistock in 2022.

On paper, it wasn’t right. An hour from our home, in a town we didn’t know well, and the 250-year-old listed building was in significant disrepair.

The practice was turning over roughly £700,000 with seven aging dental chairs and very few new patients.

However, we saw the kernels of something special: a solid team, over 8,000 registered patients, and a small NHS exempt contract.

It occupied a unique niche – too complex for a corporate acquisition with

four existing partners and too large for a typical first-time buyer.

The vision for Dartmoor Dental

Our goal was to transform this struggling clinic into a modern, quietly luxurious practice built on a simple philosophy: first class, digitally-led dentistry delivered with warmth, time and excellent care.

Our ambition was to be the most respected and recognisable dental practice in Tavistock and beyond – known not only for the quality of our dentistry, but for the way we make people feel.

TODAY, DARTMOOR DENTAL IS AN AWARD-WINNING MULTI-MILLION-POUND HUB OF EXCELLENCE

To do this, we applied the ‘Four Pillars’ methodology we used in Exeter and with our consultancy clients: leadership, branding, infrastructure and financial control.

The Dartmoor Way is built on a simple but powerful balance:

- High standards without arrogance
- Excellence without coldness
- Professionalism with personality.

This project was not going to be a quick fix; it was a total systemic overhaul.

Pillar I – leadership

My approach to leadership was shaped as a dental officer alongside the Royal Marine Commandos.

Serving on the front line in Afghanistan as a dentist and casualty medic gave me a huge grounding in what

is required to help teams work under stressful situations.

In those environments, leadership is about clarity and resilience. When the roof is leaking the team needs a clear path forward.

The biggest hurdle for most practice owners is the golden handcuffs of the dental chair.

We knew that to scale, we had to transition from being the primary producer to being the leader. And so we implemented a culture of extreme ownership.

We moved away from the traditional model and I reduced my clinical days to focus on mentoring associate clinicians and refining business systems.

We focused on the ‘why’, ensuring the staff understood that the disruption of a £1m refurbishment was the price of long-term excellence.

Today, our clinicians are mentored not just in clinical skills, but in the communication skills that turn a standard appointment into a great patient experience.

Putting the practice into a rhythm has been key, daily huddles, weekly leaders’ meetings, monthly whole team, quarterly clinicians all add to the mix of clear communication.

Pillar II – branding

We knew that for the practice to succeed, it needed to be a destination brand.



Mike Hesketh

Practice owner and leading UK dental business consultant

While 'Lynbridge House' had history, it didn't reflect the regional pride or the modern energy we wanted to evoke.

We renamed the practice Dartmoor Dental, anchoring it in its stunning geographical context.

Lara took the lead on the brand transformation, redefining not just how the practice looks, but how it feels, performs, and is positioned within the private dentistry market.

She didn't want to just refurbish, but completely strategically reposition.

Every detail was intentional – from spatial planning and patient flow through to the material palette, lighting, and atmosphere. The result is a calm, quietly luxurious environment that feels closer to high-end hospitality than healthcare.



The impact of this transformation has been both immediate and measurable – elevating patient perception, it's local reputation, strengthening team culture, and positioning Dartmoor Dental firmly within the top tier of award winning independent private practices.

Pillar III – infrastructure

A beautiful brand is only a façade, if the infrastructure can't support it.

When we took over, the practice was a maze of legacy systems. The transformation required a total strip-out of the operational DNA.

The most significant change was shifting to Dentally and Voicestack, a cloud-based management system from an outdated server bases system.

We layer on CRM systems and financial reporting tools. This digital backbone allowed for:

- Seamless patient journeys – online booking and digital forms



- Data visibility – the ability to track performance indicators in real-time
- Clinical excellence – we installed nine state-of-the-art surgeries with advanced imaging and digital scanning.

Renovating a Grade II listed building meant navigating heritage planning while installing 21st-century plumbing and IT wiring.

By partnering with local contractors who understood historic structures, we ensured the bones of the building were as modern as the dentistry practised within them.

Pillar IV – financial control

One of the four pillars I cover with my consultancy work is financial command and control.

I have found over the years many practice owners are excellent clinicians but they are financially blind and are regularly served up impressive data, without realising its inaccuracy and how much money they are losing.

At Dartmoor Dental, we worked alongside Jodie Loveday who thrives on unpicking dental accounts and making systems super simple.

We integrated cloud accounting software with specialist tools to gain full visibility:

- Robust cashflow forecasting: we didn't have to guess if we could afford a new £40,000 scanner; we could model the ROI with precision
- Real-time data: we understood the cost per hour of every surgery and the average hourly rate of every clinician
- Adaptive strategy: if gaps appeared in the diary, we could see it instantly and adjust our marketing spend or workflows accordingly.

We were able to invest £1m into the refurbishment because we had the financial command to know exactly how that debt would be serviced and

when we would hit the break-even point.

After three years of investment and transformation, we quadrupled the turnover and created a 22% profit margin that allowed us to reinvest in our team and technology.

Supporting the local community

Despite shifting towards a private model, we felt a responsibility to retain NHS Exempt contract we had inherited on purchasing.

Dental access for children is a national crisis, and we didn't want to simply walk away from the 3,000 children and 1,000 adults in our area, who would not be able to access care otherwise.

Instead, we innovated by launching Tavistock's first NHS Kids Club.

By dedicating specific time and resources to children's care under the NHS exempt contract and zoning diaries with a one in all approach.

Balancing commercial success with social impact is a cornerstone of our ethos.

Recognition and the road ahead

Today, Dartmoor Dental is an award-winning multi-million-pound hub of excellence. It boasts a five-star reputation and a team that is genuinely excited to come to work.

We've proven that the success of Exeter wasn't just a one off.

With structured leadership, a powerful brand, modern infrastructure, and absolute financial clarity, any struggling clinic can be transformed into a thriving, award-winning business.

The future is now steady growth at Dartmoor Dental, whilst driving forward with my passion for business leadership, business growth and sharing my knowledge to help other practice owners thrive at Hesketh Healthcare Consultancy and Hesketh Healthcare Accountancy.

Why your number one ranking is now almost worthless

David Nelkin explains how ranking number one on Google is no longer the best way to get potential patients hearing about your practice



Recently in this column I argued that ranking number one on Google no longer means what most practice owners think it means. The results page

now has so many separate areas that ‘number one’ doesn’t point to one thing.

That argument has gone from feeling slightly contrarian to fairly obvious.

So I want to push it a step further.

Even when a practice genuinely does rank number one in the traditional organic results, it can still be almost completely invisible in the answers patients are actually reading.

Those answers are increasingly coming from somewhere else.

There is no page two of an AI answer

Google’s intelligent search rollout is now here.

More and more patients are asking a question of an assistant rather than scanning a list of links, and the assistant gives them an answer.

That answer either mentions your practice or it doesn’t.

You are either part of the response or you are nowhere, because nobody scrolls through an AI answer hunting for the practice that came 10th.

This is happening on top of the shift I described last month, not instead of it.

The uncomfortable disconnect

The pages AI tools actually cite when they recommended a local business are largely not the pages winning the traditional results.

Reported overlap between Google’s top 10 and the sources AI answers pull from has been put as low as around 17 to 36%, depending on the query. One analysis found that roughly 90% of the pages ChatGPT cites sit at position 21 or lower in Google.

A practice can rank number one, with all the domain authority that implies, and still draw close to zero AI citations.

Everything it has ever published lives on its own website and nowhere else.

What AI is actually rewarding

The signal that increasingly decides whether an assistant puts a practice forward is not what we have understood for 20 years.

It is brand presence in all the places that are not your own website – reviews spread across platforms rather than just Google, best-of and ‘near me’ guides written by other people, industry articles, forum threads where real patients compare local options, videos on Youtube, Instagram and TikTok,

mentions in publications.

Branded mentions across credible sources now look like a stronger predictor of being recommended by an AI than the levers most of the industry has been pulling for two decades.

The old internet ranked pages. The new one ranks reputations.

A reputation does not live on your own website. It lives in all the places other people are talking about you.

And if you are not in those places, the assistants making recommendations have no reason to put you forward.

None of this means stop doing SEO. Strong traditional SEO is the floor here, not the ceiling.

The large majority of AI citations still come from sources that already perform well organically, so the fundamentals are the entry ticket rather than the prize.

What has changed is what sits on top of them.

