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Step into the arena

Siobhan Hiscott

Group managing editor

We are thrilled to present the 2026 Private Dentistry Awards shortlist in this issue (turn to page 60 to find out who's made it). Ever since the list went live, there's been an exciting energy and my socials have been flooded with Private Dentistry Awards announcements from practices across every corner of the UK.

There is something revealing about an awards shortlist... Of course, it tells us who has put together an entry that has impressed the judges but look beyond the names and categories and it can tell us something much bigger about the profession itself.

This year's Private Dentistry Awards attracted an extraordinary breadth of entries. Practices, teams and individuals put forward work that demonstrated ambition, creativity, clinical excellence and, perhaps most importantly, a determination to keep improving.

The quantity is encouraging. The quality even more so.

Dentistry continues to contend with rising costs, workforce pressures and an unpredictable economic climate, so it would be easy to assume that confidence might be faltering. Yet the entries we have seen suggest something rather different.

Private dentistry is still investing. Still innovating. Still taking risks. Practices are evolving their patient experience, developing their teams, embracing technology and finding new ways to distinguish themselves.

That feels worth celebrating to me!

But there is another lesson hidden within the shortlist: none of those achievements would be visible here had somebody not decided to put themselves forward. Something that can be surprisingly difficult.

Dentistry is full of people who are comfortable striving for excellence but less comfortable talking about it. Entering an award requires you to stop, take stock and make the case for what you have achieved. Inevitably, that brings with it the possibility that someone else might be chosen. But there is value in stepping into the arena regardless of the outcome.

Putting yourself forward forces reflection. It makes you articulate what is different about your practice, recognise how far your team has come and identify where you want to go next. And sometimes, simply being willing to raise your hand creates opportunities you could never have predicted.

An award entry can lead to recognition. A conversation. A collaboration. A new connection. It may give team members renewed confidence in what they are building.

Alternatively, it may simply remind you that progress deserves to be acknowledged before you move on to the next goal.

So, congratulations to everyone shortlisted for this year's Private

Dentistry Awards. It represents a significant achievement. But perhaps there is something for all of us to take from them, too. Do good work, certainly. Keep improving it. But every now and then, be prepared to put it out into the world because you never quite know which door might open.



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The wait is over...

Presenting the 2026 Private Dentistry Awards shortlist



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DENTISTRY

MISSION STATEMENT

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

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VINNIE ATTARIANI

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



SUBIR BANERJI

BDS 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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Dental academic shortages could derail training expansion, warns BDA

The British Dental Association (BDA) has warned MPs that shortages in dental academia could undermine plans to train more dentists.

It called for a dedicated workforce review, greater investment, protected funding and evidence-based guidance on safe staff-to-student ratios.

According to the BDA, the number of UK clinical teachers has fallen by 25% since 2024, while professor and lecturer numbers have dropped by 18% and 13% respectively.

It said there were twice as many dental academics aged over 55 as there were under 36, while 90% regularly worked beyond their contracted hours and 85% received neither payment nor time off in lieu.

The University of East Anglia and University of Portsmouth are each due to receive 25 new dental training places from 2027.

Petros Mylonas, chair of the BDA's Dental Academic Staff Committee, said: 'If UK governments don't value today's dental academics, there is simply no way of training tomorrow's dentists.'

'Failure to act here risks completely derailing dental education.'

UK dental market rebounds as NHS practices sought by DSOs

The UK dental market is showing renewed signs of strength, according to new data, with NHS practice acquisitions back in favour with large corporates.

Christie & Co's *Dental Market Review 2026* highlights 'a meaningful strengthening of practice profitability' across the entire dental sector. It found that private dentistry is leading this recovery, with average net profit per principal in private practices increasing by more than 22% year on year.

Jennifer Scott, head of healthcare at Lloyds Banking Group, said: 'Overall, there remains strong and active support across the banking landscape, with lenders continuing to back high-quality dental businesses with proven performance and clear strategies to manage change, reflecting confidence in the sector's long-term fundamentals.'

NHS PRACTICES IN DEMAND

Despite the success of the private sector, corporate DSOs are showing renewed interest in acquiring NHS and mixed practices. The report suggests this is due to the stability of contracted income and potential opportunities to increase private revenue.

Furthermore, as concerns about excessive privatisation persist among the public, Christie & Co suggests that DSOs are keen to show a continued commitment to NHS dentistry.

While corporate acquisition appetite remains high, only 19% of practices are owned by corporate and large-group operators. Around 8,000 of the UK's 12,000 practices are independent single or dual site operators.

The report suggests that demand for high-quality practices is outstripping the supply, with 57% of accepted offers for practice sales at or above asking price. Of these, 45% were above asking. Average asset prices increased 2.9% in 2025, following a 9.6% fall in 2024.

However, staffing issues remain. The report found a 19% vacancy rate in NHS dentistry, compared with 15% in private dentistry.

Dental associates said better pay, improved work-life balance and the opportunity to deliver more private services were among the reasons they would consider changing roles. The report also revealed that a major focus for practice owners and managers is investment in new technology, including CAD/CAM, in-house manufacturing and AI-enhanced imaging.





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Dentists' taxable income rises across UK, with Scotland nearing £100,000

Self-employed dentists with some NHS or health service work saw taxable income rise significantly across all four UK nations in 2024/25, with Scotland recording the highest figure at £99,100.

The latest *Dental Earnings and Expenses Estimates* found that mean taxable income in Scotland increased by 9.3%, from £90,600 in 2023/24 to £99,100 in 2024/25. Northern Ireland saw the largest percentage rise, with taxable income up 13.7% from £77,000 to £87,600. In England, mean taxable income rose by 6.1%, from £78,200 to £83,000, while Wales saw a 7.7% increase, from £79,900 to £86,100.

NHS England said all four increases were statistically significant. However, it stressed that figures across the four nations are not directly comparable due to differences in dental contracts and methodology.

The report covers self-employed primary care dentists who carried out some NHS or health service work during the year. It does not include dentists who only carried out private dentistry, or dentists with employment income but no self-employed income. The figures also include both NHS and private dentistry income, meaning the report cannot show how much taxable income came from NHS work compared with private treatment.

The headline figures combine associates and providing-performers/principals, meaning they do not show whether income changed differently for practice owners and associates. NHS England also noted that dental incorporation may affect the estimates, as income taken through salary or dividends may not be captured in the same way as self-employed income.

PRACTICE COSTS

Separate analysis from the National Association of Specialist Dental Accountants and Lawyers (NASDAL), included in the report, showed non-clinical staff wages were the largest of the listed expense categories for practices.

In England, non-clinical staff wages accounted for 21.2% of gross income in NHS practices and 19.4% in private practices.

Laboratory costs accounted for 4.1% of gross income in NHS practices in England and 6.8% in private practices, while materials accounted for 5.2% and 6.4% respectively. NHS England said the NASDAL figures are not directly comparable with the main HM Revenue and Customs-based earnings and expenses estimates. The report is used as evidence in remuneration negotiations and by the Review Body for Doctors' and Dentists' Remuneration.

**MENOPAUSE
MATTERS**
IN DENTISTRY

IN PARTNERSHIP WITH
 Colosseum Dental

October is Menopause Awareness Month

Menopause Awareness Month runs throughout October, with World Menopause Day taking place this year on Sunday 18 October.

In support of the initiative, *Dentistry*, in partnership with Colosseum Dental, will be launching Menopause Matters in Dentistry this October on dentistry.co.uk.

With the aim of helping dental professionals better understand the challenges, access trusted support and create more inclusive workplaces, the campaign will explore various topics, including practising through perimenopause, relevant regulations and rights in the workplace and how to support team members.

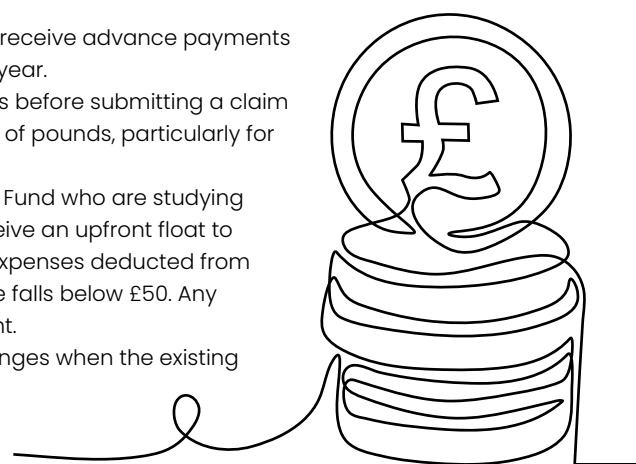
Dental hygiene and therapy students to receive placement costs upfront

Eligible dental hygiene and dental therapy students in England will be able to receive advance payments towards placement travel and accommodation from the 2026/27 academic year.

