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Blocking out the noise

Siobhan Hiscott

Group managing editor

Running a private practice has a habit of pulling you into the immediate. The diary needs filling. A team member needs support. A patient complaint lands at the wrong moment. Costs creep up. Recruitment drags on. It seems there is always another decision to make, another problem to solve and another task demanding attention.

And when you are responsible for the business, moving faster can start to feel like the only sensible response. However, I'd argue that, sometimes, progress requires the opposite.

There is real value in stepping back. I'm not talking about switching off completely – and I'm definitely not endorsing ignoring the challenges in front of you. But, by creating just enough distance, you'll be able to see the practice beyond the demands of today. When did you last look at your business without immediately thinking about what needs fixing?

It is surprisingly easy to spend months working harder while drifting further away from what you originally wanted to build. Systems emerge because they are convenient. Habits become accepted because nobody questions them. Opportunities are

missed because everyone is too busy dealing with what is already there. Distance changes perspective.

A few days away from the practice, a quieter diary or simply protected time to think can make problems look different. What felt urgent may suddenly seem unimportant. What appeared complicated may have a remarkably simple answer. And ideas that were being drowned out by the noise can finally surface.

For practice owners, I believe reflection is not an indulgence, but a part of leadership.

The best decisions are rarely made when we are permanently reacting. They come when we have the headspace to ask better questions: what is working? What is draining us? What have we outgrown? Where are we heading – and is that still where we want to go?

As we return from summer holiday mode and move towards another busy period, there is a temptation to come back with an even longer list of things to do. But perhaps the more useful exercise is to return with a shorter one. Step back. Clear the noise. Decide what genuinely matters.

As we see time and time again, sometimes the strongest way to move a business forward is to stop moving long enough to see where you are going.



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

GROUP MANAGING EDITOR

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

CHIEF COMMERCIAL OFFICER

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

MEDIA PARTNERSHIPS MANAGER

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

DESIGN AND PRODUCTION

Glenn Baxter, K-Marcelyne McCalla

CONTENT

Patrick Johnston, Rowan Thomas and Lucy Veal

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



SUBIR BANERJI

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



COLIN CAMPBELL

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



ANDREW CHANDRAPAL

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



SIMON CHARD

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



RACHEL DERBY

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



MERVYN DRUIHAN

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



ELAINE HALLEY

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



SUNIL HIRANI

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



MARTINA HODGSON

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



NEEL JAISWAL

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



SAM JETHWA

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



ANGELA LY

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



HANNA MIRAF TAB

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



ASHISH B PARMAR

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



KISH PATEL

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



KREENA PATEL

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



MANRINA RHODE

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



JASON SMITHSON

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



KOMAL SURI

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



PROFESSOR PAUL TIPTON

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



ANDREA UBHI

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



SIR NAIRN WILSON

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

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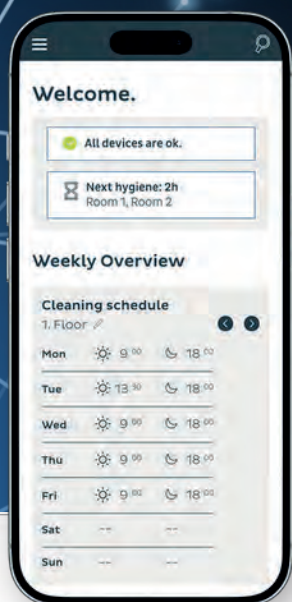
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New brush biopsy could detect mouth cancer in under one hour

A brush test for mouth cancer could replace more than 90% of painful scalpel biopsy procedures, according to Queen Mary University London (QMUL) researchers.

With mouth cancer among the world's most rapidly increasing causes of early death, the research team aimed to find an alternative to scalpel biopsies – which can cause infection or damage to underlying bone structure.

Lead researcher Muy-Teck Teh, professor of molecular oral oncology at QMUL, said: 'Oral cancer survival is directly linked to how early it is found, yet our current diagnostic pathway is blunt. Most patients with a suspicious lesion end up having an invasive biopsy even when the overwhelming likelihood is that it is benign.'

In a validation study, Professor Teh was 'astonished' to find that the newly-developed brush test performed comparably to microbiopsies. He said: 'The clinical implications are significant: patients no longer need even a minimally invasive procedure to benefit from molecularly guided triage.'

Trialled with more than 1,000 samples, the brush test distinguished mouth cancer from common potentially malignant disorders with 95.5% overall accuracy.

RAPID, INEXPENSIVE AND REPEATABLE

In addition to being non-invasive, the brush test is rapid, inexpensive and repeatable. Professor Teh continued: 'That means we can now monitor patients with persistent pre-malignant lesions regularly and systematically – and pick up cancers much earlier than we would have been able to before.'

The new test could significantly improve the chances of detecting early-stage cancers among high-risk groups.

QMUL is actively looking for a commercial partner to develop the test for clinical use. Once this is secured, it could be in use within two years.

NHS England data from October 2025 suggest that mouth cancer cases have reached the highest levels on record. Diagnoses have increased by 37% in the past decade, hitting 9,293 annually. The number of deaths due to mouth cancer have also increased by 42% compared with 10 years ago.

A 10-year audit of mouth cancer referrals found a 450% increased alongside a 50% drop in cancer detection rate. Later audits showed that 92.5–99.5% of referred patients did not have cancer. Between 96 and 98% were still cancer free at five-year follow up.

The QMUL team said that the brush biopsy could reduce the inefficiency of over-referral for scalpel biopsy while effectively detecting mouth cancer within one hour.



Scottish practices losing 70p in rising costs for every pound earned

A report has revealed the extent of increased financial pressure for Scottish dental practice owners resulting from rising costs, with the average practice seeing just 30p of profit for every pound they earn.

The National Association of Specialist Dental Accountants and Lawyers (NASDAL) Scotland annual *Benchmarking Report* has been released for the financial period 2024–25. The report suggests that gross profit margins are under significant pressure – around 70p in the pound is being spent on costs.

However, private practices are seeing a large increase in net profit per principal dentist – from £206,276 to £253,200. Associates also saw an increase to £93,098, up from £80,558 in 2023–24, representing a profit increase of around 43% in four years.

Mixed practices also saw a sizeable increase in net profit per principal from £199,471 to £217,624. On the other hand, the same figure in NHS practices dropped to £176,556 from £180,018 the previous year.

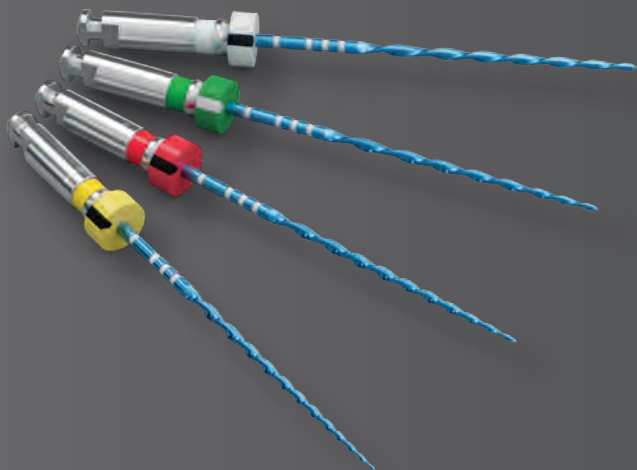
The annual benchmarking survey statistics are gathered from the accountant members of NASDAL across Scotland and the UK. The basis of the survey figures is 2025 tax returns and accounts with year ends up to 5 April 2025.

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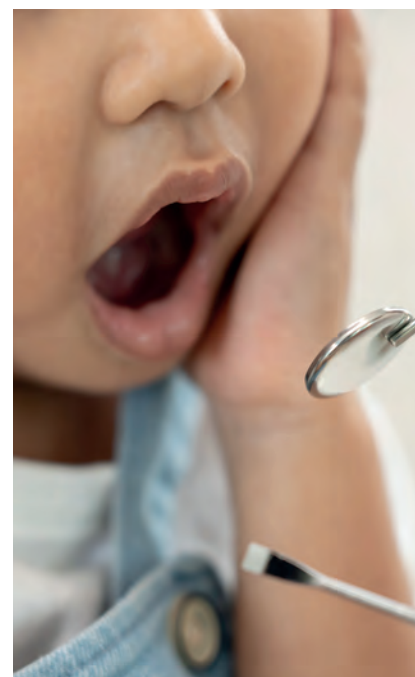
A US trial has found that silver diamine fluoride can arrest tooth decay in more than half of affected baby teeth when applied every six months.

The Phase III study, published online in *JAMA Pediatrics*, included 830 children under the age of six with severe early childhood caries. Researchers tested 38% silver diamine fluoride (SDF), a low-cost liquid applied directly to cavities without drilling, injections or sedation.

At six months, 54.0% of lesions treated with SDF had arrested, compared with 22.5% in the placebo group. At eight months, arrest rates were 50.2% for SDF and 17.4% for placebo.

The authors said the findings provided evidence that could support a future Food and Drug Administration (FDA) application for SDF as a treatment for dental caries in children.

Researchers said SDF could be particularly useful for very young children, patients with dental anxiety, people with developmental or physical disabilities and those with limited access to conventional dental care. However, SDF has a visible drawback, with the silver permanently turning the decayed part of the tooth dark.



Medicine and dentistry applications hit highest level since 2019

Applications to medicine and dentistry have reached their highest level since 2019 after rising by almost 12% in a year, new UCAS data shows.

The UCAS June deadline release shows there were 134,210 applications recorded for medicine and dentistry courses for 2026 entry, up from 119,990 in 2025. This represents an increase of 14,220 applications.

The data combines medicine and dentistry, meaning it does not show dental applications in isolation. However, the figures point to sustained demand for clinical degrees at a time when dentistry continues to face workforce shortages, limited undergraduate places and questions around overseas routes into UK practice.

Applications to medicine and dentistry are higher than at any point since 2019, overtaking the previous peak of 132,100 in 2022.

Dental experts **celebrate energy drink ban** as official timeline set

The government has confirmed that new laws banning the sale of high-caffeine energy drinks to under-16s will come into force by April 2027.

The announcement follows a public consultation launched in September 2025 and renewed pressure from dental and health organisations calling for action on children's oral and general health.

Nine in 10 consultation respondents agreed with the government's proposal for an age-based energy drink ban.

British Dental Association (BDA) chair Eddie Crouch described the ban as a 'a victory for common sense'. He said: 'Packed with sugar and highly acidic, dentists have seen the damage energy drinks do every day. The result is children struggling to eat, to sleep and to learn.'

In June, the BDA noted that it had been 700 days since the government first pledged to end the sale of energy drinks to children in July 2024. A coalition of leading health organisations, academics, youth campaigners and celebrities came together to urge the government to take action.

Celebrity chef and child health campaigner Jamie Oliver said: 'I genuinely can't believe we're still having to talk about this. The government promised to ban the sale of energy drinks to children, yet here we are – two years and 280 million cans consumed by kids later – and nothing. Come on, Prime Minister. Put kids first. Keep your promise.'

EVIDENCE TO SUPPORT THE ENERGY DRINK BAN

Previous research has found extensive harm caused to young people who consume energy drinks. For example, they were more likely to engage in binge drinking, smoking and other substance abuse, and other unsafe behaviours. They also had a higher risk of heart disease, allergies, insulin resistance and mental health problems.

Barbara Crowther, children's food campaigner, said: 'The decision to ban sales of high caffeine energy drinks to children is absolutely right, given strong evidence of their harmful effects on their physical, mental and dental health, and overwhelming public support including parents, young people, health professionals, teachers and food retailers.'