The work that earns the recommendation now happens almost entirely off your own website, and that is where the strategic effort has to move.

The practices that grasp this and act on it will compound.

Xcelerator Dental is a specialist dental growth agency that helps practices grow through cross-channel marketing and helping them convert the leads they generate.

Find out more at www.xceleratorodental.com.



David Nelkin
CEO and founder of Xcelerator Dental

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SCAN TO LEARN MORE

Who owns team energy?

Mark Topley helps dental practice owners and managers build calm, high-performing teams without burning out

Most practices have a wellbeing initiative of some kind. A wellbeing lead, a mental health first aider, a fruit bowl in the staff room nobody quite trusts.

And most owners have a frustration running alongside it, usually about a younger team member who's off the odd Monday, increasingly with the explanation that they need to protect their mental health.

The two feel unrelated, but they're the same problem – nobody's quite sure who's responsible for a team's energy.

Wellbeing isn't a programme you bolt on. It's a by-product of two things, how a place is led, and how the people in it look after themselves, and it has two owners.

The conditions are the leader's job. The choices are the individual's.

Almost all the confusion comes from collapsing it to one, either the leader who tries to fix everyone single-handed and burns out doing it, or the cynic who calls it all personal and none of their business.

Both are wrong, in opposite directions.

This isn't a soft issue

A 2025 Dental Protection survey of more than 1,600 UK dental professionals found 63% frequently burnt out and exhausted.

Most of the cost isn't dramatic, it's the slow grind of a tired team doing slightly worse work, and research links poorer staff wellbeing to worse patient safety.

Your team's energy and your patients' experience are the same conversation.

Let's take the leader's half first, because it's the bigger lever.

It comes down to four conditions you actually control.

- **Clarity.** People burn enormous energy guessing what good looks like and whose job a thing is. Clear expectations don't constrain a team, they relax it. Clarity is kindness
- **Capacity.** An honest look at the diary, rather than a permanent state of slightly too much. You can't recover from a week that was never survivable
- **Safety.** Whether someone can say 'this isn't working' without it becoming a thing. Psychological safety is the early-warning system, the way problems surface while they're still small
- **Recovery.** Whether rest is modelled from the top or punished. If you're answering emails at 11 at night, you've set the standard, whatever the wellbeing poster says.

All four are structural, not reactive. A wellbeing day is a nice gesture aimed at a problem the structure created across the other 51 weeks.

The real work is building conditions that don't drain people in the first place.

Then there's the other owner, and the Monday frustration is the clearest example of the half that isn't yours to fix.

It's real, and it's still their responsibility. Real first, because that's the bit the eye-rollers get wrong – anxiety and depression in working-age adults has risen sharply since the 90s, and now peaks in the mid-20s rather than the late 40s.

When a 24-year-old says they're struggling, the odds they actually are have gone up.

But younger workers take fewer total sick days than older ones, so this was never about volume, and much of what shows up as Monday fatigue isn't a condition at all.

It's social jetlag, the body-clock whiplash from late nights and lie-ins all weekend, then a Monday start.



Real and measured, but largely self-made, driven by weekend bedtimes and late screens, both within a person's control.

Health is health. A body clock you wreck every weekend isn't a problem your practice created, and saying so isn't unkind, it's honest.

A smaller group are truly unwell and need proper support, but that isn't most of what shows up on a Monday morning.

How does it work?

You don't police people's weekends, and you don't absorb the gaps in silence.

You're clear that reliability matters and the team carries the cost when someone's repeatedly missing, you make it safe to tell you when something real is going on, and you treat the recurring Monday as a conversation, not a crime.

The person who's truly unwell will be relieved you noticed.

The person who needs to sort their sleep out gets the message without you being heavy about it.

The trap is asking 'is it the practice's fault or theirs,' because the honest answer is usually some of each.

What's mine to fix is the conditions. What's theirs to own is their health and the choices that protect or wreck it.

Sort your half first, because it's the bigger one, and it earns you the right to ask about theirs.

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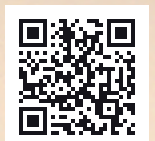
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The HR challenges dental practices are finding harder to ignore

As managing people within dental practices becomes increasingly complex, a recent Dentistry HR webinar explores the hidden operational risks stretching teams to their limits

Managing people inside a dental practice has always been part of the job. But for many, it is becoming noticeably harder.

Not necessarily because teams are doing anything wrong, but because the operational side of managing people has become more complex over the last few years. Expectations have shifted, compliance requirements have increased and many managers are balancing team pressures alongside already demanding practice days.

That was the focus of FMC's recent Dentistry HR webinar, *The five hidden HR risks in dental practices and how to prevent them*, which is now available to watch on demand.

Hosted by Guy Hiscott alongside HR specialists Lara Brewood-Green and Sophie Etherington, the session focused on the types of situations many practices are already dealing with day to day, including:

- Associate agreements no longer reflecting how practices operate
- Repeated issues being handled informally without proper follow-up
- Inconsistent or outdated documentation
- Difficult conversations being delayed



Lara Brewood-Green
Lead people consultant at Dentistry HR



Sophie Etherington
practice onboarding and support specialist at Dentistry HR



- Managers feeling reactive rather than in control of situations.

Lots of smaller pressures

One of the themes throughout the discussion was that many HR pressures do not begin with one major issue.

'A lot of practices are not dealing with one HR issue. They are dealing with lots of smaller pressures building at the same time.'

The webinar explored how those smaller issues can gradually create wider operational pressure across teams when there is not enough structure, communication or consistency around the process itself.

Lara and Sophie also discussed how common it is for clinicians and practice managers to find themselves handling increasingly complex people situations without having had formal HR support.

'Many practice managers are not struggling because they are poor leaders. They are trying to manage increasingly complex people situations

alongside demanding practice days.'

Alongside practical discussion around associate relationships, communication breakdowns, documentation and performance management, the session focused on how practices can move away from reactive HR and create more confidence and consistency across day-to-day team management.

Importantly, the webinar was not designed as a legal lecture or theoretical HR discussion.

Instead, it focused on practical, real-world situations practices are already navigating and realistic ways to reduce escalation before issues become more difficult to manage operationally.

For practices already feeling stretched the session offers practical insight into challenges many teams are quietly dealing with already.

The webinar is now available to watch on demand at dentistry.co.uk/webinars

The CMA Dentistry Study: What it means for value

Paul Graham explains why the market is holding its momentum and what sellers must do to prepare



downside emerging, deal execution is taking longer.

What was typically a 7.6-month period from offer accepted to completion is now trending closer to 8.8 months, and it continues to extend.

That shift is beginning to reflect the increased diligence, more internal approval layers from buyers, and a general tightening of process.

It is an early indicator of greater scrutiny rather than reduced appetite.

What this means for sellers

There is also a subtle but important shift in risk allocation, as buyers are becoming more focused on downside protection – whether through tighter legal drafting, more detailed warranties around compliance and pricing practices, or greater emphasis on evidence-backed earnings.

Sellers who cannot support their numbers with clear data are more likely to see this reflected in deal structure rather than headline price.

The CMA is unlikely to change the fundamentals of demand in the market, but it will reinforce the importance of transparency, governance and documentation.

For sellers, preparation now directly impacts outcome.

Well-run, well-evidenced businesses will continue to trade strongly, while those that are less organised will still transact, albeit with more friction, more scrutiny, and potentially different outcomes on value and structure.

To discuss the content of this article in more detail, email paul.graham@christie.com or call 07739 876 621.

The Competition and Markets Authority (CMA) opened its market study into private dentistry on 5 March 2026.

It is a 12-month review of an £8.4 billion market, with a final report due by March 2027.

Since then, the question we've consistently heard from both owners and buyers is: 'Does this change the value of my dental business, or the appetite to buy?'

In practical terms, no. However, there are some clear implications emerging that are worth understanding, particularly for anyone considering a transaction in the next 12 to 24 months.

Framing the market correctly

Firstly, it is important to frame the structure of the market correctly.

Dentistry is a weak target for dominance concerns. The top 10 operators control only around 18% of clinics, and the vast majority are still independently owned.

That level of fragmentation makes

it difficult for the CMA to argue that consolidation is materially distorting competition.

If you look at recent CMA work in adjacent sectors, the likely direction of travel is fairly predictable.

In both veterinary and funeral services, the outcome was not structural intervention, and there was no attempt to break up corporates or restrict scale.