Students currently have to pay travel and accommodation costs themselves before submitting a claim for reimbursement. The government said these costs could run into hundreds of pounds, particularly for placements in rural and coastal communities.

The change applies to students with full access to the NHS Learning Support Fund who are studying eligible level five or six courses. Under the new system, they will be able to receive an upfront float to help cover the costs. Students will continue to submit claims, with approved expenses deducted from the advance balance. They will be able to request a top-up when the balance falls below £50. Any outstanding balance will be deducted from their final training grant instalment.

The announcement does not increase students' overall entitlement, but changes when the existing support is made available. The facility will be delivered with the NHS Business Services Authority as part of commitments made in the government's 10 Year Health Plan.



Knowledge overload

More knowledge alone will not resolve the pressures on practice owners, but better leadership habits might, argues **Chris Barrow**



There is a danger when someone who writes about dental business uses this page to announce something of his own: commentary can become advertorial. So let me begin with the wider issue, because it matters whether or not you ever work with me.

Independent practice owners are not short of information. Conferences, podcasts, books and social media supply more ideas than any sensible person could implement. The shortage is translation: turning a promising thought into a decision, a system, a named responsibility and a different result.

Owners return from courses inspired, only to be swallowed by Monday morning. The principal understands the idea; the team did not hear it, the practice manager has no agreed authority, and nobody reviews what changed. Education occurred. Business behaviour did not.

A NEW APPROACH

That implementation gap is why Extreme Business is changing for 2027. The programme is becoming Extreme Business by The Campbell Academy, bringing together my experience coaching dental business owners with Colin Campbell's experience building and leading an independent practice, supported by the Academy's faculty and infrastructure.

This is not simply a new name or a larger classroom. The design starts with a practical question: how do we help an owner and their senior team build the same business, without asking the owner to carry every idea back to the practice alone?

The answer is a series of 90-day implementation cycles. Four quarterly Friday workshops will run two connected streams: a clinical business series and a business implementation series. Members of

the leadership team can work on clinical opportunity and business execution in parallel, then return with shared priorities.

Between those days, the work continues through online huddles, coaching, progress tracking and peer conversation. That continuity matters more than notes. Sustainable improvement comes from a rhythm of deciding, doing, measuring and reviewing, repeated until the behaviour becomes normal.

The intended outcome is not an exit date, turnover figure or practice size. It is a better-run, manager-managed and clinician-driven business, less dependent on the owner as the answer to every problem. That should give owners more choice: grow, keep, pass on, or eventually sell from a position of strength.

A USEFUL TEST

Even if the programme is of no interest, there is a useful test for any investment in business education. Does it involve the people who will implement it? Does each idea become an action with an owner and date? Is progress reviewed honestly? If not, inspiration may be all you are buying.

I remain an enthusiastic supporter of independent dentistry, but a realist about the pressure on owners: recruitment, rising costs, regulation, changing patient expectations and the strain of being permanently indispensable. More knowledge alone will not resolve those pressures. Better leadership habits might.

For readers who would like to understand what we are building, details are online at campbellacademy.co.uk/extreme-business. You can also arrange a complimentary 30-minute conversation with me.

It is not a presentation and carries no obligation; the purpose is to decide whether Extreme Business, another route or no action is the sensible next step.

**I REMAIN AN
ENTHUSIASTIC
SUPPORTER OF
INDEPENDENT
DENTISTRY, BUT
A REALIST ABOUT
THE PRESSURE
ON OWNERS**

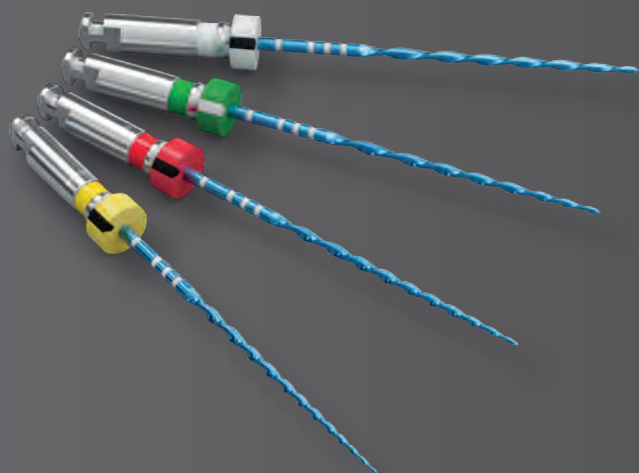
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Case Description by MDT Daniele Rondoni and Dr. Enzo Attanasio

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Fig. 1: Ideal tooth proportions and positions displayed over a picture of the teeth after orthodontic treatment and the creation of a mock-up. The positions are ideal and the tooth shapes obtained with the mock-up only need some minor adjustments.



Fig. 2: Lateral view of the master cast with the six veneers individualised with the liquid ceramic system CERABIEN™ FC Paste Stain.



Fig. 3: Tooth-like translucency of the veneers on the model.



Fig. 4: Intra-oral try-in with two different shades of the PANAVIA™ V5 Try-in Paste: A2 is used in the right and Clear in the left quadrant. It was decided by the dentist to use PANAVIA™ V5 Paste (shade A2).



Fig. 5: Frontal view of the veneers in place.



Fig. 6: Treatment outcome with healthy soft tissues two weeks after treatment.

THE FULL CLINICAL CASE



Artistry Dental

After more than 20 years as an associate, **Arti Shah** explains why the time was finally right to realise a lifelong ambition and create Artistry Dental, a practice that feels entirely her own

There are moments when I look around Artistry Dental and still can't quite believe I've done it. Owning a practice was always a dream of mine, but life took me in a different direction.

When I first qualified, I was probably too green to take that step. I got married quite quickly and, instead of saving for a practice, my husband and I decided to travel the world for eight months.

When we returned, the dental contract had changed and finding the right opportunity became much more difficult. Most of my contacts were in south London while I was looking in north London, and dentistry was also a very different profession at the time. As a woman, I found some opportunities simply weren't accessible to me. So, I carried on as an associate – for more than 20 years.

In many ways, I'm grateful I did. It meant I could be there while my children were growing up and enjoy that stage of our lives, but the ambition never disappeared.

A CHANGE IN PERSPECTIVE

A few years ago, we lost my mother-in-law and then, just four months later, my father.

Losing people so close to us forced me to reassess where I was going and what I wanted from the future. I had always felt there was more I could give professionally, and suddenly I became very conscious of wanting to leave a little bit of a legacy behind. That was the point when I knew I needed to do this.

However, after spending so long as an associate, becoming a principal felt like a huge transition. As an associate, you can become very comfortable. I had always been heavily involved in the practice where I worked and had trained many of the dental nurses, but ultimately you are not the final decision-maker. As a principal, suddenly, everything stops with you.

There was a personal adjustment too. My children were accustomed to me being around a lot, so becoming absorbed in such a large project changed the balance at home. The

support from my husband has been incredible. More recently, he decided to become involved in the business himself and that has taken a huge amount of pressure off me.

We have quite different strengths. I'm clinical, whereas he comes from a corporate environment and understands systems, staff and office structures in a way I don't necessarily approach naturally. It means we complement each other well. Artistry Dental has genuinely become a family business.

THE RIGHT OPPORTUNITY

The site was previously part of the old GSK development, alongside a number of disused factories that were eventually redeveloped. I watched the new buildings appearing and immediately liked the area, but another dentist had already expressed an interest in this particular unit and the estate agent told me it wasn't available.

People kept saying to me: 'This is a prime location. Get in there!' and I kept having to say: 'They won't let me!'

Then, somewhere between six months and a year later, I received a phone call from the estate agent asking whether I was still interested – I was!

There is something really special about the location. We are right beside the canal and, despite being in London, it feels like a little oasis. The development is beautiful and the unit offered an amount of space that you don't always find easily in London.

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The ethos

Artistry Dental was created as a warm, welcoming alternative to the traditional clinical dental environment. Its design combines functionality with an artistic, individual identity, creating a space where patients can feel calm, comfortable and heard. From the flowing interiors to the carefully planned surgeries, every element has been considered around the experience of both patients and the team.



