

Dentistry

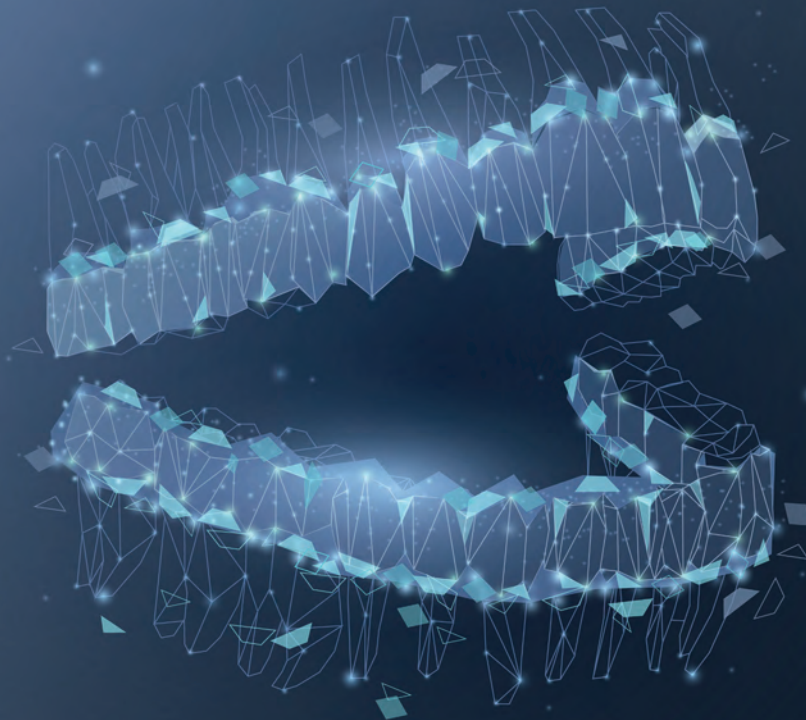
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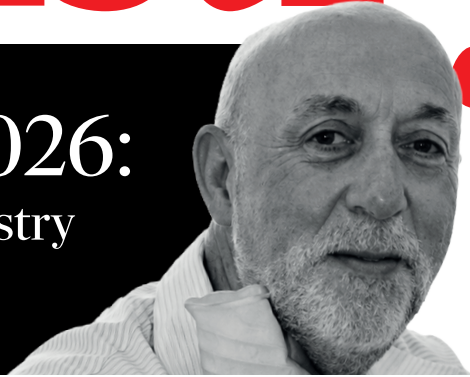
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Dentistry

July/August 2026

FMC CONNECTING DENTISTRY

Eddie Scher 1950-2026:
pioneer who helped implant dentistry
find its place. pg 4



Tooth-regeneration drug set for first trials in target patients

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

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

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

The drug, TRG035, works by blocking USAG-1, a protein that suppresses tooth development.

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

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

Unlocking the third dentition

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

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

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

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

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



Helping international dentists feel at home

For many international dentists joining the UK register, the journey is avoidably long, expensive and often lonely.

That was the human thread running through the GDC's Dental Leaders Network event on 30 June, which brought together regulators, educators, employers and support organisations to ask how the profession can do better.

The discussion came as international routes into UK dentistry continue to grow, with

speakers exploring what that means for registration, NHS access and patient safety.

Several speakers who had gone through the ORE explored what support should look like.

They stressed that the exam is only one stage in the process, and international colleagues need further support to serve patients safely.

As Kaushik Paul, clinical director at MyDentist, put it, you cannot simply drop a dentist from Mumbai into Makerfield and expect it to work.

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Contacts

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FMC, Hertford House, Farm Close, Shenley,
Hertfordshire, WD7 9AB
Tel: 01923 851777 Email: info@fmc.co.uk

Editorial Team

Editor-in-chief: Guy Hiscott
Editor: Seb Evans sebastian.evans@fmc.co.uk
Content contributors: Patrick Johnston, Rowan Thomas

Editorial advisory board

Chinwe Akuonu BSc BDS
Shivana Anand BDS
Hassan Asad MChD/BChD Oral Science BSc MFDS RCS (Edin)
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Victoria Sampson BDS
Nishma Sharma BDS
Harry Shiers BDS MSc (implant surgery) MGDs MFDS

Design and production team

Production manager:
K Marceylyne McCalla k.marceylyne-mccalla@fmc.co.uk
Designer: Glenn Baxter

Advertising team

Tim Molony tim.molony@fmc.co.uk 07595 282680
Ivana Perkins ivana.perkins@fmc.co.uk 07760 887016

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What does the doctor's strike mean for dentistry?



Seb Evans
Editor's view

Frontline resident doctors have voted to accept the government's latest pay offer, which ends around three years of strikes.

It was a tight margin – passing with a slim 53% majority – meaning that while nearly half of those

that voted remain unsatisfied, the threshold to stop striking and accept the offer has been met.

The government has bought its way out of a crisis, and at least half of the striking doctors are getting the financial reward they fought for.

But as hospitals breathe a sigh of relief, what does this resolution mean for the high-street dental practice.

The short answer? Virtually nothing.

The luxury walkout

Dentists do not have the luxury of striking.

Because NHS dentistry operates on a contract basis, striking is an impossibility.

When a practice takes on an NHS commitment, they agree to deliver the treatment targets.

If dental teams stop working, they miss those targets. The consequence isn't just a missed paycheck – clawbacks create severe financial penalties.

Instead of walking out, dentists are forced to protest passively.

They don't have the opportunity to hold placards outside hospitals; they simply hand back their NHS contracts and walk away from the system entirely.

Unfortunately, this quiet exit doesn't win the same public sympathy as a junior doctor strike.

Instead, it gives the profession a bad reputation in the media.

Dentists are routinely painted as 'greedy dentists' who are accused of abandoning patients.

It is an exhausting narrative, especially considering many dentists turn to private treatment just to help support the NHS contracts they also provide!



The Downing Street vacuum

If anyone was hoping the government would pivot from the medical strike to finally fix NHS dentistry, they are in for a disappointment.

The current turmoil at Downing Street – with a new Prime Minister likely moving into Number 10 soon – means the policy machine has ground to a halt.

NHS dentistry is simply not going to be at the top of the political agenda anytime soon.

Furthermore, the amount of money required to fund a new pay rise for resident doctors has to come from somewhere.

With more money flowing into acute hospital care, there will be even less available to invest in the dental sector.

The ultimate tipping point

For any practice owner currently teetering on the edge, looking at a difficult NHS contract and wondering whether to make the leap towards private dentistry, it certainly feels like the government's attention is elsewhere.

You have a government in administrative chaos, less state funding available for primary care and a narrative that tries to paint dentists as the villains for turning their back on the NHS.

Contrast that with a booming private sector where patients are actively willing to pay for quality care and timely access.

The medical strike may be over, but for NHS dentistry, the decay remains.

If you have been waiting for a sign to convert your practice to a private model, this might just be the year that tips the scales for good.

Eddie Scher 1950-2026: pioneer who helped implant dentistry find its place

Professor **Eddie Scher**, one of the defining figures of UK implant dentistry, has died. Guy Hiscott reflects on the legacy he leaves behind

Guy Hiscott
Content director at FMC

A specialist prosthodontist and oral surgeon, lifelong educator and one of the architects of the Association of Dental Implantology, Eddie helped guide implant dentistry from its pioneering years towards the respected discipline it is today.

Pioneering implant dentistry

After qualifying from University College Hospital in 1973, he moved from general practice into the more complex restorative and surgical work that would define his career.

His name was synonymous with implant dentistry for a reason.

From as early as 1985, his own clinic – the Walpole Street Dental Practice in Chelsea – was dedicated to prosthodontics and implant dentistry, years before the discipline became mainstream.

In a world of guided surgery and digital implant planning, it is easy to forget that implant dentistry did not arrive fully formed in the UK. It needed advocates; champions; devotees.

Eddie was all of these and more – a clinician who adored his craft and shared that passion with others.

He was pivotal in the

inception of the Association of Dental Implantology in 1987, helping formalise it from a study club to a UK-wide professional organisation.

Together with its other founding members – Barry Edwards, Vivian Freiburger, Ashok Sethi, Norman Mills and Philip Freiburger – he helped move implant dentistry away from the suspicion that once saw its practitioners dismissed as ‘the cowboys of dentistry’, and towards a field increasingly defined by training, standards and peer accountability.

Eddie would later serve as ADI president and was made an honorary member – a recognition he regarded as one of the great honours of his professional life.

Birthright and legacy

Dentistry itself was a birthright as much as a calling for Eddie, who was part of a dental lineage that stretched back two generations.

The first signs appeared early: he made his first set of dentures aged 10 in his father’s laboratory.

His three uncles were all dentists. His grandfather, Israel Scher, helped found the very dental school – University College Cork – that his father Leslie would

go on to be dean of.

Eddie’s later appointment as visiting professor at UCC carried enormous meaning.

To him, it was the return of a Scher to Cork.

His philosophy was one of putting people first: starting always with the person in the dental chair.

He spoke of the treatment planning conversation where dentistry became properly human: when the science, the patient’s hopes and the clinician’s responsibility had to meet.

Becoming Professor Eddie Scher

Despite often referring to dentistry as his hobby, his commitment to implant dentistry was serious.

For Eddie, the field had to be explained and shared, and that same energy carried him into lecture halls and dental schools around the world.

He founded and led the Osseointegrated Year Course, helping demystify implant dentistry for generations of clinicians at a time when formal pathways were still developing. He also taught extensively in the UK, at University of Salford and the Eastman Dental Institute.

His long relationship with Temple University in Philadelphia began in 1994,



when he became associate professor in its prosthodontic and implant department, and continued for the rest of his life through a visiting professorship he held dear.

His academic journey took him to France, and to Israel, where advisory and institutional roles with Tel Aviv Dental School and Tel Aviv University.

Loyalty, influence and generosity

If anything remained constant through Eddie’s long career and longer list of titles, it was the irrepressible spirit of that boy whose teachers had once suggested he ‘wouldn’t amount to much’.

A talented sportsman in his youth, he developed an enthusiastic love of golf in later years – one that sustained him even through illness, when he practised putting in his hospital room.

New friends were swiftly made among the clinical staff. But then, that was so often the case with Eddie.

Eddie never simply spoke to people: he took an interest. He remembered families, names, anxieties, ambitions and small details even as he shared the achievements of his own family.

The loss of his first wife, mother to his sons Laurie and Robin, shook the foundations of his life.

In Belinda, whom he would later marry and often described with profound gratitude, Eddie found love, steadiness and joy again.

He is survived by Belinda, his sons, and his grandchildren.

Many will remember Professor Eddie Scher as a pioneer of implant dentistry, a teacher of rare influence and a clinician who helped change the course of his field.

Those who knew Eddie will remember something more intimate: his loyalty, his mischief, his pride in the people he loved, his belief in the people he taught, and his ability to make others feel braver than they had before.

A mentor, a teacher and, above all, a friend.

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Partial fasting found to reduce gum disease inflammation



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

The team at King's College London divided periodontitis patients into two groups, one following a five-day restrictive diet

and the other continuing as normal.

The patients on the fasting diet ate 1,100 calories for two days, then 750 calories for three days, with their diet

returning to normal by day seven.

This process was repeated three times within six months.

After this period, blood and gingival crevicular fluid were taken from the patients and analysed.

The fasting patients were

found to have reduced inflammation markers in both samples than those in the control group.

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

How does fasting improve gum disease?

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

'Fasting reduces oxidative stress in the body, a common cause of inflammation, which can

damage cells and DNA.

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

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

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

Dr Giuseppe Mainas, first author of the study, said it suggests lifestyle modifications could be

important alongside proper tooth brushing for patients with gum disease.

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

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

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

Dentist erased over dental bur dishonesty and failings involving 39 patients



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

Council (GDC) register.

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

In total, the case involved four dishonesty findings.

The dentist, who qualified in the 1980s, did not

attend the hearing and was not represented.

Dishonesty findings

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

The dental bur incident formed part of four dishonesty and probity findings relating to four patients.

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

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Room for optimism despite the gloom

Nigel Jones contrasts decades of stagnant NHS contract debates with the tech-driven growth mindset thriving across private dentistry

Nigel Jones
Director, Practice Plan



It's such a strange uncertain world at the moment, which presents a challenge to someone who has responsibility for shaping Practice Plan's strategy for the next five years.

In fact, the chances are that since I started typing that sentence, Donald Trump has posted again on Truth Social, and the world has changed again!

Such volatility has changed the nature of modern business strategy from predicting and planning for a reasonably certain future environment to being about putting yourself in a position to respond, quickly and successfully, to an increasing amount of unanticipated change.

So, does that also apply to dentistry and to the dental profession?

Well, in the past few weeks, via my attendance at two

major dental events, I've had a reminder that both the old and the new strategic approaches are still very much in play.

The stagnant NHS debate

Take, for example, the British Dental Conference and Dentistry Show where I was privileged to host a panel discussing the NHS contract reforms, principally in England although touching on what is happening in Wales.

I've now been to over 30 British Dental Association conferences since my 'debut' in 1990 and a continuous thread of conversation through all those events has been what to do with NHS dentistry.

Of course, it could be argued that lots has changed in the intervening period, and I don't just mean the contractual changes

introduced in April.

Devolution creating four versions of NHS dentistry, the introduction of units of dental activities and fixed contract values in England and Wales, flexible commissioning, I could go on.

But for me it was striking that the fundamental topics we were addressing on this year's panel, contractual frameworks, adequate funding and NHS workforce, were essentially the same as the issues being debated in 1990.

Indeed, one member of the panel audience complimented me on my ability to still look, and sound interested in the same old debates that have been held for decades!

While I get the sentiment behind the observation, of

real change, despite Conservative, New Labour, a coalition and the current Labour governments, is immensely frustrating.

To be forced to reiterate the same old arguments decade after decade does not exactly point to the volatile ever-changing world I described in my opening paragraphs.

A tale of two mindsets

However, compare that with the event that I attended most recently, hosted by Practice Plan, for predominantly private dentists with the aim of creating a safe supportive community of like-minded individuals.

The talk was rarely about business or clinical matters, but when it was, the contrast with the understandably low morale and resigned feel to

investment in their teams, in new clinical skills, in new technology, in management information systems and in sustainability was incredibly motivating.

Of course, it's not all a bed of roses but my point is that the mood perfectly encapsulated that strategic requirement to be able to adapt and constantly evolve.

Capitalising on future opportunities

To be fair, at the British Dental Conference and Dentistry Show, it was also not hard to find plenty of evidence of similar positivity.

For example, take the panel discussion at Practice Plan's Dental Business Theatre about the tech-powered patient journey with its amazing contributions from dental business consultant, Mike Bentley and Boxly co-founder, Adam Smith as well as two of the most forward-thinking practice owners in UK dentistry, Kish Patel and Jin Vaghela.

Their optimism about the future, however volatile it may be, was infectious.

So, while it might be a strange and unpredictable world, not just now, but for the foreseeable future, the way to deal with it is to put yourself in a position where you have the energy and the time to proactively capitalise on the wealth of opportunity, partners and new technology out there.

'...the snail-like pace of real change, despite Conservative, New Labour, a coalition and the current Labour governments, is immensely frustrating'

course I'm interested.

How can you not be when the mental health of the profession is so negatively impacted by NHS dentistry and when oral health inequality appears to be widening at an alarming rate?

For those reasons, the snail-like pace of

the audience attending the panel at the Dentistry Show was stark.

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To hear that many practice owners talking so enthusiastically about their



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Making your money work as hard as you do

Iain Stevenson explains why a considered investment strategy is crucial for building long-term financial resilience outside of the clinic

Iain Stevenson

Specialist financial adviser at Wesleyan Financial Services

Dentists are often so focused on delivering exceptional patient care that their long-term financial strategy can take a back seat.

Yet building and protecting wealth is just as important as maintaining a healthy practice.

A considered approach to investing can help ensure financial resilience, particularly in an environment of economic uncertainty and evolving tax rules.

The starting point is clarity. Before investing, it's important to define your objectives – whether it's funding retirement, supporting children through education or creating additional income streams.

Both timing and your appetite for risk will shape the most appropriate strategy.

If you're earlier in your career, you may be better positioned to accept higher volatility in pursuit of long-

term growth.

Those approaching retirement may prefer to opt for more stable, income-generating assets.

The cornerstones of effective investing

Diversification remains a cornerstone of effective investing.

Spreading investments across asset classes (such as equities, bonds and property) can help manage risk while capturing growth opportunities.

Dentists should also consider tax-efficient wrappers like Individual Saving Account (ISA)'s and pensions, which can significantly enhance net returns over time.

It's equally important to maintain liquidity. Practices can be capital-intensive, and unexpected costs do arise.

Holding an accessible cash reserve ensures that investments don't need to be accessed at inopportune times.

The importance of regular reviews

Finally, regular reviews are essential. Markets change, personal circumstances evolve and legislation shifts.

A strategy that was appropriate five years ago may no longer be fit for purpose today.

Seeking professional advice can provide valuable structure and reassurance.

With the right plan in place, you can ensure your investments work as hard as you do – supporting both your personal ambitions and the long-term success of your practice.

Bear in mind that the value of investments can go down as well as up and you may get back less than you invest.

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The real problem with NHS dentistry...and why it's not money

Neel Kothari explains why administrative burnout and a lack of clinical support, not funding, are the real reasons dentists are fleeing the NHS

Neel Kothari
General dental practitioner

Undoubtedly years of under inflationary pay rises have

made NHS funding a problem. But what is often overlooked is how difficult the day-to-day experience of being an NHS dentist has become and why those cumulative pressures may be the biggest reason dentists are leaving.

Let me explain. Consider what it is like if professional ethics matter deeply to you and you have been taught to follow the rules throughout your entire journey of becoming a dentist.

This seems reasonable – until you work in a system where, even after 20 years, no one can clearly define those rules, yet getting them wrong could put your career at risk.

Sure, there is much we can agree on, but most of us will know colleagues who take the view that they will not carry out molar endodontics, bridges or chrome dentures on the NHS because, rightly or wrongly, they cannot afford to do so.

Demoralising administrative burdens

This lack of support is compounded by the endless obsession with data collection.

This may sound minor, but for the people expected to do it, it is a demoralising administrative burden that chips away at morale with every task.

Anyone who has completed a five-page secondary care referral only to have it rejected over something minor – such as missing general practitioner details – knows how draining that experience can be.