Instead, the focus was on transparency such as clearer pricing, better disclosure of ownership, and more standardised information for consumers.

Offer volumes and deal timelines

Importantly, current CMA activity is not disrupting transactions, the market remains fully active and is trading with momentum.

Offer volumes across the first five months of 2026 are in line with the same period in 2025, while aggregate offer value is up materially (circa 43%).

This is a clear reflection of sustained buyer confidence, firmer pricing and a notable shift towards higher-quality, higher-value assets entering the market.

That said, there is one clear



Paul Graham

Paul Graham is a managing director – medical at Christie & Co.

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Part three – turning income into a system

Do you prioritise your money correctly, **Sameer Patel** questions



In the first two articles, we looked at financial intelligence from two angles.

First, we explored the foundations within the practice – clinical confidence, comprehensive care, communication, photography and the trust patients place in us as clinicians.

Then we looked outside the practice and considered what happens to the money once it is earned.

We discussed the dentist trap, the difference between income and wealth, the importance of an emergency fund, and why slow, steady investing through pensions and ISAs



Sameer Patel
Clinical director at Elleven Dental

is often more powerful than chasing short-term opportunities.

The next stage brings these two worlds together.

Dentistry can provide a strong income, but income alone does not create financial freedom.

What matters is how that income is structured, extracted, protected and directed over time.

We are trained to diagnose, plan and deliver dentistry in a structured way.

Yet many dentists have no equivalent structure for their finances.

Money comes in, money goes out, tax bills arrive, lifestyle increases and very little is left behind.

Many dentists do not have an income problem. They have a structure problem.

Revenue is not wealth

One of the most important distinctions to understand is that revenue, profit, cash and wealth are not the same thing.

Revenue is what the practice produces. Profit is what remains after costs.

Cash is what is available in the bank. Wealth is what is retained, invested and allowed to grow.

A dentist can have a busy diary, a successful-looking practice and a strong personal income, yet still feel financially under pressure.

From the outside, everything may look impressive. Behind the scenes, however, there may be limited savings, no proper investment plan and constant pressure to keep producing just to maintain that standard of living.

This is the dentist trap. It is living rich and being poor.

The trap rarely happens overnight. A better year becomes a better car, a stronger month becomes a more expensive holiday.

Every increase in earnings is absorbed by another commitment.

Eventually, the dentist is earning more, but has less freedom than expected.

Financial intelligence begins when money is given a job before lifestyle absorbs it.

Give every pound a purpose

Dentists understand sequencing. The same principle applies financially.

The first priority is tax provision. Tax should not feel like an emergency.

Whether you are an associate, principal or practice owner, money should be set aside regularly so future liabilities can be dealt with calmly.

The second priority is personal safety. Around six months of personal overheads held in accessible cash can make an enormous difference to how you feel day to day.

Its purpose is security, access and peace of mind.

The third priority, particularly for practice owners, is business resilience.

Equipment breaks, team members change, quiet months happen and unexpected costs appear.

A business with no reserve becomes reactive; a business with cash has choices.

The fourth priority is long-term investing. Slow, steady investing through pensions, ISAs and diversified long-term investments is usually far more effective than trying to predict the next trend.

The aim is to build the habit and allow time to do the heavy lifting.

The fifth priority is reinvestment into your clinical and professional growth.

This may include education, photography, mentoring, team training, technology and patient experience.

Done properly, this is strategic reinvestment into your future earning capacity.

Lifestyle comes after these foundations, not before them.

There is nothing wrong with enjoying success. The problem begins when lifestyle becomes the first allocation

rather than the final one.

Extracting income intelligently

For principals and incorporated dentists, how money is taken out of the business is just as important as how it is earned.

This may involve a mixture of salary, dividends, pension contributions and retained company profits.

The correct balance depends on individual circumstances, so a proactive accountant who understands dentistry is essential.

One important area to be aware of is the £100,000 income threshold.

In the UK, the standard Personal Allowance reduces by £1 for every £2 of adjusted net income above £100,000 and is lost completely once income reaches £125,140.

This creates an important planning zone for higher-earning dentists.

A FINANCIALLY INTELLIGENT DENTIST SHOULD NOT WAIT UNTIL THE TAX BILL ARRIVES TO FIND OUT WHETHER THE YEAR HAS GONE WELL

The answer is not simply to avoid earning more. The answer is to plan more intelligently.

Pension contributions, dividend timing, retained profits and investment strategy may all be relevant.

These decisions should always be made with professional advice, but the key point is simple – income extraction should be planned, not improvised.

Associates should not ignore this principle.

Even if your income structure is simpler, the discipline is the same.

You can still set aside tax, build an emergency fund, use pensions and ISAs, reinvest in your clinical development and prevent lifestyle from increasing faster than wealth.

Build a financial rhythm

Most dentists have clinical systems yet many have no rhythm for reviewing money.

A financially intelligent dentist should not wait until the tax bill arrives to find out whether the year has gone well.

Each month, ask whether money has gone where it was meant to go.

Has tax been set aside? Have investment contributions been made?

Before the end of the tax year, speak to your accountant and financial adviser, while planning is still possible.

Once a year, step back and ask – is my financial life becoming simpler and stronger, or more complicated and stressful?

That question matters because financial intelligence is not only numerical. It is behavioural.

Stability changes how you show up

Financial pressure changes clinicians.

When you need every treatment plan to be accepted, patients can feel it.

You may over-explain, discount too quickly. You may become emotionally attached to the answer and feel disappointed when a patient says no.

Patients rarely want to feel sold to. They want to feel led by someone calm and trustworthy.

When your financial foundations are stronger, your nervous system changes, your neurochemistry is calmer.

You can diagnose clearly and communicate without desperation attached to the outcome.

This is where financial stability becomes clinical strength.

The irony is that once you no longer need every patient to say yes, more patients often feel safe enough to say yes.

Calm authority improves communication, which results in improved trust, engagement and treatment acceptance.

Bringing it together

The goal of financial intelligence is not to look wealthy, chase every investment trend or maximise every tax angle at the expense of simplicity.

The goal is to create options – to practise the dentistry you enjoy, take time off without panic, invest in your skills and your team, support your family and make decisions from confidence rather than pressure.

Dentistry gives us the ability to earn well.

Financial intelligence gives us the ability to turn that earning power into stability, freedom and peace of mind.

Protecting a future you cannot see

In this final instalment of a three-part series, **Minesh Patel** breaks down the hidden legal and lifestyle risks that can quietly undermine long-term financial autonomy in dentistry



In part one, we addressed financial foundations; tax reserves, compliance and financial protections.

In part two, we examined advanced tax mechanics and increasing income retention; the £100,000 threshold, student loans, pension relief and the nuances to incorporation.

This final instalment confronts the risks that most dentists and dental care professional (DCP) do not see coming, and these do not arise from poor Individual Savings Account (ISA) or Self-Invested Personal Pension (SIPP) investment choices.

Instead they stem from risks such as unplanned incapacity, premature death, gradual lifestyle inflation and inadequate legal and estate planning.

The legal blind spot of capacity and control

Financial safeguarding extends beyond income and taxation.



Dr Minesh Patel

Dr Minesh Patel is an associate dental practitioner with a focus on financial literacy for dental professionals.

Many professionals either do not give it a second thought or operate under the assumption that family can act on their behalf.

This assumption is common, dangerously optimistic, and legally incorrect.

The solution is both simple and crucial; a Lasting Power of Attorney (LPA).

In England and Wales, if you lose mental capacity due to illness, stroke, accident or progressive conditions such as dementia:

- Spouses, partners and family cannot automatically act on your behalf
- Access to bank accounts, and investments may be legally blocked
- Business continuity can be disrupted and practice finances halted; affecting associates, DCPs, staff, and patient care.

An LPA allows an attorney ie a trusted individual(s) to act on your behalf if capacity is lost. There are two types:

1. Property and financial affairs LPA – covering bank accounts,

investments, bills, property and business interests

2. Health and welfare LPA – covering decisions relating to medical treatment and care.

Without an LPA, your family cannot automatically act for you. They must apply to the Court of Protection specifically.

Family members may be unable to access funds, pay bills or even make routine enquiries to service providers during this time.

For practice owners, the absence of an LPA can have immediate operational consequences; delayed staff payments, stock shortages, revenue disruption and disruptions to patient care. Like a ship without a captain, a practice without leadership can quickly drift into difficulty.