IT TAKES A TEAM

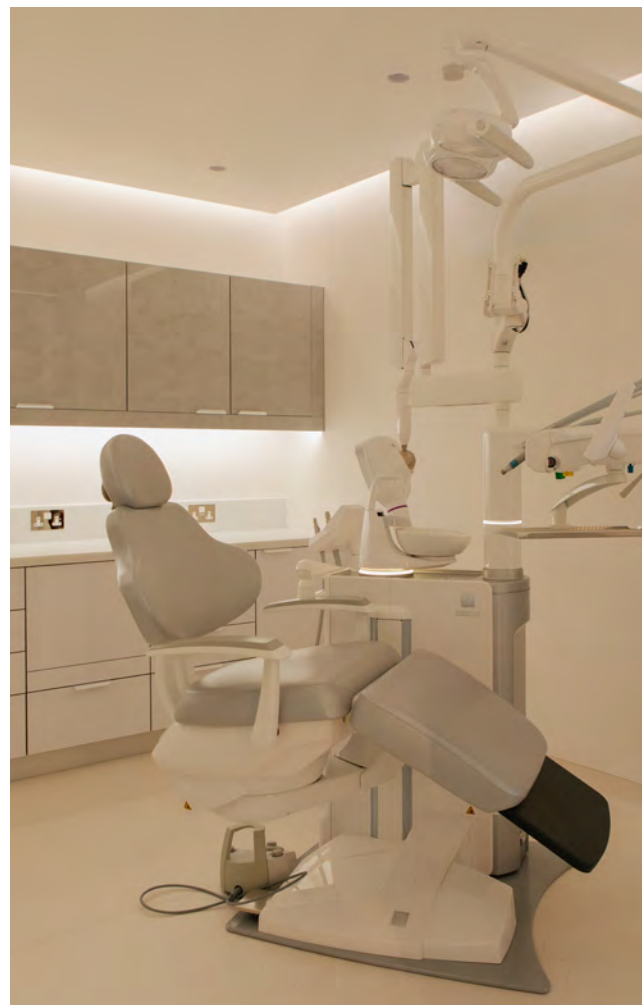
One of the most important things I did was surround myself with people I could trust.

Mentally, I relied heavily on friends, mentors and family. There are inevitably moments during a project like this when you wonder whether everything is going to work out, and having people around you who can pull you through those moments makes an enormous difference.

As well as my husband, my mum was a huge source of support. My parents had encouraged me to own a practice for years, so there is something very emotional about finally achieving it.

Pete Higson from RPA Dental also became instrumental to the project from very early on, helping me navigate the lease with the landlord and understand exactly what would be required from the building before we went too far. There were numerous stipulations around what we could and couldn't do, even down to getting permission to work into the foundations.

Having somebody with Pete's experience meant potential problems were considered before they became much bigger ones. More than that, he became a sounding board.





Insights from RPA Dental

What stood out about this project was the amount of work required before Arti could even commit to the lease.

The unit was effectively a shell-and-core space with limited services. We needed to establish whether it could support the requirements of a dental practice, including drainage and other essential infrastructure, before we could confidently say the project was viable.

That involved inspecting the building, working with specialist consultants and negotiating with the landlord to gain permission to alter elements of the existing structure.

There were also detailed lease requirements and building considerations that had to be resolved before the project could progress. That process took more than six months, so Arti had to show an enormous amount of patience and commitment.

Once those foundations were in place, we could bring together the architectural, project management and construction teams and start turning the vision into reality.

What has made this project particularly special is the level of emotional investment from everybody involved. When you walk into the finished practice, I think you can feel that.

It has been built with a lot of love.

In partnership with
RPA DENTAL

We developed a great relationship and I knew I could call him when I was worried about something and hear: 'It's fine. We'll get there.'

Through RPA I was introduced to Zac, the architect, and we appointed ATL Design as the builders after putting the project out to tender. The team just gelled. Ross at ATL was incredibly easy to work with, Zac understood the vision and everybody seemed to be pulling in the same direction.

Ironically, the biggest challenges had very little to do with the construction team.

NAVIGATING THE UNEXPECTED

Most of our difficulties came from dealing with third parties and the landlord's processes. There were extensive requirements around permissions, staging and documentation. Something seemingly simple, such as signage or an intercom, would require approval before we were able to move forward. At times, getting answers was difficult.

That is where having the right professionals around me became invaluable. Zac was incredibly detailed in the planning packs and documentation he submitted. Everything was so exacting that there was very little anybody could question.

It may have taken time, but we got there.

The financial side was another learning curve. I underestimated how long arranging the bank funding could take, although fortunately I had savings, some inheritance and a financial cushion from having worked for many years.

We also had detailed cash flow projections from the beginning. RPA helped us understand the likely costs early on and we stayed remarkably close to our original figures.

To come through a project of this scale on budget is something I'm really proud of.

A COHESIVE VISION

One of the best decisions I made actually happened long before the build began.

Because the process of getting to site took so long, I had the branding created almost a year before we began making final aesthetic decisions. That ended up shaping everything.

My husband's cousin Vaishali at Creative ID developed the branding. Having someone outside of the dental world was important to me for this because I didn't want something generic or something I felt I had seen before. I wanted Artistry Dental to feel different.

Once we had the logo, brand colours and wider colour palette, it became much easier to communicate the vision to everybody else.

The branding influenced the architecture, interiors, furnishings and even some of the shapes within the practice. Curves within the logo and tooth motif translated into archways, curved walls and softer lines throughout the space. It gave everything cohesion.

I also gave Zac a lot of creative freedom. I would come up with quite broad, sometimes slightly wild ideas, and he had a brilliant ability to pare them back into something professional and workable.

Then Ross and the building team would find a way to make them real.

HOW I DID IT

THE CLINICAL SPACE

I absolutely love my surgeries. Space and flow were enormously important to me – I didn't want cramped surgeries or a practice where the clinical and non-clinical areas felt disconnected.

One of the many reasons I wanted to work with RPA Dental initially was because of its long association with Castellini and Stern Weber dental equipment. They are beautifully designed, incredibly comfortable and patients love them. They almost look like little space rockets when they move!

RPA Dental also looked after all my imaging needs with the new MyRay X6 CBCT, and integration of Neowise software into my PMS systems. The intraoral X-ray MyRay RXDC Hypersphere unit is incorporated into the chairs too. This operates with a spherical rotating head, which improves ergonomics and keeps everything looking clean and uncluttered.

Our sterilisation room incorporates all Stern Weber vacuum autoclaves and handpiece cleaning solutions, as well as the integrated RO units, for direct fill and draining of the autoclave units. This is such an amazing time save for all the team.

We chose silver and white finishes for the surgeries, so the memory foam upholstery together with the stainless steel finishes give all my clinical rooms a fresh, super clean experience without making them feel cold. As per all elements of the design process, the same attention to detail goes into every element at the prescribed time so our storage, cabinetry, drawers and the back-of-house areas. They may not be the things patients notice first, but they are the details that allow a dental practice to function properly for the team every day.

THE WOW FACTOR

The moment that really brought everything together was when the hoarding came down. I remember watching people walk past and seeing them stop and look through the windows. There was that immediate 'wow' reaction – which was exactly what I wanted.

I wanted Artistry Dental to look like a dental practice, but I didn't want it to feel like one. It needed to be warm, inviting and somewhere patients could walk into and immediately feel comfortable. I wanted them to feel heard.

There are so many design details I love: the shadow gaps, the lighter ceiling, the curves, the way the administration space flows into the clinical areas and the feeling of openness throughout. But perhaps what I love most is that it feels like us. It is distinctive without being pretentious and beautiful without feeling overdone.

FINDING OUR VOICE

Our marketing reflects that same personality and we've managed to promote the practice in lots of different ways already. The landlord of the complex we're in is very active in supporting the retail businesses. The development has its own social media presence and regularly shares our content. Its Eats and Beats food festival has also allowed me to get outside, meet the local community and introduce people to Artistry Dental.

We also work with marketing agency MoxieWorks, and its team has been absolutely fantastic in understanding my



vision. Authenticity is very important to me. I didn't want overly polished social media and I didn't want to follow TikTok trends simply because everybody else was doing them. I want it to feel rustic, a little urban, artistic and, most importantly, like me.

I'm incredibly proud of what we have created.

