

SUPPORTING EVERY STEP ON YOUR PRACTICE DEVELOPMENT JOURNEY

PRIVATE

JUNE 2026

DENTISTRY

PHILIPS

ZOOM!

Studies show that **48% of patients** plan to undertake teeth whitening in the next **12 months.**

Our Whitening Playbook shows you how to integrate, price, and grow whitening profitably in your practice.



CLINICALLY PROVEN TO SIGNIFICANTLY IMPROVE GUM HEALTH MEASURES FROM 3 WEEKS IN PATIENTS WITH LOCALISED GINGIVITIS¹

Corsodyl sodium bicarbonate toothpaste formulations have been developed to partner with your daily oral hygiene advice and work to **enhance the plaque removal achieved vs. brushing with a regular toothpaste.**

Corsodyl Intensive Gum Repair toothpaste:



2x

greater repair of bleeding gums vs. regular toothpaste



Works at a microscopic level

in hard-to-reach areas on plaque and to control tartar



Microclean technology

for a professional clean feel



A CLEAN SENSATION THAT PATIENTS LOVE²

Research has highlighted the positive user reaction to Corsodyl Intensive Gum Repair toothpaste.² A pleasant user experience can help aid patient compliance, **supporting healthy brushing habits.**



the product has a
fresh, clean flavour



their whole
mouth feels clean



it gives an **intense clean**
feeling after just 1 use



their mouth feels
instantly cleaner

Order samples



SUPPORTING EVERY STEP ON YOUR PRACTICE DEVELOPMENT JOURNEY

PRIVATE DENTISTRY

JUNE 2026

Scaling up

Husband and wife team – Raj and Kiran Juneja – share their journey

The 2026 private dental surge

What's driving the recovery in practice purchases?

Lessons for dentistry

What can we learn from other business leaders?



CORSODYL



NEW



PROVEN TO ENHANCE THE MECHANICAL CLEAN IN EVERYDAY MOUTHS.*

In real world conditions Corsodyl 67% sodium bicarbonate toothpaste significantly improves gum health measures from 3 weeks in patients with localised gingivitis¹

**Because you can't be there
when they brush. Corsodyl Can.**



**SEE THE
EVIDENCE:**

*vs regular toothpaste

“Between Bupa
Insurance and
subscription plan

patients

my diary stays full.”

Ghasoon - Dentist

This is feeling at ease with
your career in dentistry.



jobs.bupadentalcare.co.uk

This is health

Are you prepared for the recession?

With headlines and the Bank of England suggesting we're on the cusp of a recession, **Seb Evans** suggests a few actions we can take now to be prepared

If you've glanced at a newspaper or scrolled through a news app lately, you've likely seen numerous people sounding the alarm, including the Bank of England.

The 'R-word' – recession – is being whispered with increasing frequency.

For any business owner, those headlines feel like the uninvited guest at a dinner party; they bring a certain chill to the room and make everyone a little more guarded.

But as a business owner, the worst thing you can do is freeze.

When the economic weather turns grey, the most successful leaders build a better shelter.

Cash is King

Now is the time to be smart with your money. If we are indeed on the cusp of a downturn, building a cash reserve is always prudent.

Having a three-to-six-month buffer of operating costs can be the difference between sleeping soundly and staring at the ceiling at 3:00 AM.

When it comes to spending, take a serious look at your equipment list.

Is there technology that will immediately increase your efficiency or clinical offering? If you have the capital, buying now – before potential price hikes or supply chain wobbles – can be sensible.

However, spreading payments can be a really useful tool in this environment.

In an uncertain market, keeping hold of cash by using low-interest finance or leasing for big-ticket equipment might be a safer bet than emptying the bank account for a new scanner.

Dentistry defies the odds

Here is the silver lining that we often forget – healthcare, particularly dentistry, is incredibly resilient.

When the economy dips, people tighten their

belts, but they don't stop caring about their health.

In fact, history shows us that private dentistry often experiences a boom during wider economic downturns.

Why? Because when cash becomes tight, people stop spending on luxuries like new cars or properties and start investing in the one thing they can control – their health. A smile is a lifelong asset.

Furthermore, as pressure on the NHS increases during a recession, patients often migrate towards the reliability and speed of the private sector.

Preparing for the upswing

If a boom is indeed coming, you cannot afford to be caught off guard.

What can you do now to put yourself in the best possible position to offer optimum care to those who seek it?

- Audit your patient journey to ensure your systems are running smoothly
- Review your marketing. Make sure you are communicating the long-term value of oral health and not just the price
- Invest in your team so they're ready to manage an increased in demand or new treatment offers.

A recession doesn't have to mean a downward move for your practice – it can offer an opportunity for a sideways move into a different kind of growth.

Be prudent with your finances today so that you have the option to be ambitious later in the year.

Patients will still be there, even during a recession – make sure a healthy smile is at the top of their list when they look to spend their disposable income.



Contents

13

Headlines

The latest news and developments affecting the dental profession

16

Opinion

Chris Barrow explains how to effectively implement AI into practices

20

How I did it

Husband and wife team – Raj and Kiran Juneja – share the journey of setting up their new Amersham clinic

24

The 2026 private dental surge

Paul Graham analyses why a wider, better-funded buyer pool is driving a significant recovery in practice transactions this year

20



26

Creating your own financial freedom (part two)

Sameer Patel explains why financial intelligence outside dentistry is about building foundations that give you long-term choice

32

Don't let inflation bite into your profits

Ian Harvey explores why holding onto too much money can be a hidden risk for dental practices

35

The employment law changes forcing practices to rethink HR

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

38

Escaping the £100,000 dental tax trap

Minesh Patel highlights the hidden financial hurdles facing high-earning clinicians

Regulars

3 Lead editorial

46 Lessons for dentistry

60 In the hot seat

Front cover



HOW I DID IT

We hear from the husband and wife team, Raj and Kiran Juneja, as they share their journey scaling up from one practice to two and the lessons they learnt along the way.



40

The key stages of a dental practice sale

Paul Graham outlines the essential roadmap of a dental practice sale

42

How to fill your dental squat chairs fast

David Nelkin outlines the high-impact framework designed to ensure your new practice builds trust and attracts patients

46

Lessons for dentistry – the architect of success

Scott Millington shares how a focus on buildability, clear communication and stepping away from the 'lead worker' role can drive growth in any service

48

Strength in numbers

Compliance is no longer a solo endeavour, Pat Langley explains

50

Why stress awareness in dentistry should no longer be optional

Emma Flunt, reacts to the recent Stress Awareness survey by Dental Defence Union and suggests ways to combat it

53

Unlocking the Ferrari in your practice

Sweta Surana Bhandari provides a practical plan to help dental practices use their therapists more effectively

54

Two-day course on the digital workflow for full dentures

We hear from Zirkozahn about its new Zirkozahn School of London in Canary Wharf

56

Industry innovations

All the latest product news and equipment from the dental industry

58

When a successful dental practice still feels financially heavy

Khyam Chudhry explains why many practice owners are earning well – but still don't feel in control

60

In the hot seat

Dentist turned TV presenter, Trishala Lakhani explains how she juggles her two roles

PRIVATE DENTISTRY

EDITORIAL BOARD



EDITORIAL BOARD CHAIR RAHUL DOSHI

BDS LDSRCS (Eng), is the clinical director and founder of The Perfect Smile Studios and Advanced Training Institute in Hertford. He is on the council of the BACD.



VINNIE ATTARIANI

BDS, owns an award-winning practice in Leamington Spa. She has developed her career in general dentistry, while also specialising in cosmetic dentistry with a particular interest in facial aesthetics. She is a member of the BACD.



SUBIR BANERJI

BDS MCLinDent (Prosthodontics) PhD MFGDP (UK) FICOI FICD, has been in private practice in London for more than 30 years and is the programme director for the MSc in Aesthetic Dentistry at King's College London Dental Institute.



COLIN CAMPBELL

BDS FDS RCS Ed, is a specialist in oral surgery. He is clinical director of The Campbell Clinic and director of The Campbell Academy.



ANDREW CHANDRAPAL

BDS MFGDP(UK) DPDS (Bris), is practice principal at Bourne End Dental and UK programme director for the Californian Centre for Advanced Dental Studies.



SIMON CHARD

BDS, co-owns Rothley Lodge Dental with his wife Dr Meghan Chard. He is a past president of the BACD, lectures nationally and is a co-founder of Pärila toothpaste tabs.



RACHEL DERBY

BDS MS, is an award-winning dentist and a partner and founder of Chapel Dental in Buckinghamshire. Rachel is a past president of the BAPD.



MERVYN DRUIHAN

BDS (Rand) DGDPRCS (Lon), is one of the pioneers of cosmetic dentistry. He is one of very few UK dentists to be on the distinguished AACD President's Honour Role.



ELAINE HALLEY

BDS (Edin) MFGDP (UK), is principal of Cherrybank Dental Spa Ltd.



SUNIL HIRANI

BSc BDS FDSRCS FDS(Orth) RCs Eng MOrth MSc, is a specialist in orthodontics and practice principal of Smilelux, a dedicated orthodontic practice in Milton Keynes.



MARTINA HODGSON

BChD MJDF, is owner and principal dentist at The Dental Architect and The Dental Studio. She has an interest in orthodontics, Invisalign and facial aesthetics.



NEEL JAISWAL

BDS, runs a multidisciplinary practice at Neel Dentistry. He founded PDI-Professional Dental Indemnity Ltd. He is a judge on the Private Dentistry Awards. He founded the British Academy of Microscope Dentistry and is a founder of the BAPD.



SAM JETHWA

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



ANGELA LY

BDS, is an award-winning dentist who has featured on *BBC Breakfast*, *ITV's Save Money Good Health* and *Channel 5's Gadget Show*.



HANNA MIRAFTAB

BDS, is owner of Kiln Lane Dental practice and an actress in *Real Housewives of Cheshire*. She has completed a master's degree in prosthodontics and has qualifications in non-surgical treatments such as anti-ageing injectables.



ASHISH B PARMAR

BDS, is a cosmetic dentist offering smile design, comprehensive dental care, laser dentistry and implants. He is a national and international lecturer.



KISH PATEL

BDS MSc, is a director at Smile Clinic Group and director of Smile Dental Academy. Having successfully completed training in Invisalign in 2011, he offers a range of clear and cosmetic orthodontic treatments.



KREENA PATEL

BDS, is a specialist in endodontics. She taught on the specialist endodontics programme at Guy's. She works at Brigstock Dental Practice and Oaktree Dental Practice. Kreena runs an online endo course, The Endo Course.



MANRINA RHODE

BDS, is principal of DRMR Clinic in Knightsbridge. She also runs DRMR Academy with a mentorship programme, online course and in-person course on porcelain veneers. She has completed more than 14,000 porcelain veneers over 22 years.



JASON SMITHSON

BDS (Lond) DipRestDent RCS (Eng), qualified at the Royal London Hospital in 1995, achieving a number of awards.



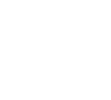
KOMAL SURI

BChD, owns Smile Design Dental Practice. The focus of her work is aesthetic and restorative dentistry.



PROFESSOR PAUL TIPTON

BDS MSc DGDGP UK, is a specialist in prosthodontics, president of the British Academy of Restorative Dentistry and an internationally renowned dental lecturer.



ANDREA UBHI

BChD, is principal of the referral practice, Andrea Ubhi Dentistry, in York. She is also chair of the charity Asha Nepal, supporting survivors of trafficking.



SIR NAIRN WILSON

CBE DSc (hc) FDS FFGDP (UK) FFD FKC, is emeritus professor of dentistry at King's College London. He was previously dean and head of King's College Dental School (2001-2010), dean of the Faculty of Dentistry RCS Edinburgh (1995-1998), and president of the GDC (1999-2003).

Eurus | S6

Experience **closer patient consultations**
with our innovative folding legrest
treatment centre



Find out more - make an appointment to view
in our London or Manchester showrooms

 **Belmont**

Perfecting the art of dentistry

belmontdental.co.uk

PRIVATE

DENTISTRY

MISSION STATEMENT

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

EDITOR

Seb Evans

seb.evans@fmc.co.uk | 01923 851777

HEAD OF COMMERCIAL CONTENT

Siobhan Hiscott

siobhan.hiscott@fmc.co.uk | 01923 851758

CHIEF COMMERCIAL OFFICER

Tim Molony

tim.molony@fmc.co.uk | 07595 282680

MEDIA PARTNERSHIPS MANAGER

Ivana Perkins

ivana.perkins@fmc.co.uk | 07760 887016

DESIGN AND PRODUCTION

Glenn Baxter, Nick Russell, Laurent Cabache, K-Marcelyne McCalla

CONTENT DIRECTOR

Guy Hiscott

CONTENT

Rowan Thomas

Copyright Finlayson Media Communications Ltd 2026

All rights reserved.

Printed by Buxton Press

ISSN: 1742-1896

Private Dentistry is a membership-only journal. Call 01923 851771 for membership.

Print membership (12 issues a year)

Three years (36 issues) £310

One year (12 issues) £115

The publisher's written consent must be obtained before any part of this publication may be reproduced in any form whatsoever, including photocopies and information retrieval systems.

While every care has been taken in the preparation of this journal, the publisher cannot be held responsible for the accuracy of the information printed herein, or any consequence arising from it. The views expressed herein are those of the author(s) and not necessarily the opinion of either *Private Dentistry* or the publisher.

Dental Protection

why we're the best team to defend your reputation

You don't win the best in-house legal team award for cutting corners or settling too easily. You win awards like this for fighting fiercely for every single member in every single case. Whatever the challenge, whatever it takes to safeguard your future.



LEARN MORE



dentalprotection.org
Always there for you

Dental
Protection



A-dec
**300
PRO**

Smart.
Seamless.
Intuitive.



NEW
DS5
touchpad

INNOVATIVE, NOT COMPLICATED.

The heart of the A-dec® 300 Pro delivery is the new Dynamic Screen 5 (DS5), an interactive touchscreen that feels so intuitive, it's almost like having your smart phone in the surgery.

Easy to navigate and view, the responsive 5" screen displays only the information you need in the moment, including procedural timers, chair positions, and on-screen messaging. It's a smarter, simpler way to bring new confidence—and control—to your practice.

>> **GET CONNECTED** at unitedkingdom.a-dec.com/300

>> SEE WHAT MATTERS

The large touchscreen makes it simple to focus on the treatment at hand, displaying the handpiece, device, or function in use.