Legal safeguards are not expressions of pessimism; they are instruments that provide clarity, protection, and control.

Wills and the reality of statutory distribution rules

A Will determines how your assets are distributed after death, who looks after your children (under 18s), and who manages your estate (executors).

Many assume that family members 'sort things out'; an assumption that is inaccurate. This process can also result in lifetime family disputes leaving an unintended legacy behind.

Intestacy rules are rigid and do not account for personal nuance. Drafting a clear Will ensures:

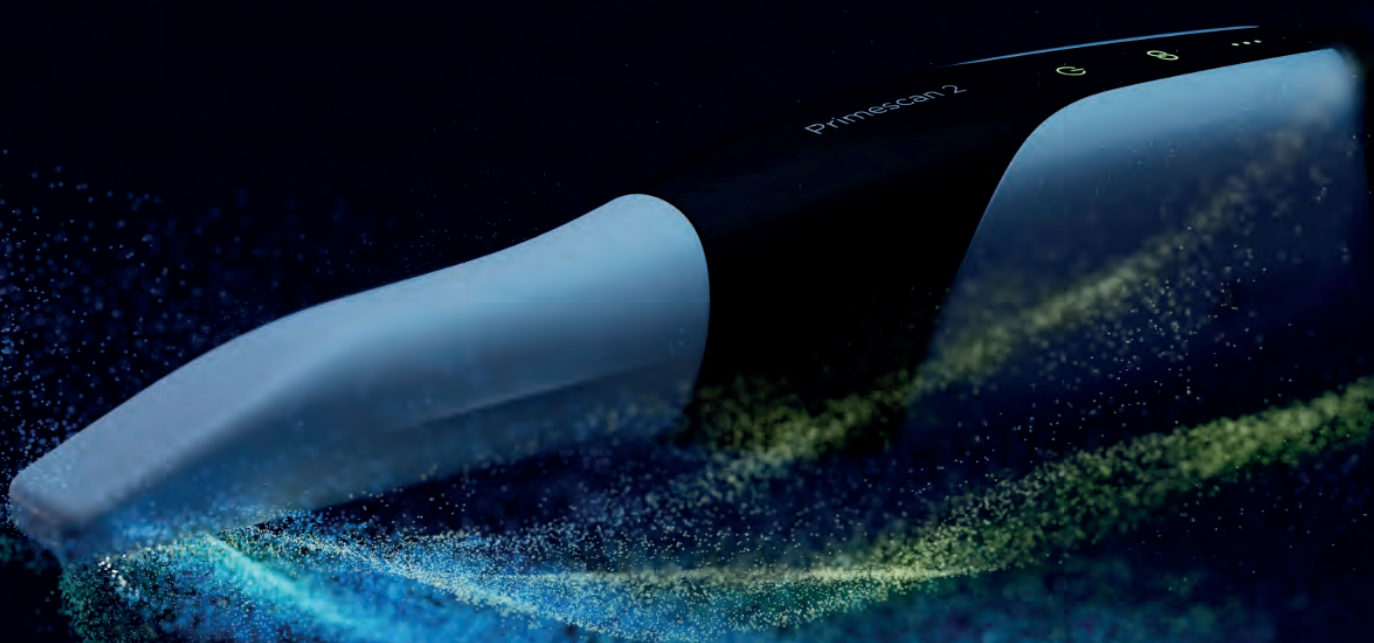
- Control over asset distribution and decision-making authority
- Appointment of trusted executors and guardians



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- Avoidance of prolonged legal processes and disputes.

For practice owners, the absence of a Will introduces further complexity. Business shares may transfer in ways that disrupt continuity.

Planning ahead for life’s uncertainties

In an era of increasing life expectancy, estate planning is no longer something that can be left to chance.

The greatest risk is often not complexity, but inaction. Without formal legal arrangements in place, decisions do not fall to you but to the state and the courts;

- The court decides who manages your affairs
- The state decides who inherits
- Your family carries the prolonged stress, delays, and financial burden.

A common pattern emerges: assumptions replace verification, paperwork is postponed, and the rigidity of UK law is underestimated.

Proactive individuals anticipate risk and act early.

Reactive counterparts, by contrast respond only once events have already occurred.

Lifestyle inflation as a silent constraint

Financial risk does not arise solely from catastrophic events.

More often, it develops in a far less obvious way; through the gradual expansion of fixed costs and lifestyle inflation. As income increases, expectations naturally adjust.

Larger mortgages, higher rent, premium vehicles. Each step appears reasonable in isolation.

Collectively, however, these commitments reduce financial flexibility.

A clinician may wish to reduce sessions or change direction, only to discover that fixed costs anchor them to workloads they no longer enjoy.

This phenomenon, commonly referred to as lifestyle inflation or lifestyle creep, can lead to ‘golden handcuffs’; the inability to reduce clinical hours without experiencing financial strain.

The antidote lies in disciplined spending, early investing, and prioritising long-term independence over short-term status.

Depreciating assets satisfy present consumption; purchase of appreciating assets create future opportunity.

Dying intestate, or without a Will, triggers statutory distribution rules. Assets may not be distributed as you expect:

- Executors are appointed by the courts rather than chosen by you
- Unmarried partners or those not in a civil partnership will receive nothing
- Stepchildren are excluded
- Marriage or remarriage revokes a previous Will in England and Wales; your new spouse inherits most or all of your assets under intestacy laws, leaving any of your children from a previous partner with nothing.

The annual financial examination

Modern dental careers are rarely linear. NHS commitments may gradually reduce while private income increases.

Associates may become equity holders within a practice, and DCPs may progress into lead clinical or managerial roles. Each transition subtly alters cash-flow, tax exposure, and lifestyle dynamics.

Dentistry is grounded in prevention. Patients are routinely advised to attend recall appointments every six to 12 months in order to identify problems before complications arise.

Personal finances require the same structured approach.

At regular intervals, dental professionals should conduct a structured financial review, examining:

- Tax reserves and projected liabilities
- Pension contribution levels and tax efficiency
- Protection policies
- Estate planning documents, including Wills and Lasting Powers of Attorney
- Cash-flow and expenditure patterns
- Emergency fund reserves
- Signs of emerging lifestyle creep.

Financial oversight should be planned and scheduled, not reactive.

Setting aside one dedicated financial review day each year, and treating it as non-negotiable creates a simple discipline that will pay dividends.

Consolidating the lessons

Regular financial review may not feel

urgent early in a career.

Yet, much like periodontal disease, which progresses silently without monitoring and intervention, financial inefficiencies can accumulate unnoticed.

Across this three-part series; from pensions to protection planning, a consistent pattern emerges.

When issues arose, assumptions had replaced verification, paperwork and advice were deferred, and financial structures remained unreviewed.

In many adverse scenarios, warning signs were present, but overlooked.

Several practical lessons follow:

- Strong foundations matter; income alone does not create wealth
- Headline earnings can obscure true net income
- Responsibility for financial efficiency ultimately rests with the individual
- Protecting income for both yourself and your immediate family; insurances are foundational and should not be regarded as optional.
- Structures and lifestyle determine long-term independence
- Legal safeguards preserve your intentions when you cannot act.

The systems governing finance are rule-based. The legal system operates on documentation, not intention. HMRC operates on legislation, not assumption. Insurers operate on policy wording, not discretion.

Professional freedom

Dentistry offers exceptional earning potential and a high degree of professional autonomy. Yet autonomy within the surgery means little without financial independence beyond it.

Crisis-driven decision making, whether in dentistry or finance is rarely optimal.

Effective financial management is not merely about accumulating wealth alone. Rather, it is about preserving the ability to choose your clinical hours, your working environment, and ultimately when you step away from the chair, on your own terms.

That is the essence of genuine financial freedom.

Income is the tool, not the goal.

Disclaimer: This article is intended for general educational purposes only and does not constitute personalised financial, legal, or tax advice. Individual circumstances vary, and readers should seek professional advice before making or implementing financial decisions.

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The Glaze Revolution: how Nu:le Coat is changing restorations

Abbey Dental Supplies explains why Nu:le Coat is causing a glaze revolution

In the pursuit of the perfect restoration, the finishing stage has long been the most labour-intensive – and the most underestimated.

Extensive hours of meticulous pre-polishing and polishing can be done by a single clinical adjustment, or the patient's oral habits.