'We look forward to seeing legislation laid before Parliament at the earliest opportunity, to meet the April 2027 deadline.'

Stop staring, start acting

Chris Barrow offers a simple message for long-term survival: don't take your eye off the ball



Every week somebody says to me: 'We've got white space in the diary.' After lockdown, the problem was finding enough hours to meet demand. Today, uncertainty has returned. Patients are nervous about the economy, tax, geopolitics and the cost of living. When fear rises, discretionary treatment is often postponed.

You cannot control the news, but you can control the atmosphere inside your practice.

Leadership means acknowledging reality without allowing the morning huddle to become a festival of gloom. Your team and your patients need you to be a beacon of light: calm, honest and positive about what can be done. Then look closer to home. White space is rarely caused by one failing

receptionist or one broken recall system. In my experience, five factors usually combine:

1. Financial due diligence. Do you know your operating cost per surgery per day, average daily production and key performance indicators? Is your pricing sensible and profitable?
2. Marketing. Are your external, internal and inbound systems consistently generating conversations?
3. The patient journey. From first telephone call to consultation, treatment plan presentation and follow-up, where are people slipping through the net?
4. Digital workflow. Are scanners, diagnostic tools, reports and presentations helping patients understand the problem and believe in the solution?
5. People. Do clinicians and team members have the confidence, warmth and interpersonal skills required to inspire trust?

Do not respond by producing a list of 100 improvements. Everyone is already running around with their hair on fire. Take one area

at a time. Over 10 weeks, devote a fortnight to each. Small gains compound.

A GOLD MINE

Accountant Arun Mehra makes an essential point: the most expensive thing in a dental practice is an empty chair. Yet most practices already possess their greatest marketing asset – an existing database containing thousands of people who know them.

So, start there. Reactivate lapsed patients.

Follow up unscheduled treatment. Make responsibility clear and measure the results. Then return to one of the oldest and most effective growth strategies in dentistry: ask for referrals.

At the end of a successful appointment, say: 'We're welcoming new patients and we'd love to see more

people like you. Would you be happy to tell your family, friends or colleagues about us?'

Simple. Human. Effective.

ONE FINAL SUGGESTION

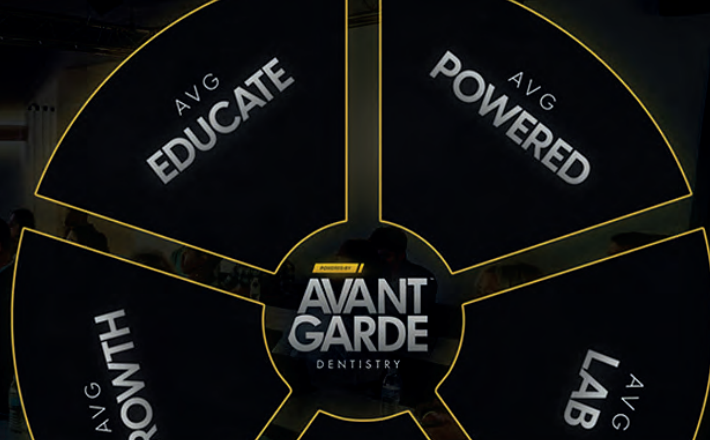
Another recommendation is to identify every patient holding an unaccepted treatment plan. Ask the clinician to write each one a short, handwritten letter: we would love to help; if you have questions, please call.

Use good stationery, address the envelope by hand and post it. While everybody else is talking about artificial intelligence, remember natural intelligence: noticing people, building relationships and taking the trouble to make personal contact. The busiest business is not always the cheapest or closest. It is often the one delivering exceptional quality and hospitality – an experience worth travelling for and talking about.

White space is not solved by staring anxiously at the diary. It is solved through leadership, measurement, consistent follow-up, confident conversations and exceptional hospitality.

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Serge Gavrilov Business Development Manager, +44 (0)7818 457 568, serge.gavrilovs@kuraray.com
Helder Dos Santos Manager of DSO Education and Partnership Strategy, +44 (0)7350 416 455, helder.dossantos@kuraray.com
Heidi Campbell Key Account & DSO Manager, +44 (0)7570 577 617, heidi.campbell@kuraray.com

Pure Periodontics

From modest beginnings in a single surgery to a purpose-built multidisciplinary clinic, **Pure Periodontics** has evolved with clinical excellence, collaboration and patient experience at its core. Founder **Neesha Patel** reflects on the practice's growth, the vision behind its new Austin Friars home and the principles guiding its future

When I founded Pure Periodontics in 2012, I could not have imagined quite how far the practice would evolve. What began as a small specialist clinic operating from a single surgery in the city of London has grown into a multidisciplinary specialist practice with a purpose-built home in Austin Friars, London.

The move into our new premises in January 2026 marked an important milestone, not simply because we expanded, but because it reflected a wider vision of how specialist dentistry can be delivered and experienced.

MODEST BEGINNINGS

The early days were remarkably modest. Pure Periodontics was essentially a squat practice, operating part-time while I continued working in associate roles elsewhere. I relied on locum dental nursing support and gradually built the practice around a clear objective: to provide exceptional periodontal care and develop strong relationships with referring general dental practitioners.

Growth was never about expansion for its own sake. My focus was always on doing one thing exceptionally well. Building trust, consistency and delivering excellent clinical outcomes were the foundations of the practice. Everything else followed from that.

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Over time, demand for specialist periodontal treatment increased significantly. What started as a single-clinician model naturally evolved into something larger. As referral numbers grew and the patient base expanded, it became clear that additional expertise and clinical capacity were required.

Today, Pure Periodontics operates as a multidisciplinary specialist practice, bringing together therapists, hygienists and clinicians with complementary skills.

Collaboration sits at the heart of our philosophy. We have always viewed ourselves as an extension of the referring practices we work alongside. Our role is not simply to manage disease but to support long-term oral health, stability and patient wellbeing through a holistic approach to treatment planning.

REIMAGINED AND REFRESHED

The decision to relocate to Austin Friars was driven by both necessity and ambition. We had outgrown our previous premises, not only in terms of physical capacity but also in relation to the experience we wanted to provide.

We needed additional surgeries to meet patient demand, yet I also saw an opportunity to rethink what a specialist dental environment could feel like.



PURE : PERIODONTICS

The ethos

Pure Periodontics is a specialist practice that focuses on patient-centred outcomes and exceptional patient care.

Working closely with its referring practices, the team takes a holistic approach to the prevention and treatment of periodontal disease, aiming to give patients the tools and techniques to maintain optimal oral hygiene as well as the outcomes from their treatment long-term.



Traditionally, dental clinics have often relied on highly clinical aesthetics, dominated by blue and white colour schemes. For our new space, I wanted something different. The clinic was designed using warm, neutral and sandy tones to create an atmosphere that feels calm, welcoming and refined.

While it remains fully functional from a clinical perspective, the environment is intentionally closer to a wellness space than a conventional dental practice.

This approach is particularly important in periodontics, where anxiety can often accompany treatment. Patients frequently arrive feeling apprehensive about their diagnosis or procedure.

The physical environment plays a powerful role in shaping their experience. From the moment they walk through the door, we want them to feel reassured, comfortable and confident in the care they are about to receive.



FULL UNDERSTANDING

Alongside changes in patient expectations, I have witnessed a significant shift in how periodontics itself is understood.

Referral pathways have become stronger and general dental practitioners are increasingly aware of when specialist intervention is appropriate. Education and communication across the profession have undoubtedly improved.

Perhaps more importantly, periodontics is no longer viewed solely as a dental discipline. The growing understanding of the relationship between oral health and systemic health has transformed how we approach treatment. Conditions such as periodontal disease and gum recession are increasingly recognised within the context of wider healthcare.

As specialists, we are not simply treating gums. We are contributing to broader health outcomes. This recognition of the oral-systemic connection has elevated the importance of periodontal care and strengthened its role within modern healthcare.

LASER FOCUSED

Innovation has also played a central role in our development. At Pure Periodontics, we are committed to remaining at the forefront of evidence-based treatment and clinical advancement.

Investment in technology has enabled us to expand treatment options while improving patient outcomes.

Our integration of laser technologies, including the MDX Waterlase system and Epic X diode laser, has enhanced precision and supported improved healing in selected cases. We have also embraced regenerative approaches such as PRGF, which continue to expand the possibilities available within specialist periodontal care.

For me, innovation is not about adopting technology for its own sake. It is about identifying tools and techniques that genuinely improve patient care.

Dentistry is constantly evolving and practices must evolve alongside the evidence base. I have never viewed Pure Periodontics as a static entity. Continuous learning and development remain central to our ethos.





TEAM TALKS

As the practice has grown, one of the most valuable lessons I have learned relates not to technology or facilities but to people. Maintaining culture becomes increasingly important as organisations expand.

Skills can be taught. Technical knowledge can be developed. Attitude, values and cultural alignment are far more difficult to instil. When building our team, I have always prioritised individuals who share our commitment to patient-centred care, professionalism and collaboration.

Expansion also requires careful operational planning. Growth brings complexity and there is always a risk that standards can become diluted if systems are not robust. Maintaining consistency across a larger team and a larger facility demands structure, communication and clear leadership.

PERSONAL DEVELOPMENT

Beyond my role within the practice, I have been fortunate to contribute to wider discussions within the profession. Serving on editorial boards and contributing to specialist publications has provided opportunities to engage with broader developments in dentistry. I believe that with experience comes a responsibility to share knowledge and

contribute to professional dialogue.

My previous role as a consultant periodontist at King's College Hospital continues to influence my perspective, particularly in relation to education, mentorship and clinical governance. Supporting the next generation of clinicians remains something I value deeply.

One area of particular interest is the growing recognition of gender-specific factors in periodontal health. We are increasingly understanding the impact that hormonal changes can have on periodontal tissues throughout a patient's life.

Pregnancy, menopause and wider hormonal fluctuations can all influence periodontal health and treatment outcomes.

While awareness is improving, I believe there is still considerable scope for further education within the profession. Understanding patients within the broader context of their overall health allows us to provide more personalised and effective care.

Since moving into our new Austin Friars clinic, the impact has been immediate. The environment has transformed not only the patient experience but also the way our team works. The space supports the culture we have worked hard to

build and reinforces the standards we aspire to deliver every day.

FUTURE PLANNING

Looking ahead, I see continued opportunities for growth. We will continue investing in innovation, expanding our clinical capabilities and developing our team. Yet despite these ambitions, the core principles that shaped Pure Periodontics from the beginning remain unchanged.

Clinical excellence, integrity and patient-centred care will always guide our decisions.

For clinicians considering their own growth journey, my advice is simple. It is easy to become distracted by scale, aesthetics or external markers of success. While these elements have their place, they should never come at the expense of clinical standards and patient outcomes.

The most sustainable growth often happens gradually. If you invest in the right people, remain committed to quality and stay focused on the reasons you started in the first place, progress tends to follow naturally.

That philosophy has guided Pure Periodontics from a single surgery in the City of London to the specialist clinic we are today. It remains the foundation for everything we hope to achieve in the future.



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1. Up to 300 studies listed on Pubmed in October 2024. More than 30 million treated cases: Internal data on file. 2. vs. ProTaper Universal. 3. Long or short, narrow or wide, straight or 90° curved canals, excluding C-Shape. 4. For Zuolo, M.L., M.C. Carvalho, and G. De-Deus, Negotiability of Second Mesio Buccal Canals in Maxillary Molars Using a Reciprocating System. J Endod, 2015. 41(11): p. 1913-7. Based on treatment of MB2 canals of more than 300 patients. The aim was to assess the frequency in which Reciproc R25 was able to directly scout and reach working lengths in comparison with hand files. In the hand file group working length was successfully reached in 57.48%. In the Reciproc R25 group the working length was successfully reached in 85.63% of cases.