>> CUSTOMISABLE PRESETS

Each clinician can save their chair, light, and clinical device preferences, which automatically move with them from surgery to surgery, and practice to practice.

>> ELEGANT INTEGRATION

Seamlessly integrate the clinical devices you need today—and easily add more tomorrow as your practice grows.

>> ALWAYS UP TO DATE

The DS5 is enabled with A-dec+ connectivity, updating your A-dec Pro equipment as new integrations become available.

A-dec
**500
PRO**

Smart.
Seamless.
Intuitive.

TECHNOLOGY SHOULD BE INTUITIVE. effortless and connected

And that's what you'll discover
with A-dec® 500 Pro.



Personalised settings sync
across surgeries & practices.



On-screen messaging allows
non-interruptive communication
between A-dec+ Pro equipment.



Every procedure from hygiene
to integrated implantology is
available on one screen.

>>GET CONNECTED at
unitedkingdom.a-dec.com/500



**a dec®**

© 2026 A-dec Inc. All rights reserved.

The Beauty of Efficiency.



VITA ENAMIC[®] multiColor

Mill it. Insert it. Simply beautiful.

- Faster processing without any compromises in quality
- No post-firing required, no staining
- Highly esthetic restorations with an integrated natural shade gradient



Find out more!

For more information, call us!

Michelle Afonso | +44 (0) 730 586 75 28

Major update puts infective endocarditis on the agenda

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

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

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

What has changed?

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

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

This move aligns the UK more closely with the rest of the world and places the decision-making power back into a framework of informed consent

A controversial history

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

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

High cost of inaction

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

Infective endocarditis is an infection of the heart valves with a mortality rate at roughly 30% of patients who die within one year of diagnosis.

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

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



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

A new clinical responsibility

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

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

ORE fee jumps 65% as GDC confirms first sittings under new contract



Internationally qualified dentists face a 65% increase in the cost of sitting Part 2 of the Overseas Registration Examination (ORE), the General Dental Council (GDC) has confirmed.

The regulator also announced exam dates and capacity for the first year of its new contract with UCL Consultants Ltd (UCLC).

The Part 2 ORE fee rises from £4,235 to

£6,967, an increase of £2,732.

The Part 1 fee falls 17% from £584 to £485, and the application processing fee rises 20% to £115.

The GDC said VAT now applies to the ORE fee and is reflected across the revised 2026 structure.

The regulator attributed the Part 2 ORE fee increase to the cost of specialist clinical facilities, experienced examiners and capital investment by UCLC in facilities and equipment.

It said the fee has been set with a view to remaining broadly stable over the next five years.

Theresa Thorp, executive director of regulation at the GDC, said: 'We know that candidates have been waiting a long time and that this is stressful.

'We are determined to make things better, and this is a substantial step in the right direction.'

ORE fees to end year-to-year uncertainty

The changes form part of a wider overhaul of the ORE system announced earlier this year.

The GDC has said the UCLC contract will provide a more consistent and predictable framework for candidates, replacing the year-to-year uncertainty that has long surrounded ORE capacity.

Once fully scaled, the new arrangements could support up to 1,500 internationally qualified dentists joining the register each year.

Bioengineered chewing gum could help fight head and neck cancer



A newly-developed chewing gum has been bioengineered to reduce levels of harmful pathogens linked to head and neck cancer.

Researchers from the School of Dental Medicine at the University of Pennsylvania have created a new chewing gum that significantly reduces levels of three microbes associated with head and neck squamous cell cancer.

The findings are published in *Scientific Reports*.

The gum is made from lablab beans, which contains a naturally antiviral protein called FRIL.

When tested on patients with head and neck cancer, this protein reduced

levels of human papilloma virus (HPV) by 93% in saliva and by 80% in oral rinse samples.

After adding protegrin, an antibacterial peptide, levels of harmful *Porphyromonas gingivalis* (Pg) and *Fusobacterium nucleatum* (Fn) bacteria were also reduced to near-zero while beneficial bacteria colonies remained intact.

In contrast, other antimicrobial treatments such as radiation therapy have been found to reduce helpful bacteria and increase disease-causing yeast populations.

Lead researcher Henry Daniell said: 'The global increase in oropharyngeal cancer is linked to HPV infection.

'And Pg and Fn infections worsen survival rates of untreated recurrent or metastatic oral cancer, even after surgery and risk-adjusted adjuvant, or supplemental, therapies.'

The current picture

Head and neck cancer mortality rates

in the UK are projected to increase by 11% between 2024–2026 and 2038–2040, with around 6,700 deaths each year by 2038–2040, according to Cancer Research UK.

Daniell stressed that head and neck cancer is often aggressive and linked to poor outcomes, particularly when detected late.

He also said that most recently approved cancer drugs have not significantly improved quality-of-life or five-year survival rates, highlighting a need for new treatments.

He continued: 'Lip and oral cavity cancer was the seventh leading cancer type in cancer incidence and mortality rate worldwide in adolescents, young adults, and middle-aged adults in 2022.

'Our findings support the value of advancing these therapies to clinical trials as adjuvants with current treatments or as prophylaxis to prevent infection and transmission.'

Dentist reinstated after erasure for 'racially-motivated' emails

A dentist removed from the General Dental Council (GDC) register for sending racially-motivated emails to former colleagues has had that decision overturned following a successful High Court appeal.

In 2023, the dentist emailed their former employer asking for their name to be removed from the practice website as they did not want to be associated with 'Indian dentistry'.

In an initial hearing in October 2025, the GDC said the dentist did not 'have a proper, thoroughgoing and longstanding appreciation of the very serious nature' of their misconduct.

They argued that their culpability had been downplayed, with the clinician referring to the comments as 'illogical', 'nonsense' and 'silly'.

The Professional Conduct Committee concluded that the dentist's conduct was 'fundamentally incompatible with continued registration'.

They were erased from the GDC register with immediate effect.

However, on 17 April 2026, the dentist in question appealed this decision in the High Court and was successfully reinstated following a six-month suspension.

Judge rules erasure was excessive

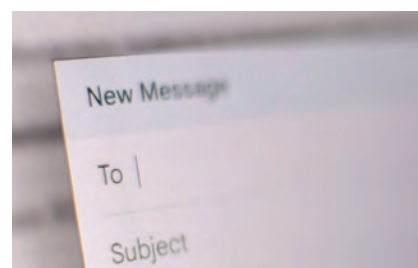
The judge felt that while the dentist's actions were a 'serious departure from the professional standards expected', they did not show 'an entrenched or enduring refusal to acknowledge wrongdoing'.

As erasure is reserved for conduct

that is irremediable, the judge moved to overturn the dentist's erasure.

They deemed the initial judgement 'excessive and disproportionate' with a 'flawed' approach that 'misapplied' the sanctions guidance.

While acknowledging that the emails were 'plainly offensive, inappropriate and racially-motivated', the judge said that they did not have potential to cause 'serious harm'.



Association of
Dental Groups | **20
26**
CONFERENCE

IN PARTNERSHIP WITH **FIMC** CONNECTING
DENTISTRY

2-3 July
De Vere Cotswold Water Park

THE UK'S LARGEST EVENT FOR DENTAL GROUP DECISION MAKERS DEFINING WHAT'S NEXT FOR THE PROFESSION



SCAN TO APPLY
TO ATTEND TODAY

OFFICIAL CHAIR PARTNER

Belmont

OFFICIAL PLAN PARTNER

Practiceplan
The business of dentistry

LEGAL ADVICE PARTNER

**ACUITY
LAW.**

HANDPIECE AND SMALL
EQUIPMENT PARTNER

NSK
Create it

PRACTICE SERVICES
PARTNER

**Dentistry
Practice
Services**

AI together – a smarter future for dentistry

AI isn't just a tool to save an individual in your practice some time, **Chris Barrow** argues

On 5 May, Seth Godin published a short but important piece titled AI together.

His core argument is that most AI use is still a solitary act – one person, one prompt, one private exchange.

Useful, yes. Transformative, not yet.

The bigger opportunity, he argues, appears when AI sits inside a workflow or a network, where it can add continuity and help people make better decisions together.

The shift is from solo tool to shared system, from isolated productivity (eg practice managers sitting alone in their offices using AI to 'save time' or clinicians sitting alone in their surgeries, reviewing note-taking software and building treatment plans) to connected value (dental teams embracing AI-driven practice-wide systems).

That distinction matters enormously in private dentistry.

The wrong direction

Too many practice owners are still asking: 'Which AI tool will save me a few minutes?'

In my view, that is the wrong opening question.

The better question is: 'How does AI strengthen the whole patient journey, the whole team and the whole business?'

If AI remains a private experiment on a clinician's laptop, it stays small. If it becomes part of the daily operating rhythm of the practice, it starts to create real strategic advantage.

Take digital workflow as the obvious example. The real value of AI note-

taking is not that it saves typing time.

The real value appears when the consultation flows more naturally, the record becomes cleaner, the treatment plan is easier to prepare, the handover to the front desk or TCO is clearer, and the patient receives better follow-up communication.

The same applies to digital treatment presentation, enquiry handling, recall systems, internal marketing and finance conversations.

The gain is not just speed. The gain is continuity, consistency and confidence across the practice.

That is AI working together, not alone.

Outcomes worth paying for

Godin is also right to warn that cost reduction is not a durable moat (reason for investing). Any software company can promise to save a bit more time or shave a bit more cost.

THE WINNERS IN INDEPENDENT DENTISTRY WILL NOT BE THE PRACTICES THAT USE THE MOST AI. THEY WILL BE THE PRACTICES THAT USE AI WITH THE MOST MATURITY

In dentistry, that means independent owners should be wary of buying AI simply because it looks clever in a demonstration or claims to cut admin.

Technology bought on that basis will almost always become a commodity.

The stronger play is to use AI where it creates growth, trust and certainty.



For example, better diagnosis communication, improved case acceptance, fewer dropped enquiries, stronger compliance, calmer diary flow and a more confident team.

Those are outcomes worth paying for.

My recommendation to independent owners is straightforward.

Begin with the expensive problem, not the shiny tool. Identify where your business leaks value.

Then choose AI that fits into a team-based system, not a solo habit.

Build trusted workflows around data, consent, audit trails and human judgement.

In other words, do not ask whether AI can replace people. Ask whether it can help good people do better work together.

The winners in independent dentistry will not be the practices that use the most AI. They will be the practices that use AI with the most maturity.

The future belongs to owners who understand that technology is not the strategy.

The strategy is to build a more intelligent business.

Seth Godin has pointed towards that future. Independent dentistry would be wise to pay attention.

LATEST SPECIAL OFFERS

Limited stock on special offers!

SALE

£750+VAT

RRP £1,534.21+VAT

VDW.Silver RECIPROC
Motor with 6:1 Contra Angle



SCAN ME TO FIND
OUT MORE ABOUT
VDW.Silver RECIPROC



SALE

£1,650+VAT

RRP £2,408.47+VAT

X-SMART® PRO+
ENDO MOTOR
with intergrated
Apex Locator



SCAN ME TO FIND
OUT MORE ABOUT
X-SMART® PRO+



ORDER ONLINE
www.qedendo.com
or CALL 01733 404 999

Trust is rooted in evidence-based endo.

>3 mil.

Individual quality measurements are conducted in our Endo factories each year

2,000+

Education programs in Endo delivered every year worldwide

>1,200

Published articles on our reciprocating solutions

Dentsply Sirona is your Trusted Endo Partner, committed to clinical evidence, quality and innovation. With advanced technologies, patented designs, and rigorous quality checks, we enhance outcomes and simplify workflows. Our global presence, education partnerships, and proven excellence – reflected in certifications, patents, and 140+ million instruments produced annually – demonstrate our dedication to supporting clinicians worldwide.

dentsplysirona.com/trusted-endo-partner

MAILLEFER **VDW**
Brands of Dentsply Sirona

All quoted data on file.

TRUSTED
ENDO
PARTNER

Our Trusted endo systems.



WaveOne® Gold

Confidence with simplicity

WaveOne Gold offers a simple, tried and trusted solution backed by 200 scientific studies and more than 30 million treated cases worldwide¹.

Using one single motor setting across the treatment, with one glider and one shaping file for most of your cases, you can achieve safe shaping in half the time².



ProTaper® Ultimate

The ultimate taper

Each root canal is unique. That's why the ProTaper Ultimate treatment solution is designed to support your passion to take on a wide range of canal anatomies.

ProTaper Ultimate embraces the Deep Shape philosophy (increased apical taper) and each file is specifically designed and heat-treated to optimise its role in your shaping procedure to face the toughest clinical cases and control your shape³.



Reciproc® Family

One file endo

Designed to enable shaping without the need for an additional scouting or glidepath instrument in most cases, the Reciproc family offers you efficiency in time saving through real one file endo⁴.

From retreatment to regular anatomies, to narrow canals and challenging cases, there's a Reciproc solution for any case.



Discover yours at www.dentsplysirona.com/endo

TRUSTED
ENDO
PARTNER

Creating a scalable brand

Husband and wife team – **Raj and Kiran Juneja** – share the journey of setting up their new Amersham clinic and the expansion of their ‘Face Teeth Smile’ brand

We established our clinic and brand – ‘Face Teeth Smile’ – to deliver a patient-focused service that introduces a holistic approach to the face, teeth and smile.

Aiming to boost patient confidence by delivering life-changing aesthetic results, our services include a full range of general, specialist and cosmetic dentistry – alongside facial aesthetics – all under one roof.

We are an Invisalign Diamond Provider, and have an online shop for our medical-grade skincare offering, as well as an on-site digital lab providing services for our clinic as well as other doctors.

From the start, we’ve been very deliberate to create a patient journey that helps us stand out from other practices.

We’ve built a boutique-hotel inspired surrounding including a decision to remove the traditional reception desk set up in favour of a host who greets patients. We also offer a discreet setting for patients when discussing financial matters and personal details.

We take our time to welcome and look after our patients – whether that’s offering them a drink when they arrive or making sure their appointments never feel rushed.

This is a key reason our clinics and brand have grown from strength to strength.

The history

We met while we were both studying dentistry at Birmingham University and

graduated in 2015.

Our careers then led us to gain experience across a variety of practices throughout London and the Home Counties.