REFLECTIONS

If I could do it again, there is very little I would change about the practice itself. I would probably enter negotiations with the landlord with more knowledge and push harder on certain financial elements. I would also have appreciated earlier just how significant VAT becomes when you are a dentist and unable to reclaim it in the same way as many other businesses. But the biggest lesson is that creating a practice is about far more than the build.

You can learn about planning, CQC requirements and how to develop a squat practice, but there is another layer that only becomes apparent when you are actually doing it. There are countless systems, purchases and tiny operational decisions to make. How will the drawers be organised? What does the team need? What happens the morning after you finally open the doors?

You need to understand your numbers and think about how the business will actually function.

Above all, you need the right people around you.

After more than 20 years of imagining what owning a practice might look like, Artistry Dental is finally here. And it was absolutely worth the wait.

Who was involved?

Dental equipment and project support
RPA Dental

Architect/design
Hazyarc

Building contractor
ATL Design

Branding
Creative ID

Marketing
MoxieWorks

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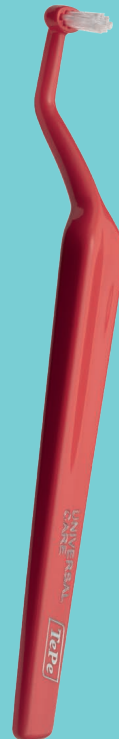
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A bold rebirth: from concept to completion

Marta and Ahssan Sarvestani share how they reimagined and rebranded to create Moltons Dental & Aesthetics

For Marta and Ahssan Sarvestani, creating Moltons Dental & Aesthetics was never just about modernising a building or rebranding a business. Their goal was to design a clinic that felt fundamentally different – a place where nature, light and a landscaped garden were as integral as the latest technology and a comfortable setting. They both felt this vision could only ever become a reality in a clinic they had built themselves, with hearts and minds fully invested.

This philosophy guided every decision throughout the transformation, from extending and redesigning the practice to creating an outdoor area where both the inherited patient base and the team could enjoy some tranquillity. All of this had to be achieved while keeping the practice fully operational. It was a challenge Marta and Ahssan embraced from the outset.

UPDATING AND UPGRADING

They took over Maxted Meaden Dental Practice located in Bexley, Kent, in March 2025 and their first decision was to change its name. Rooted in the surnames of the former owners, it no longer reflected the fresh chapter the couple envisioned. On 1 August 2025, the rebrand to Moltons Dental & Aesthetics was complete.

Challenges came thick and fast. The building was dated and tired, lacking the space and facilities needed for

modern private dentistry. Almost everything required upgrading. Within the first two weeks, the autoclave failed and the roof leaked. Leaving their associate roles unexpectedly at the start of the project further tested their resilience.

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www.moltons.co.uk

As the couple recall: 'Our days had no clear end – caring for patients at the clinic, running the practice, putting things right, steadying our team through so much change, then returning home to reimagine, rethink, plan, decide, and start all over again the next morning. With family, children and a home to manage alongside everything else, it was relentless.'

The logistical challenge was immense: how to redesign the reception area, refurbish surgeries and plan a side and rear extension, plus a full rebrand and new equipment, without disrupting care. However, they were determined to avoid closing the practice for the project. Patients still needed care, the team its support, and daily operations had to continue.

The answer was careful phasing – and nailing the art of perseverance.

ACHIEVING SERENITY

The design concept began with one central question: how can patients feel something completely different – not clinical anxiety, but the warmth of arriving somewhere they belong?

Marta and Ahssan also wanted a serene workplace for their team, recognising that when everyone feels cared for, it fosters an environment that nurtures optimal care.

Collaborating closely with Kirsty from Hague Dental, the team refined every detail. 'Working with her was a genuine pleasure from start to finish,' says Marta. 'Her creativity and patience helped bring our vision to life.'



A palette of muted greens, terracotta and black added warmth, while carefully layered lighting created a calming atmosphere. Stone, wood and fabric ran throughout, with natural light and greenery linking the interior to the garden beyond. The reception now opens directly onto this outdoor space, where patients can sit and relax before appointments. Hague Dental was also involved in the spatial layouts, including extensions, as well as in the surgery design, providing 3D visualisation of the surgeries and featuring a large consultation area and a recovery room to the side of the surgery.

BUILDING WORKS

Everything had to be planned in advance. It was extremely challenging and required close, daily communication with builders, Hilton Construction.

Marta and Ahssan explain: 'We began by refurbishing the two existing surgeries, installing new chairs and equipment, and giving the upstairs a complete makeover. We chose the Belmont Eurus S8 and S6 dental chairs for their excellent reputation, comfort, reliability and overall quality. We have been extremely pleased with them. We also selected several additional features, including upgraded soft upholstery, to provide greater comfort for our patients.'

They add: 'When designing our new ground-floor surgeries, accessibility was a major consideration. We wanted to create a spacious, welcoming environment that was easy for patients with mobility difficulties, including wheelchair

users, to access. The Belmont Eurus S6, with its folding leg rest, provided an ideal solution.

'We also perform a significant amount of aesthetic dentistry. During smile design consultations and final adjustments, we prefer to sit directly in front of the patient while they are upright, so we can assess the patient's smile from a natural, face-to-face position.'

COMING TOGETHER

Moving on to the larger structural work, they began the rear and side extension at the end of July 2025, completing it by mid-September, before turning to the internal works and creating the new reception.

'At various stages, the existing reception area had to be significantly reduced in size, access routes changed, and parts of the building became active construction sites,' they recall. 'Managing patient diaries, keeping them informed, and ensuring the experience remained as smooth as possible despite the disruption were ongoing priorities.'

The practice's two semi-detached buildings proved an advantage. In the first phase, the left-hand side – previously residential – became the construction site for the extension, new surgeries, and reception, while clinical work continued in the existing practice.

In the second phase, once the new reception and treatment areas were ready, the builders moved to the original ground floor, taking over the former practice space. Speaking highly of the build team from Hilton, they recall:



'They were truly extraordinary with timing, quality, and expertise throughout, and thanks to them, it was such a smooth build. In a project of this complexity, that level of consistency was invaluable.'

But behind the finished interiors lay a long series of compromises and adjustments.

'It is easy to fall in love with something in a catalogue, but bringing a vision to life within real-world constraints requires creativity and flexibility,' they say. 'The flooring we originally chose couldn't be laid. Structural beams meant the ceiling design had to change. Furniture had to be reconsidered. Even the sofa became a story in itself. We built the curved wall specifically around its shape, only to discover it had gone out of stock across the entire country. Finding it, or something close enough to fit that wall, took days of searching. We got there in the end, but it is a small example of the lengths we went to for every single detail.'

GREEN SPACE

The garden was always central to their vision: a place where you can open a door and immediately feel something beyond its four walls. As plans grew more complex, there were moments when it seemed impossible, but they made it happen.

Today, the garden offers patients a place to pause, breathe and step away from the stress of visiting the dentist. For the team, the garden is equally important, providing the opportunity to eat summer lunches under the trees, step



outside between sessions to reset, and use the space for yoga, barbecues and team celebrations. For Marta and Ahssan, this is part of doing dentistry differently.

A SHARED PURPOSE

Throughout the upheaval, their team shared every moment of uncertainty – and they are quick to acknowledge the importance of the support they've received from team members.

'At one point, building work shrank our reception to barely 15 square metres, bringing noise, dust, altered workflows, and plenty of reasons to walk away. The team stayed, adapted around the chaos, reassured anxious patients in a half-built practice, and kept the warmth in the room even as the walls came down.'

Somewhere in that intense year, Marta and Ahssan stopped being 'new owners' with an 'inherited team' to become one united entity with one shared purpose.

'What makes us proudest is not the building. Through all the chaos, all the difficulties, all the sleepless nights, we never lost sight of what mattered most – our patients and our team.

'Somehow, through everything, that commitment created a bond that became the strongest foundation we could have asked for. We grew together. We never imagined it would test us so deeply, with challenges coming from every direction. Yet through it all, we discovered a shared strength and resilience that ultimately carried us through.'

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SCAN TO LEARN MORE

The associate marketing playbook

David Nelkin explores the associate-led growth model and how marketing plays its part

The associate model has changed. Associates are no longer clinicians tucked quietly inside a practice brand; a growing number work across two, three or more locations, carry a following of their own, and bring patients with them wherever they go.

Practices that market the clinician as deliberately as they market the practice grow faster for it. Practices that leave them as a name and a headshot on a team page are sitting on a massive growth opportunity.