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SCAN TO LEARN MORE

The recall ladder

Existing patients are the most overlooked growth lever in the practice. Here, **David Nelkin** explains how marketing to those already on your books can help your practice climb to the top of the ladder

In most dental practices, almost the entire marketing budget is pointed at people who have never heard of them. It's often called prospecting. Almost nothing is aimed at the patients already sitting on the books, and that is the wrong way round.

The cheapest and most predictable growth available to your practice is already in your practice management system, and the numbers behind it can and should play a key factor in efficient growth. Get the systems around that list right and you will grow faster while spending less to do it.

THE £1.4 MILLION GAP

Take a list of 2,000 patients and assume each one is worth around £280 a year in routine care. That figure varies by practice, so swap in your own.

At an 8% recall rate, which is where a good number of practices sit, 160 of those patients come back in a year. That is roughly £44,800 of revenue, and around £134,000 across three years.

At a 92% recall rate, 1,840 of them come back. Roughly £515,000 in year one, and around £1.5 million across three years.

Same list, same patients, same catchment, with a gap of more than £1.4 million between the two ends of it. The ladder in between runs 8%, 25%,

40%, 55%, 70% and 92% – yet most practice owners I ask cannot tell me which rung they are standing on.

Recall gets treated as an automated reminder that the software sends out on the practice's behalf, rather than as a system with a number attached that somebody owns.

WHY THIS IS WORTH MORE THAN A NEW PATIENT ENQUIRY

Existing patient revenue is recurring revenue, and recurring revenue play a key role in what a practice is actually worth. If you ever come to sell, a buyer is paying for the patients who keep coming back and their lifetime value (including people they refer), not just for last month's enquiry volume. A low recall rate is not simply slower growth; it is money coming off the valuation of the business every year it stays low.

Inside XD's 'promote, convert, grow' model this sits in promote, and it is a part that practices skip most often, largely because it does not feel like marketing.

Five ways to move the needle

1. **Reactivation:** bring back lapsed patients with regular, scheduled outreach and clear ownership
2. **Follow-up:** reconnect with stalled enquiries and treatment plans to recover missed revenue
3. **Awareness:** make sure existing patients know the full range of treatments you offer
4. **Team recommendations:** encourage clinicians and hygienists to confidently recommend appropriate treatments
5. **Referrals, reviews and family marketing:** run referrals, reviews and family marketing consistently, not just occasionally.

THE FIVE SYSTEMS THAT MOVE THE NUMBER

1. Reactivation

Patients who have not been in for 12 months or more. A structured sequence works best: a call, a WhatsApp and email combination, a follow-up call the following week, then a final message. If that is too much for the team to carry, a single email and WhatsApp blast will still surface people.

What matters is that it runs on a schedule with somebody accountable for it, rather than happening whenever the diary looks thin.

2. Follow-up

Patients who had a consultation and never went ahead, and enquiries that quietly stalled before an appointment was ever made. A short check-in call, a CRM campaign, a nurture sequence, priority spaces at the next open day.

This is treatment plan revenue that most practices have already written off, and it is frequently the highest-value revenue anywhere on the books. I was recently in a practice whose CRM was showing £1.8 million in treatment plan value from the last 12 months.

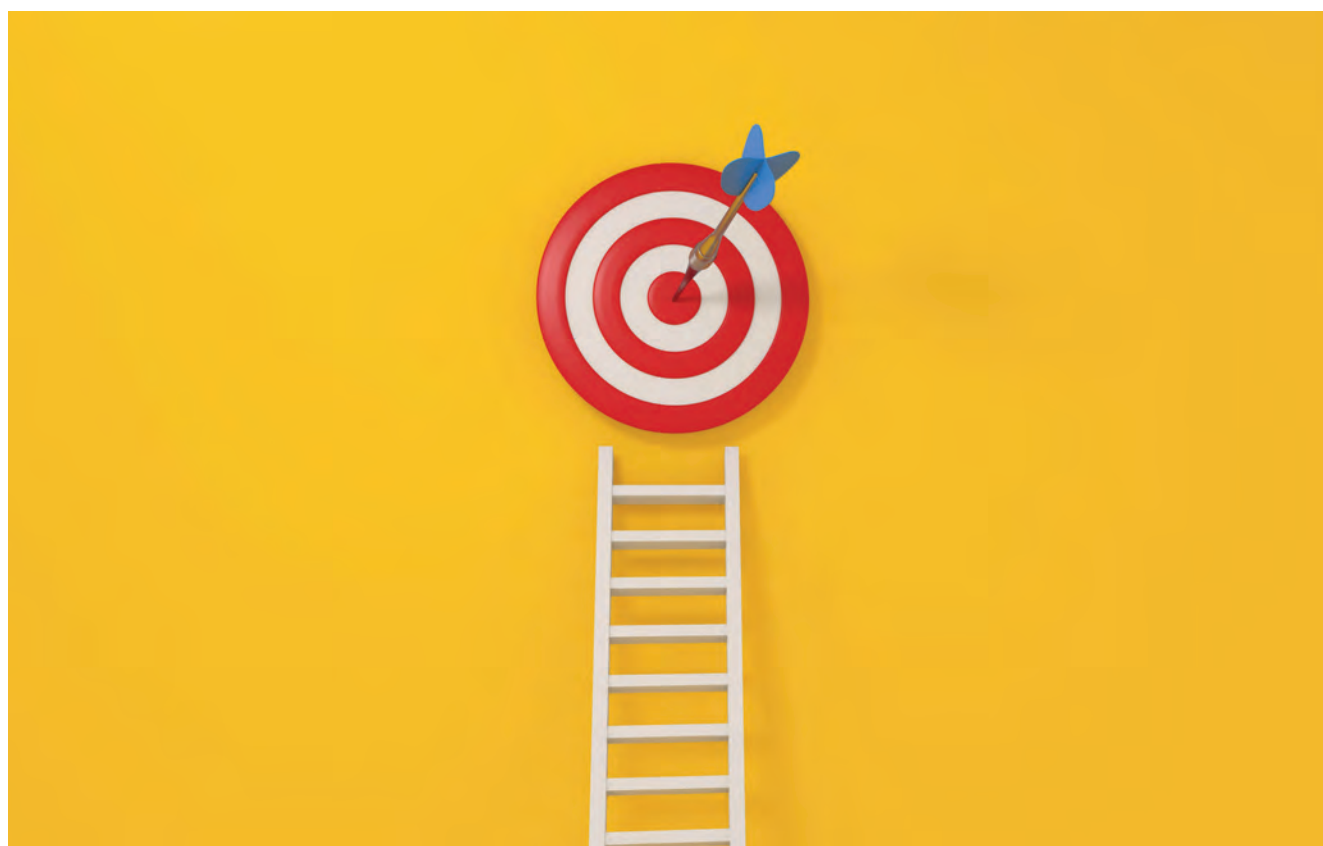
3. Awareness

A patient in the chair for a routine check-up mentioned, in passing, that she was going ahead with Invisalign at the practice down the road. She had no idea it was offered where she was sitting. Existing patients often do not know the full range of what their own practice does. Fixing that costs nothing beyond the decision to start telling them properly.



David Nelkin

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



4. Team recommendations

The clinical team is the most trusted sales channel a practice has. This is especially true for dental hygienists – they see patients regularly, they have an existing relationship, and when they raise the next appropriate treatment the patient takes it seriously in a way that no advert can replicate. Most of them need permission and a bit of confidence rather than training.

5. Referrals, reviews and family marketing

A simple thank you for anybody who sends a friend or family member in can go a long way. A referral programme that gives something to both sides. Fresh reviews rather than a bank of old ones. Almost every practice does some version of all

three occasionally; the growth comes from doing them systematically, on a rhythm, with somebody responsible.

A RECALL REMINDER IS NOT A REBOOKING

A reminder is passive; it relies entirely on the patient taking action at some point in the future. A rebooking is a real appointment in the diary before the patient leaves the building, and the difference between the two is where your recall rate is actually won.

It comes down to how the last two minutes of the appointment are handled. Walk the patient to reception rather than pointing at it. Use assumptive language: 'Susie is going to get you booked in for six months' time'. Offer two specific dates rather than asking an open question about when might suit. Hand them something physical to take away.

The practices doing this consistently sit at the top of that ladder, and the ones relying on their software sit at the bottom.

WHAT THIS LOOKS LIKE WHEN IT WORKS

Practices we work with typically run open days, and we've run some where we've filled the slots entirely with existing patients: people who needed

treatment, people who had no idea it was offered, and people referred by family and friends. That single day produced around £80,000 in returns, with no marketing spend behind it at all. The patients were already there. The only thing that changed was that somebody went and asked them.

THE LIST IS ALREADY THERE

The most overlooked growth lever in a dental practice is not a new channel, a new campaign or a bigger budget. It is the several thousand people who have already chosen you once and would mostly choose you again if anybody asked them to. Working that list properly compounds, year after year, in a way that new patient acquisition cannot match on either cost or reliability.

Practices that keep spending to replace patients they already had will keep running to stand still and will keep wondering why the marketing feels so expensive.

If you want to work out where your practice sits on that recall ladder and what the gap is worth, I'm always happy to chat.

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AI capability and conversion

From efficiency to EBITDA, **Paul Graham** explores the missing link in dentistry's AI adoption

Every dental conference I attend now has an artificial intelligence (AI) panel. Every software vendor has an AI feature. Every LinkedIn feed is full of predictions about how AI is going to transform dentistry. And, to be fair, some of it already is.

Administrative automation has probably advanced the fastest. AI receptionists, automated recall systems, insurance verification and no-show prediction are enabling practices to reduce time spent on routine administration and make better use of the diary.

Diagnostics have progressed quickly, too. AI-assisted reading of radiographs and CBCT scans, caries detection and treatment planning support are becoming increasingly common. Then there's the patient journey side of things, with AI-generated smile simulations and automated patient communications.

Most of this is delivering real benefits. The technology is improving, adoption is growing, and practices are genuinely becoming more efficient.

VALUING AI

There is, however, a part I don't think we're talking about enough. I look at practice financials for a living. Valuations, transactions, sustainable earnings, guide prices – I spend my days understanding what makes a dental business valuable. Looking across the sector, one thing stands out: the efficiency gains we're hearing about aren't yet showing up consistently in EBITDA margins.

That's not because the technology

doesn't work; far from it, in fact. In many cases, the efficiencies are real. Admin time is coming down, workflows are improving and capacity is being created, but when you get to the bottom line, the impact is often far less obvious than the headlines would suggest.

The reason is straightforward: most practices implementing AI today are still in the investment phase. There are software costs, training requirements and the inevitable disruption that comes with introducing new systems and ways of working. The benefits may be there, but in many cases, they're being absorbed rather than banked.

This becomes particularly important when valuation discussions start. A practice owner might tell me their AI-powered scheduling system has reduced no-shows and freed up time in the diary. That's a positive story and worth highlighting, but the next question is always the same: what happened next? Did that additional capacity generate more appointments? Did it lead to a higher-value treatment mix? Did it reduce costs as a proportion of revenue? Did it improve profitability? Ultimately, that's what buyers are looking for.