It was during this time that we started to get a feel for what did and didn’t work well and realised a combined and holistic approach to dentistry and facial aesthetics was lacking in the industry.

We recognised that offering a

THE CLINIC HAS BEEN DESIGNED TO FEEL RELAXED AND WELCOMING, WITH FEATURES INCLUDING CURVED SURFACES AND LAYERED LIGHTING, CREATING AN ATMOSPHERE THAT HELPS PUT OUR PATIENTS AT EASE

Step inside...

FACE TEETH SMILE DENTAL CLINIC
31 SYCAMORE ROAD
AMERSHAM
HP6 5EQ

AND

FACE TEETH SMILE DENTAL CLINIC
3 MARKET PLACE
CHALFONT ST PETER
SL9 9EA

INFO@FACETEETHSMILE.COM

020 8090 9975

FACETEETHSMILE.COM

comprehensive range of services under one roof could revolutionise the patient experience.

Raj spent some time specialising in cosmetic dentistry and becoming a renowned Invisalign practitioner, whilst at the same time Kiran developed a passion for facial aesthetics and decided to specialise in advanced facial aesthetics treatments.

We acquired the premises for our first squat practice in Gerrards Cross in October 2021 and opened in March 2022.

Despite having to deal with the delays caused by the pandemic, it afforded us time to plan our patient workflows thoroughly and to set out a carefully thought-out blueprint for our business.

Our first practice was in a former high street stationery shop. We worked with an interior designer, alongside clinic design and build company Apollo Interiors, to design a practice with four treatment rooms.

From the outset we didn’t want to create a practice that felt traditionally clinical and had a strong sense of the aesthetic we were looking for – more boutique hotel than dentist’s waiting room.

This meant no traditional reception desk – instead we employ a host to welcome and sign patients in using an iPad.

We also realised that some patients felt uncomfortable discussing payment options or personal details in front of others. So we relocated these discussions to a dedicated and private room within the clinic.



Clinic design and build – Apollo Interiors
Interior designer – Salvatore Noviello
Dental equipment provides – Dentec
Practice management system provider – Dentally
Website developer – Blowmedia



The new clinic

With our Gerrards Cross clinic becoming increasingly popular, we decided it was the right time to expand our business.

Through our own market research we identified local towns that would be prime sites to set up a new practice, in the end deciding upon Amersham.

Some of our existing patients travelled to Gerrards Cross from London and found the lack of a nearby station inconvenient.

With Amersham being the final stop on the Metropolitan line, the new location has the advantage of being well-served by public transport.

One of our greatest challenges in the set-up process was finding a premises.

With high-street locations being in high demand and landlords generally preferring to take on existing chains, finding a premises was initially a struggle.

However, as a result of building a rapport with local estate agents, and because we were already operating a successful business, we were lucky enough to be offered our new premises – a former Clarks shoe shop – when the deal with another potential business fell through.

It also helped enormously that the team at Apollo Interiors – whom we immediately got on board for the clinic design and build – was able to visit potential sites with us.

This enabled us to get an expert opinion on which premises would be most suitable from a construction perspective.

It streamlined the process and meant that when a suitable

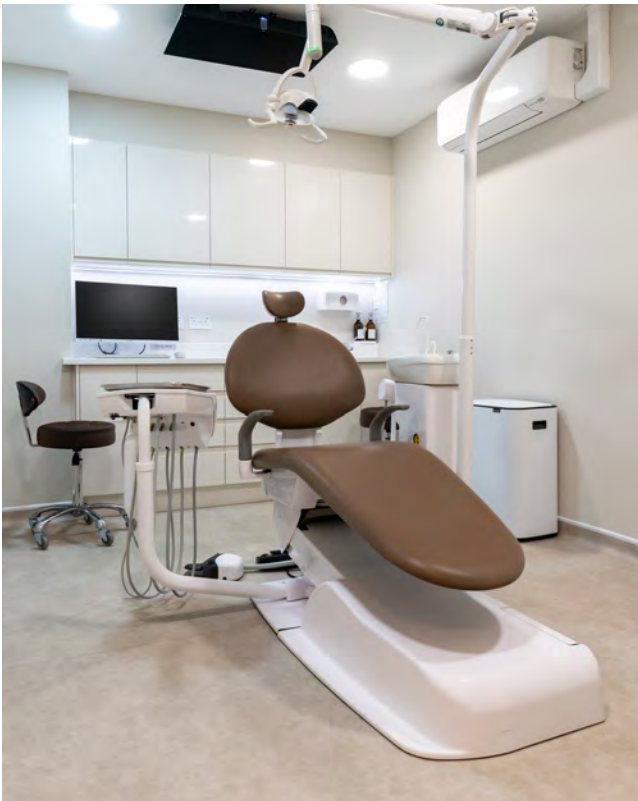
building came up, we were able to seek their advice and snap it up immediately.

The design and build

We acquired the Amersham premises in July 2025, started work in August 2025, and our new clinic was ready to open by January 2026.

The practice is located on the ground floor and features a welcome area, three treatment rooms, treatment coordinator's office, payment room, decontamination room, CBCT, staff room and an on-site lab, which enables us to complete same-day crowns, veneers and smile makeovers.





For the clinic interior we worked very closely with professional interior designer Salvatore Noviello to create an aesthetic that was consistent with our Gerrards Cross practice.

As a result, the new practice features warm neutrals and chocolate browns with subtle accents of bronze and gold – a colour palette which feels on trend and luxurious.

The clinic has been designed to feel relaxed and welcoming, with features including curved surfaces and layered lighting, creating an atmosphere that helps put our patients at ease.

Our aim is for patients to enter either of our clinics – or any of our future Face Teeth Smile clinics – and immediately know it's us from the décor.

We are working hard to create a brand that embodies not only our logo and tone but our décor, ambience and ethic.

The marketing

We take a proactive and multidisciplinary approach with our marketing strategy.

Digital marketing is obviously a key feature, utilising both organic and paid social media campaigns, as well as SEO and Google advertising.

But we also use more traditional marketing methods such as leaflet drops and sponsorship.

Our most successful marketing, however, comes from word-of-mouth patient recommendations – many of our patients join us because their friends and family have spoken highly of us.

Investments in systems to deal with new patient enquiries to convert them into bookings was equally as important as marketing the clinic.

We were proactive in creating a joined-up welcome process for new and prospective patients well before our new clinic was ready to open, so once we were ready to welcome patients, we already had them lined up.



The challenges

Because this was our second time setting up a new practice, we were able to incorporate everything we had learned the first-time round, so thankfully the project ran pretty smoothly.

One of the biggest challenges we faced was balancing being clinicians and running our Gerrards Cross clinic, alongside setting up the Amersham practice.

Our solution was to invest in training our staff (we've even set up a training hub at our Gerrards Cross practice).

This has meant that whilst we aren't able to be in two places at the same time, our staff are extremely capable of running each practice when we can't be there.

The result

We're delighted with our new clinic, and all the careful planning has truly paid off.

Reaching this stage marks an exciting milestone in our business journey, and we have already managed to build a base of approximately 8,000 patients.

Our brand is also growing in recognition and we're starting to attract international clients who fly in for our treatments from overseas.

Our aim is to expand into a group of practices across the area to serve even more patients.

Building and training the Face Teeth Smile team has also been a key achievement.

Although we both still practise in clinic, careful recruitment and training of our team are enabling us to step back slightly and take a more strategic role, safe in the knowledge that our clinics are delivered with the same expertise, care and attention to detail that define our brand.

We've created a scalable business and we're very excited to see where the future will take 'Face Teeth Smile' next!

The 2026 private dental surge

Paul Graham analyses why a wider, better-funded buyer pool is driving a significant recovery in practice transactions this year



After two years of correction, caution, and recalibration, the dental market has turned. Transactional activity is back with conviction, and Q1 2026 has made that plain.

The groundwork was laid in the latter part of 2025, and what we are seeing now is that confidence is converting into completed transactions, active processes, and a buyer pool that is wider and better funded than it has been in some time.

INTEREST RATES

The Bank of England held interest rates at 3.75% in April, a decision driven by the inflationary shock from the conflict in the Middle East.

Some had hoped for a cut, and some now believe there will be no reductions at all this year, but perspective matters.

Bank rate is 150 basis points below its peak, and lenders within the dental sector are active. Private dental is a needs-based, recurring-revenue business that does not behave like a discretionary consumer sector.

Sellers holding out for a cleaner backdrop may be waiting longer than

they expect. While the conditions today are not perfect, they are still good, and that is usually enough.

BUSINESS VALUATIONS

Private practice valuations have held well into 2026, with many achieving equal or higher multiples than mixed counterparts.

Strong earnings before interest, taxes, depreciation, and amortisation (EBITDA) margins and owner-operated business profiles are driving that, but the best outcomes we are seeing are less about the multiple applied and more about what is being multiplied.

Realistic, sustainable, clearly evidenced profits attract serious buyers. Buyers are more sophisticated than they were, and their due diligence reflects it.

‘FIRST-TIME BUYERS REMAIN A SIGNIFICANT FORCE’

There is also a growing expectation around technology. artificial intelligence (AI) adoption, meaningfully embedded into clinical and operational workflow is increasingly factored into how buyers assess future earnings potential. It is moving from differentiator to baseline.

MATURITY OF THE TRANSACTIONAL LANDSCAPE

While cash-on-completion remains common, equity rollovers, partnership structures, and performance-linked deferred consideration are increasingly central to larger deals.

Sellers who engage with that

intelligently frequently achieve better total outcomes.

This is where advice quality matters most, as sellers who do not fully understand the mechanics of their own deal before entering the process leave value behind. The transaction that looks simple rarely stays that way.

THE BUYER POOL

Corporate acquirers are back, adding competitive tension largely absent through much of 2024/25.

Alongside them are private equity platforms at various stages, international operators and consolidators with capital and ambition.

First-time buyers remain a significant force, driving a third of Christie & Co completions last year. The breadth of today's buyer pool is one of the most consequential factors underpinning current values.

COMPETITION AND MARKETS AUTHORITY (CMA) INVESTIGATION

The CMA's investigation into private dentistry merits attention, but it does not merit delay as the transactional market has not paused.

Based on the veterinary precedent, the likely direction is greater transparency in pricing and patient communication, not structural intervention.

The macro environment is imperfect, and it almost always is.

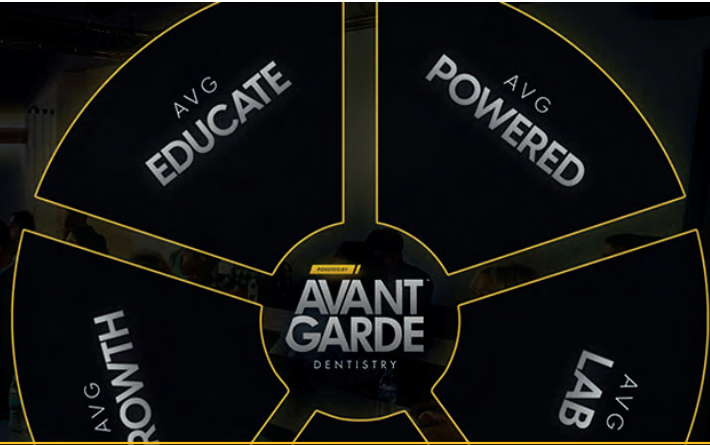
What matters is the set of conditions specific to this market right now: active lending, a broad acquirer pool, and valuation fundamentals that hold.

Those conditions are present today. Owners who act with that context, and with the right support, are well placed.



Paul Graham

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



A NEW STANDARD IN CROWN WORKFLOWS

A FULLY DIGITAL LAB DESIGNED TO IMPROVE
PREDICTABILITY, EFFICIENCY AND PRACTICE PROFITABILITY.

NOT YOUR TRADITIONAL LAB

Avant Garde Lab combines digital workflows, real time case tracking and collaborative design to **remove guesswork from restorative dentistry.**

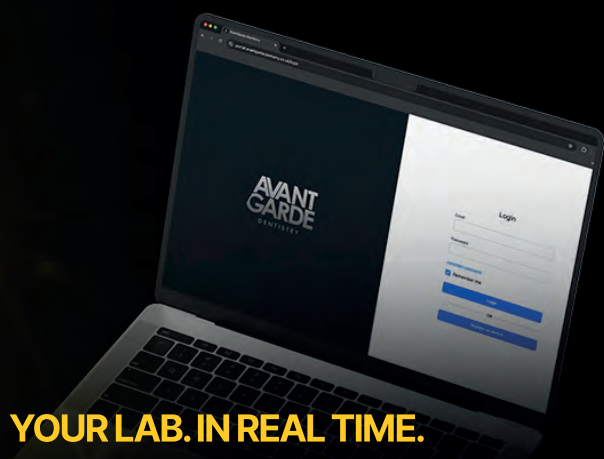


REGISTER NOW

IPS E.MAX ZIRCAD
CROWNS FROM

£99

Most practices pay
£130-£180 per crown.



YOUR LAB. IN REAL TIME.

- Track every case live
- Plan appointments with confidence
- Communicate directly with designers
- Full visibility from scan to seat



"The aesthetics you get with veneers
and crowns are second to none."

Dr Indy Singh

Creating your own financial freedom (part two)

Sameer Patel, explains why financial intelligence outside dentistry is not about looking wealthy, but about building foundations that give you long-term choice



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

Many dentists work incredibly hard to build a successful practice, improve their clinical skills and increase their earning potential.

Yet the real question is not just how much revenue the practice produces. It is what happens to that money once it leaves the practice.

Financial intelligence outside dentistry is about turning income into security and long-term peace of mind.

The dentist trap

One of the most common financial problems in dentistry is what I call the



Sameer Patel
Clinical director at Elleven Dental

dentist trap.

This is when a dentist looks successful from the outside but is financially fragile behind the scenes.

Common signs include:

- A high income, but very little retained wealth
- An impressive lifestyle, but limited savings
- A large mortgage, expensive car and high monthly

commitments

- No proper emergency fund
- No consistent investing plan
- No meaningful pension or ISA strategy
- A constant need to keep earning just to maintain the lifestyle.

This is living rich and being poor.

The issue is not always that dentists earn too little. The issue is that lifestyle rises at the same speed as income, sometimes faster.

Every increase in earnings is absorbed by another commitment – a bigger house, a better car, a more expensive holiday.

From the outside, it looks like success. Internally, it can feel like pressure.