Furthermore, on the subject of demoralising burdens, few things have done more to worsen the NHS dentist shortage than the government's choice of website, Compass.

It is notoriously difficult to access and is truly horrible to navigate once in.

I do not believe it was deliberately designed to make life harder; but it certainly feels that way.

Individually, each of these issues may seem manageable. But when they are repeated between patients on already overloaded days they point in one direction – burnout.

The employment contradiction

At the heart of the problem is a contradiction: the NHS treats dentists like employees when enforcing rules and abiding by obligations but relies on their self-employed status when asking them to operate within a flawed and widely criticised system in order to see large numbers of patients.



Gallup research from 2024-2025 found that enjoyment of daily work, a sense of purpose, and freedom over tasks are among the most important drivers of job satisfaction.

Can we honestly say that in its current iteration NHS dentistry allows dentists to thrive?

The uncomfortable reality is that if NHS dentists were employed, standards would probably improve, as more time could be spent on each procedure.

The impossible dental triangle

But output would fall, because in a budget-constrained system there are only three variables: cost, quantity and quality.

Expecting low cost, high volume, and high quality at the same time is not just unrealistic, I would argue that it's delusional.

This is the core divide between what governments want and what the profession believes is achievable.

This is not just a problem for dentists. Nurses, hygienists, therapists and technicians are also being put off by the pace and pressure of NHS dentistry.

Practices are no longer simply competing with other practices for dental nurses; they are competing with employers such as Tesco, who can offer similar pay for far less stress.

Running on empty goodwill

More money may help with some of these problems. But money alone will not solve them.

This is evidenced by the vast number of dentists who have accepted lower earnings to move into private practice for a better work-life balance, while others are leaving the

profession altogether.

While we often hear on social media about those private dentists flying private jets, driving Ferraris or posting pictures of them checking the time on their conveniently placed Rolexes – little is said about the silent majority who aren't looking for more money but just less stress.

The NHS has never really understood that many dentists historically stayed because they entered the system after graduation and had a strong sense of goodwill towards it.

It's this goodwill which has meant that the British taxpayer is paying a bargain price for its NHS dentists.

But NHS dentistry cannot run on goodwill alone.

Dentists need proper support in what is an exceptionally demanding public-facing job.

That is why higher pay will help but, by itself, will not fix the problem.

Put simply, many dentists are willing to work under the auspices of NHS dentistry for less pay than their private counterparts, but are leaving because they lack support and are no longer willing to risk their physical and mental health by staying.

In my opinion, it's long overdue this aspect of our profession needs addressing.

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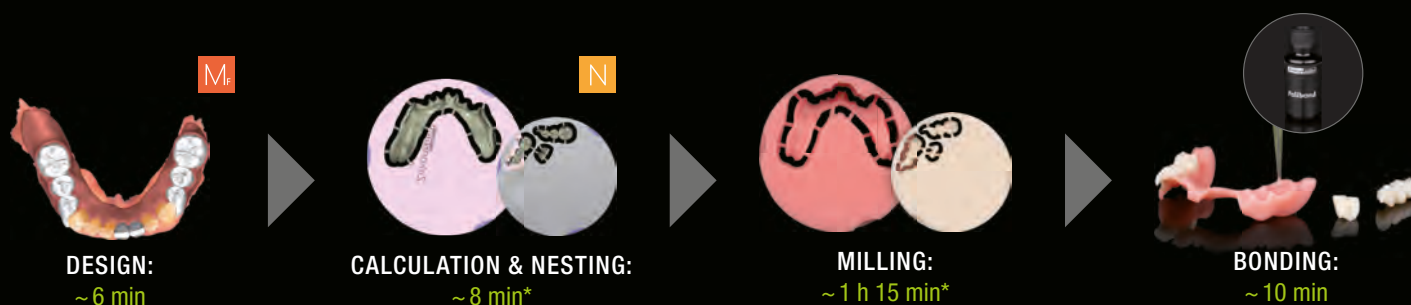


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Reflections, growth and looking ahead



Last year **Sheena Tanna** became Dentistry's Next Top Digital Dentist. As her journey draws to a close, she reflects on how the programme has impacted the practice, as well as her personal and professional growth

Sheena Tanna
Principal dentist, Billericay
Dental Care

Being named Dentistry's Next Top Digital Dentist has granted many opportunities for Sheena Tanna and Billericay Dental Care.

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

In this interview, Sheena shares the impact winning Dentistry's Next Top Digital Dentist has had on her and the practice over the last year and explains why anyone with a passion for digital dentistry should enter the next competition.

Since winning Dentistry's Next Top Digital Dentist last year, what stands out as the biggest lesson you've taken from the experience?

The biggest lesson I've taken from winning Dentistry's Next Top Digital Dentist is the importance of just giving things a go, going in with both feet forward, and just making the best of everything, because amazing things can happen.

I feel so lucky that my husband saw an article in Dentistry magazine showcasing the amazing opportunity that day, and he sent me a screenshot, and said, 'You should enter this'.

I feel so happy that I put down what I was doing, and I got to work, and I took my entry video.

This has really changed my life, and it has now opened doors for me, and made my work so much more enjoyable.

What opportunities have come your way over the past year that might not have happened otherwise?

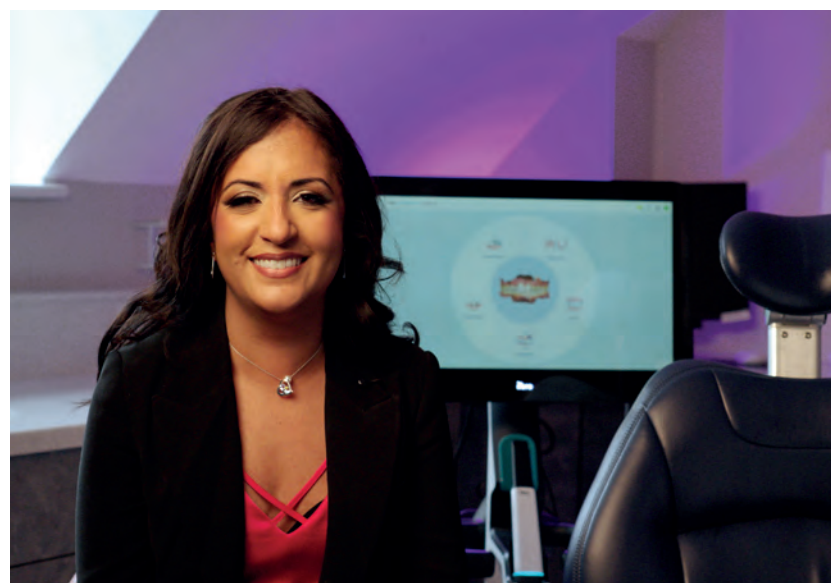
When I won Dentistry's Next Top Digital Dentist, I was really excited, but I'm not sure I knew what to expect, except what was listed in the prize.

And actually, what's been amazing is how many other opportunities and how many other things I've been exposed to.

I've been able to collaborate and speak to peers I've never met before, and really elevate my own confidence and empower my practice forward.

It helped me personally grow and become a better leader, because the more knowledge I had, the more I was able to empower my team.

I've also really enjoyed



'This has really changed my life, and it has now opened doors for me, and made my work so much more enjoyable'

spreading the word of digital dentistry amongst the locals and amongst my peers and networks through radio and through newspapers, and these are all things I've never done before.

It's been really fun and really exciting.

One of the best things about winning Dentistry's Next Top Digital Dentist was the exposure to more learning.

I got to go to Align HQ in Birmingham, and there I was given one to one training on the iTero Lumina scanner, and I was shown the Align Oral Health Suite.

The Align Oral Health Suite is a way of showing patients what is going on inside their mouths, so you do a quick scan of the dentition, and then you can show the patient.

Rather than me saying to a patient you have a feeling, I'm able to show the patient the decay on the tooth and advise them what the treatment option is and why we are doing it.

It's helped the journey so much.

The relationship between the patient and the dentist is no longer us talking at the patient, it is much more collaborative.

The patient is so much more engaged in their journey and listening so much more about prevention and what we should do to stop this happening again.

How has the past year affected the wider team at Billericay Dental?

With any dental practice, you are only as good as the team around you.

We were always engaged in digital dentistry; it was a major part of what we were doing and developing at the practice.

But what's happened now is rather than it just being



‘My advice to anyone considering entering is that if you have a passion for digital, then you should just enter’

clinician-led, it has spread to the wider team, from my clinical lead right the way down to my trainees.

I think, my team have been essential in the progression we’ve made over the past year, and I’m very privileged to have had them part of this journey with me.

We wouldn’t be where we are without them.

How valuable has the wider Align community been throughout the last year?

The lovely thing about being involved with Align is that there are so many people involved in that journey.

So I’ve been really privileged to spend a lot of time with Aligner Dental Academy, and with MiSmile, they have done so much to help elevate my team to that next level.

The great thing about digital dentistry is that it is constantly evolving.

What I’m really excited about is to integrate it even further into our way we’re approaching treatments and the way we’re examining patients.

At the recent collaborative event that I went to with Align, they showed us the Invisalign ClinCheck inside the patient’s mouth

in a 3D format.

They can see the treatments before the treatment has even started.

I think that’s going to be the next step in really engaging a patient.

If you can see things from a 3D angle, I think that will really elevate that experience.

When you think about the next 12 months, what are you most excited about for yourself and for Billericay Dental?

Billericay Dental Care has progressed so much in this past year. I’m really excited to take it forward.

I want to continue to be a digital hub, and I want to continue to show how we can use Align’s digital tools to humanise dentistry and provide that personal touch.

For me personally, I have really grown this year.

I’ve networked with amazing people, and I’ve continued to strive forward.

I’m really excited about the opportunities that lay ahead.

I’d love to be involved in panels and discussions around digital dentistry, and help spread the word and drive it forward.

A new group of dentists will soon be entering the Next Top Digital Dentist competition. What advice would you share with this year’s applicants?

I have loved every second being Dentistry’s Next Top

Digital Dentist.

My advice to anyone considering entering is that if you have a passion for digital, then you should just enter.

If you do nothing, nothing will change.

If you do something, something amazing could happen!

Dentistry’s Next Top Digital Dentist is run in collaboration with Align Technology, empowering the next generation of digital clinicians and supporting the advancement of digital workflows. Watch this space for details of how to enter Dentistry’s Next Top Digital Dentist!

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No health without oral health – the message from Bupa's Dental Health is Live

Patrick Johnston reports back from Bupa's Dental Health is Live



Patrick Johnston

Senior digital editor at FMC

What if a dental appointment could tell patients more about their heart, their genes and their future health than their last GP visit?

That prospect was discussed at Bupa's Dental Health is... Live roundtable, a curated conversation on how dentistry is changing and what that could mean for the wider healthcare system.

Chaired by Mark Allan, general manager for Bupa Dental Care, the discussion ranged across genomics, saliva diagnostics, artificial intelligence (AI), personalised prevention and the growing role employers could play in oral health.

The roundtable made a compelling case for dentistry to move beyond a reactive repair service towards a frontline setting for prevention that connects oral health with wider health and long-term risk.

Beyond the check-up

Professor Iain Chapple MBE, professor of periodontology and consultant in restorative dentistry at the University of Birmingham and Birmingham Community Health NHS Foundation Trust, opened by drawing a distinction between personalised care and personalised medicine.

Personalised care, he explained, starts with the individual's biology, behaviour and circumstances.

Personalised medicine goes further, using genetics, lifestyle data and behavioural insight to identify targeted treatment before disease develops. Dentistry, he argued, is

The roundtable suggested dentistry already has a larger healthcare role than many patients, employers or policymakers recognise. The opportunity, and the challenge, is to make that role visible, practical and valuable

better positioned to deliver this than most of medicine realises.

'I used to hate the term checkup, because for me it trivialises it,' Professor Chapple said.

'But it's proactive monitoring, isn't it? You need to see people when they're well, do the risk

assessments, work out what might develop, and then put the prevention programmes in place.'

That reframe matters. Dental teams already see patients when they are well.

They have regular, repeated contact. They have the opportunity to identify risk, support behaviour change and catch early signals, as long as the tools and frameworks exist to act on them.

Starting with the patient

Ela Sarwar, a dental hygienist currently studying towards a masters in neuropsychology to deepen her understanding of human behaviour, argued that personalisation begins before the clinical

examination even starts.

'Before they open their mouth, I like to discover who they are,' she said.

'Personalisation starts right at the beginning, with great communication, with building trust, with building understanding.'

Behaviour change, she added, happens when advice connects with something that genuinely resonates with the patient.

That principle is particularly key as dentistry becomes more data-led.

Genomics, biomarkers and AI can make risk more visible, but the value of those tools depends on whether patients understand what the information means and feel able to act on it.



Genomics in the waiting room

But fear not, the tools to help are closer than many practitioners may realise.

Dr Rebecca Rohrer, clinical innovation and genomics director for Bupa Global, India and UK, described how genomic insight is already beginning to shape preventive care at scale.

Bupa has carried out whole genome sequencing on 16,000 individuals across Spain, Poland and the UK.

The findings were striking: 99% of participants were identified as having variants associated with altered medication effectiveness or increased risk of side effects, while 77% had elevated polygenic risk, an estimate of an individual's likelihood of developing common conditions such as cancer, diabetes and cardiovascular based on multiple genetic factors.

The practical application has already launched. Bupa's medication check, currently using a saliva sample and moving to a cheek swab, shows how individuals are likely to respond to commonly prescribed and over-the-counter medications.

It also supports preventive pathways for conditions including breast cancer, diabetes and cardiovascular disease.

'You are now going to have a cohort of customers who are going to understand how they are likely to respond to medicine that they are on now or will be on in the future, presenting to dental practices,' Rebecca said.

For dental teams, this has immediate implications around analgesia, antibiotics and risk management as more



patients arrive informed about their own genomic profile.

The crossover with diabetes and cardiovascular disease, conditions already linked to periodontal health, makes that overlap especially significant.

The mouth as a diagnostic environment

The potential of saliva as a diagnostic medium threaded through much of the discussion.

Professor Chapple described the mouth as a rich source of immune markers and local inflammatory signals, measurable through crevicular fluid and saliva.

Panels of biomarkers have already been identified that



could help distinguish health from gingivitis, periodontitis and treatment response.

The challenge is translating that complexity into usable clinical insight. Step forward AI.

Professor Chapple said, 'It's going to help us remove the background noise and say, well, actually, this is a signature in saliva for somebody that's got severe gum disease or is going to develop it.'

When risk becomes visible and measurable, prevention becomes easier to explain, monitor and engage with.

Dental care starts to become part of a continuous health picture.

Prevention beyond the practice

That communication challenge also extends into the workplace.

Mark Allan noted that a high proportion of Bupa's private medical insurance (around 85%) and dental cover (98%) is supported

through the workplace.

Dental benefits, he suggested, are well placed to support conversations about prevention that employees might not otherwise have.

Matt Sayers, benefits director at CME Group, was quick to add: 'Employees love benefits they can use.'

Realism alongside ambition

But while optimism and opportunity were at the forefront, perspective and realism were never far away. Andrew Bower, head of the dental professional business at Philips, offered the sharpest reality check of the afternoon.

'This is the cutting edge,' he said, 'but the reality is 70% of people today around the globe are still using a manual toothbrush.'

'We're a long way from biosensing and linking systemic health.'

The point was grounding rather than defeatist.

The future of dentistry may involve genomic risk

profiles, saliva biomarkers and AI-assisted diagnostics.

Its success will also depend on health literacy, access and the daily habits that most patients still need support with.

The panel also recognised the risk that innovation could widen inequalities if access does not keep pace, with David Westgarth, associate editor of the BDJ portfolio, warning that dentistry needed a 'level playing field'.

The roundtable suggested dentistry already has a larger healthcare role than many patients, employers or policymakers recognise.

The opportunity, and the challenge, is to make that role visible, practical and valuable.

Professor Chapple, reusing a slogan from the World Health Organisation's Bangkok Convention, offered the neatest summary: 'No health without oral health. Simple and brilliant in its simplicity.'





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each other in our
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Fully ceramic, implant-supported restorations for an elderly patient

Holger Meiser and Alexander Lichtmannegger present a fully digital workflow utilising ceramic upper and lower restorations for an 80-year-old patient with extensive, rapidly progressing caries and pronounced discolouration



Figures 1-2: Before and after

Dr Holger P Meiser

Holger Dental Group, Minnetonka, USA

Alexander Lichtmannegger

MDT, Zirkonzahn Education Center Brunico, South Tyrol, Italy

Initial situation

An 80-year-old female patient presented to the clinic for evaluation. Aside from well-controlled hypertension, she was generally in good physical health; however, she had been experiencing progressively worsening dementia.

Over the previous two to three years, she reported increasing difficulty maintaining her oral hygiene and had noticed discolouration, chipping, and fracture of multiple teeth. Her symptoms were limited to minor discomfort, primarily from sharp edges following tooth fractures.

Clinical examination and dental solution opted

Clinical examination revealed rampant and frequently extensive caries, with many teeth demonstrating a high likelihood of requiring endodontic therapy either before or after restorative treatment (Figures 3-5).

After discussion with the patient and her family, several treatment options were considered.

Conventional removable dentures were ruled out due to the patient's advanced age and cognitive decline.

Transitioning elderly patients who have chewed with

natural dentition throughout their lives to removable prostheses can be challenging, and dementia further complicates adaptation and long-term compliance.

Implant-retained fixed

restorations were therefore selected as the most predictable option for restoring function while minimising long-term maintenance challenges.

In particular, the planned restoration consisted of a fully ceramic restoration composed of implant-supported upper and lower zirconia suprastructures (Prettau 3 Dispersive, Zirkonzahn) on zirconia substructures (Ice Plus, Zirkonzahn).

Ice Plus zirconia was selected for its maximum strength (flexural strength of approximately 1,650 MPa without HIP – hot isostatic pressing – and up

to 1,900 MPa with HIP), whereas Prettau 3 Dispersive was chosen due to the material's optimised aesthetics and translucency.

Surgical plan

Diagnostic records were obtained to begin surgical and restorative planning, including intraoral scans of the dentition and occlusion, a full-field cone beam computed tomography scan, and a comprehensive photographic series.



Figures 3-5: The patient's initial situation

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Based on these records, FPI implant prostheses supported by six implants per arch were planned for both the maxillary and mandibular arches.