EMBRACE THE TECHNOLOGY

The point I'm making isn't that practices should slow down on AI, if anything, I'd argue the opposite. The direction of travel is clear, and the businesses that embrace useful technology will be better positioned over the long term than those that don't. What matters, however, is having a plan for the capacity and opportunities that AI creates.

If AI frees up 20 minutes of chair time a day, that only has value if it's filled

with another patient or a higher-value treatment. If AI diagnostics identify more restorative needs earlier, that only has value if those opportunities are converted into treatment. If automation reduces administrative workload, that only has value if the practice finds a way to capture the resulting efficiency.

Put simply, practices need to fill the white space; that's where the commercial benefit lies.

Over the next few years, I suspect the practices achieving the strongest valuation multiples will not necessarily be those with the most extensive AI adoption. They'll be the ones who can clearly demonstrate what those tools have delivered. Not 'we implemented X, Y and Z' but 'here's what happened to our EBITDA.'

GRAB THE OPPORTUNITY

At the moment, much of the discussion around AI is focused on capability, which is understandable because the technology is moving quickly and there's a lot to be excited about. From a business and valuation perspective, capability is only part of the story, and conversion matters just as much.

We're not quite there yet as a sector, and I think it's worth saying that openly. Not as a criticism of AI, but as a reminder that efficiency only creates value when it's translated into revenue growth, cost savings or improved profitability.

The technology is doing its job. The commercial discipline required to capture the benefit is the part that still needs to catch up.



Paul Graham

Paul is managing director – medical at Christie & Co.

Get in touch with Paul at paul.graham@christie.com.

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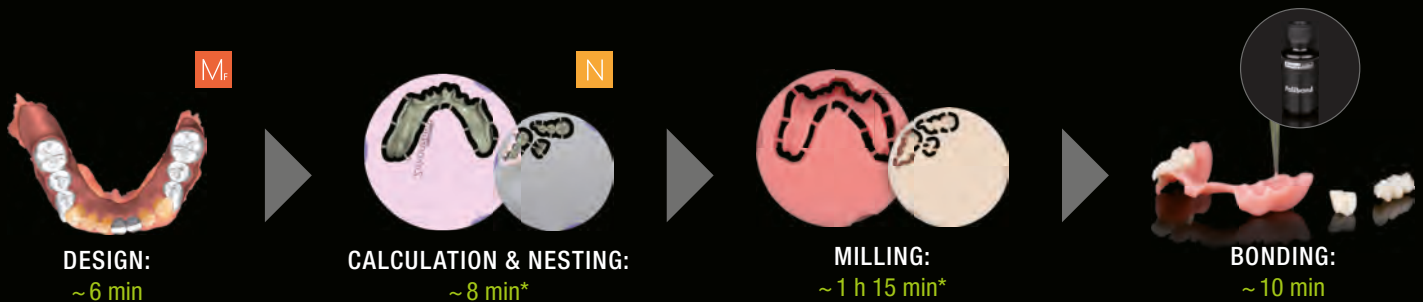


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Patient finance: adding a personal touch

Offering patient finance can be a benefit to both the patient and the practice. Here **Shelley Clegg** suggests things to look out for in a patient finance provider

When people are thinking about using a patient finance provider, the conversation often centres on subsidy rate. That's understandable, especially these days, as costs matter. But focusing solely on rates can mean overlooking a factor that can have a huge bearing on the success or failure of your finance uptake, which is the support you get from your finance provider.

The finance market is competitive and there are several providers practices can choose from. So, it's important to make sure you choose a provider that will help ensure you're able to continually operate compliantly as the consequences of getting it wrong can be dire. Repercussions range from reputational damage to unlimited fines from the Financial Conduct Authority (FCA), so it's vital to ensure you are compliant.

TRAINING MATTERS

Compliance issues aside, talking about money is not something we like to do as a nation.

We can often feel awkward when it comes to discussing fees and finance. Add in the potentially drastic consequences of getting it wrong and it's little wonder that some team members feel reluctant to talk about it. Some may even shy away from the subject and not want to raise it.



Shelley Clegg

Shelley is a business development manager at Medenta and has more than four decades' experience in the dental industry, including 23 in practice.

This is where training is essential to give team members the confidence they need to be able to speak comfortably and knowledgeably about the finance options you can offer at the practice.

At Medenta, there's a team of field-based business development managers who will ensure that your team members are equipped with the knowledge they need to speak to patients about finance.

This is essential if finance is to become a normal part of conversations with patients.

What's more, there's also have a friendly, office-based team of real people (not bots!) at the other end of the phone who can help with queries.

So, when you're assessing a finance provider, it's a good idea to look beyond the technology. While online applications, timely decisions and a smooth patient journey are important, most providers now offer these as standard. A more revealing question is: what ongoing support will the team receive once the agreement is signed?

BEYOND THE PLATFORM

In-person support can really add value; Medenta places a strong emphasis on working directly with practices and providing hands-on support for teams.

As well as equipping teams with the knowledge to offer finance confidently and compliantly, the service model focuses on maintaining a close working relationship with our practices. This approach recognises that patient finance is about people as much as software, applications and approvals.

A practice team that understands the available options, feels comfortable having conversations about affordability and knows how to present finance appropriately is far more likely to achieve a good outcome for not only patients but also for the business – something the FCA is keen on.



CHOOSING A GENUINE PARTNER

Ideally, practices should view their patient finance providers as business partners rather than simply suppliers.

Competitive rates and efficient systems are only part of the picture. The providers that create the greatest value are those that help practices use finance effectively, are readily available to support teams and who understand the realities of running a busy dental practice.

In patient finance, success is rarely down to the application process alone. More often, it comes from the confidence, knowledge and support sitting behind it. And that's where having access to a team of real people can make all the difference.

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The power of visualisation

Rana Al-Falaki shares how one new practice owner used visualisation to power through overwhelm and build a practice on purpose

Buying your first practice is meant to feel like arrival. You have finally made it. The keys are yours, the chair is yours, and so, in theory, is the direction of travel.

For Dr JS, the reality felt rather different. Weeks into ownership, she was full of vision but short on traction. She had inherited a team, a set of systems, and a culture that had nothing to do with her. Every idea she raised was met with the same quiet resistance: 'We've always done it this way.'

She wanted to build something distinctly hers, yet found herself firefighting instead of leading, and increasingly unsure where to even begin.

She knew she needed a practice manager or business development manager who shared her vision. She knew the team needed direction. She knew what she wanted the practice to become. What she didn't know was how to get there from where she was standing: overwhelmed, second-guessed, and quietly worried that ownership might feel like this forever.

'I thought once I owned it, I'd finally have control,' she said. 'Instead, I feel like I'm asking permission from my own team to make changes in my own practice.'



Rana Al-Falaki

Rana is an internationally acclaimed leader in dental wellbeing and leadership. As founder of NAIL-IT in Dentistry, she works with dentists to achieve optimal performance. The award-winning periodontist, coach, author and speaker blends over 25 years' experience with the NAIL-IT system. Visit nailitdentistry.com for more details.

THE OVERWHELM OF OWNERSHIP

Dr JS's experience is far from unusual. Research into business acquisitions consistently shows that the early transition period is where most leadership failures occur, not because new owners lack skill, but because they lack clarity and a structured way of translating ambition into action.

In dentistry specifically, surveys of practice owners repeatedly cite 'team resistance to change' and 'not knowing where to start' among the top stressors in the first year of ownership.

Dr JS didn't need more clinical skill. She needed a way to get clear,

get her team on board, and get moving. Without that clarity, ambition simply curdles into frustration – and frustration, left unchecked, is exactly what drives good new owners to either give up on their vision entirely or burn themselves out trying to force it through.

THE MYTH: VISUALISATION IS JUST WISHY-WASHY

When we first discussed anticipation and visualisation techniques, Dr JS was doubtful.

'Isn't that just something people who meditate do?' she asked. 'I don't have time to sit and imagine things. I need practical solutions, not wishful thinking.'

This is one of the most common misconceptions in professional development: that visualisation is soft, indulgent, or unrelated to serious business outcomes.

It's dismissed as something for yogis and dreamers rather than practice owners with mortgages, wage bills and a team to lead.

However, visualisation isn't wishful thinking. It's neurological rehearsal. When you vividly picture an outcome, your brain doesn't fully distinguish between the imagined experience and the real one. The same neural pathways fire. This is why elite athletes visualise their performance before competition, and why some of the most successful business leaders build visualisation into their daily routine, not as a soft indulgence, but as a serious performance tool.

Sir Richard Branson has spoken openly about the power of visualising

Seeing is achieving

Visualisation approaches worth exploring:

- Music-led visualisation – certain music can help bypass an overactive, analytical mind and drop you straight into feeling
- Guided visualisation – a recorded or scripted narration that walks you through the scene step-by-step
- Anchored or triggered visualisation – linking a physical cue, such as pressing two fingers together, to a feeling. With enough repetition, that small gesture alone can instantly recall the picture and the emotion behind it
- Vision boards – a visual, tangible collage of the outcome you're building towards
- Visual movies – a moving sequence, almost like a short film, of what a typical day in your future practice looks and feels like, from the moment you walk into the moment you leave.

BEST PRACTICE

goals before they're achieved, and Muhammad Ali made a similar point in his own words: that once you can truly see a goal in your mind and believe it in your heart, achieving it becomes far more possible.

The world's highest performers don't leave their vision to chance. They train it, deliberately and repeatedly.

THE TRUTH: VISUALISATION IS BRAIN TRAINING

Far from being fluffy, visualisation delivers three concrete benefits:

1. Boosts beliefs – repeated mental rehearsal strengthens your conviction that a goal is achievable, not just desirable
2. Builds intrinsic motivation – when you can feel a future outcome, you no longer need external pressure to move towards it
3. Brain programming – visualisation primes your reticular activating system to notice the opportunities, people and resources that will get you there.

Once Dr JS understood this, her scepticism shifted. This wasn't fluff. It was training.

TEACHING ANTICIPATION: BUILDING THE PICTURE

As part of her NAIL-IT Leadership Titanium mentoring, we worked with Dr JS on several aspects of leadership, and anticipation became a turning point.

We began by helping her build a genuinely detailed picture of the practice she wanted. Not a vague hope, but a fully formed vision: the aesthetics of the reception area, the number of patients moving through each day, a diary running smoothly and full of the right treatments, modern technology being used confidently by a team who wanted to embrace it, and colleagues who communicated with warmth and mutual respect.

We included how she wanted to feel walking through the door each morning, how she wanted patients and team members to experience her, and yes, what she wanted to see when she looked at her bank balance.

This wasn't a five-minute exercise. We built a visualisation practice she could return to every morning and every evening, and crucially, one she



could access anywhere: in the car on the way to work, during a lunch break, in the middle of a stressful afternoon.

With repetition, the picture became instinctive. She didn't need to sit quietly with her eyes closed to access it. She could drop into the feeling in seconds.

To keep the process focused rather than woolly, we used the NAIL-IT system's '4C doubt-buster', leaving no room for procrastination or fear:

- Create – set the goal or desire clearly
- Construct – build backup plans, A to Z, so nothing derails momentum
- Conviction – believe it fully, with no turning back
- Conceive – bring it to life through visualisation.

There isn't a single 'correct' way to visualise, and part of the work was finding what suited Dr JS.

What matters most isn't the method. It's the emotion. A picture without feeling is just a photograph. A picture with feeling becomes a magnet.

FROM OVERWHELM TO OWNERSHIP

Within three months, Dr JS found her business development manager, someone who shared her values and understood her vision instinctively. For the first time since taking on the practice, she was able to hand over

meaningfully, rather than holding everything herself out of fear that no one else could do it right.