This article details what we see working with associates operating at that level, and the specific point at which it can fall apart.

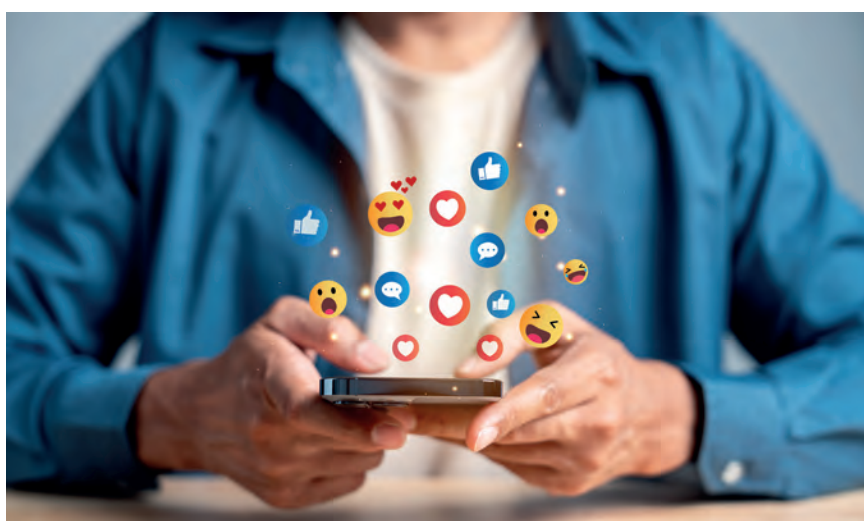
WHY DOES THIS MATTER? AND WHY NOW?

Patient research happens on social media far more than it happens on practice websites. People follow clinicians rather than businesses, and the decisions worth the most money to a practice – Invisalign, implants and complex restorative work, for example – are increasingly made on trust in a particular person rather than trust in a building. A patient who has watched 30 of your associate's videos arrives at the consultation already most of the way to 'yes', and argues about price a good deal less.



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. With more than 15 years working exclusively with dental practices, David and the Xcelerator Dental team have helped hundreds of practices across the UK.



Associates who understand this generate their own demand, their own patient loyalty and their own referral flow. Associates who do not stay interchangeable, and interchangeable clinicians are both easy to replace and very hard to market.

PROMOTE: IT'S ALL ABOUT THE CONTENT

Personal brand does not build itself, and the volume required is higher than most associates expect when they start.

The associate's own Instagram profile, in their own name, is the core asset here. Not the practice account.

A personal profile is where a patient goes to work out whether they like the person who is going to be treating them, and it has to look like a person: short-form video, patient stories, treatment explained in plain language, the occasional behind-the-scenes moment, before and afters (where clinically appropriate and properly consented).

The practice account and the associate's account do different jobs, and both need to exist.

The practice account carries the brand, the location, the team and the campaigns. The associate account carries the clinician.

When somebody is recommended a dentist by name and searches for them, which is what most people now do, the personal profile is what they find first.

The practical version of this is batch filming. One day a month, a phone, a tripod and 20 to 30 pieces of content shot in a morning, then drip-fed over the weeks that follow. What we typically see more often is that the content creation gets treated as something to fit around clinical days and they end up producing nothing for six weeks and then panic. Those who diarise it like a CPD day build something that compounds.

Under-commitment on content is the single biggest reason associate marketing fails.

CONVERT: THE ASSOCIATE NEEDS THEIR OWN WEBSITE

The interest generated by a personal profile still has to land somewhere that converts it, and the single most effective thing we build for an associate is a website of their own.

Not a profile page sitting on somebody else's site, but their own domain, in their own name, showcasing who they are: their cases, their videos, their patients, their reviews and their why. Everything else then points at it. Their Instagram, their content, the paid advertising, any campaign we run for them, all of it leads back to one place that is entirely about them and built to convert.

An associate working across three practices with no site of their own is sending their audience to three different brands, with a different story at every one.

A personal site also does something the practice websites cannot. It reads like a person rather than a CV, written in the associate's voice, with their story and their reasons for doing the work they do.

Where they have a defined clinical focus, they get their own treatment pages built around how they actually treat, rather than sharing generic ones written for somebody else.

The social proof is theirs as well, so reviews that name them and cases that are demonstrably their work.

The practice websites still matter and still need doing properly. Each

one should present the associate consistently, with the same photography, the same positioning and the same story, linking through to their own site for the fuller picture. Where those pages are thin, a patient who has followed the associate for months arrives, finds a stock headshot and two lines of biography, and quietly loses confidence at exactly the moment you need to engage them.

Conversion is where the personal brand and the practice brand have to meet properly. A strong following pointed at a weak website leaks patients, and nobody in the practice ever hears about the ones who left.

GROW: THE REALITY OF LEAD HANDLING FOR AN ASSOCIATE

This is where associate marketing usually dies, and with good reason.

Associates try to handle their own enquiries, and it simply doesn't work. That is not a criticism of them. They are clinical, they are in surgery all day, and lead follow-up is a discipline in its own right. An enquiry arrives at 11am, gets seen at six in the evening, gets answered the following morning, and by then the patient has spoken to two other practices and gone with whoever replied first (we see this from our data).

Every associate needs a named person at each practice they work in who owns first response; a treatment coordinator, a front of house lead, somebody whose actual job it is to

reply fast and nurture properly. That person needs the enquiries in front of them as they arrive, a clear process for what happens next, and enough understanding of the associate's work to talk about it credibly on the phone. Without it, everything upstream is generating leads that quietly expire.

Inside the Xcelerator Dental 'promote, convert, grow' model this is the grow pillar, and it is the one that dictates whether the other two were worth the effort.

MULTI-LOCATIONS

We work with an associate operating across three separate locations, and the mechanics are transferable to anybody in the same position:

1. Consistent branding and messaging across all three practices, so a patient encountering her in one place recognises her in another
2. A named lead handler at each site rather than a shared inbox nobody owns
3. Content produced once, in her voice, then distributed to reflect each location
4. Campaigns including open days built around her as the clinician but run practice by practice, so the offer and the marketing stay local even though the brand is personal.

THE SHIFT WORTH MAKING

The associate dentist is no longer a background figure inside a practice brand. Increasingly, they are the reason the patient came at all.

Practices that recognise that and build around it, with a properly platformed personal profile, a website that converts the interest, and a named person handling the enquiries, open up a channel that practice brand marketing on its own will never deliver.

Practices that carry on treating associates as interchangeable pairs of hands will keep wondering why their best clinician's patients follow them out of the door.

If you want to talk through what an associate-led growth model would look like in your practice, I'm always happy to chat.

Five ways to make associate marketing work

1. Build the clinician's personal brand

Patients increasingly choose the person, not just the practice. Give associates a visible identity beyond a team-page biography.

2. Create content consistently

Batch film regularly and treat content creation like a fixed diary commitment. Consistency is far more effective than occasional bursts of activity.

3. Give associates their own digital home

A personal website can bring together cases, reviews, videos and treatment expertise, giving patients one clear destination wherever the associate works.

4. Make lead handling someone's responsibility

Every practice should have a named person responsible for responding quickly, nurturing enquiries and converting interest into appointments.

5. Keep the experience consistent across locations

For associates working at multiple practices, align messaging, imagery and positioning while keeping campaigns relevant to each individual location.

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‘Measure it, manage it’

James Cameron explains how patient finance has become a strategic asset for dental services organisations

There’s a saying within business: ‘If you can measure it, you can manage it’. Which might explain why I’ve had so many conversations about management information over the past year.

Working with dental groups and corporate clients, or dental services organisations (DSOs) of Practice Plan and Medenta, I have seen an increase recently in DSO’s ambitions to improve data access, quality and utilisation in their businesses and take advantage of automation discussions.

Groups of all sizes are looking for partners who can help provide meaningful insight rather than simply deliver a service. This change in emphasis is affecting expectations and altering the way group leaderships view patient finance.

A CHANGE OF VIEW

Historically, patient finance was seen as a straightforward transactional service. A practice offered finance, patients applied and the provider processed the agreement. However, that view is changing.

For many DSOs, patient finance is forming part of a wider conversation about treatment acceptance, revenue optimisation and operational consistency. They are now interested in how effectively patient finance is being used across the group rather than just whether it should be offered.

The difficulty multi-site operations face is that performance can vary significantly from site to site.