True financial intelligence is not measured by what people think you have. It is measured by the freedom and options you are quietly building in the background.

Income is not wealth

Income and wealth are not the same thing.

Income is what comes in each month. Wealth is what remains, grows and eventually gives you choice.

Dentists are trained to become excellent clinicians, but very few are formally taught how to build and protect cash reserves, avoid lifestyle inflation, create a personal financial plan and separate short-term comfort from long-term freedom.

That is where financial intelligence outside dentistry begins.

Start with safety – build your emergency fund

Before investing, you need stability.

Every dentist should aim to hold an emergency fund in accessible cash. This is money available if something unexpected happens.

A sensible target is around six months of personal overheads.

This does not need to be complicated. The money may sit in:

- An easy-access savings account
- A cash ISA
- Premium bonds
- A combination of these.

The purpose of this money is not to achieve the highest return. Its purpose is access, security and peace of mind.

Emergency money should not be in the stock market. Investments can fall at exactly the wrong time, and you do

Reciproc[®]

The Pioneer –
Tough and unyielding
for retreatments

Reciproc[®] Blue

The Allrounder –
Flexible and strong
for everyday

NEW

Reciproc[®] Minima

The Precisionist –
Sleek for challenging cases

dentsplysirona.com

The Reciproc[®] Family
Three heroes. One mission:
Striving for efficiency



A brand of Dentsply Sirona

TRUSTED
ENDO
PARTNER

The Perfect Partnership

...together they disinfect and descale



Perfect partners – Orotol & MD 555 work together to preserve the life of your suction unit



MD 555 – Use 1-2 times a week to prevent deposits, scaling and siltation



Effective against all enveloped viruses including Coronavirus (SARS-CoV-2)



Peace of mind – ensures safety and performance of your suction unit



not want to be forced to sell during a downturn because you need cash quickly.

Financial intelligence starts by separating short-term security from long-term growth.

Saving is not investing

Saving and investing are different.

Your emergency fund is saving. Your future financial freedom is investing.

Once your safety net is in place, the next question is – how do I make my money work over decades?

For most dentists, the answer is simple – slow, steady investing.

One of the most powerful approaches is regular investing, often called pound-cost averaging.

The principle is simple:

- Invest a fixed amount regularly
- Do it whether markets are up or down
- Stop trying to predict the perfect moment
- Allow time and consistency to do the heavy lifting.

This is not exciting. It will not feel as dramatic as a share tip, cryptocurrency story or property opportunity.

But it works because it is repeatable.

When markets are high, your regular contribution buys fewer units. When markets are lower, it buys more units.

Over time, the habit matters more than the timing.

Dentists understand repetition. Clinical excellence is built through consistent habits, not occasional bursts of motivation and wealth is the same.

It is rarely built in one dramatic moment. It is built quietly, month after month, through decisions that may look boring at the time.

Use ISAs and pensions properly

For UK dentists, ISAs and pensions are

THE REAL QUESTION IS NOT JUST HOW MUCH REVENUE THE PRACTICE PRODUCES. IT IS WHAT HAPPENS TO THAT MONEY ONCE IT LEAVES THE PRACTICE

two of the most important long-term financial structures.

An ISA gives flexibility. A stocks and shares ISA can help you invest for the future while retaining access before retirement.

A pension is designed for later life, but contributions may receive tax relief, which can make pensions extremely valuable for higher earners.

Neither is automatically better; they serve different purposes.

A financially intelligent dentist understands the role of each and uses them intentionally.

Avoid short-term noise

There is a temptation among high earners to look for shortcuts.

A friend might mention a share tip, a colleague talks about a property deal. Someone on social media appears to be making fast money from cryptocurrency.

This is where many people get distracted.

Short-term investing often appeals to emotion whereas long-term investing requires discipline.

Most people do not fail financially because they chose the wrong fund by a tiny margin.

They fail because they stop investing when markets fall, they panic during downturns. Or because they spend everything they earn or chase short-term returns.

Financial intelligence is behavioural.

Stability changes how you show up

Once you have financial stability, your psychology changes.

Your nervous system becomes calmer and your neurochemistry changes.

You are no longer walking into the practice carrying the same background pressure around bills, targets, personal commitments and the need to sell.

Patients and staff start to feel this.

They may not be able to explain it, but they can sense when a clinician is relaxed, grounded and not desperate for a treatment plan to be accepted.

When you are financially under pressure, conversations can carry tension. You may over-explain, chase acceptance or feel emotionally attached to whether a patient says yes.



People do not want to feel sold to. They want to feel led by someone calm, competent and trustworthy.

When you relax, more comes to you.

Financial stability creates space and improves communication. Better communication builds trust and leads to improved treatment acceptance.

Your network matters

The people around you influence your financial behaviour.

If your network only talks about lifestyle, quick wins and short-term investments, it becomes harder to think long term.

If your network speaks about growth, discipline, business ownership, pensions, ISAs, cash flow, tax planning and long-term investing, your standards change.

A strong network should not push you towards reckless decisions. It should challenge you to become more educated, more consistent and more strategic.

Bringing it together

Financial freedom is not about retiring at 40 or never working again.

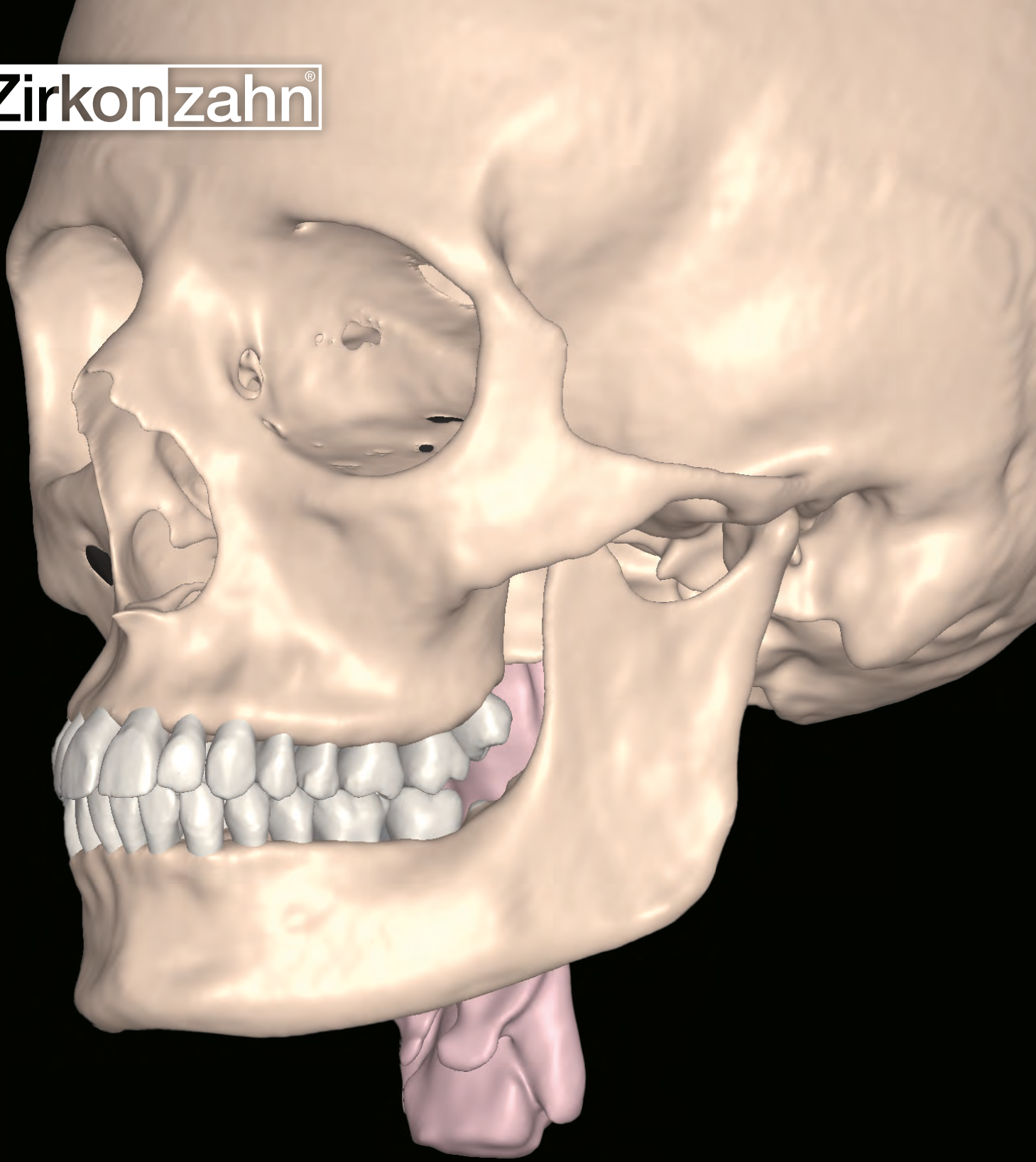
For many dentists, financial freedom means choice.

It means choosing the dentistry you want to do, not the dentistry you are forced to do. It means being able to take time off without panic and knowing that your future is being built quietly in the background while you continue to grow professionally.

Dentistry gives us the opportunity to earn well. Financial intelligence gives us the ability to turn that income into freedom.

That is the real goal – not just to make money, but to create options, security, confidence and long-term peace of mind.

Zirkonzahn®

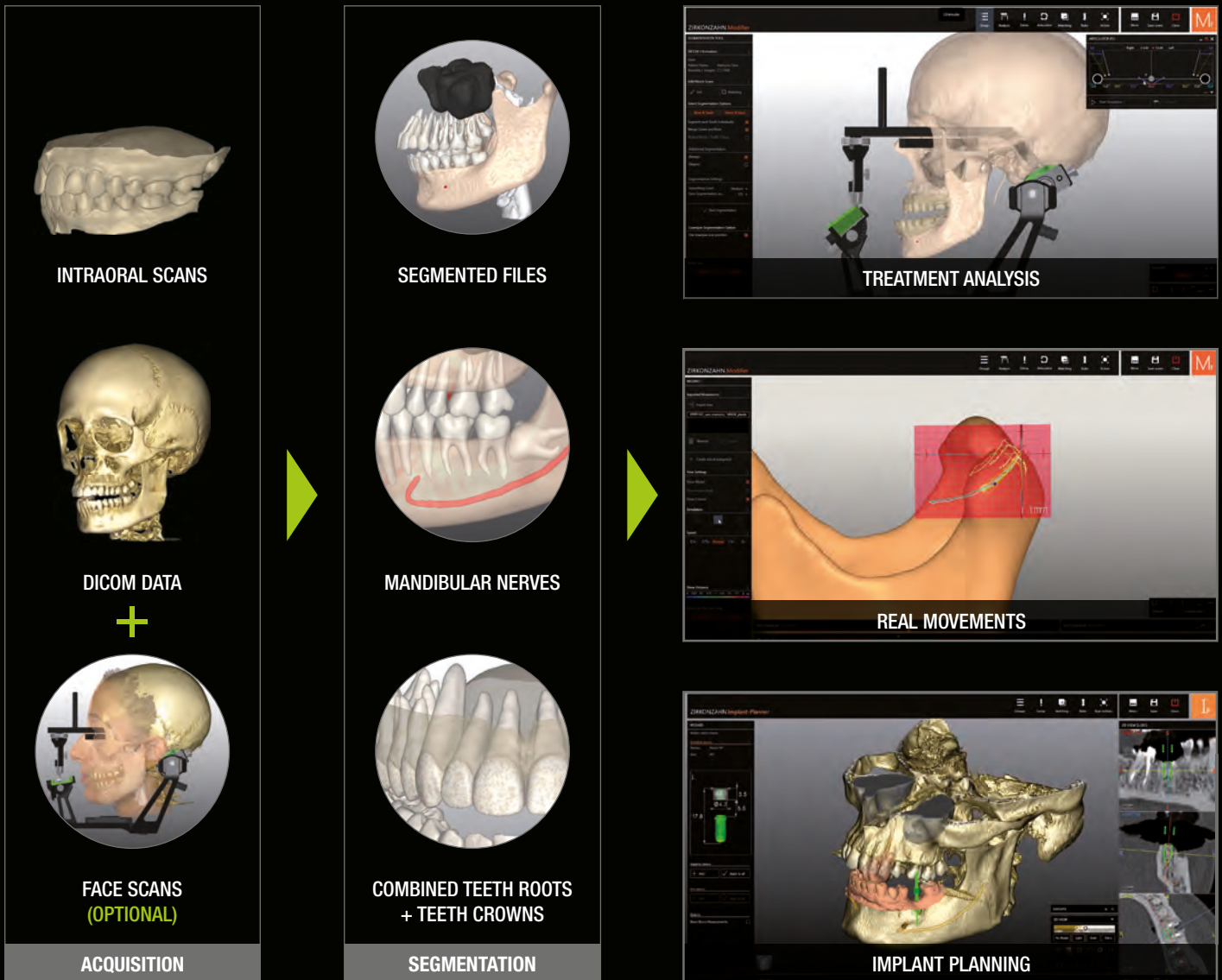


BONE DOCTOR

SOFTWARE MODULE FOR THE AUTOMATIC CONVERSION OF DICOM DATA INTO PRECISE 3D FILES
FOR EFFICIENT IMPLANT PLANNING AS WELL AS REAL MOVEMENT AND TREATMENT ANALYSIS



Follow us on Facebook and Instagram!



Bone Doctor is Zirkonzahn's new software module that significantly simplifies the digital analysis of the bone situation: by importing the patient's DICOM data, the module allows users to analyse the different cranial bones and generate the corresponding 3D files. The software is capable of autonomously segmenting any part of the skull. The extracted maxilla can be combined with the patient's Real Movement data to analyse the condylar movements and extracted teeth can also be used to perform orthodontic movements based on their actual root and crown morphology.

JOIN OUR COURSE ON ZIRKONZAHN.MODIFIER AT THE SCHOOL OF LONDON!

A 2-day training to explore all the design and set-up possibilities offered by our software and its modules.

For info and registration, scan the code or contact:

Martina Milani ☎ +39 0474 066 653 ✉ martina.milani@zirkonzahn.com



Don't let inflation eat into your profits

Ian Harvey explores why holding onto too much money can be a hidden risk for dental practices and how a smarter investment strategy can protect your business's future purchasing power

For many dental practices, a healthy cash balance is a traditional sign of stability. However, in an economic climate where interest rates on business savings often struggle to keep pace with inflation, holding too much cash for too long can be a hidden risk. Essentially, your money may be quietly losing its real-world value.