The visualisation work didn't stop there. It became her anchor through every wobble, every moment of doubt, and every difficult conversation with a resistant team member.

Six months on, the transformation was tangible:

- She was spending more time at home with her family, rather than catching up on admin every evening
- She took her first proper holiday since buying the practice, and came back without dread, trusting her team to manage without her
- New technology was introduced into the practice with the whole team on board and genuinely excited, rather than resistant
- Monthly turnover increased, a direct result of a more focused diary, a more engaged team, and a leader who finally felt in control rather than controlled by circumstance.

Visualisation isn't about escaping reality. It's about rehearsing the reality you intend to create, until your brain, your team and your practice believe it too.

As Dr JS discovered, the picture always comes first – the practice simply catches up.



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Added value: strengthening dental plan retention

As the cost of fuel, food and other items carry on rising, patients are reviewing their finances to find ways of saving money. **Donna Hall** suggests ways to ensure they choose to retain their dental plan membership during tough economic times

Things are still challenging economically. As costs rise it's even more important to ensure your membership plan remains healthy.

Although plans are growing overall, over the last 12 to 18 months I have seen an increase in cancellations compared with previous years.

When I'm with a practice that's experiencing a higher than usual number of cancellations, I always ask them what they've been doing to retain their members.

When people are reviewing their finances and their regular outgoings, they make choices about what they will continue to pay for based on how much they value something.

UNDERLINE THE VALUE

There are things that we all have in life that are absolute hard 'No, I would not give that up. I'd rather give up six other things before that one.'

I try to get practices to think about where their dental plan sits in that pecking order. Because we shouldn't have patients cancelling their dental plan before Netflix.

To achieve this, we need to show the value of a plan. It's no use simply doing a great job of getting them on a plan when you first want them to join.

You must remind them every time they walk in the building why they are a member of your plan and the benefits of membership.

You can do that through simple phrases such as: 'Nothing to pay today, because you're a member of the practice.'

Not only does that make the patient feel great, but also anyone else in earshot who isn't on a plan will be curious as to why they aren't paying.

If a patient is paying for a treatment plan, it's important to make sure you've told them that you've deducted their discount off the bill.

It's good practice before you give them the price to say to the patient:

'Donna, the total cost today would have been £X, but with your member discount that makes it £Y.'

Straight away they know you've applied the discount for them. Some dental practices show the discount on their bills, which is the best way to do it. What's more, if you can get your software to show how much they've saved, that's brilliant.

USE ALL TOUCHPOINTS

Another opportunity might come if the patient needs to be seen in an emergency. Many dental practices, especially long-standing plan practices, will usually see a plan patient for free in an emergency.



Donna Hall

Donna has been a regional support manager at Practice Plan for 12 years.

Five

ways to make dental plan members feel valued

Reinforce the value at every visit

Patients should not only hear about the benefits of membership when they first join. Every appointment presents an opportunity to remind them. A simple phrase such as: 'There's nothing to pay today because you're a member of the practice' helps connect the benefit directly to their plan and reinforces why their membership is worthwhile.

Make their savings visible

When a member receives a discount on treatment, make sure they know about it. Explain what the treatment would usually have cost before confirming the reduced member price. Where possible, show the saving clearly on the patient's invoice or receipt. This can turn an easily overlooked discount into a tangible reminder of value.

Explain the value of included benefits

Complimentary services can lose their impact if patients do not know what they are worth. For example, rather than simply telling a member that an emergency appointment is free, explain what the usual fee would have been and that it has been waived because of their membership. Putting a monetary value on the benefit makes it more meaningful.

Keep in touch between appointments

The relationship with a plan member should continue beyond the practice door. Newsletters, oral health advice, member updates and competitions can all help maintain engagement between visits. Regular communication also gives the practice more opportunities to remind patients of the advantages of remaining on the plan.

Add a personal touch

Small, thoughtful gestures can have a lasting impact. Sending a birthday message, recognising an important milestone or simply thanking a patient for their continued loyalty can strengthen their connection with the practice. Ultimately, patients are more likely to stay when they not only value the service they receive, but also feel valued themselves.

WE SHOULDN'T HAVE PATIENTS CANCELLING THEIR DENTAL PLAN BEFORE NETFLIX



More recently, practices have begun to charge, but they will discount the fee. However, we seldom tell patients what that's worth.

If you say the appointment is free, 'free' has no value because the patient doesn't know what 'free' equates to. So, if a member rings up and asks for an emergency appointment, your answer is: 'Yes, of course. That would've been £X amount. But because you're a member of the practice, we don't charge you.'

You can take the opportunity to highlight the value of a plan every time you see a patient, which reminds them why they are members of your plan. You need to remind them of value, not cost. It should be value over cost every time. So, it's about the patient feeling the value.

Take opportunities to remind them in-between visits as well. Do you send newsletters or a round robin to your patients? Do you run competitions for your members? There are lots of ways to keep reminding members why they're staying loyal to you.

Birthdays are a good opportunity. Practice Plan's online portal will tell you when a patient's birthday is coming up so there's no excuse not to send a digital card or, if it's a big birthday, a physical card. This means a lot to patients and is such an easy way to add value.

Patients stay because they value you, but also because they feel valued, and that's key.

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Have you got a trust issue?

Sarika Shah reveals the invisible force driving every 'yes' in dentistry

What do you think is the single most influential factor in every treatment decision a patient makes?

You might think it's cost, time, fear or clinical logic. But in reality, it's none of these things – it's trust.

Without it, even the simplest recommendation can feel like a burden to a patient. With it, the biggest, longest or most complex treatment plans feel achievable, logical and safe.

Yet trust is fragile. It is built slowly and lost quickly. Most importantly, it is created not by what we do, but by how we make patients feel.

If partnership is the foundation of personalised care, trust is the glue that holds it all together.

This article explores how trust is built, what breaks it and how you can nurture it intentionally with every patient, every day.

When patients trust you, they feel:

- Safe
- In control
- Informed
- Respected
- Supported
- Hopeful
- Ready to take action.



Sarika Shah

Sarika is a dentist, practice principal, mindset and performance coach, and founder of Flourish as a Female.

THE PSYCHOLOGY OF TRUST IN DENTISTRY

For patients, dentistry is a vulnerable space. They can feel in a powerless position. They cannot see what you see. They depend on your expertise without fully understanding it and they often carry past trauma, embarrassment or anxiety.

Trust then becomes their safety net.

It's important to understand that a patient trusting you isn't about liking you – it's about believing in you.

Trust isn't built through long conversations or perfect appointments, but through consistency in small behaviours or gestures.

Let's explore some of the most powerful trust-builders.

Transparency, not technicalities

Patients don't want jargon, they want clarity. Clear, simple explanations create psychological safety:

- What you're doing
- Why you're doing it
- What it means for them (long term).

Transparency builds confidence.

Predictability

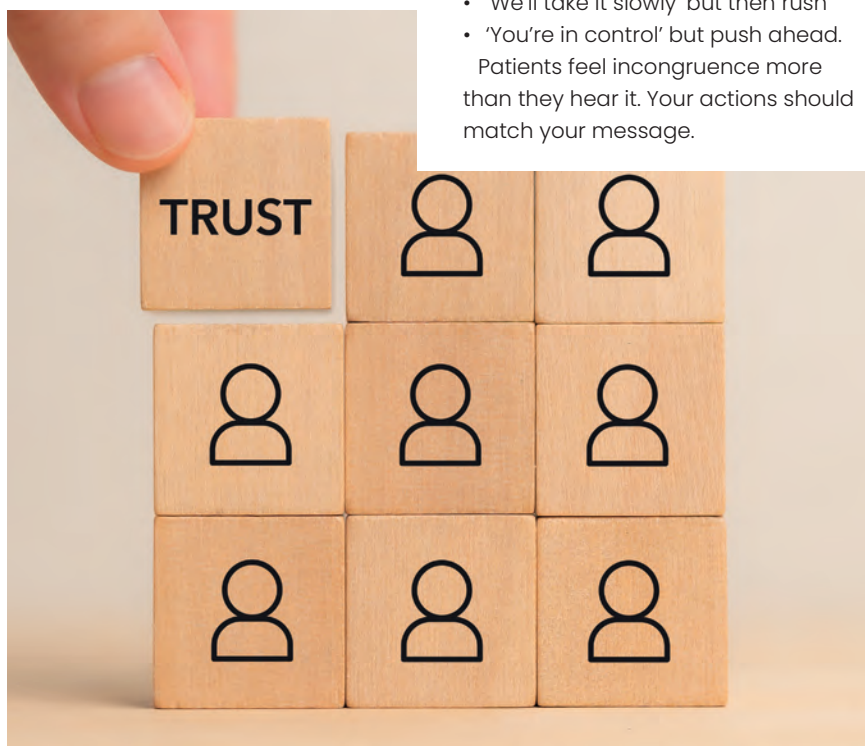
Uncertainty erodes trust. Predictability – through your manner, your timing, your communication – reassures patients that they are in capable hands. Even saying, 'Here's what we'll do next,' can make a big difference.

Congruence between words and behaviour

Trust can slip if you say:

- 'We'll take it slowly' but then rush
- 'You're in control' but push ahead.

Patients feel incongruence more than they hear it. Your actions should match your message.



Emotional steadiness

Patients look to you for cues – your emotional state influences theirs:

- Calm creates calm
- Reassurance creates trust
- Presence creates safety.

Self-regulation is not optional; it is a clinical tool.

Respectful honesty

Patients can sense sugar-coating. They value honesty delivered with empathy.

Instead of saying: 'This looks worse than last time', which breaks trust, try saying: 'This area has progressed, I'm glad you're here so we can address it', which builds trust. Honesty is not harshness, it's clarity with kindness.

Follow-through

If you say you'll refer, review, or call a patient, make sure you do it.

The smallest broken promise can become a big emotional withdrawal in the bank account of trust.

Follow-through equals credibility.

THE THING THAT BREAKS TRUST (OFTEN UNINTENTIONALLY)

Trust rarely breaks from one big event. It breaks from small moments of misalignment that patients interpret as dismissive, rushed or disconnected.

Here are common trust-breakers dental professionals overlook:

- Rushing the initial greeting
- Over-explaining without checking understanding
- Ignoring emotional cues
- Appearing distracted or fatigued
- Jumping into solutions too quickly
- Inconsistent messages from the wider team
- Not validating concerns
- Being defensive when questioned
- Making assumptions rather than asking.

Once trust cracks, case acceptance becomes harder, resistance grows, and everything feels more difficult – for you and the patient.

HOW TO REPAIR TRUST WHEN THINGS FEEL OFF

Trust can be rebuilt, but it requires humility and presence.

If you feel trust slipping, try saying:

- 'I realise I may have moved quickly there – let's pause for a moment'
- 'I sense this feels like a lot. Tell me what's on your mind'
- 'I want to make sure we're aligned – here's what I'm hearing. Is that right?'

Repairing trust is a clinical skill. It shows leadership and it strengthens the relationship.

When patients trust you, appointments run smoother, treatment plans are accepted with more ease, patients engage with their oral health responsibly, and your working day feels lighter and more meaningful

Trust doesn't just serve the patient, however. It protects your wellbeing, your energy and your happiness in clinical practice.