One practice may have fully embedded conversations about finance into their patient journey, resulting in strong treatment uptake,

while another may have a similar patient demographic but see very different results. Addressing these variations can be difficult without access to meaningful data.

THE IMPORTANCE OF VISIBILITY

I believe the dental sector is becoming increasingly sophisticated in its attitude towards data. As more reporting tools become available and AI-driven analysis becomes easier, groups are now able to pay closer attention to the information available to them. When that comes to patient finance, an opportunity is created.

For management teams overseeing multiple locations, understanding how finance is performing across the group can provide valuable insight into patient behaviour, treatment acceptance and practice performance. Information such as which practices are achieving the strongest finance uptake. Do some teams present finance more effectively than others? How does finance affect acceptance of higher-value treatment plans? Are there regional trends? These questions relate to more than just finance – they influence the business as a whole.

CONSISTENCY ACROSS MULTIPLE SITES

Consistency can be difficult to achieve in a DSO. Variations in local processes, staff turnover and new acquisitions can all create bumps along the way.

Having the right finance partner allows for a consistent framework, clear processes and ongoing support. This means patient finance can become part of a standardised treatment presentation strategy across the whole group. Having this can help teams to develop the confidence to discuss treatment options in a way that is clear, compliant and patient-focused.

SUPPORTING EFFICIENCY

When it comes to operational efficiency, DSOs are exploring ways to integrate systems, reduce duplication and make sure technology works harder for the business. Patient finance needs to be included in this.

The most effective solutions are those that fit naturally into practice workflows, minimise the administrative burden and support teams without creating hassle.

As dental groups grow, even small efficiency gains at a practice level can have a significant cumulative effect when replicated across multiple sites.

KEEPING PACE WITH CHANGE

From new ownership structures and acquisition models to evolving technology, the DSO landscape is altering quickly. Consequently, suppliers are being judged on more than price alone. Groups want partners that understand their objectives, can adapt to changing requirements and contribute to their long-term success.

For patient finance providers, that means delivering more than simply processing applications. They now need to help groups improve access to treatment, while also gaining greater insight into performance and creating a more consistent patient experience across their business.

Patient finance is cropping up in discussions about growth, efficiency and profitability. This is because as well as offering patients a chance to spread the cost of treatment, it has the potential to have an influence on business performance and outcomes. In that respect, it’s now far more important than just a payment solution – it’s a strategic asset.



James Cameron

James is a group relationship manager at Practice Plan Group (which includes Medenta).

To find out more about Medenta, visit www.medenta.com or call 01691 684175.

Trends and predictions

Paul Graham outlines the key trends dominating private dentistry and highlights his expectations for the market for the remainder of the year

The UK dental market entered 2026 in a stronger position than many expected. Economic pressure, political uncertainty and rising operating costs have not disappeared, but the sector has continued to demonstrate a depth of demand and resilience that few healthcare markets can match.

Christie & Co's *Dental Market Review 2026* shows a market moving beyond the recalibration of 2024 and 2025, with confidence returning among buyers, lenders and practice owners. Private dentistry remains central to that story.

The overall dental market in the UK is forecasted to reach approximately £15 billion by 2027/28, with the private-pay segment projected to account for £10.74 billion. This growth isn't down to restricted NHS access alone; patients are placing greater value on convenience, choice and preventive care, and are increasingly prepared to fund treatment privately.

In response, practices have broadened their clinical offering and improved how they educate, engage and communicate with patients, helping to drive demand across a wider range of services.

BEING SELECTIVE

The return of M&A activity is not, however, translating into indiscriminate buying. The defining feature of the current transaction market is selectivity. Independent buyers accounted for 77% of offers received in 2025 and remain the principal source of demand,

particularly for profitable private and private-led mixed practices.

Corporate and group buyers have also returned more strongly in 2026, but with tighter acquisition criteria. Across every buyer category, the emphasis is now on sustainable earnings, operational resilience and the quality of the underlying business rather than growth for its own sake.

This matters for owners because goodwill is increasingly shaped by factors that extend well beyond turnover. A stable clinical team, low staff turnover, effective use of surgeries, investment in technology, strong patient retention and well-evidenced management information all influence buyer confidence.

The strongest practices demonstrate not only current profitability, but also how that will be maintained after a change of ownership.

ENHANCED EXPERIENCE

In the first half of 2026, 57% of accepted offers were at or above asking price, illustrating the competition that remains for well-prepared, high-quality businesses.

Investment will therefore continue to separate the best-performing practices from the rest. In our annual survey, 61% of respondents said they were considering investment in technology or equipment over the next 12 to 24 months, while 32% planned to recruit additional staff.

Digital workflows, improved imaging, in-house manufacturing and better patient communication can enhance efficiency and experience, but owners should remain disciplined: investment creates value when it produces measurable improvements in capacity, retention, revenue or cost

control. The most persistent constraint that remains is related to the workforce. Recruitment and retention continue to limit growth and, in some cases, suppress otherwise strong practices.

Changes to the ORE and LDS pathways, together with expanded training capacity, should improve the supply of clinicians over time, but they will not remove the immediate need for practices to create attractive, well-managed working environments. Buyers and lenders are scrutinising dependence on the principal, associate stability and the credibility of recruitment plans more than ever.

INTELLIGENT INVESTMENTS

Private dentistry must also prepare for greater scrutiny. The CMA's review is likely to keep pricing transparency, payment plans, complaints processes and patient trust high on the agenda. Well-run practices should view this not simply as a regulatory burden, but as a prompt to make pricing clearer, consent stronger and communication more consistent.

For the remainder of 2026, I expect demand for quality private practices to remain strong, supported by improving finance conditions and a broad pool of buyers. The opportunity is compelling, but the market will reward evidence rather than aspiration. Owners who invest intelligently, retain good people, understand their numbers and protect the patient experience will be best placed to grow, secure funding or achieve a premium when they choose to sell.



Paul Graham

Paul is managing director – medical at Christie & Co.

To find out more, call 07739 876 621 or email paul.graham@christie.com.

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Uncovering VAT risks in dentistry

Luigi Lungarella reveals the hidden VAT risks that dental practices should review

Many dental practices assume that VAT presents little risk to their business because most dental

care is exempt from VAT. However, recent tribunal developments and ongoing HMRC scrutiny highlight why this assumption can be dangerous.

In practice, VAT issues often arise because dental businesses misunderstand how the exemption works or are unaware of obligations created by activities outside their core services. Two areas in particular deserve attention:

- The impact of overseas advertising expenditure
- The VAT treatment of dental services.

THE OVERLOOKED VAT RISK IN ADVERTISING SPEND

One of the less obvious VAT risks affecting dental practices relates to digital marketing expenditure.

Many practices spend significant amounts on advertising through platforms such as Google, Facebook and LinkedIn.

Because these suppliers are often based outside the UK, they may not charge UK VAT on their invoices. This can lead to obligations under the VAT reverse charge rules.

In some cases, dental practices that are not otherwise required to register for VAT may find that overseas service purchases contribute towards VAT registration thresholds.

The issue is frequently overlooked, particularly by growing practices investing heavily in patient acquisition and marketing activity.

DENTAL TREATMENT AND VAT EXEMPTION

Most dental professionals are aware that dental care can be exempt from VAT. What is less well understood is that not every treatment provided by a dental business automatically qualifies for the exemption.

For VAT purposes, the exemption generally applies where services are intended to diagnose, treat or prevent a health condition, or otherwise protect, maintain or restore a patient's health. Difficulties can arise where treatments have both therapeutic and cosmetic elements.

Where the primary purpose of a treatment is cosmetic rather than medical, the VAT exemption may not apply. This can create an unexpected VAT liability if practices have assumed that all income falls within the exemption.

Dental practices should ensure they can clearly evidence the clinical rationale behind treatments and maintain records demonstrating the medical purpose of procedures where appropriate.

THE SIGNIFICANCE OF THE CLEAR ALIGNERS DECISION

Dental practices should also be aware of a recent tribunal decision concerning clear aligners.

The tribunal concluded that aligners did not qualify as dental prostheses for VAT purposes – a decision that may be relevant for businesses

involved in providing or supplying these products. While every set of circumstances will differ, the case is a reminder that assumptions about VAT treatment should be periodically reviewed, particularly where products or treatment models are evolving.