To support an efficient digital workflow with the dental laboratory and same-day provisionalisation, the surgical plan incorporated sequential extractions (Figures 6a and 6b).

Several teeth were intentionally retained at the beginning of the procedure to support tooth-borne surgical guides and serve as reference points for intraoral scanning.

These reference points improved scan accuracy and facilitated alignment with the preoperative datasets for same-day prosthetic design. In the maxillary arch, additional fiducial marker screws were placed in the palate to further aid digital registration.

Double Milling technique and provisional prostheses

In the dental laboratory, on the same day after diagnostic data reception, digital planning of the implant positions was performed and the surgical guide for the implantation of the six implants per jaw was created (Zirkonzahn Implant-Planner software).

In parallel, the immediate temporaries were designed and milled (Figure 7). To do so, the dental technician made use of a special function of his milling device, the so-called Double Milling function, which enables the two-step production of immediate restorations.

Using this function, the designed restorations were milled from the occlusal area to the connectors before the determination of the exact implant positions, and once the exact implant positions were received from the dentist, the underside of the predesigned structure was adapted to the implant connections in order to mill the final construction.

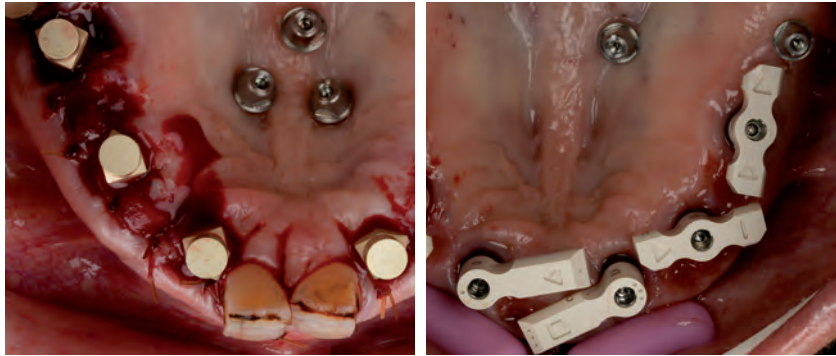
Following extractions, osteotomies were prepared using the Implant Direct Direct-Arch keyless drill kit. Bone graft material was placed around the implants and multi-unit



Figure 7: Immediate resin temporaries milled using the double milling technique



Figure 8: The 'highwater bridge' to check passive fit manually and via X-rays



Figures 6a and 6b: To support an efficient digital workflow with the dental laboratory and same-day provisionalisation, the surgical plan incorporated sequential extraction

abutments were installed.

Multi-unit scan abutments (Dess) were then placed, and implant positions were captured with the intraoral scanner and transmitted to the laboratory for same-day adaptation of the predesigned prostheses.

Based on the implant data, the dental technician also produced a 'highwater bridge' to check passive fit manually and via X-rays (Figures 8 and Figures 9a-c).

While the provisional restorations were being modified and printed, the remaining extractions and bone grafting to optimise pontic sites were completed. After confirming passive fit, the same day the provisional prostheses were inserted, occlusion was adjusted, and the patient was dismissed.

Final fabrication and monolithic synergy

The dental technician continued the design of

primary and secondary structures using the dedicated software module available in Zirkonzahn Modifier (Figures 10-13).

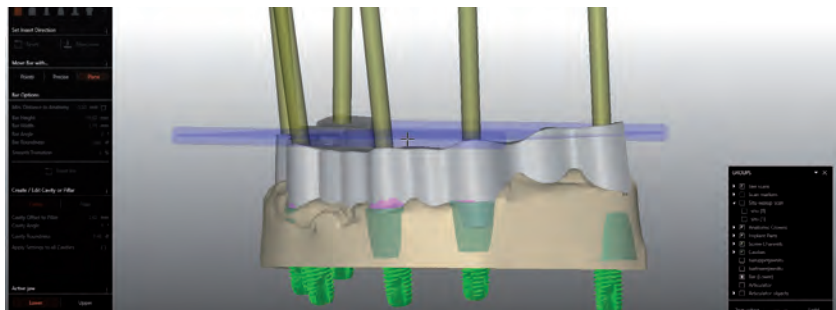
The structures were milled in Ice Plus zirconia (substructures) and Prettau 3 Dispersive zirconia (suprastructures).

The secondary structures were characterised with colouring liquids then sintered.

Finally, the dental technician bonded the



Figures 9a-c: Passive fit checked via X-rays



Figures 10 and 11: Tooth placement and matching, digital bar design

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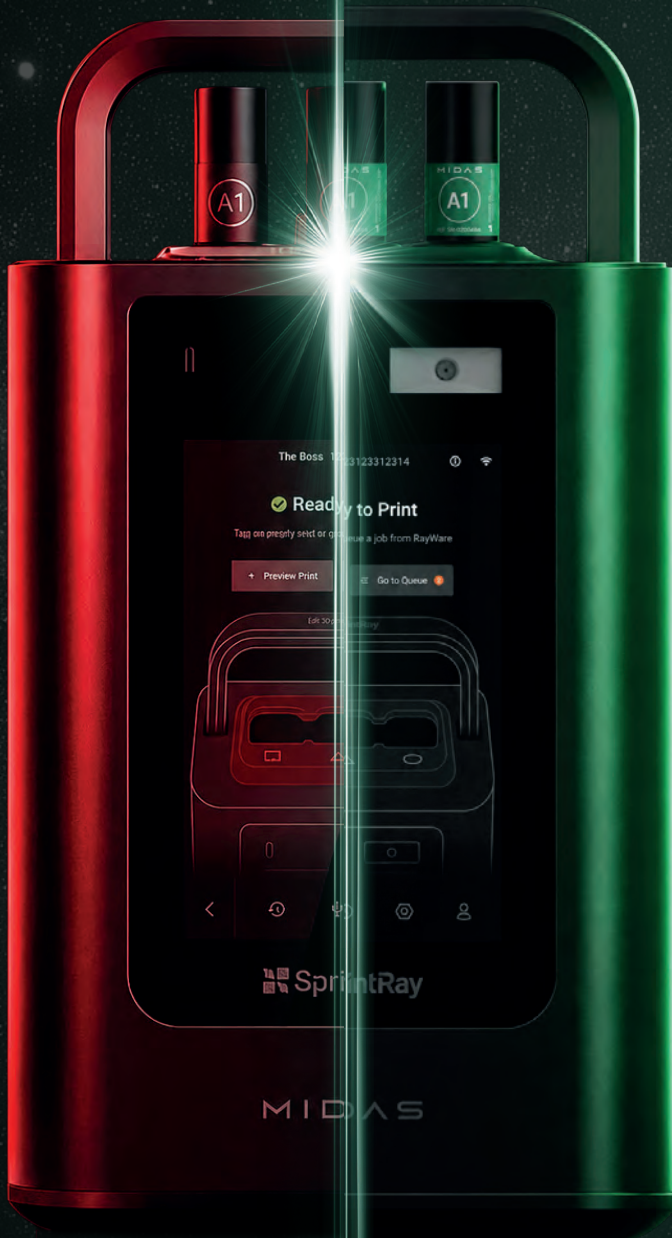


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The new CQC readiness test for squats

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

Pat Langley
Founder of Dentistry
Compliance

Opening a new dental practice has never been a small undertaking.

Between securing premises, fitting out surgeries, recruiting the right team, and building a patient base, the 'squat' start-up journey demands energy, resilience, a very good spreadsheet, and clear, comprehensive, and accurate professional support in all areas from advisors and suppliers who understand the dental industry.

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

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

What has changed?

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

This is a significant shift in emphasis. Historically, applicants have usually submitted the core paperwork first and dealt with further evidence later in the process.

The CQC's new approach is much more front-loaded. Applicants are now expected to provide a complete, relevant and up-to-date evidence pack at the point of application.

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

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

The CQC says the changes are designed to help it process applications more quickly.

In practice, they also raise the stakes for applicants. If required documents are missing, incorrect, out of date or

New providers must submit the standard CQC documents, including policies covering:

- ✓ Complaints
- ✓ Consent
- ✓ Equality and human rights
- ✓ Governance and quality assurance
- ✓ Infection prevention and control
- ✓ Medicines management
- ✓ Recruitment
- ✓ Safeguarding
- ✓ Statement of purpose
- ✓ A financial viability statement may also be required.

not relevant to the service being registered, the application is likely to be rejected.

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

For anyone working to a planned opening date, that distinction matters.

The building control point

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

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

This could be particularly

For dental practices, there is now a further set of requirements:

- ✓ Critical examination and acceptance test reports
- ✓ A fire risk assessment
- ✓ Evidence of registration with the Health and Safety Executive in line with the ionising radiation regulations
- ✓ A health and safety risk assessment
- ✓ A legionella risk assessment
- ✓ Lifting Operations and Lifting Equipment Regulations 1998 certification, where applicable
- ✓ A radiography risk assessment and local rules documentation.

relevant for squat practices, where premises are often undergoing significant refurbishment or conversion. Dental fit-outs can involve changes to room layout, plumbing, ventilation, electrical systems, radiation protection and accessibility.

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

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

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

- ✓ A floor plan
- ✓ Electrical installation certificate
- ✓ Emergency lighting completion certificate
- ✓ Gas safety certificate
- ✓ Medical emergencies and resuscitation policy
- ✓ Serious incident policy
- ✓ Fit and proper persons policy
- ✓ Relevant installation or calibration certificates for equipment such as decontamination units, suction, compressors, ventilation or amalgam separators.

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

commissioning documents will be available.

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

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



Beat the summer slump

Mark Topley reveals why a sudden drop in your dental team's energy isn't a crisis of motivation – it's a structural breakdown of your leadership rhythm



Mark Topley
Team performance specialist

Every July, principals and practice managers tell me the same thing. The team's gone flat. Energy is down. Something's slipping.

And the conclusion they reach is almost always the same – we've got a motivation problem.

In nearly every case I've worked through, that diagnosis is wrong.

The summer slump isn't a motivation problem. It's a leadership rhythm problem that's been hidden by the busier months, and the quieter pace of summer is the first time anyone's had room to notice it.

This matters because the fix you reach for depends entirely on the diagnosis.

If you think the team's gone flat, you reach for a morale event. A team lunch. A bonus. A wellbeing day.

Those things are perfectly nice. They almost never change anything beyond the week they happen in, because they're answering the wrong question.



The 15-minute honesty test

The question: can you name the exact time you last had a dedicated, 15-minute, one-on-one sit-down with each member of your team to ask how they are doing and genuinely listen to the answer?

What it excludes: casual corridor exchanges, quick clinical handovers, or general staff meetings

The result: in practices that navigate the summer smoothly, the leader can confidently answer yes, person by person. In practices experiencing a slump, the question usually results in the leader squinting at the ceiling trying to remember – proving that vital communication structures have broken down.

‘Practices that hold that rhythm through July and August tend to find that September arrives with a team that's clear, settled and ready’

Why the busier months mask the cracks

Here's what I see, again and again. Through autumn and spring, momentum carries everything. The diary is full. There's enough urgency in the day to pull everyone along, even when the

underlying structures aren't quite right.

Feedback can drift, role clarity can blur, communication goes reactive, and nobody feels the gap, because nobody's got time to.

Summer takes that

cover away. The team member who hasn't had a proper conversation with the practice manager (PM) since February starts to feel invisible.

The clinician who hasn't been told their work matters starts to wonder. The associate who hasn't had a development discussion in months starts to put feelers out.

That's not low motivation. That's the absence of the small, regular signals that keep people clear and supported when the noise of a busy practice isn't there to mask the gap.

Capitalising on the quiet season

Summer is also the natural window for the conversations you've been postponing. Most principals and PMs reach July with a small mental list. A piece of feedback that hasn't quite landed. A role clarification on the back burner.

Done in July, when the diary is forgiving and the team is available, those conversations save you a much harder September.

Prioritising your own recovery

Then there's the part most leaders skip entirely, which is their own recovery.

Performance over a year isn't a function of how hard you pushed in March. It's a function of whether you protected the capacity to keep pushing through the autumn.

That means taking the leave that's booked. Not turning the team WhatsApp into a permanent demand on your attention. Modelling a sustainable pace, because the team will follow whatever pace you set, regardless of what the values poster says.

The verdict

The summer slump isn't a sign of a demotivated team.

It's a signal that the structures underneath have been carrying more weight than they could comfortably hold, and the quieter season has finally given them room to wobble.

The fix isn't a morale event. It's the steady, unglamorous work of keeping the leadership rhythm in place when it's tempting to let it slip.

Practices that hold that rhythm through July and August tend to find that September arrives with a team that's clear, settled and ready.

Practices that don't tend to find September arrives with a list of resignations they didn't see coming.

The slump is real. The cause is usually rhythm, not motivation. And the fix is closer to hand than most leaders think.

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The perfection trap

Malveen Mann looks at the phenomenon of imposter syndrome and how to feel like you deserve to be in dental practice



patients think, then they are not likely to achieve their potential.

Worse, they could end up in a downward spiral where anxiety makes it harder to perform at the level expected, which reinforces the self-doubt.

Successfully

accomplishing a task provides only temporary relief as it's 'expected' but failure can trigger a stress reaction when the patient is relying on their dental professional to be the voice of calm.

Scientists have also come to think that people with imposter syndrome are at higher risk of exhaustion and burnout (via bbc.co.uk).

At a time when the dental

Malveen Mann

Dentolegal adviser at the DDU

Dentistry is a career that attracts high academic achievers.

But if there's a downside to being surrounded by apparently confident, knowledgeable and successful colleagues, it's that you can start to question whether you belong in their company.

Imposter syndrome is a common experience where people feel they aren't as skilled and capable as others' think and fear they could be exposed at any moment.

The phenomenon was first written about in 1978 by two psychologists who were focused on internal feelings of 'intellectual phoniness' in high achieving women (Clance and Imes, 1978).

Imposter syndrome is no longer thought to affect one gender but Bravata and colleagues (2019) have found these feelings are more common in people with personality traits like perfectionism, pessimism and anxiety.

A 2025 study by

Mohammed and Al-Omar, on imposter syndrome in dentistry found it was particularly prevalent among dental students' due to early clinical exposure, precision-based procedural requirements, and continuous performance evaluation inherent to dental training' where minor mistakes can be wrongly internalised as evidence of incompetence.

'Many dentists see polished before-and-after-images online but rarely see the full story: case selection, failures, refinements, compromises, maintenance issues or long-term outcomes'

The damage caused by imposter syndrome

Imposter syndrome is a problem in dental practice because it saps practitioners' confidence, as well as their ability to cope with setbacks.

If someone is constantly worried about failure or what colleagues and

service is already under strain, those with imposter syndrome are likely to put pressure on themselves to maintain their own high standards, making them more susceptible to workplace stress.

For a list of references email sebastian.evans@fmc.co.uk.

Tips for beating imposter syndrome

If you're struggling with imposter syndrome, these six DDU tips should help you conquer those feelings.

1. Reflect on mistakes but don't be too hard on yourself

Reflecting on incidents where things haven't gone to plan is a key part of clinical practice and an ethical duty. Remember that everyone makes mistakes so try to get into the mindset of thinking of it as a problem that you can solve, rather than a failure. Read up on the subject, talk to senior colleagues and try to understand what you can do better next time

2. Celebrate successes too

Balance reflection on your mistakes by also recognising achievements. Keep a record of positive feedback or appreciation from colleagues and patients and reflect on successful interactions and outcomes. Making an effort to do this at regular intervals will help boost your confidence and help you stay motivated when you've had a bad day

3. Don't compare yourself with others

We all have our own individual strengths and weaknesses. What feels natural to you may not for someone else – and vice versa – but that doesn't take away from your own successes. Dentistry is a competitive environment where a lot of career-driven people are looking to boost their professional profile. Try to ignore this background noise on social media platforms and don't put yourself under pressure to join in. Many dentists see polished before-and-after-images online but rarely see the full story. This can create the false impression that everyone else is achieving perfection all the time

4. Reframe your thinking

Belief in your own abilities is an asset but so is a realistic perception of risk. Taking on a task that is outside your competence isn't in the patient's interests and could leave you exposed if something goes wrong. If a procedure is beyond your expertise, don't be embarrassed to make a referral to a specialist. It's better to treat the situation as a learning opportunity than bluff your way through it

5. Explore techniques for addressing anxiety

If you're feeling vulnerable and anxious, there are self-help techniques that could help you feel more in control. There are no guarantees, but some people find it helpful to write down intrusive negative thoughts, rather than trying to suppress them. Seeing the words on paper often diminishes their power and gives you space to separate feelings from reality. Check out the DDU's Health and Wellbeing pages for more resources on stress and anxiety but always seek professional help if you feel constantly anxious or experiencing symptoms like panic attacks and avoidant behaviour

6. Surround yourself with people you can turn to for support

Do your bit to make work a pleasant place and get out there and meet fellow dental professionals. Being part of a supportive community gives you access to advice, reassurance and inspiration. The goal is not to eliminate self-doubt, but to make sure it does not prevent growth, confidence and safe clinical practice.

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Communication is your best risk management tool

In a recent Practice Plan podcast, [Nigel Jones](#) spoke to [James Goolnik](#) about his holistic approach to dentistry and his view that listening to patients is a neglected skill

Nigel Jones
Director, Practice Plan

James Goolnik
Practice owner and author



Nigel Jones (NJ): So, James, I'm one of those that's quite bought

into the role that dental professionals can play in more holistic care.

I don't think many people have properly thought about the fact that, as a dentist, you get patients that attend regularly and so you have continuity and the keyword 'trust'.

Because it's all about trust and that builds with time.

The trust equation talks about credibility, reliability and understanding.

The understanding and the reliability take a little bit of time to develop, and you get that opportunity within dentistry.



James Goolnik (JG): You do. Now that I have been

building Optimal Dental Health for the past 18 months, I am seeing many patients who have never met me before but already feel they know something about my approach.

Often, they have found me through a video, podcast or article, and because they have listened to me talk for

30 minutes, they feel there is already a level of trust.

They understand that I am interested in the same things they are: health, prevention, nutrition and the bigger picture.

One thing that sets our practice apart is that we spend more time listening.

Patients often come to us saying they have been told they need a filling, a crown or another intervention, but they do not always understand why.

They may not have been shown the alternatives or had the risk factors explained.

Sometimes the treatment recommendation may be perfectly appropriate, but the patient has not felt part of the conversation.