A PATIENT TRUSTING YOU ISN'T ABOUT LIKING YOU – IT'S ABOUT BELIEVING IN YOU

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Protecting the dental associate contract

Alicja Zajac examines the legal and financial risks facing principals and associates – and the practical steps needed to protect the self-employed associate model's future

The self-employed associate model remains a central pillar of UK dentistry, providing a vital equilibrium between clinical autonomy and operational flexibility. For decades, the dental associate contract has supported this arrangement. Associates trade the traditional safety nets of employment for higher degrees of independence, while principals gain a professional workforce without the administrative and financial burdens of a standard payroll.

However, recent developments in employment law suggest this balance is becoming increasingly fragile. As judicial scrutiny of worker status intensifies, the profession faces a mounting compliance risk that could threaten the model it relies upon.

The survival of this structure now depends on rigorous alignment between contractual theory and the daily clinical reality of the surgery.

THE CONTROL PARADOX

This challenge is rooted in what can be termed the control paradox. In an effort to ensure patient safety and brand consistency, many practices have implemented highly structured operational systems. While these measures are clinically justified, they introduce a significant legal tension.

The landmark Supreme Court ruling in *Uber BV v Aslam* established that contractual wording is not the final

word in determining status. Instead, courts will examine the reality of the working relationship, focusing on control and subordination.

In a dental context, this requires a granular examination of day-to-day practice. If a principal dictates the appointment book, limits the associate's ability to refuse specific tasks, or insulates the clinician from the financial risks of their own clinical errors, the relationship begins to mirror one of employment.

The successful worker-status claim in *Sejpal v Rodericks Dental Limited* offers a sobering illustration of this shift. In that case, the tribunal found that the clinician was not merely a

tenant of a room but was 'integrated' into the practice's business. The court examined the lack of a genuine, unfettered right to substitute and the degree to which the practice controlled patient flow and financial terms.

Crucially, the tribunal concluded that the associate was not 'in business on her own account', but was instead part of the principal's business. This distinction is vital: if an associate is prevented from marketing themselves independently or is tied to a practice through restrictive covenants and rigid 'house rules', they are increasingly likely to be seen as a worker rather than a self-employed contractor.

The associate model: *five key takeaways*

1 Contracts alone do not determine employment status

Courts will examine how the relationship works in practice, particularly the level of control, subordination and integration within the business.

2 Genuine independence must be visible day-to-day

Associates should have meaningful control over their diary, working hours, clinical decisions and who covers their absence – not simply contractual promises of autonomy.

3 Substitution rights must be workable

A heavily restricted or impractical substitution clause may be treated as a legal fiction, weakening the case that the associate is genuinely self-employed.

4 Operational systems can gradually create worker status

Mandatory meetings, rigid appointment templates, dictated laboratory lists and restrictive practice rules may unintentionally make an associate resemble an employee.

5 Misclassification carries serious consequences

Practices could face backdated holiday pay, pension, PAYE and National Insurance liabilities, alongside reputational damage and recruitment challenges.



Alicja Zajac

Alicja is a legal researcher specialising in workforce rights, regulation and the intersection between clinical practice and employment law.



SUBSTITUTION AND INDEPENDENCE

For associates, it is essential to recognise that independence is not a passive status delivered by a contract; it must be actively demonstrated in the surgery. One of the most significant, yet often overlooked, vulnerabilities lies in the substitution clause.

The right to provide a substitute is a primary indicator of genuine self-employment: the clearest evidence that the contract is for 'services' rather than 'personal service'. However, if this right is fettered by administrative barriers, arbitrary vetting, or a principal's veto that makes substitution practically impossible, the clause becomes a legal fiction.

This principle was central in *Pimlico Plumbers Ltd v Smith*, where the Supreme Court held that a highly restricted right to substitute does not satisfy the requirement for self-employment.

When a substitution clause cannot be exercised in practice, the associate loses their primary lever of clinical and financial independence, and the validity of the model for both parties is called into question.

Associates must therefore operate with the mindset of a separate commercial entity. This means asserting meaningful control over working days, hours and clinical

methods. If an associate cannot decide when they work or who covers their absence, their legal autonomy is compromised.

Even when associates behave independently, their autonomy can still be compromised by the systems around them. Risk often emerges through operational creep: the slow, cumulative erosion of independence caused by routine practices such as mandatory meetings, dictated laboratory lists and rigid protocols that leave little room for independent clinical judgement.

These systems are often introduced for efficiency, but they can inadvertently create a relationship of dependency. When an associate is indistinguishable from an employee to the patient, they may eventually be indistinguishable to a judge.

THE FINANCIAL RISK

If practices do not evolve how clinicians are instructed to work, the model faces the weight of its own contradictions. If the associate model is used to avoid the costs of employment while maintaining the control of an employer, the legal gap will inevitably close, often with serious financial consequences.

A finding of worker status can trigger backdated liabilities for areas such as holiday pay and pension contributions, sums that could jeopardise the stability of a mid-sized clinic.

Separately, His Majesty's Revenue and Customs (HMRC) may scrutinise arrangements where the working relationship does not mirror genuine self-employment, including pay as you earn (PAYE) and National Insurance obligations.

This is not a hypothetical concern; it is a live financial risk that grows every day the operational reality remains out of sync with the contract.

Beyond the financial impact, reputational damage can make future recruitment more difficult in an increasingly competitive market.

Ultimately, protecting the associate model requires precision over paperwork.

Authentic independence demands a culture that respects autonomy as much as it respects the contract. This may require a shift in practice culture, where systems designed for efficiency are balanced against the need to preserve the associate's independence.

Principals may need to reconsider certain managerial controls over the how and when of clinical work to protect the legal status of the relationship. The question for the profession is whether the current level of operational control is worth the potential liability it creates.

Without a move toward genuine professional partnership and a rejection of performative compliance, the model may be less stable than many assume. The contract may say one thing, but the daily reality of the surgery says another, and it is the latter a judge will believe.

WHAT ASSOCIATES SHOULD CHECK

This is not only a principal's issue. Associates should also ask whether their working reality reflects the independence described in their agreement.

That means reviewing whether they can exercise a genuine right of substitution, control their diary, make appropriate clinical decisions, choose materials and laboratories where clinically relevant, and carry meaningful financial responsibility for their own work.

Associates should also consider how they present themselves to patients and whether they are able to operate as a recognisable independent practitioner within the practice. If the contract says one thing but the day-to-day working arrangement says another, both parties may be exposed.

THE COMPLIANCE BLUEPRINT: NEXT STEPS FOR THE SURGERY

This legal vulnerability creates a clear need for guidance that supports both parties in maintaining the independence the model relies on.

To move from apprehension to action, practices must transition toward honest, active compliance. Preserving the associate model requires protecting the operational independence that gives the framework its legal foundation. Both parties should audit three core operational areas.

One: deregulate the diary

Review daily scheduling workflows. If booking software, rigid appointment templates or fixed timing allocations strip the clinician of autonomy over pacing and clinical judgement, these systems should be reviewed. A self-employed associate must retain meaningful control over how they manage their time and treat patients at the chair.

Two: document genuine financial risk

True self-employment demands financial exposure. Practice accounts and internal records should clearly demonstrate where financial responsibility lies for remakes, failed treatments and clinical errors. If the practice absorbs or dilutes this risk, a court may view the relationship as closer to employment.

Three: review front-of-house communication

Control often begins at the reception desk. Front-of-house teams should understand how to communicate the associate's role accurately, framing them as an independent practitioner utilising the clinic's facilities rather than simply as an internal member of staff.

This must be done carefully and transparently, without confusing patients about responsibility for care, fees, complaints or records. Small, consistent shifts in daily language can help prevent patients from confusing an independent contractor with an integrated employee.

The principal-associate model remains valuable, but it cannot be protected by paperwork alone. Its future depends on whether the profession is willing to align contracts, culture and daily working reality before a court is asked to do it instead.

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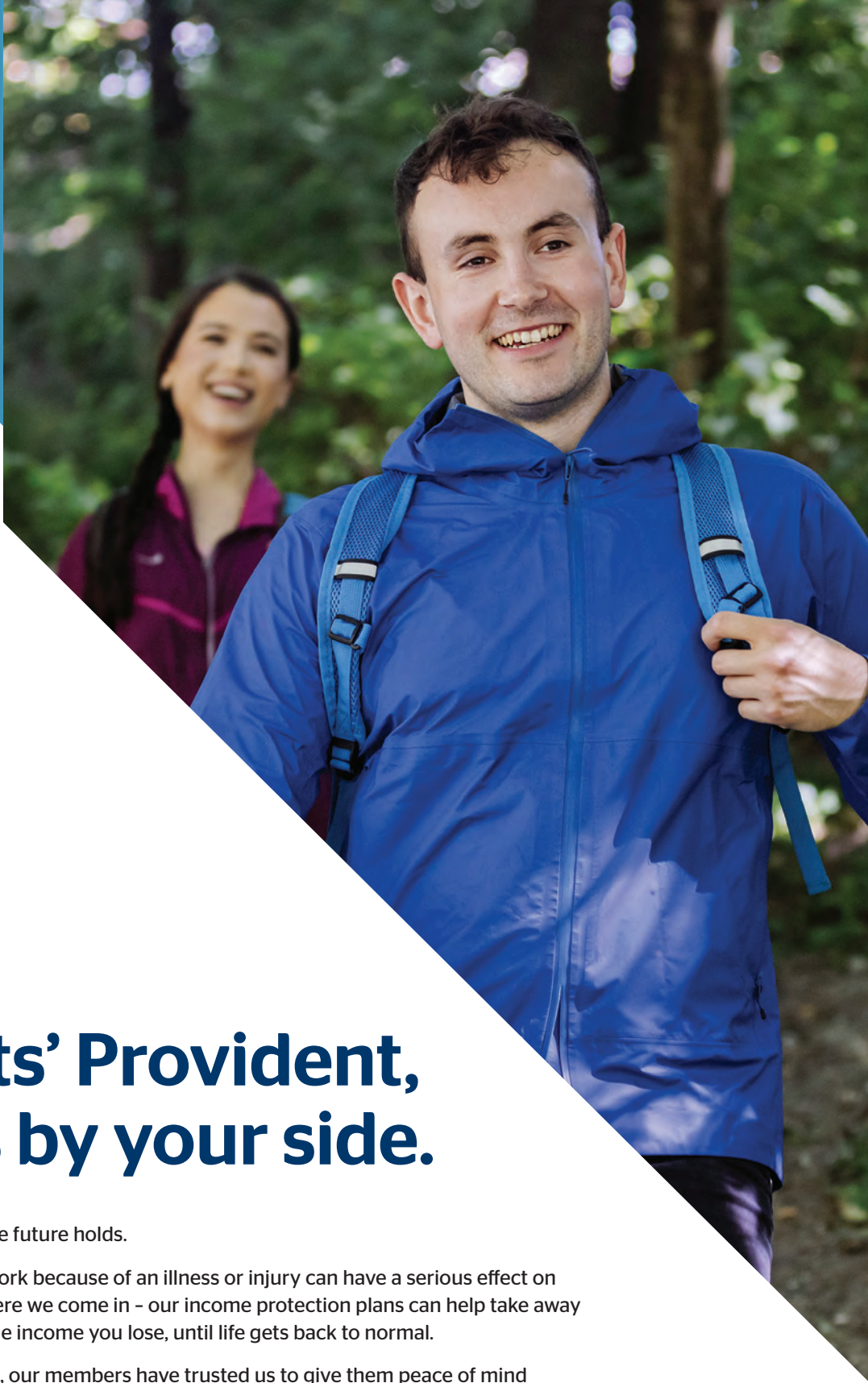
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The four stages of practice growth

Recognising where your practice sits in its lifecycle is the first step toward your next breakthrough, says **Ads Thanki**. Which phase is your dental practice in and how can it reach the next one?