Commercial investing offers an alternative. By putting surplus funds to work in carefully selected assets, practices can aim to preserve – and potentially grow – their purchasing power over time. While all investing involves risk, and you may get back less than you put in, for many practice owners, the greater risk is allowing excess cash to sit idle.

The silent drain of inflation

Inflation is the silent drain on cash. Even if your bank balance grows slightly through interest, the actual spending power of that money often declines.

For example, if you held £10,000 in cash with a 3% inflation rate, the real value would fall to around £9,709 in just one year. After 10 years, that purchasing power would drop to roughly £7,441.

For dental professionals planning for future practice expansions or equipment upgrades, this erosion can significantly hinder long-term goals.

How commercial investments work

Investing through a business structure



is similar to personal investing. Your practice typically invests in funds where capital is pooled and managed by professionals. This provides access to a broad mix of asset classes, such as equities and bonds, offering greater growth potential than cash alone.

These funds are aligned with different risk levels. Whether your practice prefers a cautious strategy or a growth-focused approach, you can choose a path that reflects your specific business objectives and tolerance for market fluctuations.

The importance of a long-term view

Time is a critical factor in successful investing. While markets are unpredictable in the short term, a longer investment horizon – typically at least five years – helps smooth out volatility. This allows your capital more opportunity to recover from short-term downturns and benefit from growth trends. Consequently, commercial investments are best suited for funds that aren't required for immediate operational needs.

Deciding how much to invest

There is no universal formula; the

right approach depends on your appetite for risk.

A sensible starting point is to identify your essential cash:

- Operating costs – daily expenses and staff wages
- Medium-term projects – funds for planned refurbishments or new equipment
- Contingency reserve – a 'rainy day' fund for unexpected disruptions.

Once these are secured, you can identify the surplus capital suitable for long-term investment. Modern solutions are flexible, allowing you to invest lump sums or regular contributions that can be adjusted as your practice income fluctuates.

Expert guidance

Every practice has unique financial priorities. Seeking professional advice is crucial to ensure your investment strategy aligns with your wider business goals. At Wesleyan Financial Services, we work closely with dental professionals, combining sector insights with tailored advice. We help you make confident decisions about your surplus capital, so you can stay focused on what matters most: delivering excellent patient care.

For expert guidance that supports and protects both you and your practice, book a conversation with a dental specialist financial adviser at Wesleyan Financial Services. You can visit our website at wesleyan.co.uk/dental or call 0808 149 9416.



Ian Harvey

Specialist financial adviser at Wesleyan Financial Services.

ONE-SIZE-FITS-ALL ADVICE DOESN'T FIT DENTAL PRACTICES

Generic financial advice is a square peg
in the round hole of practice ownership.

Wesleyan Financial Services doesn't just dabble in dentistry – we're specialists, on hand to future-proof your practice and help it flourish.



Book an initial conversation with a dental Specialist Financial Adviser at no cost to you.*
visit www.wesleyan.co.uk/dpp or call **0800 009 3676**

Financial Advice: Retirement Planning • Investing • Funding • Insurance

*Charges apply only after you agree the services you require and the associated costs.

Advice is provided by Wesleyan Financial Services Ltd. Charges may apply.

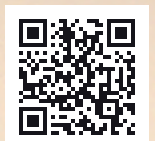
Wesleyan Financial Services Ltd (Registered in England and Wales No. 1651212) is authorised and regulated by the Financial Conduct Authority. Registered Office: Colmore Circus, Birmingham B4 6AR. Telephone: 0345 351 2352. Calls may be recorded to help us provide, monitor and improve our services to you.

WESLEYAN
we are all about you



You didn't get in to dentistry to deal with HR headaches, endless admin and payroll stress. *We did.*

Visit dentistry.co.uk/HR
or call 01923 851 774



The employment law changes forcing practices to rethink HR

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

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

A series of updates linked to the Employment Rights Act 2025 are likely to reshape how practices manage sickness absence, family leave, workplace conduct and record-keeping.

On paper, some of the changes appear procedural. In reality, they may expose wider pressures already building inside many practices.

Why dentistry may feel these changes differently

Dental practices often operate differently from other workplaces.

Most operate as small, highly connected teams where relationships matter enormously.

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

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

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

There is also a broader shift in



Lara Brewood-Green
Lead people consultant at Dentistry HR

workplace expectations taking place across healthcare and professional services.

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

The growing importance of documentation

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

New requirements will mean employers must maintain detailed holiday and holiday pay records for at least six years.

Later reforms will extend employment tribunal claim time limits from three months to six, increasing the importance of clear documentation.

There are also new obligations linked to sexual harassment and whistleblowing protections.

Employers will be expected to take more proactive steps around workplace conduct.

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

It is rare that contracts or policies are entirely absent. More often, documents have evolved over time, and wording no longer reflects current legislation.

In small practices especially, people management has historically relied heavily on trust, experience and informal conversations.



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

Where to go for support

As these changes begin to take effect across the profession, Dentistry HR will be hosting informal discussion sessions and Q&As exploring what the Employment Rights Act 2025 changes mean for dental practices.

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

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



OUR TOXIN YOUR CHOICE

REASONS TO CHOOSE BOCOUTURE

- Results seen as early as 7 days, lasting up to 4 months in upper facial lines¹
- A well characterised safety profile¹
- Convenient – no refrigeration needed prior to reconstitution¹



Scan the QR code to access
BOCOUTURE UK and Ireland
Prescribing Information

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

M-BOC-UKI-0761 Date of Preparation: January 2026

BOCOUTURE®

(Botulinum toxin type A)

Free from complexing proteins



Access injection
technique videos now



Merz Aesthetics Exchange
(MAX) is a promotional website
developed and funded by
Merz Aesthetics UK & Ireland.

Adverse events should be reported. Reporting forms and information for United Kingdom can be found at <https://yellowcard.mhra.gov.uk/>. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue>. Adverse events should also be reported to Merz Aesthetics UK Ltd by emailing UKdrugsafety@merz.com or calling +44 (0) 333 200 4143.

MERZ AESTHETICS®

Escaping the £100,000 dental tax trap

Minesh Patel highlights the hidden financial hurdles facing high-earning clinicians and shares strategies to protect hard-earned income from punitive marginal rates



In part one, we examined the financial foundations of self-employment. These form the baseline.

Part two moves into more nuanced territory; areas where even financially-literate clinicians can unknowingly lose substantial sums.

For many associates, practice owners and higher-earning dental care practitioners (DCPs), the primary monetary focus is often directed at income, but the real question is whether that income is retained efficiently.

Understanding profit and expenses

Within dentistry, gross income figures are commonly discussed, associates compare units of dental activity (UDA), and practice owners discuss revenue growth. Yet tax is levied on the profit, not turnover; far fewer discussions focus on net retained income.

Robust record-keeping systems reduce the likelihood of errors and ensures more of your income is preserved.



Dr Minesh Patel

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

The £100,000 threshold and 60% trap

Crossing £100,000 in annual income is commonly viewed as a milestone.

In reality, it introduces one of the most

‘OVER THE COURSE OF A 30 OR 40-YEAR CAREER, THE DIFFERENCE BETWEEN INFORMED AND UNINFORMED FINANCIAL DECISION MAKING CAN BE PROFOUND’

punitive marginal tax bands in the UK, representing a subtle but material financial trap.

For self-employed dentists and high-earning DCPs, once net income exceeds £100,000, the tax-free personal allowance of £12,570 is withdrawn at a rate of £1 for every £2 of income.

This taper continues until £125,140, at which point the allowance is lost entirely.

The consequence is an effective 60% income tax band between £100,000 and £125,140.

For clinicians working full-time, it can be remarkably easy to drift into this

band inadvertently.

The financial impact also extends beyond income tax alone.

Earning above £100,000 has another significant consequence; loss of entitlement to:

- Tax-Free Childcare for children up to 11 years (worth up to £2,000 per child annually)
- 30 hours of funded childcare for children aged nine months to four years (potentially worth up to £7,500 per child per annum).

The reality is stark; many higher-earning clinicians appear to experience income growth, however, once additional taxation and the withdrawal of certain benefits are taken into account, earning more can absurdly result in little or no increase in disposable income.

Using pensions as a strategic lever

Pensions are frequently only seen as retirement vehicles. However, for clinicians earning within the £100,000 to £125,140 income band, pensions can be a strategically powerful tool.

By making pension contributions, particularly into a Self-Invested Personal Pension (SIPP), taxable income is reduced, and certain benefits can therefore be restored.

Contributing into a SIPP can lower your ‘adjusted net income’ potentially bringing earnings back below £100,000.

For dentists undertaking NHS work, contributions via Superannuation to the NHS Pension Scheme remain extremely valuable.

Despite periodic political debate, it continues to be one of the strongest



UK defined-benefit pension schemes available, providing:

- Inflation-linked retirement income
- Ill-health retirement protection
- Death-in-service benefits
- Substantial employer contributions.

Dentists combining NHS and private work, however, should monitor their pension growth carefully.

Annual allowance rules and evolving pension legislation need to be considered alongside retirement needs.

For those working predominantly in private practice, retirement provision becomes entirely self-directed. A SIPP offers significant flexibility over investment choice and withdrawal options, while providing tax relief at the individual's marginal rate.

It's also worth remembering pensions compound quietly in the background for decades.

Pensions represent an effective wealth-building structure, but crucially, they are not just about retirement; they are a tool for tax efficiency.

The overlooked claim

One of the most common and underappreciated areas of financial leakage occurs through unclaimed pension tax relief.

Money paid into a pension is not subject to income tax at the point of contribution; instead, it is taxed upon withdrawal.

If you contribute to a pension from taxed income, you receive tax relief – the tax is being refunded to you.

Personal pensions operate under a 'relief at source' scheme, which means the pension provider automatically adds 20% basic-rate tax relief to any contributions that you make.

The total amount of relief entitlement depends on your tax band. Basic-rate taxpayers receive 20% relief, higher-rate taxpayers should receive 40% relief and additional-rate taxpayers should receive 45% relief.

The key word here is 'should'. Everyone receives 20% relief automatically, so basic-rate tax payers receive the correct amount. Higher-rate and additional-rate taxpayers however, do not, and therefore, potentially lose out.

A higher-rate taxpayer contributing £8,000 into a SIPP is entitled to £4,000 tax relief; the pension provider automatically reclaims £2,000 from HMRC and injects into your pension.

The remaining £2,000 however, must

be manually claimed.

The extra relief is claimed by you via a self-assessment tax return. The tax relief or refund typically arrives in the form of a reduction in your tax bill.

Student loans

Student loans further erode income.

Loan repayments commence from the April after qualification, once income exceeds a certain threshold.

The relevant threshold depends on the loan 'plan', determined by when the course commenced.

Repayments are typically 9% of income above threshold.

Student loan repayments materially increase marginal deduction rates.

For higher-rate taxpayers however, earnings between £50,270 and £100,000 are subject to 40% income tax, 2% National Insurance Contributions (NICs) and the 9% student loan repayments; equating to an effective 51% rate.

Within the £100,000 to £125,140 band, where effective income tax rises to 60%, the true marginal deduction rate can approach 69% once loan repayments are factored in. For every extra £1 earned, you may only retain 31p.

These figures are often underappreciated because payslips are absent in self-employment; the deductions occur through self-assessment, obscuring their impact. The headline income figure is therefore misleading and is not the same as usable income.

Incorporation and the value of nuance

Incorporation has historically been promoted as a tax-efficient structure for higher-earning associates, which extends to some DCPs.

Changes to corporation tax rates and dividend allowances however, have narrowed the potential advantages.

Paying yourself a company salary generates corporation tax relief, but it also triggers:

- Employer NICs (15% above £5,000)
- Employee NICs (8% between £12,570 and £50,270).

By contrast, sole traders pay 6% class four NICs over the same range.

This reduces the efficiency of incorporation where most profits are withdrawn as income.

Dividend payments avoid NICs, however, these are paid from company profits which are first subject to

Accurate identification of allowable business expenses is essential. Common deductible expenses include:

- General Dental Council (GDC) registration
- Professional indemnity
- Dental memberships
- Accountancy fees
- Clinical equipment (eg, loupes)
- Continuing Professional Development (CPD) (including associated travel and subsistence)
- Uniforms
- Professional subscriptions
- Proportionate home office costs.

corporation tax.

Dividends are distributed from post-tax profits and taxed again at the shareholder level at their marginal rate.

While dividend tax rates are lower than income tax rates, the combined effect often reduces the tax advantage of incorporation.

Professionals must also consider IR35 legislation, and the implications this may bring.

In some cases, incorporation may also create scope for legitimate household tax planning, for example, through involving a spouse in the business.

Where a spouse is a lower-rate taxpayer and is genuinely involved in the business or holds shares, this can allow income to be distributed more tax efficiently within the family unit.

Incorporation however, increases administrative burden, accountancy costs and compliance responsibilities.

The real objective of income retention

High-income professionals often assume that financial security follows automatically from a high salary.

In reality, the UK tax system is layered and highly interactional.

Over the course of a 30 or 40-year career, the difference between informed and uninformed financial decision making can be profound.

Wealth management is not solely about accumulation. It is about structure, discipline, and continual evaluation; the foundations of financial independence.

Disclaimer: This article is intended for general educational purposes only and does not constitute personalised financial, legal, or tax advice.

The key stages of a dental practice sale

Paul Graham outlines the essential roadmap of a dental practice sale and explains why early preparation and expert guidance are the keys to maximizing value

Selling a dental practice is one of the most significant financial decisions a dentist will make. Yet, for many owners, the process remains opaque until they are already in it.

Understanding the key stages from the outset and where value can be won or lost can make a material difference to the outcome.

PREPARE EARLY & APPOINT ADVISERS

Sale preparation should begin early, as owners who engage with a specialist agent 12 to 24 months ahead of their intended exit are far better positioned than those coming to market reactively. This enables a realistic appraisal, an informed view of current buyer appetite, and time to address factors that may limit value, such as lease terms, staffing challenges, or underperforming profitability. It also provides the opportunity to review financial and operational performance in advance; taking corrective action where needed can optimise EBITDA and ensure the business is presented to the market in the strongest possible position.