That is often where trust breaks down.

For example, I have a patient that I saw recently who has allergies and they

what's in everything because we understand that some patients are interested in that. So, we sent it to them and now they've come to us and they're having a filling.

The reason they've come to us is the fact that we are open to that conversation.

We are listening to them and saying, 'OK, this is important to you because you have allergies and you want to know what things are in the anaesthetic and we're not hiding anything.'

Whereas a lot of traditional dentistry is: 'This is the only way to do it. I know best. I'm the doctor, I'm in the white coat'. And it's not like that anymore.

We also have to recognise that patients now use ChatGPT, Google and other large language models almost every day.

If you send them a treatment plan, a scan

important point there because I talk a lot about the trust equation, which is credibility, reliability and understanding.

But the understanding bit is exactly what you've said: that you feel heard, and you feel understood. That's what builds trust.

So yes, you could turn up to the same dentist year after year after year, but that won't necessarily build trust if they don't feel heard and listened to.

JG: Yes. And I think that's the thing.

A lot of dental professionals don't value their patients as much as they could do.

Because, you can have a 20-year relationship and then something happens and it all goes wrong.

In 32 years, I have found honesty and communication are the best risk-management tools we have.

rectify the situation.

And I think that's something that we need to do because a lot of the younger dentists are really worried about being sued.

They want all these consent forms. They want everything signed. Consent is not just a form. It is a conversation.

But, as you say, you've got to build the trust. Patients have got to be listened to.

People aren't going to sue you or report you to the General Dental Council if they feel that you've got their interests at heart and you are human and you're trying your best.

It doesn't always work like that, but you'll do whatever it takes to get it to work.

And if you're not the right practitioner, it might be a case of: 'You know what? I've tried this, hasn't worked, but my colleague is an expert on this or they can help me with this, and this is what we're going to do'.

NJ: Many complaints arise from communication problems.

So, if you get the communication bit right, you'll eliminate a lot of the catalysts for complaints.

So, if that's a motivation, then it's an important one to work on.

'In 32 years, I have found that honesty and communication are the best risk-management tools we have'

asked the dentist about what was in the local anaesthetic and the dentist just told them it was the normal stuff, lignocaine.

And he was too busy to have a conversation.

They then sent an email to us explaining things and we have a blog on the different types of anaesthetic and

report or blood results, many will upload it and ask: 'What does this mean?'

So, our role is changing. We are not just providing treatment; we are helping patients interpret information, understand risk and make good decisions.

NJ: Yes. You make an

I give patients options, I explain my reasoning, and I listen to what matters to them.

If something does not go as expected, I try to be open about it straight away: 'I'm sorry, this has not worked as I hoped. Here is what I think the next step should be.'

I will do whatever it takes to

For more information, call 01691 684165 or visit www.practiceplan.co.uk/be-practice-plan.

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Engineering Flexmon Partial: Interview with Zirkonzahn's Material R&D team

The material innovation at the core of metal-free partial dentures

After the successful launch of the Florence Totalprox Denture System for full dentures, the Italian company Zirkonzahn is now ready to set new standards also in the field of partial dentures with their new Flexmon Partial system.

Flexmon Partial permits to produce metal-free partial dentures through a seamless workflow combining software and materials. The digital design is stored in the software, ensuring reproducibility over time, whereas the entire restoration is manufactured entirely from high-performance resins. Clasps, base, and framework form one homogeneous unit, all made from a uniform material, and if a denture shows wear after years of intensive use, it can be quickly and cost-effectively renewed – a true benefit for both dental labs and patients.

In this article, we interview Mr. Thomas Berteotti, member of Zirkonzahn's Research & Development department for materials, to explore more about Flexmon Pro Multistratum, the innovative resin used for the production of teeth and clasps.

What makes Flexmon Pro Multistratum a special material? How was it developed?

"Flexmon Pro Multistratum is a soft, flexible and exceptionally fracture-resistant thermoplastic PMMA. What makes it utterly strong and flexible is the meticulous iteration approach we use. In the team, we have developed over 100 versions of the formulation before we were willing to put our name on the result.

"Every iteration went through rigorous mechanical testing, including fracture and drop testing, flexural behavior, long-term load, until flexibility and strength stopped competing and started working together. That is precisely why clasps can engage undercuts gently, correct for divergent insertion paths, and absorb daily stress through controlled flexibility rather than resisting it rigidly, surviving long-term wear without fracturing."

How do you ensure the colour matches perfectly every time?

"The true test of a shade is the patient's mouth, not a screen – so we test it there. Our colour development combines continuous side-by-side shade comparison in the lab with in-patient colour optimisation, fine-tuning the balance of opacity and translucency until it reproduces the natural play of light. We then analyse every single production batch

for colour, so the shade that the user orders is the shade that will be received across the full range with no batch-to-batch surprises."

How does this material innovation actually improve the laboratory's daily workflow?

"Before the blank reaches the lab, we make consistency our priority. The resin blanks are produced by injection molding. Colour is introduced through our extrusion process for homogeneous shading throughout the entire blank – not just at the surface.

"When you mill the blank, the colour holds true all the way through. Combined with our verified mechanical reliability, that means no remakes and confidence in every restoration."

What makes Flexmon Pro Multistratum an innovative material on the market?

"Working in a Research & Development team means being innovators: never settling, constantly improving, and proving it! We developed over 100 material versions, and through exhaustive mechanical validation our proudest achievement is purity. This new resin delivers exceptionally low residual monomer concentration, far beneath



the legal thresholds.

"It is a CE-marked Class IIa medical device conforming to the relevant ISO standard for denture base polymers, and it is also registered by the Medicines & Healthcare products Regulatory Agency (MHRA)."

Keep patients smiling

Over the years, what has always set Zirkonzahn apart is the complete package it offers beyond the product itself: technical assistance, product training, dedicated pre- and after-sales care, as well as in-house control of production processes to ensure high quality. As with

all Zirkonzahn products, Flexmon Partial is built around an uncompromising commitment to each laboratory's success.

Zirkonzahn takes care of the complex material science – from iterations and batch analyses to testing in the laboratory and in the mouth – allowing dental laboratories to focus on creating prostheses that fit beautifully, last longer, and keep patients smiling.

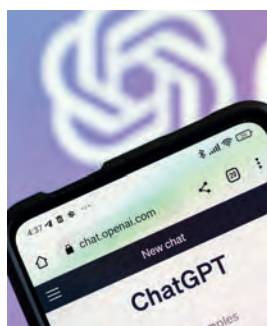
More information is available at the company's website: www.zirkonzahn.com.

How to get named by the search assistants

David Nelkin outlines why traditional on-site SEO is no longer enough in an AI-driven world and shares the four off-site pillars that now drive patient discovery

David Nelkin

Chief executive officer and founder of Xcelerator Dental



For two decades, search engine optimisation (SEO) in dental marketing has mostly meant work on your own website.

Keywords, content, technical fixes, backlinks – the effort went into your pages, and the goal was to climb the rankings.

The shift to artificial intelligence (AI) driven search has quietly turned that on its head.

The work that earns a practice a recommendation from an AI assistant in 2026 lives almost entirely off your own website.

Why this has changed

A quick reframe first, so the playbook lands on solid ground. When someone asks ChatGPT, Gemini, Claude or Google's AI overview to recommend a dentist, the assistant doesn't read out a list of 10 links.

It puts forward one or two practices.

You are either in that

answer or not, and there's no page two to scroll to.

What decides who gets named is increasingly not the things SEO has obsessed over for 20 years.

Industry analysis now suggests that branded mentions across credible third-party sources correlate more strongly with AI visibility than backlinks or domain rating, and around 60% of Google searches already end without a single click.

The move is from being found to being cited, and the signals that earn the citation mostly sit in places other people control.

Nobody, Google included, can tell you exactly how this all settles – but the direction of travel is clear enough to start acting on now.

The website still matters, but its job has changed

None of this is an argument against having an excellent website. It is an argument about what the website is now for.

It is no longer the destination you send patients to and hope they convert.

It is the proof point, the place an interested patient lands to confirm what the AI already told them about you.

That means it has to be genuinely good at converting someone who has effectively already been

recommended, which sits in the convert side of the work rather than the promotion.

And strong traditional SEO remains the floor, not the ceiling – most AI citations still go to pages that already rank well, so the fundamentals have not stopped mattering. They have become the entry ticket to being considered at all.

The work that decides whether an AI puts your practice forward in 2026 is mostly not happening on your website. It is happening in your reviews, in third-party mentions, in video, in forums, in the places real people are already talking about local options.

The practices that understand that and build presence in those places deliberately will compound, slowly at first and then faster, because this kind of authority is hard to fake and hard for a competitor to undo.

The ones still pouring everything into on-site SEO will keep ranking perfectly well in a part of the page that fewer and fewer patients ever see.

If you would like to talk through what building that off-site presence looks like for your practice, I am always happy to have the conversation.

For more information, visit www.xceleratordental.com.

1

A cross-channel review strategy

Reviews stopped being purely a Google game some time ago. AI assistants look across platforms to work out whether a business is genuinely active and consistently well thought of.

A practice with 600 Google reviews and almost nothing anywhere else now looks one-dimensional.

The work here is to collect reviews actively across several platforms rather than one, to respond to them properly, and to treat the whole thing as ongoing infrastructure.

Volume, recency and the fact that you reply now matter at least as much as the average star rating.

2

Third-party mentions and best-of guides

Local 'best of' lists, 'top dentists in' guides, area roundups and industry publications have turned out to be a significant source of AI citations.

The work is to find the guides and local content creators who cover your catchment area, build genuine relationships with them, and get the practice included.

It used to be about credibility in the eyes of the patient reading the article. It is now also about being part of the source set an AI draws from when it answers 'who is the best dentist near me'.

3

Video presence across platforms

Short-form video has become its own band of the results page and AI systems are increasingly drawing on video content as well as text.

The work is short videos that answer the questions patients actually ask – cost, suitability, what a treatment involves, what recovery looks like.

It needs consistency and relevance far more than production value, and a practice that films little and often will out-perform one waiting for the perfect polished launch.

4

Forums, threads and the new surfaces in your profile

Google has started showing Reddit posts, live Instagram feeds and other social content inside the Business Profile area itself, and AI assistants lean on forums when they want genuine,

unsponsored opinion about local options.

The work is to know where your practice is being talked about, to contribute honestly in those places where it makes sense rather than spamming them, and to make sure the social feeds that now surface inside your profile are alive rather than abandoned.

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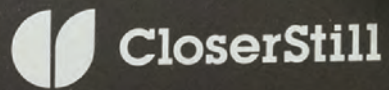
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Rewriting the rules of dental profit

Aaron Prested explains how changes to NHS dental contracts are forcing practices to look beyond income and focus on operational efficiency



Aaron Prested
Specialist financial adviser,
Wesleyan Financial Services

Recent changes to NHS dental contracts are prompting practices to rethink how they operate, manage costs and plan for the future.

For many NHS-focused dental professionals, the conversation is no longer just about delivering care.

It's about understanding how contract reform affects financial performance.

At a time of rising employment costs, recruitment pressures and changing patient expectations, even relatively small contractual changes can influence profitability.

The key question for many dentists is simple: what do these reforms mean financially?

Looking beyond turnover
The direction of NHS

'Understanding the financial implications of NHS contract reform is becoming an essential part of building a resilient and successful dental career or business'

dentistry continues to prioritise improving access, prevention and efficient use of resources.

For practice owners, this reinforces the importance of monitoring not just income, but the relationship between revenue and operating costs.

Although NHS practices have traditionally benefited from stable income, rising staffing costs, regulatory demands, higher laboratory and material expenses, and continued investment in technology have all placed pressure on margins.

As a result, increased

contract values do not automatically translate into higher profits if costs continue to rise.

Understanding underlying profitability is now more important than focusing on turnover alone.

Improving efficiency

One of the most useful financial measures is the expense ratio – the proportion of income absorbed by operating costs.

If this rises unchecked, practices may generate more revenue without improving take-home profit.

Many owners are therefore focusing on operational efficiency by reviewing chair utilisation, workforce structure, associate agreements, skill mix and the balance between NHS and private income.

The emphasis is increasingly on protecting profitability rather than pursuing growth at any cost.

Practices with strong financial oversight and disciplined cost control are generally better placed to adapt to ongoing contract change.

Rethinking the NHS-private balance

Contract reform is also encouraging practices to reassess the balance between NHS and private income.

Many have already diversified by introducing private treatments, while others have reduced their NHS commitment.

The right approach depends on local demand, patient demographics, workforce capacity, contractual obligations and wider business objectives.

A balanced revenue model can improve resilience and help practices respond to future policy or funding changes.

Valuation and resilience

The changing NHS landscape is influencing

how practices are valued.

Buyers and lenders are placing greater emphasis on sustainable profitability than turnover alone, considering factors such as EBITDA, expense ratios, workforce stability, UDA performance and the proportion of private income.

Despite ongoing challenges, demand for dental practices remains strong.

However, buyers are increasingly selective, focusing on stable earnings, effective cost control and long-term sustainability.

Contract reform inevitably brings uncertainty, but it also creates an opportunity to review operations, improve efficiency and strengthen financial planning.

Practices with clear financial visibility, disciplined management and adaptable business models are likely to be best placed to navigate future change.

For both practice owners and associates, understanding the financial implications of NHS contract reform is becoming an essential part of building a resilient and successful dental career or business.

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Dream products – Shining 3D Aoralscan Elite

Aly Virani discusses his dream product – the 3D Aoralscan Elite – and explains why it's a must have in his practice

Aly Virani

Clinical director at North Cardiff Dental & Implants

At North Cardiff Dental & Implants, full-arch immediate implant loading is one of our most transformative treatments – and the Aoralscan Elite from Shining 3D has become central to how we deliver it.

When patients come to us having lost confidence in their smile, or struggling with failing teeth, they want certainty – certainty about the outcome, the timeline and the experience.

The Aoralscan Elite gives us the clinical precision to deliver on all three.

Building confidence

What sets this scanner apart is its intra-oral photogrammetry (IPG) capability.

Unlike conventional intra-oral scanners, which lack the accuracy required for passive-fitting full-arch restorations, the Aoralscan Elite captures implant positions and soft tissue morphology simultaneously within a single, stable dataset.

This eliminates the need for secondary alignment steps that have historically introduced error into digital workflows.

Myself and lead dental technician Meng Jin co-authored the PRECISE

protocol – a fully digital full-arch immediate loading workflow published in *Aesthetic Update* (September 2025) – with the Aoralscan Elite at its core.

Combining IPG with skeletal-based CBCT referencing, the protocol achieves same-day prosthesis delivery with minimal occlusal adjustment.

Data acquisition, even in complex dual-arch cases immediately following surgery, is completed in under 10 minutes.

From there, Meng Jin leads our in-house lab to complete the prosthetic workflow.

Thanks to the accuracy of the IPG data and our 3D printing setup, printed temporaries for a dual arch can be turned around in as little as one hour.

Once healing is complete, a further scan – again under 10 minutes – gives us the precision to go straight to fit the definitive prosthesis, bypassing intermediate verification steps entirely.

Such is our confidence in the scanner's accuracy.

The financials

Unlike many competing systems, the Aoralscan Elite carries no cost per scan, making it genuinely practice-friendly at scale.

As full-arch caseload grows, there are no escalating per-



use fees eating into margins – just consistent, reliable performance.

If you are considering full-

arch implant rehabilitation, the Aoralscan Elite is, in our view, the most clinically significant advancement

in digital impression technology available today.

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Maximising your associate tax deductions

Seb Stracy breaks down the core principles of tax-deductible business expenditure, offering a practical roadmap to safely minimising tax liabilities

Seb Stracy
Partner at Humphrey & Co

The following is an introduction into business expenditure wholly allowable for tax purposes for dental associates, locums and other self-employed dental professionals. Whilst the rules can appear simple, care should always be taken, as His Majesty's Revenue and Customs (HMRC) do not always see things in the same way you do.

The headings which follow are general expense areas, within which tax deductible expenses are broken down by specific items.

Advertising, employee and main surgery expenses have been excluded from these lists on the assumption that the principal/practice will be paying for these costs

Definition of tax allowable expenses

Your tax liability will be calculated on your taxable profit. This profit figure is illustrated by a simple example below:

Income £100,000
Less: Tax Allowable Expenses £(20,000)
Taxable Profit
£80,000.

As you can see from the above example, the higher your tax allowable expenses

are, the lower your taxable profit will be which in turn will result in a lower tax liability.

This article will discuss what can be included as 'tax allowable expenses'.

In order for an expense to be tax allowable, HMRC guidance states that the expense has to be wholly and exclusively for the purpose of the business.

1. Insurance

There are several types of insurance that you may have to pay for throughout your career. These may include public liability insurance, income protection insurance and sickness insurance amongst other ones.

Generally only your public liability insurance will be tax allowable. For the insurance to be allowable it has to be a business specific policy and unfortunately income protection or sickness insurance are for you personally, not for your trade.

As a general rule of thumb it is useful to note, that if you do not get tax relief on these policies, then usually any payout can also be tax free, but this is always worth checking as it is a complex area.

2. Subscriptions

As long as the subscription relates to the trade of dentistry it should be



allowable. Examples include your General Dental Council (GDC) annual fee and your statutory levy that you will generally pay each month.

Other software subscriptions are also becoming more common, and if they are used solely for the business, they will receive tax relief – examples include note taking software

not specific to your trade. Examples would include scrubs, clogs and lab coats.

4. Laundry and cleaning

HMRC will allow tax relief for the cost of laundering either a uniform or protective clothing. This can include either the dry cleaning costs or an estimate

allowable; examples may include Loupes or other surgery equipment.

6. Interest

Loans are often taken out on larger items of equipment. Interest payments in relation to any loans specifically for goods bought for business use such as surgery equipment are allowable interest payments. Incidental costs of obtaining loan finance (for example, arrangement fees) will also be deductible.

7. General overheads and administration

Overheads are expenses which are less affected by the actual amount of work done, but are still incurred nonetheless in the running of the business.

Examples of this include the following:

- Mobile phone costs
- Printing and postage
- Stationery.

In order for an expense to be tax allowable, HMRC guidance states that the expense has to be wholly and exclusively for the purpose of the business'

or cloud storage for business.

3. Protective clothing

As long as the clothing is protective, it will be classed as an allowable expense. The cost of 'ordinary' clothing is not allowable as these are

of costs for washing them at home. Most of the time an estimate of costs is preferable as it is hard to produce specific invoices.