In the ever-evolving landscape of UK dentistry, practice ownership is more than clinical excellence – it's about navigating the lifecycle of a business.

Most UK dental practices follow a fairly predictable path that can be described in four phases. Recognising which phase you're in enables clearer decision-making and can help avoid the stagnation that often follows unchecked growth.

PHASE ONE: FOUNDATION

This phase applies to both new practices and acquisitions requiring stabilisation. Typically, it's marked by:

- Owner-led operations: the principal is hands-on across clinical, administrative, and managerial roles
- Fluid systems: processes are loosely defined or improvised. Flexibility is high but may create inconsistency
- Lean resourcing: limited opening hours, small teams, and cautious spending reflect a 'build-as-you-go' mindset.

This period allows agility, but once patient flow and team size increase, the early framework quickly shows strain.

Many practices remain too long in one phase, missing critical growth opportunities

PHASE TWO: STRUCTURED GROWTH

Once stability is achieved, practices



Ads Thanki

Dental surgeon Ads is director of Ace Dental Group, Rakus Clinic and UNTIL Wellness, as well as a co-founder of PÁRLA Oral Care.

can enter a high-growth phase. In the UK, this might involve expanding private services, adding clinicians, or investing in marketing. However, as one stage ends, inefficiencies and operational stress tend to increase. Key features include:

- Team scaling: roles are formalised, job descriptions introduced, and team capacity increases
- Delegation and leadership: practice managers or treatment coordinators relieve the principal of non-clinical pressures
- Capital reinvestment: surpluses are directed towards equipment, training, or technology to sustain momentum.

However, unchecked growth can breed inefficiency. Without robust systems, the business may over-rely on key individuals, risking burnout.

PHASE THREE: CONSOLIDATION AND CONTROL

Most established practices in the UK operate in this phase. They're successful and stable, but growth plateaus unless intentional action is taken.

This stage looks like this:

- Routine operations: daily activities run predictably, but strategic thinking may take a backseat
- Refinement of systems: practices often document policies, automate admin tasks, and align teams around shared goals
- Associate-led delivery: expanding clinical provision beyond the principal supports volume without over-reliance on one provider.

Staying too long in phase three can result in complacency.

If future growth, exit planning or ownership transition is on the horizon, moving toward phase four becomes essential.

PHASE FOUR: LEADERSHIP, CULTURE AND LEGACY

This advanced phase is the goal for practices seeking longevity, strong financial performance and reduced owner dependency.

Key features look like:

- Strategic leadership: the principal transitions into a leadership role, focusing on team development, patient experience and business culture
- Clinical and operational autonomy: associates and managers run the practice day-to-day, with minimal input from the owner
- Maximised value: these practices consistently achieve top-quartile profitability and are well-positioned for sale or group integration.

Few dental practices reach this level without external support, structured planning and intentional delegation – but those that do often report higher satisfaction, staff loyalty and operational freedom.

STEPPING UP

Understanding your current stage isn't just an academic exercise. For UK dental professionals, it provides clarity on what actions to prioritise and how to structure time and resources.

Whether you're aiming for expansion, preparing for sale or simply want a more balanced work-life dynamic, recognising where your dental practice sits in its lifecycle is the first step toward your next breakthrough.

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Software to support conversations

Visual AI is transforming patient communication, says Gensmile's clinical director **Asad Rahman**

Artificial intelligence (AI) is becoming part of everyday clinical practice, but one of its greatest strengths may not lie in diagnosis alone. According to Dr Asad Rahman, clinical director at Gensmile, AI is helping dentists communicate more effectively with patients, improving understanding, consent and confidence in treatment recommendations.

For Dr Rahman, who has a special interest in endodontics, this is valuable when discussing complex cases. Across Gensmile, clinicians use Hello Pearl's AI-powered radiographic software to support patient communication and clinical work.

Dr Rahman says the technology has changed how he discusses diagnosis with patients. 'Dentists are trained to interpret radiographs,' he explains. 'We can quickly recognise different shades of grey, but it's important to remember that our patients can't.'

Pearl's AI overlays colour-coded markers onto digital X-rays, clearly highlighting areas of interest. 'Being able to see the different colours highlighting exactly where treatment is needed makes a huge difference,' says Dr Rahman. 'Patients can understand their situation quickly, which makes building treatment plans much easier than simply pointing at a grey and black X-ray.'

SUPPORTING CONSENT

Patient consent has become an increasingly important focus within dentistry, and Dr Rahman believes AI can help patients make informed

decisions. 'Using Hello Pearl allows us to demonstrate the diagnosis,' he says. 'Patients can understand what their treatment is going to involve, or why treatment may not be necessary.'

He believes this transparency benefits patients and clinicians. 'From a consent perspective, it's a massive benefit. We can show patients exactly what's happening, rather than expecting them to interpret an X-ray themselves.'

TRUST AND TRANSPARENCY

AI also provides an impartial visual aid during consultations. 'Having that additional, impartial support as a dentist is incredibly valuable,' he says.

Rather than replacing clinical judgement, he sees AI as reinforcing it. 'Patients really trust us when we're using the Hello Pearl system because they can see exactly what we're seeing.'

'It's really important that the whole team is using Hello Pearl,' he explains. 'The dentist carrying out the initial examination can begin explaining the diagnosis, so by the time patients come to see me, they've already started to understand what's happening.'

This creates a more consistent patient journey. 'I can reinforce that discussion during my consultation, but it starts from that first check-up. Having the whole practice using the same system benefits patients.'

MONITORING DISEASE PROGRESSION

Dr Rahman particularly values the ability to compare radiographs over time. 'It allows us to clearly demonstrate progression of lesions and, importantly, helps explain when

we shouldn't intervene.' Demonstrating stability can be just as valuable as identifying progression, supporting more conservative decision-making where appropriate.

SEAMLESS INTEGRATION

Integration into existing workflows has been another strength. 'It's fantastic having cloud-based access alongside systems like Dentally,' he says. 'Everything integrates seamlessly.'

The flexibility extends beyond surgery. 'If I'm reviewing notes before a treatment day or afterwards, it's incredibly useful to have that accessibility from home.'

He found the learning curve straightforward. 'With Pearl, and especially with the support from their team, I was able to start using it the same day I was introduced to the system.'

A POSITIVE IMPACT ON TREATMENT ACCEPTANCE

Dr Rahman believes improved patient understanding translates into greater confidence in recommended care. 'When patients can see and understand their diagnosis, conversations become much easier,' he says.

Since implementing Pearl, he has observed an increase in patients proceeding with recommended treatment.

For Dr Rahman, the value of AI lies not in replacing clinical expertise, but in making clinical conversations clearer, more transparent and easier for patients to understand, benefiting practitioners and patients.

For more information and to request a demo, visit hellopearl.com/getdemo.



Asad Rahman

Asad is clinical director at Gensmile.

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Engineering Flexmon® Partials

Interview with the Zirkonzahn material R&D team

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 its new Flexmon® Partials system.

Flexmon® Partials 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.

Here, Mr Thomas Berteotti, member of Zirkonzahn's R&D team, talks about Flexmon® Pro Multistratum®, the innovative resin used for the production of teeth and clasps.

What makes Flexmon® Pro Multistratum® a special material?

Flexmon® Pro Multistratum® is a soft, flexible and exceptionally fracture-resistant thermoplastic PMMA. What makes it strong and flexible is the meticulous iteration approach we use. The team 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 behaviour, long-term load, until flexibility and strength stopped competing and started working together. That is precisely why clasps can engage



Batch production of Flexmon® Pro Multistratum®



With Flexmon® Partials, the entire partial denture is manufactured from high-performance resins

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 improve the lab's daily workflow?

Before the blank reaches the lab, we make consistency our priority. The resin blanks are produced by injection moulding. 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® innovative?

Working in a R&D 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. 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).

BUILT AROUND LABORATORY SUCCESS

As with all Zirkonzahn products, Flexmon® Partials 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.

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*More information is available at
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CQC registration has changed: what you need to know

In part two of this two-article series, **Pat Langley** looks in more detail at the financial implications that entrepreneurial dentists wanting to start up a new 'squat' practice need to consider in light of the recent CQC changes to the registration process

As outlined in part one of this series, opening a new dental practice is a big undertaking, and it has never been more important to ensure you have clear, comprehensive, and accurate professional support in all areas from advisers and suppliers who understand the dental industry. A failure to do so may not only slow your registration process; it may also incur considerable additional costs if you need to correct any errors.

FINANCIAL CONSIDERATIONS AND PLANNING

The change is not just 'more paperwork'. For squat practice owners, it can affect the whole financial model. The owner may be carrying rent, loan repayments, fit-out costs, staff recruitment costs, equipment finance and professional fees before they can legally start treating patients and generating income.

This commercial reality should not be overlooked. Most squat practices operate on tight budgets, particularly in the final stages before opening, when cash is flowing out, but income has not yet begun. If a new provider cannot submit a complete CQC application until the premises, equipment, certificates and supporting documents are effectively

ready, this can create a difficult funding gap.

Rent, loan repayments, equipment finance, contractor invoices, staff recruitment costs and professional fees may all be falling due while the practice is still waiting for registration and is unable to treat patients. For new owners, this makes financial planning every bit as important as compliance planning.

Contingency should be built into the business plan, lenders should understand the registration timeline, and opening projections should allow for the possibility that a rejected or incomplete application could delay the first day of trading.

In the new registration environment, cashflow planning is not separate from CQC readiness; it is part of it.

CAN A DENTAL SQUAT BE TREATED AS URGENT?

Some new providers may wonder whether their application can be fast-tracked, particularly where a completed practice is ready to open but cannot yet trade. The CQC's urgent registration route is, however, narrow.

Applications are usually assessed in the order they are received, and urgent consideration is reserved for cases where registration is critical to increasing capacity in the health and social care system or reducing pressure on the NHS or social care.

This means that an NHS squat may

have a route to urgent consideration if local commissioners support the case, but a purely private squat is unlikely to qualify simply because the owner is under financial pressure or ready to open.

For a private squat to be considered urgent, the CQC would require formal evidence from an appropriate commissioner or senior public body representative, and financial hardship alone would not be enough.

This reinforces the need for owners to plan conservatively. Urgent registration should not be relied upon as part of the opening strategy. For most start-ups, the safer assumption is that the application will proceed through the ordinary registration process, and the business plan should allow for that.

Tight cash flow may make the application feel urgent to the owner, but that does not necessarily make it urgent in CQC terms.

The CQC's changes have made the registration process more exacting for new dental providers. But for those who prepare early, personalise their documents and treat compliance as part of the business plan rather than a bolt-on, the route to opening a new practice remains very achievable.

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



Pat Langley

Pat is clinical director at Dentistry Practice Services.

Supporting oral health education in Tanzania

GC Europe shares news of an international partnership that empowers local professionals to improve the oral health of 115,000 children

GC Europe recently joined forces with Tanzanian health organisation THEDI, the UK oral health charity Bridge2Aid, Colgate-Palmolive Tanzania and local government authorities to deliver a community oral health education programme in Tanzania across the Sengerema District.

The programme is expected to reach approximately 115,000 schoolchildren, while also benefiting thousands of families through oral health messages shared in schools, healthcare facilities and local communities.

Sengerema District is home to around 500,000 people and is served by only two dentists and three dental therapists, making preventive education particularly important.