A new generation of dental glazing material is challenging that reality, and at the forefront of that shift is **Nu:le Coat**, the Japanese stain and glaze system now available to UK practitioners and dental laboratories through Abbey Dental Supplies.

From the bench to the chair

Developed by YAMAKIN Co., Ltd. and backed by a team of eleven PhD-level researchers spanning engineering, dentistry, medicine, and pharmaceutical science, Nu:le Coat was designed to address the most persistent frustrations in crown finishing: discolouration after curing, crack formation from curing strain, and the relentless erosion of surface gloss over time.

The results are compelling. Nu:le Coat Liquid Clear achieves a pencil hardness of 9H after light curing – comparable to Mohs hardness 5, harder than a knife blade.

In toothbrush abrasion testing conducted to ISO 14569-1 standards across 50,000 cycles (equivalent to approximately seven years of twice-daily brushing), the glazed surface maintained both gloss and surface smoothness equal to or better than a



mirror polished finish.

Surface roughness remained below 0.1 μm throughout – well under the 0.2 μm threshold at which plaque adhesion is known to accelerate significantly.

Precision without compromise

One of the most clinically significant features is Nu:le Coat's exceptionally low curing strain.

Where conventional glazing materials can produce strain of approximately 0.7 mm – enough to cause visible cracking and surface lifting, particularly in deep pits and fissures – Nu:le Coat reduces that figure to under 0.1 mm.

The difference under microscopy is striking: the reference material showed clear crack formation; Nu:le Coat showed none.

The low-viscosity Liquid formulation applies in layers of just 5 μm , thin enough to have no meaningful effect on crown fit or contact points.

The Gel variant offers 20–50 μm layers where additional thickness is clinically desirable – for example, to adjust interproximal contact in cases where a slight gap remains after seating.

A full colour system for lifelike results

Beyond its protective properties,

Nu:le Coat offers a colour range that enables genuine characterisation.

Fifteen standard shades – including White, Grey, Brown, Yellow, Orange, Blue, and a dedicated Gum line – can be freely mixed or diluted with liquid clear, or thickened by brief evaporation on a mixing pad to control viscosity and application.

The Shade Plus range (A, B, C, D) allows a single applied layer to shift a crown by a full VITA shade – a capability that significantly expands the aesthetic options available to both laboratory technicians and chairside clinicians.

Beyond the crown

Nu:le Coat also functions as a pre-treatment bonding agent for PEEK frameworks.

Applied in two layers of Liquid Clear – or a single layer of the 1:1 Clear/Gel mixture – it measurably increases shear bond strength for resin build-up, extending the product's utility well beyond glazing alone.

Nu:le Coat is supplied as individual shades or as a complete set through Abbey Dental Supplies.

Orders can be placed online at abbeydentalsupplies.com, by phone on 020 8683 4528, by email at sales@abbeydentalsupplies.com, or via WhatsApp on +44 (0)7586 208031.

Why now could be the time to expand in the UK

Tom Morley shares an overview of the current private dental market and key advice if you're considering growing your practice portfolio

The UK dental landscape has undergone significant transformation in recent years, with a growing presence of smaller groups actively acquiring practices.

For many clinicians and investors, this shift has created a compelling window of opportunity.

Favourable market dynamics

One of the key drivers behind this opportunity is sustained patient demand for private dentistry.

Ongoing constraints in NHS access have encouraged more patients to seek private care.

As a result, practices with strong private revenue streams, or the potential to transition further away from NHS dependence, are becoming increasingly attractive to buyers.

At the same time, an ageing cohort of practice owners are approaching retirement, bringing a steady pipeline of acquisition opportunities to market.

This provides prospective buyers with a wider choice of established practices, many of which benefit from loyal patient bases and stable income.

Financing conditions also remain supportive. While interest rates have fluctuated, specialist lenders continue to demonstrate a strong appetite for funding dental acquisitions.

This continued access to funding is crucial in enabling expansion.

The benefits of scaling

As operators move from single-site

ownership to multi-practice portfolios, the advantages of scale become increasingly clear.

Larger portfolios can deliver cost efficiencies through procurement savings on materials, laboratory fees and equipment, as well as through centralised administrative functions.

Marketing can also be more effectively managed at scale, reducing the cost of patient acquisition across multiple sites.

With scale also comes stronger negotiating power, as multi-site operators are typically better positioned to secure favourable terms.

This increased leverage can have a meaningful and lasting impact on profitability.

Another key advantage is risk diversification.

Owning multiple practices allows operators to spread risk, ensuring that a temporary dip in performance at one site can be offset by stronger trading elsewhere.

Larger groups also often tend to command higher valuation multiples due to reduced reliance on any single clinician or location.

Additionally, larger portfolios can be more attractive to clinicians and support staff, as they typically offer clearer career progression opportunities, access to internal training and development, and a greater sense of job security.

Advice for expanding your portfolio

For those considering growth, preparation is critical, as the most successful buyers approach expansion with a clear strategy and strong operational foundations.



First and foremost, it is essential to define your growth strategy.

This means being clear on your objectives – whether that is geographic expansion, focusing on fully private practices or maintaining a mixed/NHS element, or building a group with a view to future exit versus long-term income.

Equally important is financial readiness. Ensure that your existing practice or practices are performing strongly.

Building the right advisory team is another critical step. Expansion typically requires specialist expertise across accountancy, legal support, and financial brokerage.

Advisers with experience in dental transactions can help mitigate risk, streamline the process, and ensure that deals progress efficiently.

Finally, thorough due diligence is essential, as every practice presents its own nuances, and it is important to look beyond headline financials.

Thinking of expanding?

For a confidential chat about your business options, get in touch with Tom Morley: tom.morley@christie.com or 07540 063 172.



Tom Morley
Associate director – dental at
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Beyond the staff room fruit bowl

Zoe Close outlines how dental practices can move past token gestures and use a structured wellbeing audit to tackle the true root causes of workplace stress



Free fruit in the staff room might seem like a good thing, but, on its own, it's hardly enough to constitute comprehensive support for staff wellbeing. Although it's positive, it will take more than that to address the root causes of stress in a busy dental practice.

When teams are juggling so much, wellbeing needs more substance than token gestures.

Why 'token wellbeing' is not enough

In many practices, wellbeing efforts come from a good place, but they don't always solve the real issues.

A fruit bowl or a one-off initiative might feel positive, but it does nothing to address a packed diary or missed breaks. The real strain is in the day itself.

Unless that pressure is tackled, stress risks becoming normal and people simply push through. Over time, small issues turn into sick days. Real support is about improving the day-to-day experience of work.

At Practice Plan, we take a more rounded approach. Alongside small benefits, we provide access to counselling, physiotherapy and private General Practitioner appointments through our Employee Assistance Programme.

We also have trained mental health first aiders and colleagues who organise social activities. As part of our Corporate Social Responsibility commitment, employees are given two additional days to undertake volunteer work.

While we're larger than many practices, the principle of caring about staff wellbeing still stands.

Carry out a wellbeing audit

Practices need to look beyond quick fixes and ask a more fundamental question: what is it like to work here? This is where a wellbeing audit can turn good intentions into practical support that reduces pressure.

A wellbeing audit is simply a way of stepping back and looking at what's really happening. It doesn't need to be complex.

Fundamentally, it's about listening properly and identifying pressure points.

Most practices lack insight rather than good intentions. Without this, it's easy to miss the small, everyday stress points that build over time.

A wellbeing audit provides clarity by highlighting what's working, what isn't and where small, practical changes could make a genuine difference.

The elements of an effective wellbeing audit

A wellbeing audit should focus on four key areas that shape the reality of the working day:

✓ Workload and workflow

Start with the basics. Are diaries realistic? Where do delays occur? Even small adjustments to scheduling or turnaround times can ease pressure significantly

✓ Culture and communication

Can your team speak openly without worrying about the response? If concerns are ignored or never raised, stress builds quietly. Regular anonymous feedback, followed by visible action, helps create trust

✓ Support systems

What happens when someone is struggling? Whether through informal check-ins or signposting to external help, people need to know support is accessible

✓ Leadership and training

Leaders set the tone. When they prioritise breaks, set boundaries and recognise early signs of burnout, it gives others permission to do the same.

Practice Plan has been welcoming practices into the family since 1995, helping them to grow profitable businesses through the introduction of practice-branded membership plans.