5. Hire of assets

Reasonable charges for hiring capital goods relating to your trade are

The above overheads are tax allowable provided they are for business use. If the whole expense is not business related, then a proportion will be allowable.

An example would be telephone usage. If you used your phone 50% of the time for business, then 50% of the cost would be tax allowable.

Also if you do any work at home at all during the week, for example the use of an office, then an estimate can be made as to how much of the running costs of your home (including mortgage interest but not capital repayment) can be attributed to work use.

Care needs to be taken as it must be fairly apportioned. This will commonly appear as 'use of home as office' in your accounts and tax

return.

Computer costs can also be considered under this heading. For example hardware, software and website costs as well as smaller items of computer equipment.

8. Professional fees and charges

Fees such as those paid to a solicitor or accountant are allowable as long as they are associated with the running of your dental business.

This can include your annual compliance fees for example.

However, if you are buying a practice, these costs are unlikely to be deductible until you sell the practice.

Other such fees and charges include bank charges (on business accounts) and debt collection services.

9. Repairs and maintenance

Repairs and maintenance means servicing of your own equipment as well as replacement of small instruments or tools. Again these would have to be in respect of your business and if there is any personal use, this would be apportioned.

10. Travel

The running costs, insurance and maintenance of business vehicles (or a proportion of the expense for private vehicles so far as it is used for business) are allowable expenses.

The cost of journeys which are not the normal commute to work are generally allowable. Such as travelling between work

places and travelling to courses and meetings.

Subsistence and hotel bills when away from home on business are also allowable.

Home to work commuting is usually never allowable if it is a permanent workplace, so if you have complex working arrangements you should seek specialist advice, as this is an area HMRC are always keen to investigate.

Double claiming – be careful

Individuals working at a dental practice should not claim for expenses which have been paid for by the practice owner. For example the practice owner claims all equipment, materials or other items paid for by the practice.

If you, as an associate, meet

a percentage of the costs and pay for those directly, then you are entitled to claim that percentage while the practice owner claims the balance.

The above is only general guidance to expenses that may be incurred as an associate. It is important to remember that every associate's position will be different and whether an expense is tax allowable or not will vary depending on their personal circumstances.

It is essential that specialist advice is always obtained regarding expenses and tax relief.

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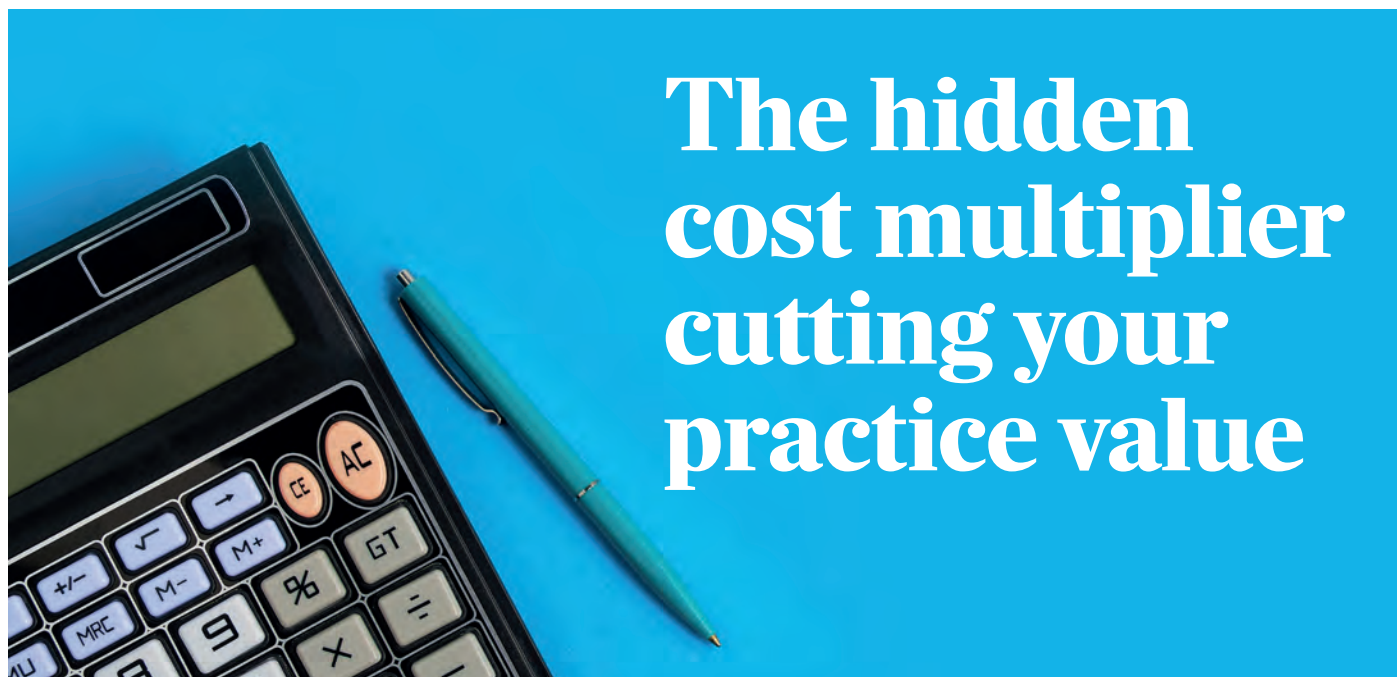
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The hidden cost multiplier cutting your practice value

Tim Doswell reflects on the stark financial reality of supply-cost drift, explaining how unexamined overhead compounds into a devastating penalty when a buyer calculates your EBITDA

Tim Doswell BChD, Dip Imp Dent RCS(Eng) (Adv. Cert)
Dentist and clinical advisor to Edge

Practice valuation is a function of earnings before interest, taxes, depreciation, and amortisation (EBITDA), and EBITDA is a function of overhead.

Most of us focus on the wrong end of that equation for 15 years, and then a buyer's accountant gets a closer look at our cost base than we ever did.

There is a moment that most principals experience only once, and almost always in retrospect.

It is the moment you realise that a buyer has formed a clearer view of your practice's cost base than you ever did, and has priced that view into their offer, without you ever seeing their workings. Earlier in the process, your accountant will have pulled together calculations of past and forecast EBITDA for the

I have been involved in the sale of practices, and the process is less revelatory than people imagine.

1. The buyer requests evidence
2. They ask for spend by supplier, profit and loss history, and the usual schedule of documents
3. They take that evidence away and feed it into their own model
4. They do not share what their model tells them
5. They make assumptions about how much consumable spend they can strip out once they take over
6. The seller sees the consequence, as shown in the figure on the offer letter.

information memorandum that goes out to market.

By that stage, the cost base is what it is.

There is not much remedial action you can take at that point that would meaningfully change the multiple.

The luxury of saying: 'I will sell when my consumable costs are optimised' is one most principals never have.

What I want to share is what I now wish I had understood about that ordinary, unremarkable

corner of the business in the years before any of this became relevant.

Not because anyone is doing anything wrong, but because the maths of how supply costs translate into practice value is much less forgiving than most of us realise.

The number that quietly compounds

Industry analysis suggests that supplies and lab fees account for six to nine percent of gross revenue at a

typical UK practice, depending on size and treatment mix.

For a practice collecting £800,000 a year, that is somewhere between £48,000 and £72,000 annually, before lab work is even considered.

Within that figure sits something that I now think of as the silent line item. It is the gap between what you are actually paying for your supplies and what comparable practices are paying for the same things.

Some of that gap is genuine market movement. Some of it is drift, which is what happens to prices in any market where buyers have no comparison data.

Drift is not dramatic. It is a few percent on a composite syringe one year, a product code that gets quietly replaced the next, a promotional rate that expired 18 months ago and that nobody noticed reverting. Each change is too small to challenge.

The cumulative effect, across a few hundred regularly ordered line items, is a different matter.

Research from dental procurement analysts has found price variations of up to 30% for identical products between practices, depending on the supplier relationship and the timing of the last negotiation.

Most of that variation is invisible to the practices experiencing it.

Why this is a valuation issue, not just a margin issue

Here is the part I genuinely did not appreciate while I was running my practice.

Dental practices in the UK trade on EBITDA multiples that vary by buyer, structure and circumstance, but generally sit somewhere in the region of six to nine times. The exact number depends on factors specific to each transaction.

The principle, however, is constant. Every pound of recurring overhead in your practice is not just a pound off this year's profit. It is several pounds off your eventual value.

The arithmetic is straightforward but worth pausing on. A practice spending £4,000 a month on consumables, with 15% of that figure sitting above market rate, is overspending by roughly £7,000 a year. At a seven times multiple, that is nearly £50,000 removed from the practice's sale value.

At a higher multiple, the figure is larger. And that is for one category of overhead, on a relatively modest spend, with a drift figure I would describe as middle of the road.

Every pound of unnecessary overhead you carry is multiplied into the price you eventually receive, in the wrong direction.

The hard lesson is that this multiplier works whether you know about it or not. The practices being acquired today are being valued by buyers who do know about it, and whose accountants are perfectly capable of doing this analysis.

By the time it surfaces in due diligence, the principal has lost the chance to do anything about it.

Why careful people miss this

Nothing about price drift is the fault of the principals. The way prices move in this market is specifically designed to sit below the threshold of attention.

A composite syringe goes from £18.50 to £19.80 to £21.40 over three years. Each step looks like inflation. None of them is large enough on its own to question.

But the cumulative move is around 16%, which is roughly double what general dental inflation has been doing over the same period. You would only know that if you had a benchmark, and most of us never have.

There are several mechanisms involved, none of them sinister. Products get discontinued and replaced by new models with a different code at a higher price, so no like-for-like comparison is possible. Promotional rates quietly expire when you open an account, and the standard rate applies.

Or, most commonly, your supplier gradually edges your price up because the longer you have been a customer, the less likely you are to switch.

None of this is dishonest. It is rational commercial behaviour in a market without price transparency.

What I would do differently

The point of what follows is not that every principal should be preparing for sale.

The exercise is worth doing regardless, because the same cost discipline that protects your valuation also protects your monthly margin, your associate pay pool, and your capacity to invest in the practice.

The valuation argument is one of several reasons. It just happens to be the one with the largest number attached.

If I were earlier in my career as a principal and looking at this fresh, I would spend a focused afternoon on the exercise to the right.

This exercise will not give you a complete picture, because true benchmarking requires comparing your prices against

The multiplier

How a small monthly overpayment compounds into a large valuation drag.



Illustrative scenario. Figures chosen to show the structural relationship between recurring overhead and sale value: UK dental practice EBITDA multiples typically range from 6.5x to 9.5x depending on practice mix, scale, and location. The 7x used here sits near the middle of that range. Not a forecast for any specific practice.

Figure 1

Sources: Chartis & Co Dental Market Review 2021; 19 June 2021; HRT 2023; 14 August 2023; unpublished

what other practices actually pay across a sample large enough to be statistically meaningful. But it will tell you whether the problem is real and roughly how much you are dealing with.

A note on suppliers

It's worth being direct about this, because it matters.

Drift is not evidence that suppliers are doing something wrong. Prices trend upward when nobody is checking.

The vast majority of dental suppliers operate in good faith, with their own rising input costs and their own competitive pressures to manage.

Suppliers who price fairly and consistently have nothing to fear from comparison. The only people disadvantaged by visibility are those who depend on its absence, and in my experience, that is rarely the kind of relationship that serves a practice well in the long run.

The takeaway

Every pound of unnecessary overhead in your practice is not a pound.

It is six to nine pounds, depending on what your buyer pays for EBITDA. And the time to act on that figure is years before any sale becomes a live conversation.

By the time it is a live

Supply healthcheck

Pick the top 10 consumable lines by spend. These are the items you order most frequently, or that carry the highest unit cost.

Pull the unit price from January and December of last year. If the product code changed during the year, that is worth investigating in its own right. Add up the cumulative percentage change across all 10.

Compare that figure against general inflation. The headline UK figure has been around 3% in recent periods. Dental-specific inflation has been higher, around 9%, according to BDA estimates.

If your top 10 have moved by 15, 18, or 20% on average, the gap above dental inflation is almost certainly drift rather than market movement.

Then ring your supplier. Ask what a new customer opening an account today would pay for the same products. If those numbers are below yours, you have found the drift.

The conversation that follows is generally constructive. Most suppliers would rather adjust pricing than lose a long-standing account.

conversation, your accountant is already preparing the information memorandum.

Supply costs are one of the few overhead categories where you have meaningful room to optimise. The market largely sets staffing. Premises are what they are. But what you pay for supplies is variable and negotiable.

The dental profession has been operating without the kind of pricing transparency that consumer markets have taken for granted for years.

That is starting to change, partly through tools that benchmark anonymised invoice data across practices, and partly through principals deciding that this is overdue attention.

Either way, the question is not whether drift is present in your practice. Statistically, it almost certainly is.

The question is whether you would prefer to address it on your own timeline or face its consequences in an offer letter priced by someone who saw what you did not.

We didn't simply renovate walls; we redefined our culture

Vishal Patel and **Smita Parmar** share how their deliberate 'baby steps' strategy for future-proofing has successfully moved the dial on the delivery of patient care

Vishal Patel

Principal and owner, Dalmeny House Dental

Smita Parmar

Principal and owner, Dalmeny House Dental

Embracing change as a new practice owner is a strategic journey.

It requires a delicate balance between retaining existing patients and attracting new ones, all while establishing your brand identity.

Since taking ownership of Dalmeny House Dental in Worcester Park, Surrey, in 2021, husband-and-wife team Vishal Patel and Smita Parmar have transformed the practice.

With thoughtful, incremental changes, they have maintained the trust of their inherited patients and attracted a fresh wave of clients to what is now a modern, patient-focused dental environment.

These efforts earned recognition, securing them the prestigious Most Improved Practice South East Award at the 2025 Private Dentistry Awards.

When we catch up, they are celebrating the arrival of their second child, having welcomed their first during the process of actually purchasing the practice.

Nothing is done by halves, and with their newborn making life busy, Visha



graciously finds time to share their story.

The legacy of the practice

Dalmeny House Dental is our first practice.

We took over in 2021 from the previous owner, becoming only the third principals in its remarkable 90-year history. That legacy was something we felt a deep responsibility to honour while also ensuring the business could evolve to meet the needs of modern dentistry.

The clinic has a long history. When we took ownership, the bones of the practice were strong – it had loyal patients, a respected reputation, and a wonderful team.

However, the environment and infrastructure needed modernising.

With an existing site and loyal patients, it is often unwise to make sweeping changes too quickly, so over the years, we have made small, subtle alterations that have had a major impact on patient care without destabilising the practice.

A boutique healthcare environment

Our goal wasn't simply to update the practice; it was to future-proof it.

While the general design of the practice remains the same, the waiting room was converted into a treatment room, and our reception area was expanded.

Our priorities were clarity, calmness and comfort.

We wanted to move away from the traditional clinical feel and create something closer to a boutique healthcare



Since 2022, we have undertaken a full refurbishment and reimagining of the practice. This included:

- Changing the patient experience, notably the way we deliver our comprehensive dental examinations
- A redesign of the interior spaces
- Expansion from three surgeries to four fully equipped treatment rooms
- Investment in advanced digital technology, 3D intraoral scanners and a cone beam computed tomography/orthopantomogram machine
- Upgrading decontamination facilities to exceed compliance standards
- Enhancing patient comfort areas to create a calm, welcoming environment
- Improving facilities for the staff, including our stock rooms.



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Key design priorities included:

- Natural light and open space
- Using scent diffusers to remove the typical dental surgery smell
- Clean lines with minimal clutter
- A calm, neutral colour palette to reduce anxiety
- Ergonomic efficiency for the clinical team
- Seamless digital integration.



environment that's warm, welcoming and quietly sophisticated.

The colour palette was incredibly important to us. We chose soft neutrals with warm undertones to create a spa-like calmness, complemented by subtle accents that add depth without overwhelming the space. The aim was to ensure patients feel at ease the moment they walk in.

Details shape perception, so every piece of furnishing was carefully selected – from the reception seating to cabinetry finishes. Dentistry can feel intimidating; design can soften that experience.

Precision, prevention, and personalisation

For us, 21st century dentistry is about precision, prevention and personalisation.

It's not just about treating disease. Rather, it's about guiding patients through a journey.

Every patient has a unique story, different anxieties, goals and expectations. Recognising that individuality is central to our practice.

How this translates into the in-chair experience is clear in how the team takes time to listen before examining, uses digital imaging to show patients what they see, and engages in collaborative treatment planning.

Transparent communication about options and outcomes is essential. We prioritise long-term oral health over short-term fixes.

The design of the practice supports this ethos.

Surgeries are spacious and uncluttered, allowing conversations to take place comfortably. Technology is integrated discreetly, enhancing the experience rather than dominating it.

We've invested heavily in digital workflows, including advanced imaging, intraoral scanning, and modern treatment planning systems, because precision builds trust.

Ergonomic excellence in the chair

The Belmont Euris S6 treatment centres were a deliberate choice. They reflect our philosophy perfectly: ergonomic excellence for the clinician, exceptional comfort for the patient, and an understated design that complements the surgeries' aesthetics.

We selected a soft, neutral upholstery tone to align with our overall colour scheme – calming and refined rather than stark or clinical.

The S6 allows us to deliver treatment smoothly and efficiently while ensuring patients remain comfortable throughout longer procedures. When patients are physically comfortable, it also transforms their psychological experience.

‘That legacy was something we felt a deep responsibility to honour while also ensuring the business could evolve to meet the needs of modern dentistry’

Another welcome feature of this particular model is the folding leg-rest, which maintains surgical openness, and the wireless foot control is also great.

Redefining clinical culture

Winning the Most Improved Practice South East Award at the 2025 Private Dentistry Awards recognised more than physical refurbishment. It reflected the transformation of the entire patient journey.

We didn't simply renovate walls; we redefined our culture. We invested in our team, systems, technology, compliance, communication and patient experience.

The judges likely saw a practice that respects its heritage while confidently embracing modern standards. For us, improvement is about evolution, and that's what we've demonstrated.

Family and business are deeply intertwined for us. Smita is currently on maternity leave, but she has played a pivotal role in shaping the practice, and her leave is both joyful and transitional.

Running a business while growing a family is undoubtedly challenging. It requires structure, trust in your team, and clear communication.