BUSINESS APPRAISAL

An appraisal should be carried out by a RICS-regulated firm with specialist dental sector experience. Once the decision to sell is made, preparation begins. The agent produces a confidential Information Memorandum detailing financials, staffing, history, equipment, tenure, and growth



Paul Graham
Managing Director – Medical,
Christie & Co.

opportunities. Supported by high-quality photography and often a virtual tour, this document underpins every offer received, so the quality of input directly influences the output.

VIEWINGS

A structured process is critical and, depending on the seller's preference, the practice may be launched confidentially or openly. It's important to pre-qualify buyers against financial capability to avoid wasted time and ensure only credible parties are engaged.

Viewings typically follow quickly and are as much about relationship-building as they are about numbers. Buyers assess strategic fit, while sellers evaluate the suitability of potential successors.

OFFERS STAGE

Multiple offers are common in the current market and, where this occurs, a best-and-final process is managed, with a detailed analysis presented to the seller. Importantly, the structure of an offer matters as much as the headline figure – deferred payments, earn-outs, and goodwill-only structures are very different propositions, and it is essential that sellers fully understand what they are agreeing to.

MEMORANDUM OF SALE

Once an offer is accepted, a memorandum of sale is prepared, outlining key terms including price, structure, stock treatment, and any ongoing involvement from the seller. This provides the framework for legal and financial advisers.



LEGAL PROCESS

The subsequent legal process involves due diligence, contract negotiation, and, where funding is required, a formal valuation to support lending. Healthcare transactions introduce additional complexity, particularly CQC registration, which must be carefully managed to avoid delays.

EXCHANGE & COMPLETION

Exchange of contracts and completion may be split to provide a transition period or, alternatively, occur simultaneously, depending on the transaction's specific nuances and structure.

The process from instruction to completion typically runs between four and nine months, though complexity, funding requirements, and CQC timings all influence that range.

Selling a dental practice is not simply about finding a buyer; it is a managed process requiring expert advice, careful preparation, and a clear commercial strategy. Get that right, and the outcome will follow.

If you are considering selling your dental practice, and would like a confidential discussion about your options, get in touch: paul.graham@christie.com or 07739 876 621

Thinking of Selling Your Dental Practice?

SO FAR IN 2026, OUR DENTAL TEAM HAS:



Advised on, agreed or
sold **234** practices with
a combined value of
£233,769,495



Arranged
130+ viewings



Brought **59 practices**
to market



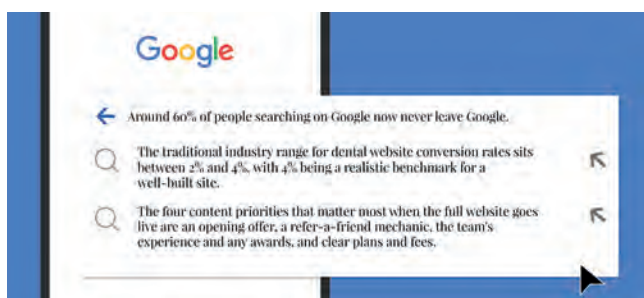
**WE HAVE BUYERS AND SELLERS
ACTIVE IN YOUR AREA.**

If you are considering a sale or purchase in 2026,
scan the QR code to get in touch with your local
expert, and we can advise you on your next steps.

T: 020 3846 0618 | E: dental@christie.com

How to fill your dental squat chairs fast

David Nelkin outlines the high-impact framework designed to ensure your new practice builds trust and attracts patients before you even open your doors



Most squat practice owners assume that a great fit-out and a good location will be enough to fill the chair. It has not been enough for at least 10 years, and the practices that learn this the hard way, usually around month four or five, when leads have stopped coming and the bills have not, end up trying to retrofit a marketing system on top of an already-stressed business. That is an expensive way to learn the lesson.

The patient does not know you exist yet, has no reason to trust you because you have no track record or reviews, and already has at least three other practices on their list before you even open.

Your job in year one is not just to get found. It is to build awareness, trust, and a system that turns the leads you generate into actual treatment starts.

The squat practices that get to break-even fastest are not the ones that spend the most. They are the ones that do the right things in the right order, starting before the doors open.

This piece walks through that year as a 'promote', 'convert', 'grow' build, because squat practices cannot afford to do one part of the funnel well and the other parts badly.

Why the whole funnel has to work from day one

'Promote' covers everything that gets your practice in front of new patients – paid advertising, search engine optimisation (SEO), local marketing, social, video.

'Convert' covers your website and the conversion rate optimisation work that turns visitors into enquiries.

'Grow' covers everything that happens after that first enquiry

comes in – your customer relationship management (CRM), the way your team responds to and converts leads, your nurture journeys, your reactivation programme, and the long-term patient relationship.

A squat cannot afford to do one well and the other two badly. 'Promote' on its own generates leads that go nowhere if 'convert' and 'grow' are not ready for them.

'Convert' on its own does not matter if no one is finding you. And 'grow' has to be running from day one, not from month seven, because the way you respond to that very first enquiry sets the pattern for everything that follows.

The pre-opening phase – minus six to zero

Most squat owners underestimate how much needs to happen before the doors open, and start far too late. Six months out is the right window.

That gives you time to do the work properly – logo and branding, domain and website

build, local presence build, content creation and review systems – rather than rushing it in eight weeks while you are also dealing with a fit-out and recruitment.

Claim your Google Business Profile (GBP) and verify it as early as possible. Google now lets you set an opening date, which means you can be ranking and discoverable before you see your first patient.



The launch: months one to three

Local marketing fundamentals do most of the heavy lifting in the first three months. If your practice is in a high footfall location, a large share of your earliest patients will come from within walking distance, and window displays, signage and QR codes are genuinely valuable.

Letter drops to the streets and postcodes nearest you make sense in any location, and especially to any new housing developments in your catchment.

Partnerships with neighbouring businesses, schools and community centres – the local gym, the coffee shop, the nursery, the dance studio.

Run an aggressive review collection programme from your very first patients, across multiple platforms. Google, Facebook, Trustpilot and Yell at minimum. The first 20 reviews are the hardest and the most valuable.



David Nelkin
CEO and founder of Xcelerator Dental

Promote — Convert — Grow

Running Meta ads but not seeing patients?

It's almost never the ads. It's everything else.
SEO, ads, websites, CRM, conversion. Working as one
system - not in silos.

Book a discovery call [→](#)

07834 978 074 · xceleratordental.com



SCAN TO LEARN MORE



The traction phase: months four to six

By month four, the first reviews are coming in, your GBP is starting to perform, and the website is being found. This is the moment paid spend can start working harder.

The 'convert' pillar comes into focus here. The traditional industry range for dental website conversion rates sits between 2% and 4%, with 4% being a realistic benchmark for a well-built site.

Doubling that to 8% means doubling your leads without spending another pound on marketing – and it is genuinely achievable when you focus on it.

Practices that work on conversion rate optimisation at this stage – testing landing pages, headlines, calls to action, form lengths and the path from ad to enquiry – while traffic is still small enough to actually study, set themselves up to scale efficiently when paid spend ramps up later.

This is also the moment to introduce treatment-specific campaigns. By now you have enough data to see which treatments your local market actually wants, which is rarely the same as the treatments you assumed they would want. Start measuring the things that matter properly.



The momentum phase: months seven to nine

By month seven you have a base of patients, a flow of enquiries, and several months of data. This is where the 'grow' pillar really starts to compound.

Your CRM should now be telling you something useful. Which enquiries are converting and which are leaking. How long the average patient takes from first enquiry to first appointment.

The 'grow' work that has been running in the background since day one – lead response, nurture journeys, reactivation – now has enough data behind it to be optimised properly rather than guessed at.

This is the moment to invest in the work that pays off over years rather than months. The recognition that a patient's real value is not their first appointment, it is the relationship over the next year and a half.

'Promote' and 'convert' are still running, but the work shifts at this stage from build to optimise. The fundamentals are now compounding and the focus moves to making each part work harder rather than building new parts.



The compound phase: months 10 to 12

The final quarter is about reviewing the year honestly. What is working? What needs to change in year two? Where the efficiency gains are.

By this stage the practice should be operating with a marketing system, not a marketing scramble.

This is also where the lifetime value conversation becomes real. The strongest squat practices are not the ones that maximise revenue from the first appointment.

They are the ones that build foundations for long-term patient relationships and avoid aggressive upselling early on, because they understand that the patient who feels well-treated in year one is the patient who is still coming, still referring, and still spending in year five.

YOUR JOB IN YEAR ONE IS NOT JUST TO GET FOUND. IT IS TO BUILD AWARENESS, TRUST, AND A SYSTEM THAT TURNS THE LEADS YOU GENERATE INTO ACTUAL TREATMENT STARTS

A note on the search reality you're launching into

It is worth understanding the search landscape your squat is actually opening into. Around 60% of people searching on Google now never leave Google. They find what they need in the AI overviews, the map pack, or the featured snippet.

The signals that make you visible in this new search landscape are also different from the ones that worked five years ago.

Cross-platform reviews matter enormously now – reviews spread across Google, Trustpilot and Facebook together feed into how AI tools decide which practices to recommend.

Short-form video on social media now appears directly in Google search results through the dedicated short videos tab. Regular Instagram posting is being indexed by Google as a freshness signal that influences rankings.

For a squat, this means your GBP, your reviews across multiple platforms, and your social and video presence are arguably more important than your homepage in the first 12 months. Get those right first, then worry about the rest.

Common mistakes to avoid

The most common pattern we see is spending everything on the launch and nothing on the build that comes after it, which leaves the practice with no fuel from month four onwards.

Closely related is starting paid advertising before the basics are in place, so you are paying for traffic that lands on a website not yet ready to convert it.

The real challenge of year one

The first 12 months of a squat practice are not really about making the practice profitable. They are about laying the foundations so years two and three can be.

Practices that try to shortcut the build, pay for it later, usually in the form of a marketing system that has to be retrofitted while the business is also trying to grow – which is the most expensive way to do it.

The squats that get to break-even fastest, are the ones that treat marketing as a system from day one.

Other mistakes show up consistently across squat practices we audit:

- Not collecting reviews aggressively from day one
- Ignoring local marketing in favour of a digital-only approach
- Relying on a single channel for all acquisition
- Trying to do everything in-house because the budget feels tight when the lost patients cost more than outside help would have
- Focusing entirely on 'promote' without giving 'convert' or 'grow' any attention at all.



Dentists' Provident, always by your side.

None of us know what the future holds.

Having to take time off work because of an illness or injury can have a serious effect on your finances. This is where we come in - our income protection plans can help take away the worry by replacing the income you lose, until life gets back to normal.

For over a hundred years, our members have trusted us to give them peace of mind when they need it most. Isn't it time you did the same?

To get a quote for an income protection plan please visit www.dentistsprovident.co.uk

To discuss a new plan just for you or review your current plan please contact our member services consultants on 020 7400 5710 or memberservices@dentistsprovident.co.uk

Protecting your lifestyle. Securing your future.

Dentists' Provident is the trading name of Dentists' Provident Society Limited which is incorporated in the United Kingdom under the Friendly Societies Act 1992 (Registration Number 407F). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom (Firm Reference Number 110015) and regulated in the Republic of Ireland by the Central Bank of Ireland for conduct of business rules (Firm Reference Number C33946). Calls are recorded for our mutual security, training and monitoring purposes.

**Dentists'
Provident**

Protecting your lifestyle. Securing your future.

Lessons for dentistry – the architect of success

Scott Millington shares how a focus on buildability, clear communication and stepping away from the ‘lead worker’ role can drive growth in any service

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

I’m Scott Millington, director and co-founder of Evoke Architecture.

We work across residential, hospitality, and commercial projects throughout the UK having just recently completed 51 lodges at Chester Zoo’s new The Reserve hotel scheme.

I didn’t fall into architecture by accident. It takes a lot of commitment and drive to get to the finish line.

I knew early on this was what I wanted to do, mainly because I could draw in perspective and understood space in a way that stuck. That clarity matters, because committing to seven years of training is not something you get through without a clear end goal.

I came into the industry through the standard route, education followed by practice, but the shift came once I was working on live projects. I started to see a gap.

A lot of practices focus heavily on design, but less on whether it actually gets built efficiently, stays on budget, or delivers what the client needs commercially.

That was the driver behind starting Evoke.

The idea was simple, architecture should lead to something tangible. It needs to get through planning, be buildable, and stack up financially.

That mindset still shapes how we operate.

In your industry, how do you differentiate your business from the competition?

In both architecture and dentistry, the core service can look similar from the outside.

Most practices can deliver the technical side. The difference is in how it is delivered and how well it reflects what the client actually wants.

For us, that starts with people. The way you deal with clients face to face, the confidence you give them, and how clearly you communicate.

We also make a point of not assuming what clients value. We

IF YOU STAY AS THE LEAD WORKER INDEFINITELY, GROWTH STALLS. STEPPING BACK IS WHAT ALLOWS THE BUSINESS TO MOVE FORWARD.

establish it early through direct conversations about priorities, budget, risk and end goals.

Once that is clear, it guides everything. Decisions are tested against those priorities rather than personal preference.

A lot of our work is repeat business. That comes down to trust in the team, how we handle projects, and the standard we maintain.

We are seeing a rise in the cost of living and business overheads. As a leader, what is your strategy for maintaining profitability during tough economic cycles?



Cost pressure is constant in construction, so the response has to be built into how you operate.

Most margin is not lost on quality, it is lost through inefficiency.

Poorly defined briefs, late changes, and rework are what erode profit.

So the focus is on tightening those areas from the start.

We push for clear decisions early and document them properly.

A well-defined project runs faster, with fewer issues, and less wasted time.

Internally, we stay disciplined. The team is structured around workload, not excess capacity. External support is brought in when needed rather than fixed into the business.

There is also a commercial reality. If fees do not reflect the service and risk, the numbers do not work.

Underpricing to win work usually creates more problems than it solves.

What is your philosophy on recruitment and retention?

Recruitment starts with ability. You



Scott Millington

Scott Millington is the co-founder of Evoke Architecture.



need people who can deliver to a high standard.

After that, it is about how they think, communicate, and take responsibility.

Retention comes down to ownership. People disengage when they feel like they are just assisting.

If they are responsible for a piece of work and understand its impact, they invest in it.

We involve the team in real decisions early. That builds accountability and confidence. It also improves the work, because people are thinking rather than just following instructions.