QUESTIONS TO ASK

Practice owners may wish to consider the following:

- Have all treatment streams been reviewed to confirm the correct VAT treatment?
- Is there sufficient clinical evidence supporting VAT-exempt treatment where required?
- Has expenditure with overseas suppliers been assessed for reverse charge purposes?
- Could advertising spend or other overseas services affect VAT registration obligations?
- Have changes in services, products or business structure created new VAT risks?

Alternatively, BKL accountants and tax advisers has a checklist that can help identify potential VAT risks based on current HMRC guidance and common issues seen across practices.

STAYING AHEAD OF VAT ISSUES

VAT errors often only come to light during an HMRC enquiry, at which point liabilities can include tax, interest and penalties. A periodic review of VAT treatment can help dental practices identify potential issues early and ensure they remain compliant as the regulatory landscape evolves.

Request a VAT risk checklist or talk to Luigi via luigi.lungarella@bkl.co.uk.



Luigi Lungarella

Luigi is a VAT partner at BKL.



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Making a financial plan

Jon Williams explores what practice owners need to know about inheritance tax and pensions ahead of changes next April

For many dental practice owners, pensions have traditionally been an important part of retirement planning. In many circumstances, they provide a tax-efficient way to build wealth while keeping funds outside the scope of inheritance tax (IHT). This is set to change.

From 6 April 2027, most unused pension funds and pension death benefits will be brought within the value of an individual's estate for IHT purposes.

For practice owners with substantial pension savings, this could have a significant impact on how much wealth they're ultimately able to pass on to their families. With just six months to go, now could be a good time to review your estate plan.

It's worth noting that the Financial Conduct Authority (FCA) does not regulate inheritance tax planning and trusts.

WHY DOES THIS MATTER FOR PRACTICE OWNERS?

Running a successful dental practice can mean building up wealth in several different ways. You may have the value of your practice itself, your home and property, investments and cash savings, alongside pension arrangements built up over many years.



Jon Williams

Jon is a dental specialist financial adviser at Wesleyan Financial Services. He supports dentists, their families and their practices with financial planning to secure their financial future.

Until now, pensions have often been treated differently when considering IHT. This has meant that, depending on the type of pension and how benefits are structured, unused pension wealth could potentially be passed to beneficiaries outside the scope of IHT.

From April 2027, most unused pension funds and death benefits will instead form part of the deceased's estate for IHT purposes.

For someone with a sizeable estate, that makes the treatment of pensions an important part of the wider estate planning conversation.

IT'S NOT JUST ABOUT PENSIONS

The changes shouldn't necessarily mean that the answer is to withdraw pension savings or change your retirement strategy.

A pension is still primarily a way of providing an income in retirement, and decisions about when and how to take benefits should consider your income needs, tax position and wider financial circumstances. Instead, the changes provide a reason to look at your finances as a whole.

For example, if a significant proportion of your wealth is held in

your pension, while the rest is tied up in your dental practice and property, it may be worth considering how those assets would be treated on your death – and whether your existing arrangements still reflect what you want to happen to your wealth.

WHAT ABOUT YOUR PRACTICE?

For practice owners, estate planning can be more complicated than simply working out who should inherit your personal assets.

Your practice may be one of your largest assets, and you might already have plans for its future. Perhaps you're considering passing it onto a family member, selling it to another dentist or corporate group, or gradually reducing your involvement. The value and ownership of the practice, therefore, need to be considered alongside your pension and other assets.

It's also important to think about how different family members would be affected by your plans. For example, if one child is expected to inherit the practice, how will other beneficiaries be provided for? These are decisions that can take time to get right.



IS THERE ANYTHING YOU CAN DO BEFORE APRIL 2027?

There's no one-size-fits-all solution and acting simply because a tax rule is changing isn't necessarily the right approach. However, the six-month countdown provides a useful prompt to review your position.

This could include:

- Assessing the current value and structure of your pension arrangements
- Reviewing your wider estate and identifying where an IHT liability could arise
- Considering how your practice fits into your succession and estate plans
- Checking that your will and pension nominations remain appropriate
- Considering whether you have sufficient liquid assets to meet any potential IHT liability
- Reviewing existing gifting, trust or other estate planning arrangements with your adviser.

From April 2027, the government has confirmed that personal representatives will be responsible for reporting and paying any IHT due on unused pension funds and death

benefits. This means there may be some additional considerations when administering an estate, particularly where a significant proportion of the estate's value is held in pensions or other assets that may not be readily available as cash.

DON'T LET THE DEADLINE DRIVE THE DECISION

Six months can feel like a long time, but estate planning isn't something that should be rushed.

For practice owners, there can be several professionals involved, whether it's your financial adviser, an accountant or a solicitor.

Getting everyone around the same table can help ensure that decisions about your pension, practice and wider estate work together.

Remember too, the rules are about more than tax. Your retirement income, financial security and your family's future should remain at the heart of any planning decision.

Reducing a potential IHT bill shouldn't come at the expense of having enough money to enjoy the retirement you've worked hard to achieve.

A REASON TO START THE CONVERSATION

The introduction of IHT on most unused pension funds marks an important change in the way pensions may feature in estate planning.

For dental practice owners with significant estates, it could be an opportunity to step back and ask a simple question: does my current financial plan still reflect what I want to happen to my money?

With April 2027 approaching, there's still time to review your arrangements and consider whether changes could be appropriate.

The sooner you start the conversation the more time you have to understand your options and make decisions based on your own circumstances – rather than being driven by a deadline.

To book a conversation with a dental specialist financial adviser at Wesleyan Financial Services, call 0800 975 3706 or visit wesleyan.co.uk/dental. Charges may apply, but you will not be charged until services and the associated costs have been agreed.



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Non-delegable duty of care

Alicja Zajac examines how non-delegable duty of care can expose practice owners to liability – and why attempts to reduce risk may create problems elsewhere

In my article 'Protecting the dental associate contract', published in last month's issue, we looked at the uncomfortable reality facing dental practices: courts are strictly scrutinising models that enforce corporate control over practitioners who are supposed to hold genuine business autonomy.

However, to understand why practice owners are so desperately micromanaging their surgeries in the first place, you have to look at a completely different legal trap. Practice owners are on high alert as claimant solicitors increasingly bypass complex litigation by utilising a powerful legal shortcut: the non-delegable duty of care.

A LOGISTICAL HEADACHE

Historically, if an associate made a mistake on a root canal, the patient sued that associate, and it was somewhat simple. However, claimant solicitors are businesses, and businesses hate admin, hence tracking down a self-employed associate who left your practice three years ago, retired, or changed indemnity providers is a logistical headache.

So, law firms found an elegant way out. Following landmark court rulings like *Hughes v Rattan*, they realised they could completely ignore the dentist who actually held the drill. Instead, they can dump the entire financial bill

directly onto the practice owner. It is the ultimate legal shortcut, turning the practice principal into an institutional safety net for mistakes they didn't commit.

DEEP DIVE: THE TWO PARALLEL TRACKS TO LIABILITY

To navigate this landscape, you have to understand that the law can attack your business from two entirely different angles. While both result in a massive financial penalty, they rely on completely separate legal mechanisms.

Track one: vicarious liability (the relationship-driven attack)

Vicarious liability is strictly about the employment dynamic. Legally, an employer is automatically responsible for the careless actions of their staff. For a claimant solicitor to use this weapon against you for a self-employed associate, they must prove to a judge that your working relationship is 'akin to employment'.

This is the hard way out for a lawyer. It requires a forensic, gruelling audit of your daily clinic life. They have to prove that you control the associate like a boss controls a worker. They will look for structural dependency:

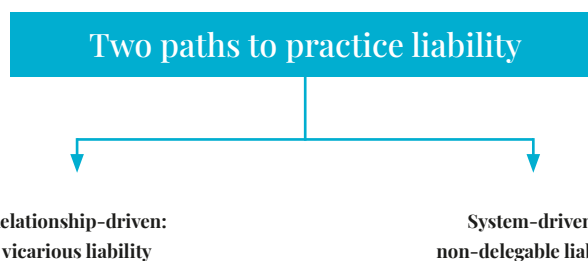
- Do you dictate their working hours?
- Do you force them to request holidays through management?
- Do you penalise them if they don't attend your mandatory team meetings?

If you do, the court strips away the 'self-employed' label and holds you liable as an employer.

Track two: non-delegable duty of care (the system-driven attack)

This is the shortcut, and it is a total walk in the park for a claimant firm. A non-delegable duty does not care about employment status or contracts. It focuses entirely on what the patient experiences through your clinic's business systems.