However, it also brings perspective. Parenthood sharpens your understanding of responsibility, patience, and long-term thinking – all of which are essential in business.

We've built a strong leadership team, and that support system allows us to navigate these life stages without compromising standards. Ultimately, dentistry is about people and building a family has only deepened our empathy for the families we treat every day.

Dalmeny House Dental has always been part of the community. We aim to ensure it continues to serve future generations with the same integrity, just delivered in a way that reflects modern expectations.

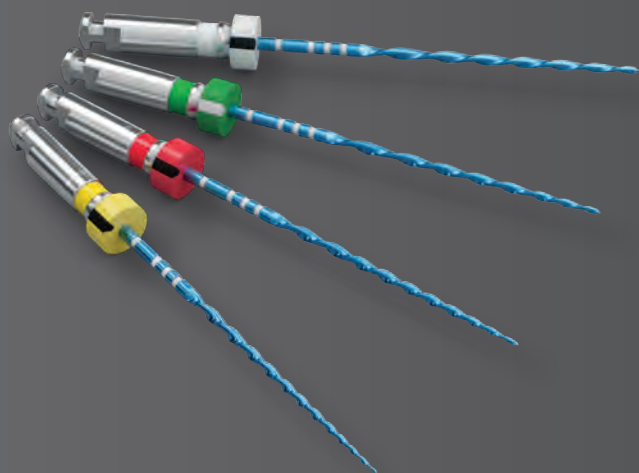


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A new standard for full-arch education

Discover how the 'FPI full-arch implant dentistry course' uses a restorative-driven, complete digital workflow to redefine full-arch success and tackle long-term prosthetic complications

Full-arch implant dentistry is no longer defined by whether implants can be placed and integrated.

While the surgical phase may be successful, the real challenge often begins afterwards.

Across the UK and internationally, an increasing number of full-arch cases are now presenting with complications that are not purely surgical, but prosthetic, biological and maintenance-related.

Poor prosthetic design, inadequate restorative space, unfavourable transition lines, difficult access for hygiene, unstable occlusion, poor soft tissue management, and unclear long-term maintenance protocols can all compromise cases that initially appeared successful.

The 'FPI full-arch implant dentistry course' was created to address this gap.

Rather than teaching full-arch implant dentistry as a surgical procedure alone, the course focuses on the complete biological, surgical, and prosthetic workflow required to plan, deliver, and maintain FPI full-arch cases predictably.

The final cohort of the year will take place on 20-21 November 2026.

The lecture element will be held in central London, with the live surgery component hosted at London Dental Arts.

Beyond implant placement

For many clinicians, full-arch education has traditionally focused on implant number, position, and immediate loading.

These remain essential, but they are only part of the story. A full-arch case must be planned from the final prosthesis backwards.

This includes understanding bone levels, lip dynamics, smile line, prosthetic space, soft tissue volume, implant depth, multi-unit abutment selection, pontic design, emergence profile, occlusion, cleansability, and long-term maintenance.

The FPI course is built around this restorative-driven philosophy.

Delegates are taken through the decision-making process step by step, including when to preserve bone, when bone reduction may be required, how to plan implant depth relative to the future prosthetic margin, how to select multi-unit abutments, and how to design a prosthesis that is not only aesthetic, but biologically maintainable.

The course presents the FPI concept as a precise, demanding, and highly planned discipline.

A complete clinical workflow

Modern full-arch dentistry requires a workflow that connects diagnosis, surgery, digital records, provisionalisation, and final prosthetic planning.

During the two-day programme, delegates are exposed to the practical use of digital technologies, including intraoral scanning, photogrammetry, Modjaw, digital smile design, FPI prosthetic design, and same-day 3D printed provisional restorations.

The aim is not technology for the sake of technology; it is to show how each digital step can reduce uncertainty, improve communication, and support clinical decision-making.

By combining biological principles with digital accuracy, the course demonstrates how clinicians can move from fragmented treatment stages toward a more complete and repeatable system.

Learning through live surgery

A defining feature of the course is the live surgery component.

The live surgical day gives delegates the opportunity to see the workflow applied in real time, capturing the decisions that cannot always be captured in a textbook or edited video.



This includes implant positioning, management of anatomical limitations, pterygoid implant considerations, soft tissue handling, multi-unit abutment selection, immediate loading principles, digital verification, and provisional restoration delivery.

Protocols that change practice

Three FPI cohorts have already run in 2026, all of which sold out.

The November course will be limited to 20 delegates to maintain the quality of teaching, discussion, and interaction.

The feedback from previous delegates has reflected the course's focus on practical systems.

After completing a full upper and lower arch case using the workflow taught on the course, one delegate shared a photograph of the transformation and wrote: 'Finished this case full arch upper and lower.'

'Thank you sir for changing



my dentistry forever.'

Secure your place – following three sold-out cohorts in 2026, this will be the final opportunity to attend the course this year.

Places are strictly limited to 20 delegates.

To find out more or to book your place for 20-21 November, visit the course registration page today.



To submit your application contact Arman directly on his instagram: @DRARMANPROS

Careers in dentistry – Polly Bhambra

This issue we hear about the varied career of **Polly Bhambra**, from dental nurse to multi-practice owner



1. **Starting as a dental nurse**
My career began chairside, where I learned the foundations of patient care and teamwork.
It taught me to always be two steps ahead of the clinician and to maintain a 'patient first' ethos.
This experience instilled in me a zero-compromise approach to infection control and the importance of being detail-driven – values I have carried throughout my career.

3. **Becoming a practice owner**
In 2006, I purchased my first dental practice becoming one of the first dental nurses to hold an NHS dental contract.
Today, I am the sole owner of three successful practices.
Over the last 16 years, I have focused heavily on team culture, using key performance indicators to hold the team accountable while offering incentives to encourage their best work.
I've learned that your starting point does not define where your career can take you.

5. **Giving back to the profession**
One of my proudest achievements has been speaking nationally and mentoring colleagues.
I am particularly passionate about encouraging women and dental nurses to believe there is no ceiling on what they can achieve.
Helping others grow has become one of the most rewarding aspects of my career.

2. **Corporate leadership**
I went on to work for Procter & Gamble, leading Oral Care, before becoming operational director of Tri-Dental, overseeing 10 practices.
This provided invaluable commercial and leadership experience, allowing me to understand dentistry from both clinical and business perspectives.
Managing access to universities in Western Europe gave me the platform to teach dental students and collaborate with key opinion leaders on independent research.



4. **Creating a modern vision of dentistry**
I have invested in developing practices that focus on patient experience, wellness, and technology.
Knowing how demanding clinical dentistry can be, I prioritise the mental and physical well-being of my team, even providing an on-site gym.
We cultivate a growth mindset through an on-site training centre and encourage kind, respectful peer-to-peer feedback to protect our standards.



Careers in dentistry – Polly Bhambra continued

6.

Where I am now

I am currently the director and owner of three dental practices in the West Midlands.

My role spans strategic leadership, business development, and driving innovation.

While we are a healthcare provider, I remain focused on how we can stay sustainable, ethical, and profitable.

I truly believe that while technology is important, it is the team and culture that ultimately determine success.



7.

Looking ahead

The future is incredibly exciting. I am passionate about embracing technology and AI where it enhances patient care, while maintaining the human connection that makes dentistry special.

I plan to continue investing in my practices and supporting the next generation of leaders entering our profession.



Message to readers

Your career doesn't have to follow a conventional path.

Whether you begin as a dental nurse, receptionist, therapist or dentist, dentistry can open doors you never imagined possible, you just need to lead with curiosity, resilience and a willingness to keep learning.



The power of personalised care

Cat Edney joins **Rhiannon Jones** to discuss why moving away from rigid clinical scripts toward individualised patient conversations is the ultimate catalyst for trust and long-term preventive success

Rhiannon Jones

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

Cat Edney

Dental therapist, educator and founder of The Modern Therapist

In a recent episode of the British Society of Dental Hygiene & Therapy's (BSDHT's) *Dental Health Matters* podcast, Cat Edney spoke with Rhiannon Jones about communication, trust and why more personalised conversations can transform the patient experience.

During the conversation, Cat repeatedly returned to one idea: patients are far more likely to engage with care when communication feels personal.

Cat reflected on the role communication plays in helping patients feel informed, involved and genuinely supported throughout their care.

At the heart of that, she believes, is a move away from seeing patients simply as clinical problems to solve, towards understanding who they are, how they live and what matters to them.

'I think trust is built when patients feel seen rather than processed,' she explained.

It is a viewpoint shaped by her own experiences within dentistry, including the frustration of working within fast-paced models of care where prevention and



meaningful conversations can easily become secondary to simply getting through appointments.

'I started my career doing 30-minute scale and polish appointments,' she said. 'It was exhausting. It did not seem to matter what the patient's health history was or what their oral hygiene looked like. They still got 30 minutes, and they still came back in six months.'

For Cat, that is exactly the cycle modern dentistry needs to challenge.

Facing the full reality

Much of the discussion focused on health literacy and the reality that many patients still leave appointments without fully understanding their oral health, despite clinicians believing they have communicated clearly.

Part of the problem, Cat suggested, is that patients are often overwhelmed by terminology that feels completely unfamiliar to them.

Reflecting on her first experiences at university, she described how unfamiliar even basic dental terminology initially felt.

'Everyone was using words I did not understand,' she said. 'As dental professionals, those terms become second nature, but for patients they can feel completely foreign.'

That experience continues to influence the way she now communicates with patients.

Rather than focusing solely on clinical explanations, she starts conversations by asking about life beyond the surgery: work, family, stress, routines and habits.

Those answers then shape the way care is discussed.

If a patient mentions stress, she may connect it to tooth

wear or grinding. If they describe chaotic mornings with young children, oral hygiene routines are built around that reality rather than around an idealised version of compliance.

'What works is finding out what matters to them,' she explained.

'You have to understand the person before you look at their teeth.'

The result is a more collaborative style of care, patients are encouraged to become active participants in decisions about their oral health rather than passive recipients of advice.

Communication and prevention

The conversation also explored how communication itself has become a critical part of preventive care.

For Cat, the issue is rarely that patients do not care about their oral health.

More often, they have simply never had things explained to them in a way that genuinely connects.

'Telling patients what to do is not working,' she said. 'We have to find ways that speak to the individual.'

That can mean simplifying language, using photography and digital scans to visualise problems more clearly, or breaking treatment planning into manageable stages rather than overwhelming patients with information all at once.

Importantly, she believes modern dental teams should feel empowered to create the time and space needed for those conversations, rather than feeling pressured to complete everything within a single appointment.

'Patients are more successful when they are engaged,' she said. 'And they become engaged when they understand what is happening and why.'

Throughout the discussion, Cat returned to the idea that prevention works best when it feels personal.

'Spend more time listening and less time speaking,' she advised. 'Make it personal.'

Listen to the full episode of *Dental Health Matters* from the BSDHT podcast series at www.bsdht.org.uk/podcast for more on communication, trust and personalised patient care.

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Who supports the support

Practice managers do not need more noise. They need practical support, honest conversations and recognition of the role they play in keeping practices moving, says **Guy Hiscott**

Guy Hiscott

Content director at FMC

There is a lot expected of practice managers.

They are often the person people go to first, whether the issue is clinical, operational, emotional, administrative or urgent. They support clinicians, reassure patients, manage teams, keep processes moving and deal with problems that may never be visible to the wider practice.

Yet the role itself can still feel overlooked.

Much of the wider conversation in dentistry quite rightly focuses on patients, clinicians, growth, compliance and business performance. Practice managers sit at the centre of all of that, but do not always receive the same level of recognition or support.

That matters. Because when the role becomes too stretched, the impact is felt everywhere.

What practical support actually looks like

What practice managers often need is not another layer of complexity. They need tools, guidance and conversations that make the job feel more manageable and less reactive day to day.

That may mean clearer onboarding processes, easier access to policies, better visibility across compliance tasks or more confidence navigating difficult staffing situations.

To achieve this, they require:

- Clear HR processes when complex staffing issues arise
- Practical compliance support that is straightforward and easy to follow
- An operational structure that helps teams share day-to-day responsibilities more effectively
- Direct access to people who truly understand the reality of running a dental practice.

That final point is important. Support is not only technical. It is also human.

Practice managers benefit hugely from being able to speak openly with others who understand the pressures of the role.

Peer connection can help people feel less isolated, more confident and more reassured that the challenges they face are not unique to them.



‘The combination of peer connection alongside practical operational support reflects the reality of what many practice managers are actually asking for – reassurance, structure, guidance and people who understand the pressures of the role’

A more joined-up kind of support

This is where the collaboration between Association of Dental Administrators and Managers (ADAM) and Dentistry Practice Services feels especially valuable.

The combination of peer connection alongside practical operational support reflects the reality of what many practice managers are actually asking for – reassurance, structure, guidance and people who understand the

pressures of the role.

ADAM brings community, representation and shared learning for dental administrators and managers.

Dentistry Practice Services brings practical support across HR compliance, dental compliance and wider operational processes.

Together, there is an opportunity to support practice managers in a way that feels both practical and personal.

Not by pretending there is a simple answer to every challenge, but by helping practices create more clarity, confidence and connection.

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For more information, visit <https://hubs.ly/Q04115cM0>.

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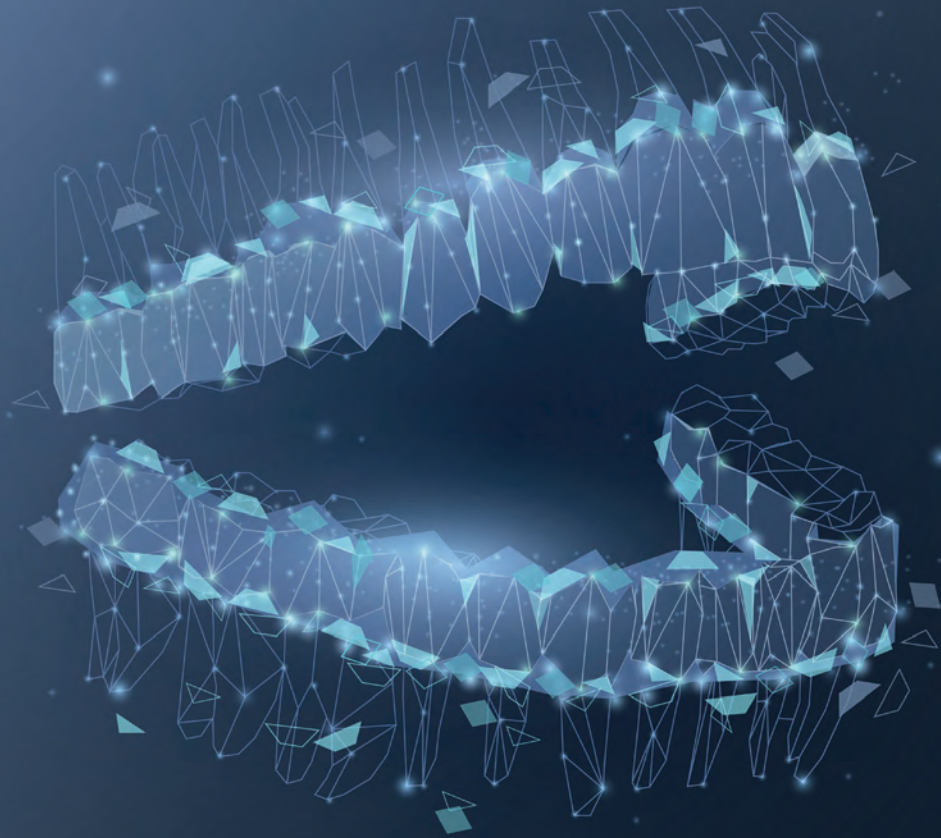
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Decision-making in endodontic post-treatment disease: retreat or resect?

David Edwards explores the clinical, restorative and patient-centred factors that influence decision-making in endodontic post-treatment disease, offering practical insights to help clinicians approach these challenging cases with greater confidence

Dr David Edwards

Specialist endodontist and clinical fellow in restorative dentistry

When a root-treated tooth presents with persistent disease, how do you approach the decision-making process between retreatment and surgery?

David: 'Firstly, patient factors must be considered. Some medical conditions, such as patients taking antiresorptive medications or those with bleeding disorders, may drive you one way or another. Other key patient factors include the ability to tolerate treatment and financial considerations.

'Then focusing on the tooth, I like to identify the reason for persistent periapical disease and decide if I can overcome it through an orthograde approach. A classic example could be a short and poorly condensed root canal filling which may represent a straightforward retreatment case.

'In contrast, a well-condensed root filling with no obvious reason for failure may push me towards a surgical approach.

'Other factors may make retreatment very difficult, such as the presence of posts or root canal obliteration. The coronal restoration must also be carefully considered; a well-sealed post-retained crown may be expensive and difficult to remove and replace. Equally, if the patient has a high smile line, surgery may carry the risk of recession.

'Anatomical complexities can also make surgery challenging, such as close association to the sinus, blood vessels or nerves. Other challenges include horizontal bone loss, where root resection may leave an unfavourable crown-root ratio.

'I find the 2020 British Endodontic Society and Royal College of Surgeons Guidelines for Periradicular Surgery are particularly clear in terms of indications.'

How important is identifying the original cause of failure, and what are the challenges involved in doing so accurately?

David: 'Obvious causes of failure should be overcome through orthograde retreatment where possible. This would include short and/or poorly condensed root fillings or missed anatomy, for example. Even perforations can often be managed and repaired without surgery.

'However, there are times when anatomy and iatrogenic

factors are against us. This would include separated instruments, calcified canals and perforations not amenable to internal repair.

'Cone Beam Computed Tomography (CBCT) is a very useful aid in identifying the reason for failure and helping us decide whether that can be overcome through an orthograde approach.'

How do you weigh endodontic factors against the wider restorative prognosis when deciding whether a tooth is worth further intervention?

David: 'A full restorative assessment is always required. The amount of remaining tooth structure is very important, but this needs to be considered in the context of the patient. Factors such as bruxism, occlusion and adjacent teeth can all influence vulnerability to fracture.

'Complex dentistry should only be considered in stable patients, and periapical microsurgery must never be undertaken in patients with active periodontal disease.

'We do, of course, have excellent replacement options for teeth, and this must always be considered. A tooth may have an uncertain prognosis

following retreatment or limited strategic value, in which case extraction may be preferable.'