If someone is only 'showing up', that is usually a failure in how the role has been set up, not the person.

Many dentists struggle with being both the 'lead worker' and the 'business owner'. How do you balance the day-to-day with the strategic thinking required to grow it?

This is a common issue in architecture as well. Early on, you are both the lead designer and the business owner, and the two roles compete for time.

It is easy to prioritise the fee-earning work, but that can hold the business back.

They are fundamentally different roles. One is about detail and delivery. The other is about direction, decisions, and managing risk.

Trying to do both at full capacity does not work long term.

At the start, you have no choice. Over time, the shift has to be deliberate.

I've stepped away from being involved in every drawing and focused more on oversight, key decisions, and

client relationships.

That only works with a strong team and clear systems. If those are not in place, you get pulled straight back into the detail.

You also have to protect time. If every day is taken up with project work, there is no space to think about where the business is going.

Every successful entrepreneur has a 'war story'. Can you tell us about a significant mistake or setback you encountered in your business journey?

Early on, I took on projects that were not properly defined, mainly to secure work and keep things moving.

Those projects became difficult. The brief was unclear, expectations shifted, and the scope expanded beyond what had been agreed. That led to time being lost, fees eroded, and pressure on the team.

If the scope and expectations are not properly set at the start, the project will drift.

Now we are far more disciplined. We define scope in detail, challenge unclear briefs, and walk away from work that does not stack up.

Technology in all walks of life is moving incredibly fast. How do you decide when to invest and when to stick to the tried-and-tested methods?

Technology moves quickly, but most of it does not deliver meaningful value straight away.

We look at it in simple terms. Does it save time, reduce risk, or improve

the end result? If it does, it is worth considering. If not, it is a distraction.

In architecture, tools like Building Information Modelling (BIM) are effective on complex projects where coordination matters. On smaller projects, they can slow things down.

There is also the cost of implementation. New systems take time to learn and integrate, and that has to make commercial sense.

Clients are not interested in what software you use. They care about whether the project works.

We adopt technology where it has a clear purpose and ignore it where it does not.

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?

Do not lose sight of what you enjoy, what you are good at, and what your clients actually need from you.

As a business grows, it is easy to drift. You take on the wrong work, stretch into areas where you are less effective, and lose focus on where you add value.

Long-term success comes from staying aligned with that.

At the same time, business is built on relationships.

The service matters, but people come back because they trust you and value how you work.

If you get those two things right, your strengths and your relationships, the business has a solid foundation to build on.

Strength in numbers

Compliance is no longer a solo endeavour. Pat Langley explores why a collaborative approach is the only way to build a sustainable, stress-free dental business

Let's start with an immutable fact – if you don't have a compliant business, you don't have a business.

So what is the best way to ensure your practice becomes and remains compliant? A little bit like the adage that a dog is not just for Christmas; it's for life – compliance shouldn't just be about your inspection, it should be how you run your practice every day.

Thankfully, more and more practices understand this, and they also understand that compliance is a team event, meaning the burden of compliance isn't left to one person.

In the early days of regulation, compliance was often something that the practice manager 'did' on a Friday afternoon. Or the stressed practice principal spent their weekends and evenings 'doing' compliance.

If your practice isn't quite there yet with how you manage compliance, what are the key things you need to consider on your journey to becoming compliant?

Develop a positive attitude

Great leadership requires a great attitude, whether that be towards customer service, clinical standards, team development, or compliance.

Having a positive attitude will enable leaders to create a culture in which team members can grow and develop in their roles and feel their contributions make a difference.

Leaders who believe that compliance is an unnecessary distraction from the business of running a practice and perhaps an unnecessary expense will find that the whole team thinks that too,



Pat Langley
Founder of Dentistry Compliance



A DOG IS NOT JUST FOR CHRISTMAS; IT'S FOR LIFE – COMPLIANCE SHOULDN'T JUST BE ABOUT YOUR INSPECTION

and that is dangerous territory.

Conversely, leaders who see compliance as an essential component of running a successful business will impart this to their teams and reap the benefits.

Share compliance between the team

Put simply, there are too many compliance tasks that need to be completed for one person to do it all.

In addition, different team members have different skills and knowledge in different areas, so it makes sense to utilise their skills in the areas they are most knowledgeable about.

Invest in compliance software

If you haven't already done so, investing in compliance management software will pay you back 10-fold.

At Dentistry Compliance, we find an almost universal fear in practices

that they 'don't know what they don't know', and they worry they may have interpreted requirements or guidance incorrectly.

A good compliance management system should be user-friendly and contain all the up-to-date information you need to feel confident that you have everything you need to become and remain compliant. It should also prompt you to complete your compliance tasks on time and explain any tasks you are unsure about.

You should be able to delegate tasks to team members and check that they have been completed on time.

You should also be able to seek advice from an experienced team.

Which system to go for?

It's very personal! Have demos of all the systems to see which one best fits your practice's needs.

If you would like a demo of our system at Dentistry Compliance, we'd love to chat with you.

Please scan the QR code to book a demo.



You didn't go into dentistry to
prep for inspections and worry
about compliance.

We did.

£119 + VAT per month

~~£139 + VAT per month~~

**Book a free
30-minute demo**



Visit www.dentistry.co.uk/compliance or call 01923 851 778

T&Cs apply. Please visit our site for full details www.dentistry.co.uk/compliance/terms

Stopping the dental burnout crisis

Emma Flunt reacts to the recent stress awareness survey by the Dental Defence Union (DDU) and suggests ways to combat it



and physical health.

Crucially, stress is not simply confined to how people feel. More than a third of respondents (34.5%) said the pressure they face puts them at increased risk of making mistakes at work. When stress becomes chronic, it has the effect of narrowing attention, increasing fatigue and reducing recovery time. None of which are positive factors in a safety-sensitive environment.

Why awareness matters

For a long time, dental industry commentators have been pointing to the workforce issue in dentistry.

While there may be plenty of clinicians on the General Dental Council (GDC) register, very few of them work full-time, especially post Covid-19.

As the survey demonstrates, this situation shows no sign of improving.

Nearly 45% of respondents (44.9%) said they had considered reducing their working hours, and almost three in 10 (28.9%) had considered leaving the profession altogether.

Reframing the narrative

Stress awareness is about protecting the people responsible for maintaining standards, not lowering them.

When dental professionals feel supported, rested and able to recover, the quality of care they provide improves along with their prospects of maintaining a long and fulfilling career.

The data in the survey highlights that addressing stress among the profession is now essential.

Dentistry has always been a profession acknowledged as being stressful. However, these days it seems to be getting worse.

New data from a 2026 DDU member wellbeing survey of 325 dental professionals across the UK suggests that workplace pressure is no longer an occasional strain but is shaping how the profession works, how it feels, and how long people believe they can sustain their careers.

This underlines the need to recognise the risk early and reduce pressure before it compromises clinicians' health if we want to improve retention and ensure patient safety.

The (dis)stress signal is clear

In the survey, more than eight in 10 respondents (83.7%) reported increased stress as a result of workplace pressures. Sadly, half (50.2%) of them said those pressures were already affecting their mental

What's driving the pressure?

The survey data suggests there are three dominant drivers to the increased stress levels:

- Staff shortages increasing workload (61.5%)
- Rising patient expectations (60.3%)
- Fear of patient complaints (59.1%).

Individually, each is manageable. Together, they create an environment where it feels as if there are never enough hours in the day and that something is bound to go wrong at some point.

This constant sense of needing to rush through things also increases the likelihood of errors and so the vicious cycle continues.

Many professionals describe being in a constant state of alert clinically, emotionally and legally. Living like that is exhausting, particularly if it's over a sustained period of time and without the opportunity to rest and recover.

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. Call 01691 684165 or visit www.practiceplan.co.uk/be-practice-plan.



Emma Flunt

Regional support manager for Practice Plan Group



www.practiceplan.co.uk

Be part of it...

Be Practice Plan.

Scan the QR Code below to find out what being part of the family could mean for you.

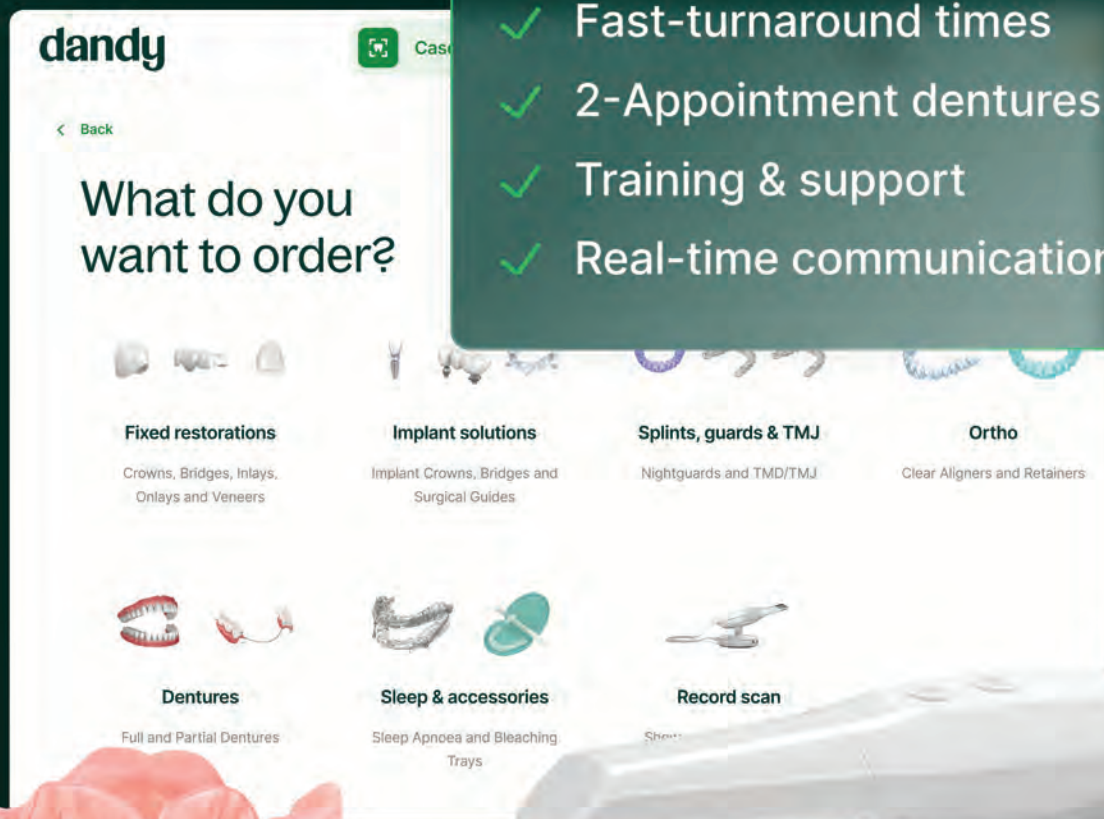


The leading provider of
practice-branded plans

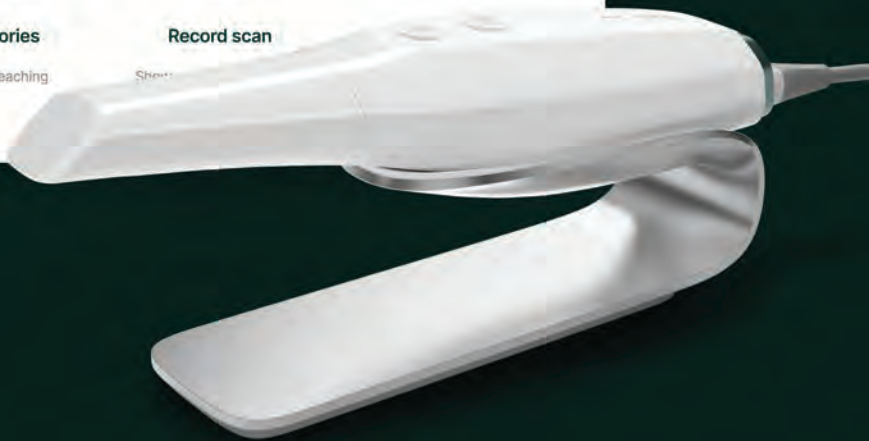
Practiceplan
The business of dentistry

The future of dentistry is Dandy

Your one stop digital dental lab



- ✓ Fast-turnaround times
- ✓ 2-Appointment dentures
- ✓ Training & support
- ✓ Real-time communication



dandy

Learn more →



Unlocking the Ferrari in your practice

Sweta Surana Bhandari provides a practical plan to help dental practices use their therapists more effectively to increase both efficiency and revenue



In a previous piece on Dentistry.co.uk, I compared the dental therapist to a 'Ferrari in a school zone', a high-performance asset idling in a restrictive environment.

Since then, the question I've been asked most is: 'How do we actually start moving the Ferrari onto the track?'

The industry response was loud: we know the potential is there, but how do we clear the track? The answer isn't simply more referrals. To move past theory and into a high-performance clinical workflow, it requires a structured four step skill-mix audit.

Step one: the congestion audit

Efficiency dies in the handover.

For one week, audit the dentist's diary through a therapist's lens.

The low-complexity work that falls within the therapist's general dental council (GDC) scope including simple restorations, paediatric care,



Sweta Surana Bhandari

Dental therapist, researcher, and speaker at Inspire Dental Centre

initial periodontal therapy, should be directed to the therapist's chair.

This helps clear 'the stumps' allowing the dentist to focus on high-yield, complex cases like implants, onlays or full-mouth rehabs that only they can perform, ultimately increasing the entire practice's hourly yield and revenue generation.

Step two: diagnostic lead

If a tooth is grade three mobile or a tiny, loose root stump, why create an extra hurdle by referring back to a dentist?

As published on Dentistry.co.uk in 2024 in an article titled: 'Empowering the Dental Therapist: Removing Unnecessary Limitations in Practice', Cat Edney argued the inability to remove mobile retained root fragments creates 'unnecessary limitations'.

In my model, the therapist acts as the diagnostic lead.

The therapist takes the X-rays, performs the vitality tests, and if the case is a 'low resistance' extraction, it stays in my chair.

The dentist is reserved for the 'surgical zone' – complex experience level agreements (XLAs) and root canal treatments (RCTs), ensuring the patient's journey is seamless.

Step three: the digital pit-stop

A Ferrari needs a high-tech garage.

We must bridge the gap between impression taking and digital ownership.