A key strength of the initiative was its focus on local leadership. Training

was delivered primarily by Tanzanian District Dental Officers, THEDI representatives and dental therapists who had previously participated in professional development programmes supported by Bridge2Aid. As part of the initiative, seven GC Europe 'Nakama' travelled to Mwanza and Sengerema to support training programmes and practical workshops focused on prevention, education and community engagement.

The programme brought together representatives from 60 schools and 44 villages.

DONATIONS AND DISCUSSIONS

GC Europe distributed toothbrushes donated by dealer partners BASIC DENTAL, Dental Union, DHB Dental Health Boutique, Henry Schein Dental BeLux, and Tandwinkel.nl to participating schools and villages, equipping children and families with practical resources to maintain healthy daily habits.

Efforts to prevent infant oral mutilation (IOM) – a harmful traditional practice involving the removal of developing tooth buds in young children – were also addressed.

Discussions with local experts highlighted the important role of education and community engagement in protecting children's health and challenging harmful beliefs.

POWERFUL PARTNERSHIPS

Katrin Langer, vice president of sales at GC Europe, said: 'Working with dental professionals who want to help their communities improve oral health is



Many people in Tanzania, especially in rural areas, have limited access to dental care due to shortages of trained professionals and resources. Combined with low awareness of proper oral hygiene practices, this contributes to high rates of tooth decay and gum disease

inspiring. We came as strangers and left as allies in the fight against infant oral mutilation.'

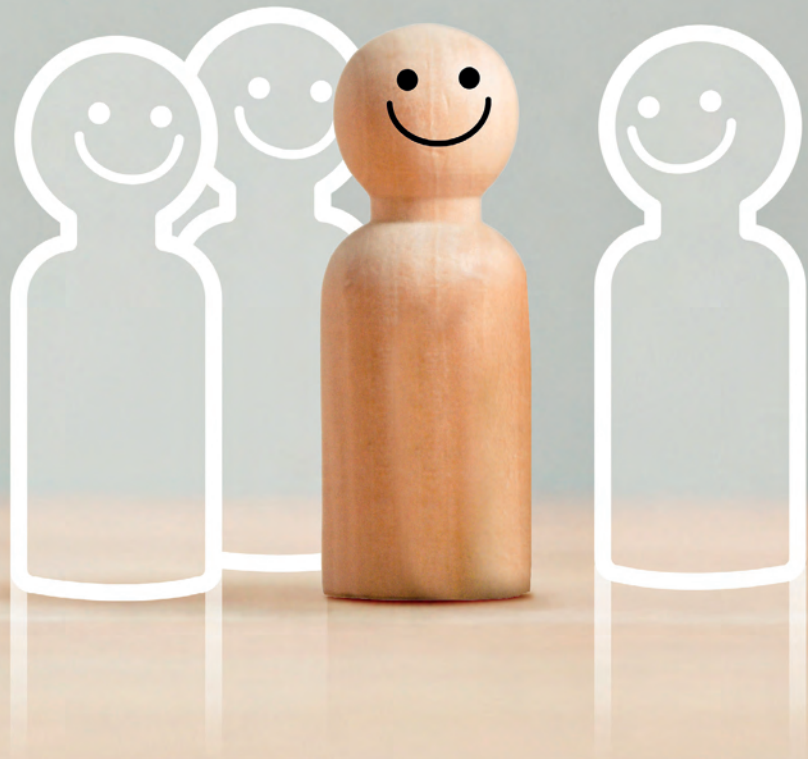
John Maloney, country manager at GC UK, added: 'What stood out to me was the strength of the local leadership and the commitment of everyone taking part.

'This was about equipping people who are trusted within their schools and communities to create lasting change. Seeing participants put their plans into action before the programme had even finished showed the real impact of the partnership.'

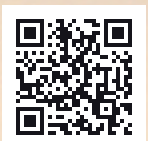
Through partnerships such as this, GC Europe continues its commitment to improving oral health worldwide by supporting education, prevention and sustainable community-led initiatives that create lasting impact.



GC volunteers supported training programmes and workshops on prevention in oral health



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Introducing Performer eVo

A-dec unveils the Performer eVo, a blend of trusted quality and thoughtful evolution

If you're looking for a treatment room solution that combines renowned global reliability with designs that support today's dental professionals then check out A-dec's Performer eVo package. Engineered for comfort, efficiency and long life, Performer eVo is ideal for practices that want proven quality at an exceptional price.

Designed to work together seamlessly, the five elements of the A-dec Performer eVo package form the backbone of the treatment room: dental chair, radius delivery, LED dental light, dentist's stool and assistant's stool.

ESSENTIAL FEATURES WITH SMART DESIGN

The Performer eVo chair provides patients with exceptional comfort during procedures, while its ultra-thin backrest allows dentists to get close to the oral cavity, optimising access without sacrificing support.

The Performer eVo LED light ensures that the treatment area is brightly lit for excellent visibility. It features a touchless on/off sensor for better hygiene, a three-axis head for precise positioning and a cure-safe mode to protect restorative materials.

With the addition of the A-dec 300 delivery system, dentists will find their instruments and tools within easy reach, creating a more natural and comfortable workflow. A-dec 300 delivery's Radius design effortlessly adjusts to accommodate right- or left-handed users – no tools or technician required.

DESIGNED FOR COMFORT AND EFFICIENCY

Ergonomics takes centre stage with Performer eVo. The dentist's and assistant's stools have anatomically shaped backrests, tilt mechanisms and rolled seat edges. These features promote healthy posture, alleviate strain and provide all-day comfort for practitioners.

By supporting proper body alignment, Performer eVo dental stools help create a more productive and sustainable workplace, allowing dentists to practise without physical discomfort.

BUILT FOR THE LONG RUN

Apart from the Performer eVo LED light*, all components of the Performer eVo package are backed with a 10-year warranty, giving dentists peace of mind and confidence



in their investment. But Performer eVo doesn't just focus on reliability; it also prioritises energy efficiency and environmental responsibility. The LED light uses up to 75% less energy than traditional halogen lights, and its touchless operation minimises contamination risks.

CUSTOMISABLE OPTIONS FOR EVERY PRACTICE

Dentists can enhance their core setup with additional components – including assistant's instrumentation, a deluxe touchpad, monitor mounts, cuspidors and support centres to align with how they prefer to work.

A-dec also offers five standard formed upholstery colours for Performer eVo chairs and stools. Alternatively, to create a personalised touch and compliment the overall practice aesthetic, practices can upgrade to sewn upholstery with even more colour choices.

A STELLAR OWNERSHIP EXPERIENCE

A-dec ensures that dentists get expert advice throughout the research process and ongoing customer service, providing consistent support that lasts not just for the life of A-dec equipment, but for the life of practices.

Whether setting up a new treatment room, upgrading current equipment or building an entire practice from the ground up, Performer eVo is a smart solution developed to meet the needs of numerous dental practices.

**The Performer eVo dental light has a five-year warranty.*

To discover more about the A-dec Performer eVo, visit uk.a-dec.com/packages#performer-eco.

Proximal instrument creates perfect contacts

Garrison Dental Solutions

The PerForm proximal contact instrument from Garrison Dental Solutions gives the clinician complete control over the formation of interproximal contacts on posterior composite restorations.

Regardless of the matrix system employed, the PerForm's simple push/pull technique holds the matrix and composite material in the ideal position. The curing light is placed directly on the fresnel lens that aids in directing the light deep into the proximal box. Once cured, PerForm is easily removed and the restoration is completed, resulting in perfectly formed tight contacts.

PerForm comes in a set with instruments for both large and small preparations. Each double-ended instrument has a mesial contact former and distal contact former. Carefully engineered tips form the composite during polymerization without the risk of getting locked in place. The instrument is steam autoclavable and is the perfect complement to any matrix system or technique.

www.garrisondental.com



COLTENE customer service – beyond just products

Coltene

For Dr Guy Laffan of Laffan Dental Care in Wales, the experience of working with COLTENE extends far beyond solely the products.

He describes his experience as: 'Absolutely amazing.

The customer service from COLTENE has always been exceptional – responsive, supportive, and genuinely invested in helping clinicians succeed.' He continues: 'It makes a huge difference working with a company that stands behind its products and values its customers.'

The material's intuition and innovation also afford a smooth-running clinical experience. 'No specific training was required,' notes Dr Laffan. 'The material is incredibly intuitive to use. If anything, the learning curve was minimal because the handling is so forgiving and predictable. It integrates seamlessly into everyday restorative workflows.'

The remarkable product design, supported by dependable customer service is a sought-after combination in itself, as Dr Laffan explains, when a product delivers and is backed by strong service, 'you stick with it.'

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A new concept for metal-free partial dentures

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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 unique 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.

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



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A comprehensive, easy-to-use sectional matrix system

Garrison Dental Solutions

Garrison's new Strata-G Sectional Matrix System is engineered to successfully complete a wider variety of class II composite restorations. This comprehensive kit includes three varieties of separator rings, five sizes of matrix bands, four sizes of interproximal wedges, and a ring placement forceps.

Strata-G is indicated for use in posterior class II MO/DO, MOD and wide preparation restorations.

The Strata-G Sectional Matrix System combines over 25 years of Garrison expertise into a comprehensive, easy-to-use solution. The system features three colour-coded separator rings with StrataBond silicone tips for flash reduction and Ultra-Grip retention extensions for secure placement. The PEEK-reinforced Nitinol ring provides durability, easy handling, and long-lasting performance. Ultra-thin sectional matrix bands, adaptive wedges, and advanced placement forceps ensure optimal adaptation, reliable sealing, and efficient placement. All components are available as refills and make the system a versatile solution for class II restorations.

www.garrisondental.com





IN THE HOT SEAT

General and cosmetic dentist, dental educator and content creator **Chinwe Akuonu** on discovering new food, cultures and ways to make an impact

Q When and where was your last meal out?

A The Ivy Brasserie of Light on Oxford Street with my sisters. Great food and even better company.

Q Who would play you in the movie of your life?

A Kerry Washington. I've always admired her intelligence, confidence and grace.

Q What's the best advice you've received?

A 'Comparison is the thief of joy'. Focus on your own journey, keep showing up, and remember that what's meant for you won't pass you by.

Q What's your guilty pleasure?

A Really good food! There's something so satisfying about a beautifully cooked meal with a rich, flavourful sauce. I genuinely believe some of life's best moments happen around a great meal.

Q What was the last gift you gave/received?

A The last gift I received was a beautiful bouquet of flowers. I always appreciate thoughtful gestures – they often mean the most.

Q Describe your perfect holiday...

A I love two extremes: relaxing by crystal-clear water on a

beautiful beach or escaping to a luxury chalet surrounded by snow-capped mountains. Either way, amazing food is non-negotiable, and I love discovering new cultures and filling my days with experiences I'd never have at home.

Q What's your all-time favourite book or movie?

A *The Pursuit of Happyness*. It's a powerful reminder that resilience, perseverance and believing in yourself can change everything.

Q What song is guaranteed to make you want to dance?

A Pretty much most Afrobeats.

Q What keeps you up at night?

A Usually exciting ideas rather than worries – thinking about how to make a bigger impact.

Q How do you unwind?

A Long walks, great food, music, a bit of me-time and planning my next adventure. Travel is one of my favourite ways to reset.

Q If you won the lottery, what would you do with the money?

A I'd invest most of it, grow multiple businesses, support healthcare and education initiatives, and, of course, book a few unforgettable trips around the world!

Q What was the last photo you took on your phone?

A It's this photo of me enjoying an espresso on my balcony for a social media campaign.



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