Have advances in imaging, materials and microsurgical techniques changed the way you assess the relative merits of retreatment and surgery?

David: 'Absolutely! Advances in imaging, instrumentation and microsurgical techniques have transformed the way we assess and manage these cases. CBCT, guided endodontic access and surgical stents can all improve predictability, while the operating microscope and modern rotary systems have made orthograde retreatment much more accessible.

'Surgical techniques have also evolved considerably over the last decade. We are now using microblades and flap designs that minimise recession, performing procedures under magnification and placing tricalcium silicate cements for a retrograde seal.

'As a result, periapical microsurgery is now a very predictable option in many cases, with excellent outcomes.'

You will be discussing this topic at Dentistry Show London. Without giving too much away, what key messages are you hoping delegates will take away from the session?

David: 'I'll explore why endodontic cases fail and the factors that influence whether retreatment or surgery is the most appropriate option.

'Using a range of real clinical cases, I'll demonstrate the decision-making process behind each approach and share practical insights that delegates can apply in their own practice.'



Figure 1: Visualisation of the periapical lesion following flap elevation

Dentistry Show
London

Interested in learning more? David Edwards will explore the retreat-versus-resect debate in greater depth at Dentistry Show London, taking place at Excel London on 9 and 10 October 2026. Register free at www.london.dentistryshow.co.uk.

What's on your mind today? 'Design a flawless Hollywood smile for my face'

Carol Somerville Roberts breaks down the challenges and hidden opportunities that arise when patients use artificial intelligence to guide their cosmetic treatment goals



Dr Carol Somerville Roberts
President of the BACD

According to www.intelligenthealth.tech, we are now living in a world where nearly two-thirds of Brits use artificial intelligence (AI) to self-diagnose.

The technology is here and is not going anywhere soon, with each day seemingly bringing more and more options for how AI can be used for and by patients.

For dental professionals, it is increasingly likely that some patients will attend an appointment with a strong idea of what's going on in their mouth, and a firm belief in the best treatment to sort it, as advised by an AI tool.

This is simultaneously a

'Patient expectations can be set at a high level that cannot, and perhaps should not, be achieved'

positive and a worrying negative.

Patient education and understanding improves, but expectations can be set at a high level that cannot, and perhaps should not, be achieved.

This is the conundrum facing clinicians, particularly in the space of cosmetic dentistry.

The trap of the generated image

One use of AI software patients may be drawn to is to generate an image of themselves with enhanced aesthetics, including a better aligned and brightened smile.

Whilst giving the patient a look to aspire towards, one they can share with their dentist and say 'I want to look like this', it can create an unrealistic aesthetic goal for the whole face, which a cosmetic dental treatment cannot do in isolation.

Any other enhanced facial features from the picture are outside of the dentist's control, limiting what can be

achieved. Effectively, when a patient uses AI imagery as a way to correct their self-diagnosed problem, are they doing so to look like a Hollywood star, or just have the smile of one?

As patients can easily become emotionally attached to a generated image of their enhanced appearance, it is vital that clinicians define the limits of a cosmetic dental treatment and manage expectations – nobody wants an angry patient who was promised something that wasn't received, so it is better to under-promise and over-deliver instead, especially when an AI-generated smile may fail to account for time, cost and the overall feasibility for the patient.

Managing patient expectations early

It is impossible to stop patients from asking an AI to troubleshoot their problems.

This is why clinicians must caution those using AI for both self-diagnosis and image generation, reiterating that it is a useful tool but never the final statement.

After all, online AI services are not medical devices.

We can think positively

about AI tools though, as their use means patients can come to their appointment with some ideas at the ready, leading to a more in-depth conversation that can enhance consent too.

Further, if the clinician corroborates with something the patient has already read online, the patient may feel especially reassured and confident with the treatment.

Putting AI to work

On the flip side, clinicians can harness AI tools to very specific ends.

For example, an older person looking to rejuvenate their smile could have a photograph of their son or daughter's smile integrated into a picture of themselves as a rough guide for the final outcome, incorporating the genetic shape and position for a slightly improved reference point.

Elsewhere, AI software can support radiograph diagnoses, and are ever-increasing in accuracy.

Whether a clinician or a patient, the bottom line remains the same – never assume AI is correct, but as a supportive tool it can benefit both patients and clinicians.

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The human advantage – why emotional intelligence matters more than ever

Shivani Birla explores why emotional intelligence and the human side of dentistry will become even more important as AI continues to evolve

Dr Shivani Birla

Associate dentist at Bupa Dental Care

There has never been a more exciting time to work in dentistry.

Artificial intelligence is transforming healthcare at an extraordinary pace.

From diagnostics and treatment planning to administrative tasks and patient communication, technology is becoming increasingly sophisticated.

It is already changing the way we practice, and there is no doubt that it will continue to shape the future of our profession.

But as AI becomes more intelligent, it raises an important question.

What is it that makes us truly irreplaceable?

Emotional intelligence

Clinical knowledge and technical skill will always be fundamental to dentistry.

However, in a world where information is readily available and technology is becoming increasingly capable, it is emotional intelligence that will distinguish exceptional clinicians from simply competent ones.

Emotional intelligence is the ability to recognise, understand and manage our own emotions while also recognising and responding to the emotions of others.

In dentistry, this is far more than simply being kind. It influences every interaction we have with our patients, our colleagues and our teams.

Patients rarely arrive at an appointment carrying only a dental problem.

Many bring fear, embarrassment, previous traumatic experiences, financial worries, or anxiety about the unknown.

Understanding these emotions is often just as important as understanding the clinical diagnosis.

Imagine two different scenarios.

A patient attends with a fractured lower left molar. Their records indicate they have experienced pain for several months and are visibly anxious.

The first clinician immediately begins asking clinical

questions.

‘Where is the pain? When did it start? Why didn’t you come in sooner?’

Although clinically appropriate, the conversation quickly becomes transactional.

The patient feels judged rather than understood.

Now imagine a different approach.

The clinician greets the patient warmly, sits at eye level and notices their body language.

‘I can see you’re feeling quite anxious today. Would you like to tell me what’s worrying you the most?’

Within minutes, the conversation changes.

The patient explains they had a painful dental

Research consistently demonstrates that patients who feel listened to and understood are more likely to trust their clinician, accept treatment recommendations and return for regular care

experience as a child.

They are frightened of the drill, embarrassed they delayed treatment and worried about the cost.

Suddenly, the broken tooth is no longer the biggest issue.

The clinician listens without judgement, reassures the patient and adapts the treatment to their individual needs. Headphones are offered to reduce the sound of the handpiece.

A blanket is provided because the patient often feels cold.

Frequent breaks are planned throughout the appointment.

The treatment itself may be exactly the same.





It is our emotional intelligence – our ability to listen, empathise, adapt and connect – that will continue to define exceptional patient care

The patient's experience is entirely different. This is emotional intelligence in action.

Treatment acceptance

Research consistently demonstrates that patients who feel listened to and understood are more likely to trust their clinician, accept treatment recommendations and return for regular care.

They also report higher satisfaction with their overall experience, regardless of the complexity of the treatment provided.

Emotional intelligence extends far beyond patient care.

It also influences the way we communicate within our dental teams, manage conflict, lead others and respond to stressful situations.

It begins with self-awareness – recognising when we are becoming frustrated, overwhelmed or emotionally reactive.

This awareness allows us to regulate our responses, remain calm during challenging procedures and communicate more effectively under pressure.

At the same time, empathy enables us to appreciate another person's perspective, whether that is a nervous patient sitting in the dental chair or a colleague navigating a difficult day.

Combined with strong interpersonal skills, these qualities

help us build trust, strengthen relationships and create workplaces where people feel respected, valued and psychologically safe.

These qualities are becoming increasingly important as dentistry continues to evolve.

AI's place

Artificial intelligence will undoubtedly become a valuable clinical tool.

It may support diagnosis, improve efficiency and reduce administrative burden.

However, technology cannot genuinely understand the vulnerability of a patient sitting in the dental chair.

It cannot truly appreciate the relief in someone's eyes when they finally overcome years of dental anxiety.

Nor can it build the authentic human connection that develops through trust, compassion and presence.

Patients may not always remember the exact advice

we gave them or every detail of a treatment plan.

But they almost always remember how we made them feel.

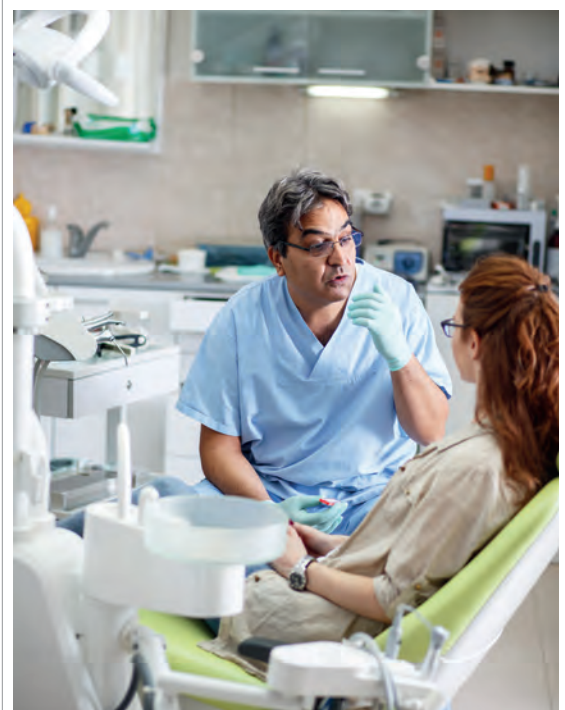
Perhaps this is where the future of dentistry truly lies.

Not in choosing between technology and humanity, but in embracing both.

As AI continues to advance, our clinical expertise will remain essential.

Yet it is our emotional intelligence – our ability to listen, empathise, adapt and connect – that will continue to define exceptional patient care.

In an increasingly digital world, our greatest professional strength may simply be our humanity.



Beat the CPD panic

With the summer CPD deadline looming, **Debbie Hemington** highlights the rigid GDC rules that frequently catch dental professionals off guard

Debbie Hemington

Dental therapist and hygienist, former tutor at Eastman Dental Hospital and President of BADT

Once again, we are approaching the time for continuing professional development (CPD) declaration in the summer, so a timely look at your hours now would be prudent rather than waiting until you have to submit and then having a panic.

Remember that as a dental care practitioner your five-year CPD cycle starts on the 1 August after you have been admitted to the register, so if you qualify at Christmas you can't count anything until after the following August.

Certificate formats

Any certificates used to prove CPD must be in a particular format with specific information on them for the General Dental Council (GDC) to accept them.

Certificates generated by NHS Trusts or the Ministry of Defence are not necessarily GDC compliant and you may need to get the provider to complete the 'matching document' from the GDC website.

The 10 in two rule

The requirements for CPD are laid out on the GDC website in terms of hours required and topics to be covered (related to your personal development plan), however the '10 in two rule' frequently catches people out.

This rule means that every two-year period within your five-year cycle needs to total

'It doesn't matter to them if you have hundreds of hours over the requirement, they will look at the 10 in two rule'

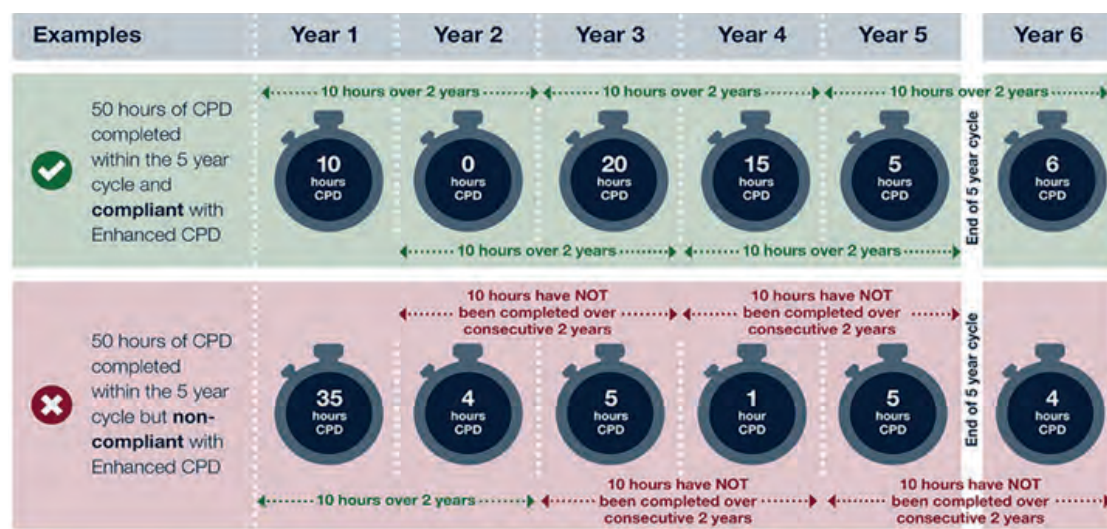


Figure one: Official GDC 10-in-two hours compliance cycle illustration

Useful resources

Official GDC guidelines: Review full hour requirements and download matching documents at www.gdc-uk.org.uk

CPD mythbusters: Read the highly informative, easy-to-digest compliance guide produced by the Dental Professionals Alliance.

10 hours to be compliant.

One important point to note is that although the cycle is five years, year five is paired with year one of the following cycle for the purposes of the 10 in two requirement, so you need to check this too.

The reality of fitness to practice proceedings

Remember it is fine to have a 'zero year' if circumstances require it but you will need 10 hours for each year either side. Much is made of the opportunity from the GDC to apply for a grace period if you think you are going to be short of hours. However, this is only applicable to the final year, it can't be used to cover a gap in the 10 in two requirement.

The GDC will follow up everyone who has a discrepancy in their CPD submission and will request proof of your hours. Ultimately, if you are short this can lead to fitness to practise proceedings and possible suspension from the register.

The GDC says it is bound by its archaic rules and not

allowed to use discretion for this, even if there have been extreme circumstances.

It doesn't matter if you have hundreds of hours over the requirement, the GDC will look at the 10 in two rule.

I have raised this at all my recent GDC meetings, including with Dr Helen Phillips, the new head of the GDC, and she was appalled and has promised to explore ways to remedy this.

I have said that I feel strongly it is not right to deprive someone of their livelihood because they are a few hours short of CPD or have done them in the 'wrong format'.

Surely it must be better to impose a fine and formal CPD submission each year for the next five years as a more appropriate action.

Essential checks

However, in the meantime,

check your hours now, make sure you have counted all the online CPD you have done, find any missing certificates and log them in your personal CPD records in case you need them.

Further information is available via the GDC website with a 'Mythbusters' article from the Dental Professionals Alliance, which addresses a lot more specifics than I can.

And finally, make sure you pay your Annual Retention Fee on time.

If you pay via direct debit make sure you have enough money in your account to cover it, and if you pay online take a screen shot of the page that says you have paid – the GDC website is not infallible and you will be seen as guilty until proven innocent, even if the fault lies at their end.

Good luck!

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The HR challenges dental practices are finding harder to ignore

As managing people within dental practices becomes increasingly complex, a recent Dentistry HR webinar explores the hidden operational risks stretching teams to their limits and offers a practical roadmap out of reactive management

Lara Brewood-Green

Lead people consultant at Dentistry HR

Sophie Etherington

Practice onboarding and support specialist at Dentistry HR

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

Not necessarily because teams are doing anything wrong, but because the operational side of managing people has become more complex over the last few years.

Expectations have shifted, compliance requirements

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

- Associate agreements no longer reflecting how practices actually operate
- Repeated issues being handled informally without proper follow-up
- Inconsistent or outdated documentation
- Difficult conversations being delayed
- Managers feeling reactive rather than in control of situations.

‘What used to be manageable informally is now carrying much greater operational and HR risk’

have increased and many managers are balancing team pressures alongside already demanding practice days.

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

Hosted by Guy Hiscott

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

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

The webinar explored how those smaller issues can gradually create wider



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operational pressure across teams when there is not enough structure, communication or consistency around the process itself.

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

'Many practice managers are not struggling because they are poor leaders

'They are trying to manage increasingly complex people situations alongside already demanding practice days.'

Alongside practical discussion around

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

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

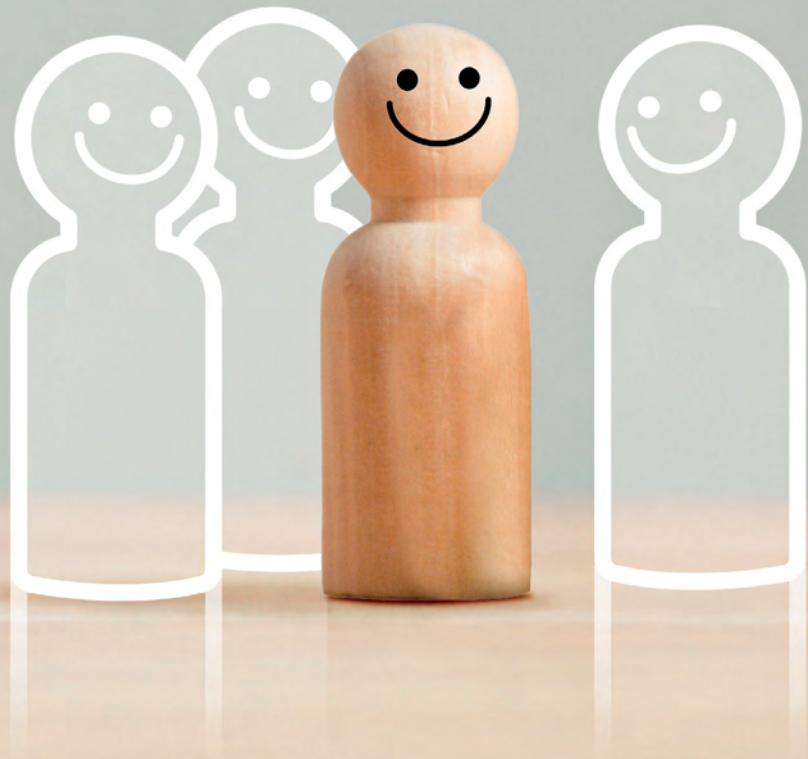
Instead, it focused on practical, real-world situations practices are already navigating and realistic ways to reduce escalation before issues become more difficult to manage operationally. For practices already

feeling stretched by staffing pressures, compliance responsibilities and team management, the session offers practical insight into challenges many teams are quietly dealing with already.