Using digital scanning, a therapist should fully own the appliance workflow from scanning for passive splints and bruxism guards through to

the final fit.

If we are trusted with complex restorative protocols, we are more than capable of managing digitally guided appliances.

This isn't just helping; it's taking full clinical ownership of a high-growth area of the practice.

Step four: bridging the surgical gap

The biggest frustration is encountering a straightforward clinical situation like a difficult lower extraction and being unable to suture to ensure haemostasis.

We need to move away from 'beige' content and toward 'surgical bridges'.

I am calling for targeted courses and training that empowers therapists to perform non-osseous gingivectomies and suturing.

When a therapist can manage the soft tissue around a deep subgingival lesion, the entire practice velocity increases.

Conclusion

Moving the Ferrari onto the track requires more than just opening the gate; it requires a pit crew – a practice manager, a principal, and a therapist; all working from the same manual.

As Miranda Steeples (2023) often emphasises, this shift requires more than just new skills; we must move toward a structure of mutual respect, confidence and competence of the entire oral healthcare team.

We've talked enough about the theory of skill-mix. It's time to look at the diaries, fix the referral bottlenecks, and actually let the therapists drive.

Two-day course on the digital workflow for full dentures

Join the course on the 3-4 and 6-7 July 2026, at Zirkonzahn's School of London in Canary Wharf

The School of London is Zirkonzahn's first facility in the United Kingdom. Located in Canary Wharf, not far from the city centre, it is designed to host a showroom as well as a variety of courses covering a wide range of topics – from material diversity and layering techniques to CAD/CAM systems.

The trainings, open to both dentists and dental technicians, are held by qualified dental technicians. They include a practical session allowing participants to apply and consolidate their newly acquired skills and meet the criteria for the GDC's development outcome C.

At present, the courses available focus on the digital design of full dentures, the use of Zirkonzahn.Modifier, and Fresco Ceramics application.

Registrations are now open for the upcoming editions of the course about digital full dentures, which will take place on 3-4 and 6-7 July 2026.

During the course, the instructor illustrates step by step the complete design process for full dentures using the Zirkonzahn.Modifier software. The knowledge acquired is then put into practice through hands-on sessions, focusing on both manual finishing and work individualisation.

Participants are also introduced to Zirkonzahn's newly developed denture resin materials as well as to the application of composites and a bonding technique based on the principle of cold welding.

DURING THE COURSE, THE INSTRUCTOR ILLUSTRATES THE COMPLETE DESIGN PROCESS FOR FULL DENTURES USING THE ZIRKONZAHN.MODIFIER SOFTWARE



Programme day one from 09:00 am to 06:00 pm

- Introduction to the world of full dentures and overview of the advantages of a digital workflow
- Set-up of the upper/lower denture in the Zirkonzahn.Modifier software with already defined bite relation (by eg old prostheses)
- Digital acquisition of the upper/lower course models
- Physical vs. digital articulator
- Set-up of the upper/lower denture in the Zirkonzahn.Modifier software by finding a mean-value for bite relation (eg if no prostheses are available)
- Creation of an upper denture base for the try-in using the Zirkonzahn.Modifier software.

Programme day two from 09:00 am to 06:00 pm

- Simulation of the jaw relation
- Scanning and matching the new situation with upper model articulation performed the day before
- Virtual tooth set-up in the Zirkonzahn.Modifier software
- Final design of the upper/lower denture
- Bonding of the denture teeth (Abro Basic Multistratum) to the denture base (Denture Gingiva Basic Mono) according to the cold-welding principle
- Overview of repair methods for a milled restoration.

Participation is limited to four participants.

For more info and application scan the code or contact:
 Martina Milani, T: +39 0474 066 653, martina.milani@zirkonzahn.com | Jasmin Oberstaller, T: +39 0474 066 735, jasmin.oberstaller@zirkonzahn.com.



PRIVATE

DENTISTRY AWARDS 2026

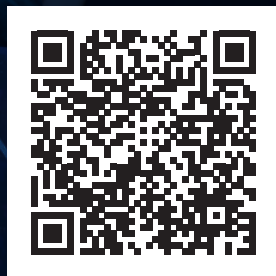
GROSVENOR HOUSE HOTEL, LONDON

20 NOVEMBER 2026

YOUR HARD WORK DESERVES THE SPOTLIGHT

16 CATEGORIES TO CELEBRATE THE WHOLE DENTAL
TEAM, FROM INDIVIDUAL ACHIEVEMENTS TO TEAM
AND PRACTICE EXCELLENCE, THE AWARDS SHOWCASE
THE BEST OF MODERN PRIVATE DENTISTRY.

ENTRIES NOW OPEN



FINAL ENTRY DEADLINE: THURSDAY 18 JUNE 2026

Fit-N-Swipe: optimising patient hygiene

Hager Werken



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

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

Fit-N-Swipe is a simple yet effective solution designed to address this issue precisely: single-use cleaning and drying pads attached directly to the back of the glove to ensure they are always within easy reach.

They are incredibly straightforward to use.

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

Debris, blood or plaque residue can be wiped away quickly and efficiently without interrupting the workflow.

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

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

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

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

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

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

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

www.hagerwerken.de/en

info@hagerwerken.de

Colgate partnering for prevention: from evidence into action

Colgate



Landing Forty Two in London provided a fitting backdrop for Colgate's recent thought leadership event, Partnering for prevention: from evidence into action.

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

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

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

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

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

www.colgateprofessional.co.uk

Boost patient engagement

Carestream



When you implement Sensei Cloud, the cloud-based practice management solution from Carestream Dental, you gain access to simpler, more convenient, and more seamless workflows.

The Patient Bridge feature facilitates highly efficient patient communication and engagement every step of the way.

Not only does this enhance the patient experience, it also helps to build rapport with each individual, encouraging their ongoing loyalty to the practice for long-term sustainability.

Ensuring smooth integration with existing workflows, the software can be used by practices offering NHS, private, or mixed services with ease.

It's even beneficial for multi-site businesses, and can be designed to scale as you grow.

Find out more from Carestream Dental today.
gosensei.co.uk

Make a change, not an exit

Denovo

Denovo Dental Partners addresses the limitations of the traditional practice sales market by introducing a genuinely new shared ownership model to the UK.

Partner dentists receive the full value of their practice upfront, in a combination of cash and equity in the wider Denovo group.

They retain full clinical and business autonomy, continuing to run their practice in the way they believe is right, with the option to access central support across core areas such as HR, finance, and procurement.

Collaboration sits at the heart of the Denovo model.

We work alongside our partners to support sustainable practice growth, with multiple wealth creation opportunities that reward both individual practice performance and wider group success over time.

This approach is particularly well suited to clinicians who want to continue practising dentistry, caring for patients, and leading their teams – with greater support and less pressure. Make a positive change, not an exit.

Unlock the full potential of your practice with Denovo.

Get in touch to arrange a no-obligation, no-pressure conversation.

Kristen.Pope@DeNovo.Partners

www.denovo.partners



The Endodontic Precision Protocol hands-on course

Coltene



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

This advanced and highly practical event is led by Dr Dhiraj Arora, a renowned expert in endodontics, and is designed to support clinicians in creating repeatable workflows with an emphasis on precision, safety, and predictable results.

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

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

[07788 146 109](tel:07788146109)

www.coltene.com/europe

When a Successful Dental Practice Still Feels Financially Heavy

Khyam Chudhry explains why many practice owners are earning well – but still don't feel in control

There is a conversation many dentists quietly have with themselves, usually late in the evening after another busy day at the practice.

From the outside, everything may appear successful. The chairs are busy, patients are flowing through the doors and the turnover looks healthy. But underneath it all, many owners still feel a constant sense of pressure.

Not necessarily because the practice is failing. But because despite years of hard work, they still do not feel fully in control financially.

And the truth is, this feeling is far more common than people realise.

Many practice owners expect life to become easier as the business grows. Instead, growth often brings more complexity, more staffing challenges, greater compliance demands and increasing operational pressure.

The practice becomes bigger, but freedom does not always grow with it.

What do the numbers mean?

One of the biggest issues we see is that many owners rely heavily on the bank balance to judge how the practice is performing.

If there is money in the account, things feel okay. If cash becomes tight, stress increases.

But the bank balance alone rarely tells the full story.

'WHAT IS THE PRACTICE ACTUALLY GIVING BACK TO THE OWNER EMOTIONALLY, FINANCIALLY AND PERSONALLY?'



It does not explain where profits are leaking, whether growth is healthy, how much tax is building up or how much the owner can safely extract from the business.

This is where many dentists begin feeling disconnected from the financial side of the practice – not because they are poor business owners, but because most were never taught how to properly interpret the numbers behind a growing dental business.

A practice can also be extremely busy while still feeling financially tight.

Sometimes revenue increases while overheads quietly rise faster. Sometimes associates produce heavily, but margins shrink. Sometimes the pressure simply comes from carrying too much responsibility

personally.

This is why turnover alone is rarely the full measure of success.

The more important question is: 'What is the practice actually giving back to the owner emotionally, financially and personally?'

Building a healthier relationship

When owners begin gaining proper financial clarity, decision-making often becomes calmer.

Understanding where money is going, what is driving profitability and what pressures are approaching can significantly reduce uncertainty.

And that clarity changes more than numbers.

It can improve confidence, reduce stress and help owners build a healthier relationship with the business itself.

Because ultimately, most dentists did not enter the profession to spend evenings worrying about cashflow, tax exposure or operational pressure.

They entered to care for patients and build meaningful careers.

The goal is not only to build a successful practice. It is to build one that still allows the owner to breathe.

Dental Accountant works with dental practice owners across the UK to help improve financial clarity, visibility and business understanding beyond year-end accounts alone.

Explore more guides and insights at: www.dentalaccountant.com.



Khyam Chudhry
Founder of Dental Accountant

Dominic Hassall Training Institute

Certificate • Diploma • Masters
Restorative & Aesthetic Dentistry
Bioclear • Occlusion • Implant



**MASTER NEW TECHNIQUES.
MAXIMISE YOUR RETURNS.**

Claim Your Educational Toolkit - DHTI.co.uk



Career Pathway

STEP 1

PG Cert in Contemporary
Restorative & Aesthetic Dentistry

STEP 2

PG Cert in Advanced Contemporary
Restorative & Aesthetic Dentistry

STEP 3

PG Dip (Restorative
Aesthetic Dentistry)

STEP 4 MSC





IN THE HOT SEAT

Trishala Lakhani explains how she juggles her double life of dentist and TV presenter

Quick fire questions

- 1. Coffee or matcha?**
Oooo a tricky one, it really depends on my mood—but today I've had both!
- 2. The one dental instrument you couldn't live without?**
A mirror, of course! But a burnisher is a close second.
- 3. Most common question you get asked in your DMs?**
I don't think you want to know!
- 4. Best piece of advice you've ever received?**
Nothing changes if nothing changes!
- 5. If you weren't a dentist, what would you be?**
A television presenter!

Q The 'Turkey Teeth' documentary sparked a massive national conversation. Did you expect that level of impact?

A I always knew it was an intriguing topic that closely correlated with the rise in popularity of reality television.

But did I think it would go on to become the most-watched documentary of the year on the BBC among young audiences? No!

I also never expected to be nominated for awards such as 'Most Impactful Journalism' at the BBC News Awards, or for myself to be nominated as 'Debut Presenter.' It was an honour.

The morning the documentary was released, a car came to pick me up early, and by 6am I was sitting in a soundproof booth at BBC Broadcasting House doing the media rollout, with around 20 interviews.

I vividly remember that being the moment I realised the true scale of the documentary's impact and the conversation we had sparked.

My aim in making the documentary wasn't to convince people to go to Turkey or not, but to inform and educate them with all the tools and information they needed to make the right decision for themselves.

From the responses we received, I'm so glad we achieved what we set out to do.

Q You've worked in an oral cancer department and a special care unit. How did that shape you?

A First and foremost, the patients I worked with inspired me every single day.

Their resilience was second to none, and I feel incredibly lucky and proud to have been part of their journey as one of their clinicians.

This experience has had a long-lasting impact on how I live my life.

Personally, I sometimes struggle to live in the moment, as I'm often focused on the next goal.

But it's so important to be present, because tomorrow isn't promised.

It's a constant reminder of how precious life truly is, and it has taught me to live with gratitude every day – for my family, my health, opportunities and even something as simple as waking up in the morning!

And this is also something my parents have always taught me, always be grateful for what you have, and I ensure not a day goes by without me feeling thankful.

It also taught me that you never know what someone else is going through, so it's important to treat everyone with kindness and compassion.

Doing something small can have a huge impact on someone's day.

Q How do you handle the 'dental influencer' label?

A In all honesty, I don't really consider myself a 'dental influencer,' so I don't think about it!

I'm simply very grateful to be able to use my platform to educate, entertain and inform audiences on both dental and non-dental topics, particularly through television.

I love being able to have a positive impact on my audience.

I believe television has a huge influence on people's quality of life, it's more than just switching the television on – it can provide company to someone who is feeling lonely at home in the evening, to offering entertainment and humour and knowledge.

It gives me a great sense of fulfilment to have this platform, and I'm very grateful for that.

Q What is the biggest challenge in balancing a media career with clinical practice?

A That's a great question – sometimes it really does feel like I'm living a double life!

Funnily enough, last week I was asked to present an award at the BAFTA Television Craft Awards, which was surreal, and less than 24 hours later I was back in clinic seeing patients. But I wouldn't have it any other way!

Dentistry is a great career in that it allows you to balance two paths and offers a lot of flexibility.

However, my biggest challenge has been overcoming my own self-limiting beliefs – thinking I had to choose between being a TV presenter and being a dentist.

I've since learned that you can do anything you set your mind to, and you don't have to fit into just one box!

Because I'm deeply passionate about both, that makes all the difference and motivates me to strive to be both an excellent dentist and an excellent presenter.

KAVO

AMIQA

Simply essential.

Full surgery packages
from £19,395

+ VAT

plus
Choose your FREE
upgrade:

KaVo EXPERTseries
handpieces x2

OR

KaVo DVGW water block
(no more bottles!)



scan here to
get in touch

Dentistry Show
special offers
valid until 30.06.26



dentally



Short notice filler



Voice driven AI notes



Practice insights



Automated SMS

The easiest way to stress-free dentistry

Take extra admin off your to-do list with Dentally. Scan the QR code to find out more.