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Zoe Close
Head of sales at Practice Plan

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A quick guide to the duty of candour

If something goes wrong, the most important thing is how you respond, explains **Leo Briggs**



Most patients accept that mistakes can happen but they won't forgive any attempt to cover them up. The duty of candour is key to retaining their trust.

The ethical duty of candour

The GDC says dental professionals have a duty of candour 'when something goes wrong which causes, or has the potential to cause, harm or distress.' (GDC, 2019)

It expects Professional Conduct Committees to 'take very seriously a finding that a dental professional took deliberate steps to avoid being candid with a patient or to prevent someone else from being so.'

The legal duty of candour

Alongside this individual duty is a legal duty of candour about 'notifiable patient safety incidents', which applies to NHS and private dental practices

in England and Scotland and to practices providing NHS services in Wales (Northern Ireland plans similar legislation).

This requires practices to notify patients about patient safety incidents that meet the relevant threshold.

For example, in England, this is something unintended or unexpected which already has, or might lead to death, severe or moderate harm.

There is specific guidance about the legal duty of candour threshold and process for England, Scotland and Wales.

General principles

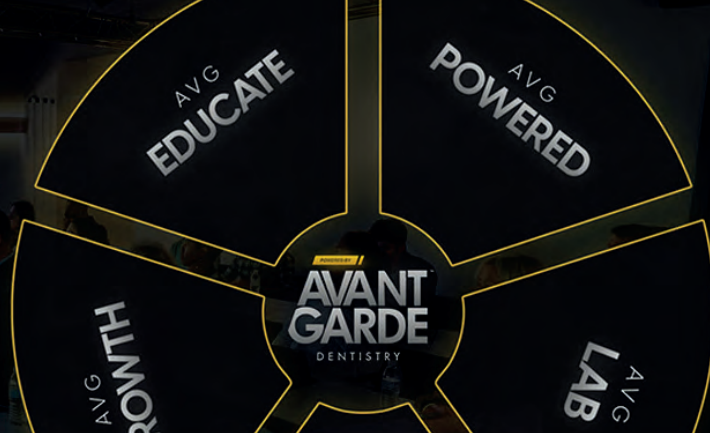
1. Foster an open practice culture: ensure the duty of candour is embedded within the practice and everyone cooperates. Have a clear practice process that includes immediate actions, the process for reporting and investigating and the relevant legal threshold for notifying incidents. This should also be

covered in inductions and training

2. It's better to be honest: it's usually a good idea to be upfront with patients about issues as soon as reasonably practical, even if they don't meet the threshold. However, do seek advice from your dental defence organisation if you're unsure how to proceed
3. Explain what happened: provide a full explanation of what is known at the time, what happens next and the outcome of further enquiries. The treating clinician is usually best placed to represent the practice
4. Say sorry: a sincere apology is the right thing to do and can help avoid a complaint. It isn't an admission of legal liability
5. Support patients: give them time to ask questions and access to appropriate support or a suitable remedy. Ensure you have their contact details
6. Keep records: follow up discussions in writing, including details of further enquiries and outcomes. This is a legal requirement under the duty of candour but it's sensible in any case. Keep copies of all correspondence for reference
7. Learn from errors: patients will be reassured to know incidents have been investigated and lessons learned. It's about trying to identify areas that need attention such as better systems, training or equipment, along with a plan to change.



Leo Briggs
Deputy head of the DDU



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Lessons for dentistry – more than a daily grind

We speak to Harry Williams about Vutie Beets, a local coffee shop in Hertfordshire, and what lessons we can take and implement into dentistry



Could you introduce yourself and give us some background on your business?

My name is Harry

Williams. Seven years ago I was working in the defence industry but my passion was food and drink.

I had a food truck at Huntington race course at the weekend and was meal prepping for people in the week.

I actually met my now business partner because I did all of his lunch and dinner seven days a week whilst also working full time.

I was at the point in my life where I either bought a house or opened a business.

Vutie Beets had just been put up for sale and so I decided to just go for it.

I jokingly asked Paul, my now business partner, if he wanted to go 50/50 and to my surprise he said yes.

We reopened November 2019 and the business was actually doing far worse than we thought. Some days we wouldn't even make £50.



Harry Williams
Co-owner of Vutie Beets

I LEARNED THAT KEEPING THE BUSINESS LEAN WAS SO IMPORTANT. WE COULD TAKE LESS TURNOVER AND GENERATE MORE PROFIT AND WORK LESS HOURS

Early March 2020 Covid was starting to ramp up and nobody was coming to the shop.

We took the decision to shut the shop before the mandate and put out a post saying we would be doing next-day deliveries of groceries using our local fruit and veg supplier and bread supplier.

This service just blew up. And by peak Covid we had two vans going out daily and over 300 products on our online store.

When the time came to finally reopen the cafe everyone knew of us and the business went from strength to strength.

During this time my love for coffee also flourished. In late 2022 we decided to take on the building next to us and launched Level Ground Co our in house coffee roastery.

In your industry, how do you differentiate your business from the competition, and what is your process for identifying what your customers actually value?

Our cafe is plant based, which is an instant differentiator. However, we don't promote that fact too much as 'vegan' carries a lot of negative connotations.

We also roast our coffee in house and are the only roastery in the local area. This brings a lot of people through the doors.

We just focus on the best possible bakes made in house and the best possible coffee roasted weekly.

As a leader, what is your strategy for maintaining profitability during tough economic cycles without compromising on the quality of your product or service?

Hospitality has been hit hard with the rise of cost of living but also the cost of doing business.

We have a raft of turnover taxes that make business particularly difficult. Business rate increases, NI increases, minimum wage rises, green energy levy, fuel duty, VAT and the issue that most of our ingredients are zero rated so there is no VAT to reclaim.

We recently had to restructure the cafe side of our business to reduce our menu offering and to focus more on our baked goods.

We had to massively reduce our wage bill and focus more on smaller

BEST PRACTICE

food items that, when taken and consumed away from the cafe, are zero rated.

Everything we have been doing is to try and maximise the amount of zero rated items we sell to reduce our VAT bill each quarter.

Retail coffee bags have been a game changer for this as they are zero rated.

What is your philosophy on recruitment and retention?

It's difficult. When hiring we are looking for people who fit our core values and seem like they will get on well with the current team.

We have a cafe 10-year plan, three-year plan and a one-year plan that we explain to all new employees so that they understand what we are trying to do with the cafe and know the bigger picture.

We have also always tried to pay above minimum wage to attract better staff. Although this is getting increasingly difficult to do.

You will also always get people who aren't the right fit and it's important to let those people go fast.

A quote I always think about when hiring is 'psychology is more contagious than the flu' – one bad attitude will pull the whole team down.

How do you balance the day-to-day technical demands of your business with the high-level strategic thinking required to grow it?

As part of our brand document we have an accountability chart instead of an org chart.

This defines who is accountable for



what within the business and gives team members the information they need to understand who they need to talk to if they have an issue.

We also have a cafe manual and the manager is only allowed to ask a question once.

Once it's been asked it should be recorded in the manual so that they can look back on it when they need the answer again in the future.

It is always difficult not getting sucked into the day to day running and focus on the bigger picture.

Can you tell us about a significant mistake or setback you encountered in your business journey, and more importantly, what was the specific lesson you learned that changed how you operate today?

Two years ago we tried to open a second location with a prep kitchen and start a mobile coffee truck alongside our roastery and main cafe.

I ended up spreading myself too thin and working all hours.

As a result every part of the business suffered and we were losing money.

We had to make the decision to shut the second location and shrink the business back down.

Instead we focused on streamlining our cafe and pushing the roastery, which has better margins.

I learned that keeping the business lean was so important. We could take less turnover and generate more profit and work less hours.

I also learned the importance of running numbers every week.

We now run a profit and loss every Monday and make decisions based on



the real data instead of going on feel.

How do you decide when to invest in new, expensive innovation and when to stick to the tried-and-tested methods that you know work for your customers?

In hospitality the main areas of innovation have been around reducing overheads and customer interaction so we haven't invested much in any of this.

One of our main USPs is the customer experience and we wouldn't want to impact that.

We have invested in the till system to ensure it's as smooth as possible and also an app for our loyalty scheme.

The only other area we have invested heavily in technology has been our coffee setup.

We are all about looking for ways to improve the consistency of our espresso shots. So we have invested in auto weighing coffee grinders and auto tampers to get that consistency.

There is a fine line between removing the skill of a good barista though and improving consistency.