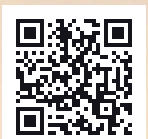
The webinar is now available to watch on demand.

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

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The private dentistry boom



private treatment is prompting many practices to move towards private or mixed models in response to growing financial and operational pressures.

The trend reflects

An Inverness-based dental plan provider company has seen the number of dentists using its services rise by 77% and says practices across the UK are adapting rapidly to major changes within the profession.

Independent Care Plans (ICP), established in 1995 by a team of dentists, supports dental practices throughout the UK.

The company says increasing demand for

wider findings from the latest UK Dental Market Review, which highlights rising patient demand for private care alongside increasing concern around the long-term sustainability of NHS dentistry.

ICP says the number of dentists using its plans increased by 77% between January 2019 and December 2025, underlining both the company's growth and the scale of change taking place

across the UK dental sector.

The business works with practices throughout the UK helping clinics develop more sustainable financial models while continuing to support patient care.

Building stable and resilient businesses

Dr Robert Donald, marketing director of ICP, said the move towards private provision is not simply about increasing revenue, but about creating more stable and resilient businesses.

'Practices are having to think differently about how they operate,' he said.

'There is a growing need to balance patient affordability with the long-term viability of the business.'

Payment plans are becoming an increasingly important part of that approach, allowing patients to spread the cost of care while giving practices more predictable income.

www.ident.co.uk

New Garrison instrument elevates restorative precision

Garrison Dental Solutions is pleased to announce the launch of the Advanced Band and Wedge Instrument, expanding its precision instrument line with a new option engineered to elevate control, grip, and confidence in clinical procedures.

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With the addition of the Advanced Band and Wedge Instrument, Garrison now offers three distinct forceps options, each designed to enhance grip, precision, and control, so clinicians can work with confidence

across a range of restorative needs.

Whether placing a wedge or manoeuvring a sectional band into position, there is a Garrison instrument tailored to the task.



A versatile new option for everyday excellence

The Advanced Band and Wedge Instrument features:

- 45-degree angled tips for improved posterior access
- Specially engineered gripping teeth for secure band and wedge placement
- Approximately 16X the grip* of standard cotton pliers.

This makes it the ideal solution for clinicians who need precise handling and ergonomic reach without the intensity of the Ultimate Band Instrument.

*Based on internal Garrison Dental bench testing.

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'Let us get on with what we're good at'



DeNovo Dental Partners

DeNovo continues to see growing interest from practice principals exploring shared ownership as an alternative to a traditional sale.

The model enables practice owners to realise the full value of their business upfront – through a combination of cash and equity – while continuing to lead their practice day-to-day. Clinical and operational

autonomy remains with the partner.

Partners also become shareholders in the wider group, creating the opportunity to participate in future growth, alongside access to a network of peers, shared insight, and central support services available on

the partner's terms.

Dr Ben Goode and Dr Ursula Mulholland of 18 Dental, now part of the DeNovo group, sum up the appeal simply: 'Working with DeNovo has cleared space in our heads and diaries for dentistry.'

For principals considering what comes next, shared ownership offers an alternative way to evolve their role, without stepping away from the practice they've built.

For more information, or to arrange a confidential, no-obligation conversation, contact DeNovo Dental Partners today.

Maximum patient data protection



Carestream Dental

As the potential of cyberattacks continues to grow, including everything from phishing emails to mass data breaches, the requirement for a secure practice management system, like Sensei Cloud from Carestream Dental, is non-negotiable.

The dental practice management system is built as a cloud-based operation, securing the encryption of patient data that is routinely backed up.

Information is always safeguarded with multi-step authentication required for authorised access and tailored permissions allow teams to monitor activity for optimal

safety standards.

The system is fully GDPR compliant, protecting both patients and practices.

Set-up for Sensei Cloud allows for an effortless transition into the system, with training resources to help practices thrive in the digital age while avoiding cyber threats.

To protect and future-proof your practice, offering patients the security they

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A vision realised

Performance Finance

When Dr Vikram Kavi, Dr Jayendra Patel and Dr Prianka Hansrani envisioned Cathedral Dental, they were not looking to simply open a clinic; they were looking to build a monument to modern dentistry from the ground up.

Today, that vision becomes a reality with the grand opening of their brand-new 'squat' practice – a project defined by clinical innovation, strategic financial planning, and expert craftsmanship.

A foundation of proven excellence

The success of this ambitious launch is underpinned by the dentists' formidable reputation in NHS and private dentistry.

By using their deep understanding of the 'mixed' dental model, Jayendra Patel and Prianka Hansrani have designed Cathedral Dental to be versatile.

The facility seamlessly balances high-end cosmetic and private treatments with the essential, community-focused accessibility of NHS care, ensuring world-class dental efficiency for every patient.

Strategic partnership with Performance Finance

Transforming a 'blank canvas' into a high-tech dental facility requires a partner who understands the high stakes of a new business launch.

The duo partnered with Susan Marshall from Performance Finance, who designed a bespoke funding package specifically structured to support the business during its critical opening phase.

'Working with the team was an absolute pleasure,' says Susan Marshall.

'My priority was to strip away the financial stress associated with a squat practice.



'By structuring the funding to support their cash flow, we allowed them to focus entirely on their setup.

'Their experience in the sector meant they knew exactly what was required.'

The power of tailored funding

The dynamic team at Cathedral Dental said: 'We are absolutely delighted with our new practice.

'Having spent years refining

our approach in mixed dentistry, we knew exactly what our patients needed.

'Susan at Performance Finance gave us the confidence to go all-in on our vision, and NSD Projects delivered a finish that is truly exceptional.

'The feedback from our patients has been nothing short of amazing.'

**www.
performancefinance.co.uk**

Ken O'Brien completes North Channel relay swim

Mimetrik

While most of us were trying to stay cool during last week's heatwave, Mimetrik's Ken O'Brien (pictured, second from left) was swimming one of the world's toughest open water crossings.

The chief commercial officer (CCO) of UK dental technology company Mimetrik, successfully completed a relay swim across the North Channel with a team of eight, helping raise almost £4,000 for Southern Area Hospice.

As part of the Evora DW Ducks relay team, Ken took on the crossing from Donaghadee, Northern Ireland, to

Portpatrick, Scotland.

Renowned for its cold water, powerful tides, unpredictable currents and marine life, the North Channel is considered one of the world's most challenging open water swims.

Remarkably, Ken only learned to swim in 2025 and had just three weeks'



notice before taking on the challenge.

Ken said: 'Completing the North Channel relay was an incredible experience and a real team effort.

The team continues to

welcome donations, with every contribution helping Southern Area Hospice provide compassionate care and support to local families.

<https://gofund.me/454caa0c8>

Register now for Dentistry Show London



CloserStill Media

Dentistry Show London returns to ExCel London on 9-10 October 2026, bringing together more than 4,000 dental professionals for two days of practical education, business insight and the latest innovations shaping modern dentistry.

With 100+ expert speakers,

seven CPD-accredited theatres and 180 leading exhibitors, delegates will explore topics including workforce challenges, NHS contract reform, business growth, artificial intelligence and digital transformation.

Through interactive sessions, live demonstrations and

valuable networking opportunities, Dentistry Show London offers practical solutions to help practices grow, adapt and thrive.

london.dentistryshow.co.uk

A new approach to partial denture fabrication



Zirkonzahn

With Flexmon Partialis, Zirkonzahn presents a fully integrated system for the modern production of metal-free partial dentures. Materials and digital workflow are perfectly coordinated, enabling efficient, precise, and reproducible results.

Advanced material concept

The prosthesis is based on a well-engineered material

concept: Flexmon Pro Multistratum is used for both teeth and clasps, offering an integrated natural colour gradient, high translucency, and

excellent flexural strength, combined with flexibility.

This allows clasps to securely engage undercut areas and flex elastically during insertion and removal – without permanent deformation or fracture.

Retention remains stable while stress peaks on the dies are reduced.

Denture Gingiva Pro Mono is used for the denture base and is characterised by high fracture resistance and

mechanical strength.

Seamless digital workflow

The digital design is carried out using the Zirkonzahn. Modifier software, enabling fast and flexible implementation.

Intelligent features support the entire design process, ensuring consistently high quality with reduced time effort.

The result is a system for metal-free partial dentures that combines functional performance, aesthetic quality, and cost-efficient production within one seamless workflow.

www.zirkonzahn.com

Seamless introductions



Carestream Dental

Carestream Dental

The CS 8200 3D Access CBCT scanner from Carestream Dental is the optimal entryway into 3D radiography in any practice.

Balancing versatility with intuitive use, professionals can integrate the solution seamlessly into patient appointments, producing high-quality panoramic technology, CBCT imaging, 3D model scanning and optional cephalometric

imaging.

With an easy-to-use interface, exams can be completed quickly and safely.

The CS 8200 3D Access CBCT is built on an open platform,

which enables seamless connection with leading intraoral scanners in the CS Imaging software.

Overall, you can get the bigger picture, sooner.

Learn more about your introduction to CBCT imaging in the practice by contacting the Carestream Dental team today.

www.carestreamdental.co.uk



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GBT Summit 2026 redefines modern dental prevention

EMS

The Guided Biofilm Therapy (GBT) Summit London 2026 returns on Friday 2 October at 30 Euston Square, London, with a programme designed to push the conversation about preventive dentistry into territory the profession has been slow to address.

Under the theme 'Prevention reimagined: hormones, biofilm, artificial intelligence and the modern dental practice', GBT Summit 2026 will bring dental hygienists, therapists, periodontists, dentists, practice owners and students together for a single day of education, evidence and practical insight.

Bridging medicine, hormones, and the dental chair

Hosted by Harry Morris of Electro Medical Systems (EMS) UK, the day opens with keynote speaker Dr Nighat Arif, whose work bridging clinical medicine and public health has made her one of the most recognised voices on women's health in the UK.

Her keynote explores why menopause and hormonal change are reshaping the conversation in healthcare and why the dental team is so often the first to see the signs.

Her keynote is followed by Ben Tighe and Claire Berry, the duo behind the 'Dental Besties' platform, where their conversations about menopause and oral health have consistently been among the most engaged content the profession has shared, who will bring the discussion directly into the dental chair, helping clinicians understand what to see, what to say and what to do when treating patients going through menopause.

Advanced clinical pathways

The clinical programme keeps prevention at its core. Dr

Payvand Menhadji will challenge the idea that implants are the finish line, looking at the risk, biology and long-term maintenance that determine whether implants succeed or fail.

Louise Warden, Swiss Dental Academy Trainer for EMS, will follow with a focused 15-minute case study showing GBT implant maintenance in practice – one patient, one protocol, in real clinical time.

Dr Devan Raindi will then explore MINST, biofilm and the modern perio pathway, drawing the morning to a close with an evidence-led look at how non-surgical periodontal therapy continues to evolve.

After lunch, the charity Bridge2Aid will take the stage to share the work they do to expand access to oral healthcare, with ticket proceeds donated in support.

The 2030 clinical horizon

The afternoon then turns



to the technology shaping the next decade of clinical practice, with Dr Simon Chard and Dr Christian Leonhart asking whether AI in dentistry is hype, threat, or the biggest opportunity.

The day closes with Celso Da Costa exploring the business of dental hygiene – how prevention translates into clinical value and practice growth – followed by a closing panel on what prevention-led dentistry could look like in 2030.

The GBT Summit is the premier event dedicated to the advancement of preventive dentistry and Guided Biofilm Therapy.

It offers a platform for education, inspiration and community, bringing UK dental professionals together with international thought leaders.

Tickets are available now from £105 (early bird) and £50 for students, with a returning delegate rate of £95 for those who attended GBT Summit 2025. Group bookings of four or more are available at £100 per person. Early booking is advised.

www.eventbrite.com/e/gbt-summit-world-tour-london-2026-tickets-1988991277453

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Show, don't tell – closing the communication gap

Nimisha Nariapara explains why showing patients more visual information about their oral health has become essential during today's appointments

Nimisha Nariapara
Trade marketing manager at
Carestream Dental



There is often a familiar moment in dentistry.

The clinician can see clearly what is happening – but when attempting to explain it to the patient, they realise it's not quite translating.

The patient might nod, but without visual aids, it's possible they will not be able to make sense of a verbal description of something they've never seen before.

When a treatment is recommended, the patient says they'll think about it. And, often, they don't return.

This isn't a new problem, but it is a persistent one – and one that has a measurable impact on patient outcomes, on a practice's revenue, and on the clinical relationship.

Why patients hesitate

There are many potential reasons for a patient to feel hesitant about the future of their treatment.

Finances, dental anxiety, availability etc all factor in.

However, research does consistently show that

treatment acceptance is closely tied to patients' comprehension of the overall case (Ho et al, 2025).

When a patient understands clearly what is wrong, why it matters, and what will likely happen without proposed treatment, acceptance rates have been shown to improve significantly.

The challenge is that dental anatomy, and dental pathology, are generally hidden to the untrained eye.

Verbal explanation asks them to form a picture of something they likely have no frame of reference for.

Studies examining the relationship between visual aids and patient decision-making confirm a correlation for a simple reason: seeing creates an ownership, a realism, that hearing does not (Ho et al, 2025).

Beyond treatment acceptance, there is a question of patient trust.

Patients who feel genuinely informed about their oral health are more likely to attend regularly, maintain home care routines, and engage meaningfully in treatment decisions.

The appointment therefore has the potential to become a conversation rather than a transaction, and that shift has implications for long-term patient retention as well as short-term treatment acceptance.



The big barrier

The gap between what a clinician sees and what a patient understands has likely persisted not because the value of visual communication is in doubt, but because clinicians have had difficulty integrating tools into the workflow.

Early intraoral cameras tended to be bulky and produced inconsistent image quality.

They often required so much time to operate that those using them reported they routinely felt more disruptive than beneficial (Ho et al, 2025).

The overall adoption of digital systems across dentistry has changed both the technology available and patient expectation, whether consciously or subconsciously.

They arrive at their appointment accustomed to receiving visual information.

With the right technology to show a patient their own oral images, a practice will be able to meet those expectations.

Operationally, the question for GDPs is less about whether intraoral imaging supports better communication – the evidence is clear that it does – and more about how to integrate this in a reliable and frictionless way to every appointment.

If a camera is difficult or time-consuming to use, it will not be used consistently, and consistency can make all the difference when it comes to patient communication.

Removing the friction

The features that determine whether an intraoral camera becomes a genuine clinical tool or an underused investment are often the practical ones: how quickly it can be picked up and used, how reliably it produces a usable image, and how easily that image reaches the patient.

Carestream Dental's new CS I300 intraoral camera has been designed with these considerations at its core.

Its HD resolution delivers sharp, detailed images to support clarity of communication, while a 280° rotating head and ergonomic handpiece allows comfortable and simple access to all areas of the mouth.

Adjustable LEDs with selectable cool and warm colour temperature modes reduce glare and ensure consistent illumination across different oral environments.

Dual autofocus modes and a 10-100mm focus range cover everything from close macro detail to full arch views with a single device.

Driver-free USB plug-and-play connectivity makes sharing between operatories straightforward, and integration with CS Imaging places captured images directly within the patient's digital record.

The communication gap in dentistry is real, and its costs – in patient outcomes, in treatment uptake, in the quality of the clinical relationship – are well documented.

The tools to close this gap are now accessible. Showing patients more visual information is no longer a supplementary step in the appointment. Increasingly, it is the crux of the appointment itself.

For references email seb.evans@fmc.co.uk.

For more information on Carestream Dental visit www.carestreamdental.co.uk

For the latest news and updates, follow Carestream Dental on Facebook and Instagram @carestreamdental.uk



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Human connection remains the ultimate clinical tool

Keely Thorne explores how the rapid rise of digital tools and artificial intelligence is reshaping patient expectations, and why authentic human connection is becoming a clinician's most valuable asset



Keely Thorne
Principal dentist, The Dental Barns

Why did you decide to pursue a career in dentistry?

I was drawn to dentistry because it combined the things I naturally enjoyed at school – science, problem-solving, creativity and working with my hands.

I liked that dentistry had a technical and clinical side, but also an artistic element.

Every smile is different, and that appealed to me.

I also liked the idea of building long-term relationships with patients.

Unlike some areas of healthcare, dentistry allows you to get to know people

over time, understand what matters to them, and help them feel more confident in themselves.

Work-life balance was also important to me, particularly knowing I wanted a family in the future.

Dentistry felt like a career where I could care for people, keep learning, and still have some flexibility in life.

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

At Birmingham University, I won the Centenary Cup for work focused on helping homeless and deprived

women access sanitary products.

It was something I felt strongly about, and it probably reflects the side of healthcare that has always mattered to me – dignity, confidence and making people feel seen.

What is your top clinical tip or most recommended dental instrument?

My top clinical

tip is to protect your posture and look after your body.

Dentistry is physically demanding, and the small repetitive strains can really add up over a career.

One simple instrument I use a lot is an Optragate.

It gives excellent visibility and access, but more importantly it takes a lot of the pressure off the dentist by reducing the need for constant cheek and lip retraction.

That means less tension through your hands, wrists, shoulders and back during the day.

It also helps the nurse, but from a clinician's perspective, anything that reduces repetitive strain

'They will expect to understand what is happening in their own mouths, not simply be told what treatment they need'

while improving access is worth using consistently.

More broadly, I am a big believer in using digital tools well.

Scanning, photography and diagnostics help patients understand their own mouths, rather than simply being told what they need.

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

One memorable moment was visiting a primary school to talk to children about teeth, sugar and brushing.

At the end, one child asked what the 'dangly thing' at the back of his throat was for.

It was a brilliant question, and slightly embarrassing, because I was completely stumped in the moment.

Then, before I could recover, another child confidently explained the uvula to the whole room.

It was funny, humbling, and a lovely reminder that you never stop learning in dentistry, sometimes even from a room full of primary school children.

It also reminded me how naturally curious children are when health is explained in a way they can engage with.

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

I think patients will continue to become more informed and more proactive.

With access to artificial intelligence, digital scans, photographs, online information and increasingly advanced diagnostic tools, patients' 'dental IQ' will be higher than ever.

They will expect to understand what is happening in their own mouths, not simply be told what treatment they need.

That means expert knowledge, strong diagnostics and high-quality clinical tools will become the baseline.

More than ever, the real differentiator will be trust, communication and personal connection.

Patients will choose the clinician and practice that makes them feel understood, safe and genuinely cared for – not just clinically, but personally.

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