If you could sit down with a room full of aspiring business owners today, what is the one piece of advice you would give them to ensure they stay successful for the long haul?

Run your numbers weekly. Don't get caught up with turnover, focus on net profit.

Know your business inside out, what areas generate the most profit and where to focus your energy.

Don't waste time on areas that aren't generating you profit.



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Overcoming the clinical strain

Very often, small adjustments in positioning, workflow and equipment use can make a remarkable difference when practised consistently over time, says **Devisha Patel**

Posture checklist:

1. Optimise your equipment
2. Adjust your surgery workflow
3. Build micro-recovery habits
4. Shift to a preventive mindset

Dentistry requires an extraordinary level of precision and concentration, which frequently

means clinicians spend hours leaning forward, rotating the neck, elevating the shoulders, or working with unsupported posture for extended periods of time.

Over time, this can lead to chronic musculoskeletal strain, particularly affecting the neck, shoulders, lower back and wrists.

What is concerning is that many clinicians begin to normalise physical discomfort as simply 'part of the profession', when in reality it can have a profound impact on both personal wellbeing and career longevity.

Dentistry is also highly repetitive by nature.

Small ergonomic inefficiencies, such as poorly balanced equipment, inadequate positioning or repeated fine motor movements, may seem insignificant in isolation, but compounded over years of clinical practice they can become incredibly detrimental.



Additionally, the psychological aspect is often overlooked.

Clinicians are working under intense levels of focus and responsibility for much of the day, often moving quickly from one patient to the next with very little opportunity to reset physically.

Fatigue builds cumulatively, and when ergonomics are poor, that mental and physical load becomes even greater.

‘CLINICIAN WELLBEING SHOULD BE VIEWED AS AN ESSENTIAL FOUNDATION OF EXCELLENT DENTISTRY, NOT AN AFTERTHOUGHT’

For me, clinician wellbeing should be viewed as an essential foundation of excellent dentistry, not an afterthought.

If we want clinicians to continue delivering exceptional patient care throughout long and fulfilling careers, we must prioritise the health, comfort

and longevity of the clinician as much as the outcome for the patient.

Working practices to support healthy posture

Awareness around ergonomics and clinician wellbeing has improved in recent years.

There is much more conversation now around posture, magnification, workflow, equipment design and the long-term physical demands of dentistry than there was even a decade ago.

That said, many clinical working environments are not fully optimised to support clinician health and longevity.

Dentistry remains a profession where physical strain is extremely common, and many clinicians continue to work through discomfort on a daily basis.

Often, the focus within a practice is centred around efficiency, productivity and patient flow, but ergonomics can sometimes become secondary.

Small compromises in positioning, equipment layout or operator posture



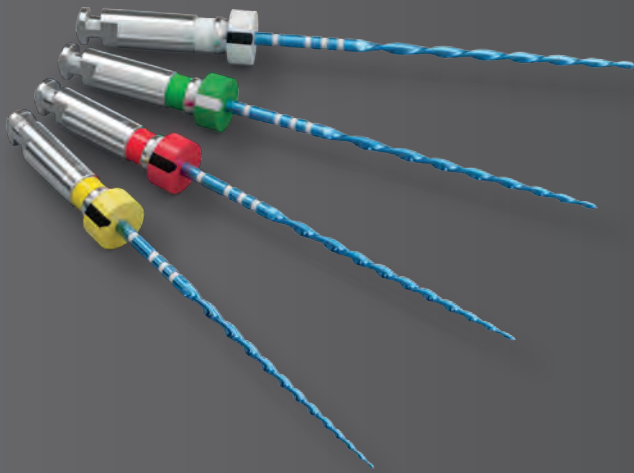
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and microscopes that keep the neck upright.

repeated consistently throughout the day can have a significant cumulative impact over time.

The design of dental equipment also plays a huge role.

Well-balanced, lightweight and ergonomically designed instruments can make an enormous difference to reducing strain on the wrists, shoulders and upper body, particularly during longer or more intricate procedures.

Likewise, the layout of the surgery, patient positioning and the integration of four-handed dentistry are all essential in supporting healthier working postures.

There needs to be greater emphasis on prevention rather than reaction.

Too often, clinicians only begin addressing ergonomics once pain or injury develops, rather than embedding healthy working practices from the outset of their careers.

Ultimately, supporting clinician wellbeing should be viewed as an investment, not only in the individual practitioner, but in the quality and sustainability of patient care.

A healthy clinician is far better positioned to provide consistent, focused and high-quality treatment over the long term.

A physically demanding career

One of the biggest contributors to physical fatigue in dentistry is the sustained precision the profession demands.

Clinicians are working within an extremely small operating field for much of the day, often maintaining intense visual focus whilst carrying out highly controlled, repetitive movements for prolonged periods of time.

That combination of concentration and fine motor activity places significant strain on the body, particularly through the neck, shoulders, wrists and upper back.

Even subtle positioning habits can become physically taxing when repeated consistently throughout a busy clinical schedule, such as:

- Leaning slightly forward or slouching
- Elevating the shoulders unnecessarily
- Twisting repeatedly to improve field visibility.

Repetitive hand and wrist movements are especially important to acknowledge.

Dentistry requires incredible dexterity, and clinicians may perform the same highly refined movements hundreds of times each day.

Without well-designed equipment and ergonomic support, that repetition can contribute to fatigue, tension and longer-term musculoskeletal problems over time.

The pace of modern clinical dentistry also plays a major role.

Many clinicians move rapidly from one patient to the next with little opportunity to reset posture, stretch or recover physically between procedures.

As a result, fatigue is not simply linked to one demanding treatment, but to the accumulation of physical

and mental load throughout the entire day.

Dentistry is both intellectually and physically demanding, and there is growing recognition within the profession that protecting the health of the clinician is essential to sustaining both performance and enjoyment of practice long term.

Improvements to positively impact wellbeing

One of the most impactful changes would be a continued shift in mindset within the profession, recognising that clinician wellbeing is fundamental to sustainable, high-quality dentistry, rather than something secondary to clinical performance.

For many years, there has been an underlying culture within healthcare of simply working through discomfort and fatigue.

Encouraging more open dialogue around ergonomics, musculoskeletal health and career longevity is incredibly important, particularly as younger generations of clinicians are becoming far more aware of the importance of protecting their physical wellbeing from the outset.

Education also plays a vital role. Ergonomics and clinician health should be embedded far earlier within dental training and continuously reinforced throughout professional development.

Very often, small adjustments in positioning, workflow and equipment use can make a remarkable difference when practised consistently over time.

In addition, there needs to be greater recognition of the importance of recovery within the working day itself.

Dentistry is both physically and mentally demanding and creating schedules and workflows that allow clinicians brief opportunities to reset, stretch and recover can have a meaningful impact on long-term wellbeing and performance.

More broadly, supporting the health of clinicians benefits the entire profession.

When dental professionals can work comfortably, efficiently and sustainably, it not only enhances their own wellbeing and career satisfaction but also supports a consistently high standard of patient care over many years of practice.



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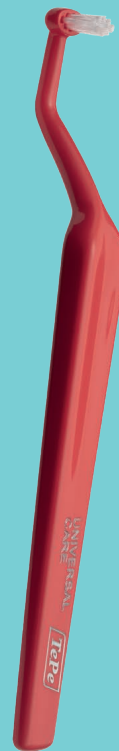
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The loneliest role in the practice?

Practice managers are often the people holding everything together behind the scenes. But who supports them, questions **Guy Hiscott**

‘It’s actually quite a lonely job’. That comment came up during a recent breakfast discussion between practice managers hosted by Association of Dental Administrators and Managers (ADAM) and Dentistry Practice Services, and judging by the reaction around the room, it clearly resonated.

For all the conversations happening within dentistry around recruitment, compliance, patient care and business performance, there are still very few honest conversations about the emotional pressure that can come with being a practice manager.

Because while the role can be incredibly rewarding, it can also feel relentless.

Practice managers often sit at the centre of everything. Supporting clinicians, nurses, reception teams. Managing rotas, staffing issues, complaints, all while trying to keep the day moving.

One attendee described the role as ‘becoming everyone’s sponge’. Another talked about answering calls late into the evening and waking up already thinking about staffing issues before the day had even started.

Patients may never realise the amount of organisation happening behind the scenes to keep a practice functioning smoothly.

Teams may not always recognise the emotional load that practice managers carry either.

Honest conversations about reality

What stood out most during the



Guy Hiscott
FMC content director

discussion, however, was the relief people felt simply being able to talk openly with others who understood.

There was no corporate language or polished leadership talk in the room. No pretending everything was under control. Just honest conversations.

Challenges discussed felt familiar across every practice:

- Difficult staffing conversations
- Burnout and delegation struggles
- Feeling personally responsible for everyone
- Trying to support teams while still protecting your own wellbeing.

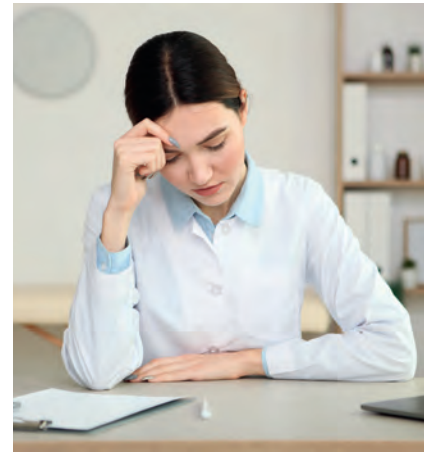
And perhaps most importantly, the sense that many practice managers are navigating these pressures quietly.

‘ONE ATTENDEE DESCRIBED THE ROLE AS “BECOMING EVERYONE’S SPONGE”’

The power of peer support

That is one of the reasons why peer support matters so much within dentistry.

Having the opportunity to step back from the day-to-day running of a practice and hear ‘we’re dealing with that too’ can be incredibly powerful. Sometimes people are not necessarily looking for a perfect solution. They simply want reassurance that they are not failing.



At Dentistry Practice Services and ADAM, these conversations reinforced just how important it is to create more spaces where practice managers feel heard, supported and connected.

Support is not always about adding more processes or more pressure. Sometimes it is about helping practices create more structure, clearer communication and stronger operational support around the people carrying so much responsibility every day.

Because while practice managers spend much of their time supporting everybody else, they need support too.

Want clearer support around compliance, HR and day-to-day practice operations?

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New A-dec solutions help dental practices do more

A-dec talks through its latest launches and how they can help dentists' with their workflow



For dental practices, growth isn't simply about adding more equipment: it's about making every treatment room more efficient, helping dental practitioners feel confident with advanced procedures and giving dental teams technology that supports the way they care for patients.

A-dec's latest products are designed to do just that – bringing together connected workflows, surgical support and dependable equipment choices that can help practices expand their potential without adding complexity.

A-dec 500 Pro and A-dec 300 Pro deliveries now support Dentsply Sirona's Midwest Motors integration, bringing apex location, file libraries and implantology into the A-dec experience.

Rather than relying on multiple countertop devices, dental teams can work through one system, one intuitive touchscreen and one foot control.

A-dec+ connectivity keeps files

and libraries continually up to date, while customised workflows can sync between treatment rooms.

If you're moving between rooms or standardising care across the practice, that consistency can make a real difference.

For A-dec 300 Pro users, the new Dynamic Screen DS5 is an intuitive, easy-to-view five-inch touchscreen with tools designed for busy clinical days, including procedural timers, chair position icons and on-screen messaging.

Customised settings follow dentists to every A-dec 300 Pro delivery in the practice and automatic A-dec+ integration eliminates the need for a gateway device.

The A-dec+ mobile app is becoming more personal and useful for the entire team as well.

The latest update, available through the App Store and Google Play, replaces general clinic accounts with individual user accounts, helping ensure the right person receives the right information, features and permissions.

Each account also acts as a user profile for Multi-User and A-dec+ Intercom features.

Simplicity, comfort and reliability

For practices offering IV sedation, the A-dec IV Armboard supports smoother setup and patient positioning.

Its universal base fits all current A-dec dental chairs and attaches securely to either side without bulky add-ons or chair modifications.

A-dec is also launching a high-performance surgical light for advanced surgical procedures and general dentistry.

With superior shadow control, colour accuracy, optimised light patterns and up to 110,000 lux of bright, natural illumination, it helps dentists see clearly when precision matters most.

Completing the launch is Performer Evo, a smart, cost-effective package that includes the dental chair, LED light, dentist stool, and assistant stool.

Built for simplicity, comfort and reliability, the Performer Evo chair features an ultra-thin backrest for access to the oral cavity, while the LED light adds touchless operation and cure-safe mode.

Paired with the A-dec 300 delivery system, the Radius design easily switches sides to support right- and left-handed users in just seconds.

Engineered for minimal maintenance and long-term durability, the Performer Evo chair and stools, and A-dec 300 delivery, are backed with a 10-year warranty.

The new launches all focus on one thing: practices shouldn't have to choose between advanced capability and everyday ease. A-dec provides solutions that support the dentist, the team, the patient – and the future of the practice.

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IN THE HOT SEAT

Aneka Khaira talks about the juggle of being a mum and award-winning dentist

Quick fire questions

- 1. Coffee or matcha?**
Coffee – an espresso or Pistachio oat latte is my go to.
- 2. The one dental instrument you couldn't live without?**
My loupes.
- 3. Most common question you get asked in your DMs?**
Either composite bonding related or someone wanting to apply for a job at Vogue Dental.
- 4. Best piece of advice you've ever received?**
There's always a solution to a problem.
- 5. If you weren't a dentist, what would you be?**
Interior designer.

Q You won 'Best Young Dentist' at The Private Dentistry Awards in 2018, what is the personal milestone you are most proud of?

A Winning Best Young Dentist at the Private Dentistry Awards in 2018

was honestly a whirlwind and one of the proudest moments of my career.

At that stage in my life, it represented years of sacrifice and believing in myself as a young female dentist building a name within cosmetic dentistry.

To be recognised nationally at that point in my career was incredibly validating.

However, as much as that award means to me, becoming a mum to my two little boys has completely changed my perspective on achievement.

Motherhood has probably been my greatest milestone and my greatest challenge all at once.

It's taught me patience, resilience, balance and purpose in a completely different way.

What I'm most proud of now is being able to build a successful business and career while still being present for my children and creating a life they can be proud of too.

Q You've travelled extensively to attend international courses. What do you feel are the biggest benefits of looking globally for your advanced clinical training?

A I think the biggest thing is understanding that education is an investment, whether it's in the UK or abroad.

You have to be very intentional about the courses you choose and ensure they align with your goals and the level of clinician you want to become.

Training can be incredibly costly in terms of time, travel and finances, so I always wanted every course to genuinely elevate my skillset.

Travelling internationally for training gave me exposure to different techniques, philosophies and ways of thinking that I may not have experienced otherwise.

Systems like Damon Braces are taught by some of the leading clinicians globally, so learning directly from experts at the forefront was invaluable.

Another huge benefit was connecting with like-minded clinicians from all over the world.

Dentistry can sometimes feel isolating because you are constantly striving for perfection within your own clinic.

So being surrounded by ambitious clinicians who are equally passionate about innovation and excellence is incredibly inspiring.

Q How do you handle the inner pressure that comes with treating international royalty and high-profile celebrities?

A At first it can definitely feel daunting and exciting.

Naturally there's an awareness these are individuals who live highly visible lives and often have very demanding schedules and expectations.

But very quickly you realise that, regardless of status or title, everyone simply wants to feel comfortable, listened to and confident in the person treating them.

For me, I genuinely enjoy hearing people's stories no matter what walk of life they come from.

Once you're in the treatment room, that human connection becomes far more important than any label attached to them.

In fact, some of my high-profile patients have actually been among the easiest to treat because they value professionalism and trust so highly.

I don't necessarily think a title automatically creates more pressure clinically, because I hold myself to the same standards for every patient who walks through the door.

If anything, those experiences reinforced the importance of staying grounded.

The focus should never be on who the patient is publicly – it should always remain on delivering exceptional care.

Q You've been featured in titles like *Tatler* and *Elle*, what has been the most exciting and surprising part of stepping into the media spotlight?

A One of the most exciting parts has been seeing dentistry recognised beyond just healthcare – as something that can genuinely transform confidence, wellbeing and even someone's identity.

Being featured in publications like *Tatler* and *Elle* has given me the opportunity to share that message with a much wider audience.

What surprised me most was how many people connected not only with the smile transformations, but with my story behind Vogue Dental.

I think people are looking for authenticity and trust more than ever, and it's been incredibly rewarding to see our work resonate on that level.

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