Under the supreme test established in *Woodland v Essex*, a non-delegable



Focus: principal to associate dynamic
Requires 'control' and subordination
The 'hard way' for claimant solicitors

Focus: practice to patient dynamic
Blind to employment or contract status
The 'easy way' for claimant solicitors



Alicja Zajac

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

duty is triggered in practice by three common elements:

1. The brand integration: the patient doesn't look up an individual dentist; they respond to your clinic's marketing, book via your corporate website, and check in with a receptionist representing your brand
2. The antecedent agreement: the patient signs a treatment plan that features your practice name and logo at the top. Legally, they have contracted with the institution, not the person
3. The total loss of control: the patient has zero say in how you manage your internal roster. They are simply allocated to whichever associate is working in 'surgery two' that Tuesday morning.

When these three boxes are ticked, the law accepts a profound legal fiction: that you, the practice owner, assumed a personal duty to ensure that patient received safe care.

You cannot delegate that duty away to a third party. Even if your associate runs their own limited company, pays their own tax, and has pristine individual indemnity, the patient's solicitor can bypass them completely. They just hand a judge your branded treatment plan, prove the patient was integrated into your system, and leave you holding the bill.

THE CYCLE OF SELF-SABOTAGE

This system-driven shortcut is the exact catalyst for the internal panic destroying dental businesses today. Terrified of a Woodland or Hughes v Rattan claim, principals instinctively reach for the control levers to protect themselves. They step into the surgery to manage clinical risk.

They implement rigid standard operating procedures. They mandate a specific dental lab list to 'guarantee quality'. They enforce strict, unyielding appointment lengths to 'ensure safety'. It is a spectacular exercise in regulatory self-sabotage.

By pulling these heavy managerial levers to protect the business from a clinical negligence claim on track two, you accidentally satisfy the exact 'control' criteria for a vicarious liability and worker status claim on track one. As established in landmark cases like Uber and Sejpal, judges completely ignore your written contracts in favour of the operational reality.

Every single time you micromanage an associate's diary, pacing, or materials to shield yourself from a patient lawsuit, you hand that same associate the legal ammunition to take you to an employment tribunal for backdated holiday pay, pension contributions, and statutory rights.

The panic induced by the clinical shortcut is driving principals to build their own tribunals.

DISINTEGRATING THE TARGET

If you want to stop being the easy target for claimant law firms, you have to stop trying to manage self-employed risk by acting like an employer. The solution is not more control; it is absolute structural distance. You must actively disintegrate the patient-to-brand relationship:

- Realign the paperwork. Your website, digital booking systems, and consent forms must explicitly state that the associates are independent, self-employed contractors running their own separate businesses from your premises. Text reminders should explicitly state: 'Your appointment is with independent practitioner Dr Smith at [Practice Name].'
- Enforce genuine clinical freedom. Your associates must have total control over their clinical pacing, methods and materials. If they make an error, the financial risk of fixing it must belong entirely to them. The contract must dictate that they rectify their own clinical failures in their own time and at their own expense, and this financial deduction must be clearly visible in your practice accounts to prove true commercial independence to a judge
- Insulate the corporate entity. Stop assuming an associate's individual defence union membership protects your clinic asset. It does not. True protection against a non-delegable duty claim requires a dedicated vicarious liability entity insurance policy built to absorb the shock when a solicitor tries to take the shortcut.

LETTING GO OF THE ILLUSION

The current dental business model is hitting a wall. You cannot maintain the absolute authority of an employer while claiming the commercial detachment of a landlord.

The legal loop is tightening from both sides. One can either let go of the illusion of total operational control or continue providing the courts with an exceptionally easy way out.

For advisory support or the list of references that accompany this article, email contact@alicjazajac.co.uk.



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Confidentiality and celebrity

Eric Easson explains that patients in the public eye deserve the same level of confidentiality as everyone else

The UK press has an insatiable appetite for healthcare stories, especially when there is a celebrity angle. This can be a challenge for dental professionals who find themselves treating a patient in the public eye.

While celebrity patients deserve the same level of confidentiality as everyone else, it can be harder to protect their privacy.

This article shares some of the ways you can try to ensure information about the treatment of high-profile patients remains private.

Protecting confidential patient information: *top tips*

- Take steps to prevent unauthorised access to dental records, for example by logging out of computers when not in use
- Beware of discussing patients where you can be overheard, such as in the reception area
- Do not comment on individual cases. Bear in mind that even seemingly superficial details might be identifiable
- Get advice from your dental defence organisation if you are approached for a comment by the media. The DDU has a dedicated press office who can advise you about how best to respond.

PUT CONFIDENTIALITY SAFEGUARDS IN PLACE

You have a duty to have practice policies and procedures in place to prevent any inadvertent confidentiality breaches. These include ensuring dental records are protected from unauthorised access.

Practice staff should be aware of their duty to uphold patient confidentiality and have been trained to do so. Confidentiality training should be regularly updated. However, you may want to also remind colleagues about the importance of maintaining strict confidentiality in case they are tempted to tell close friends or family about a celebrity patient. This includes discussing patients on social media.

DEAL WITH MEDIA INTEREST

If a journalist calls the practice to ask about a celebrity patient's treatment, don't feel pressured into speaking to them. Ask for their details – name, the publication they work for and contact details – so you can contact them in your own time.

Unfortunately, journalists are unlikely to go away if you just ignore them, so it's advisable to respond in some way.

In most cases, the most appropriate response will be to state that you cannot comment because of your duty of confidentiality. Bear in mind that it's possible to inadvertently breach your legal and ethical obligations by confirming that someone is a patient.

Even if you know that the patient has put information into the public domain, this doesn't

mean that you are free to comment or confirm the details without their express consent.

SEEK PERMISSION FOR ANY PUBLICITY

Celebrity endorsement can be a powerful promotional tool so depending on the outcome you might want to ask the patient if they would be willing to provide a testimonial. However, in seeking their written consent, you should explain the purpose, what sort of audiences the material will be shown to and make it clear that they can withdraw their permission at any time.

You must not put them under any pressure to agree.

If you are placing any promotional material online including social media, it is important to inform the patient that you might lose control of the information, for example, by someone taking a screen shot of it and using it elsewhere. This will allow them to give valid consent for the use of the promotional material.



Eric Easson

Eric is dentolegal adviser at the Dental Defence Union (DDU).





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Beyond busy

Rana Al-Falaki discusses the real return on investment of productivity in the practice

There's a belief that runs quietly through most workplaces, dental practices included: if you're busy, you must be doing well. Diaries are full, everyone's moving, the phones don't stop and somewhere in that blur of activity, we've come to treat busyness as proof of success.

It isn't. In fact, it might be costing you more than you realise.

A recent global survey found that 83% of employees admitted to at least one 'performative work' habit in the past year – reacting to emails at speed to look responsive, scheduling messages to appear online early, sitting in meetings that add nothing – behaviours that exist purely to be seen as busy. Collectively, that adds up to the equivalent of 1.25 days a week spent on activity that shows up, rather than work that counts.

Separate research shows that 41% of the average workday is spent on tasks that employees themselves admit don't meaningfully contribute to the organisation, and UK businesses are estimated to lose around £13 billion a year to wasted management time alone.

It's no different behind the front desk. Everyone in the practice is moving – patients seen back-to-back, calls answered, notes written, boxes ticked – yet at the end of the month, the

diary's still leaking, the treatment plans aren't converting, and nothing seems to actually move forward.

This is the myth we need to attack: that busyness and productivity are the same thing.

THE MYTH: 'WE JUST NEED MORE HANDS'

We met Dr DP, a practice principal and titanium member of NAIL-IT in Dentistry, at exactly this point. On paper, the practice was doing well – fully booked, a full team, patients coming through the door. But underneath, everyone was drowning.

Every attempt to introduce something new, be it a new piece of software, a new material, a new way of managing recalls, was met with the same reaction: the team would visibly buckle, overwhelmed before the change had even properly begun.

Dr DP felt it too. All they wanted was to focus on the dentistry yet couldn't get the team to move on anything without it becoming a crisis.

When we raised productivity as the real issue, the pushback was immediate: 'Everyone is already so busy. There genuinely isn't enough time in the day. The only answer is to recruit more people so we can get more done.'

It's a completely understandable conclusion, but it's the wrong one. Adding more people to a team that's busy but not productive doesn't fix the problem; it multiplies it. More hands moving fast in the wrong direction is still the wrong direction, just with a bigger wage bill attached.

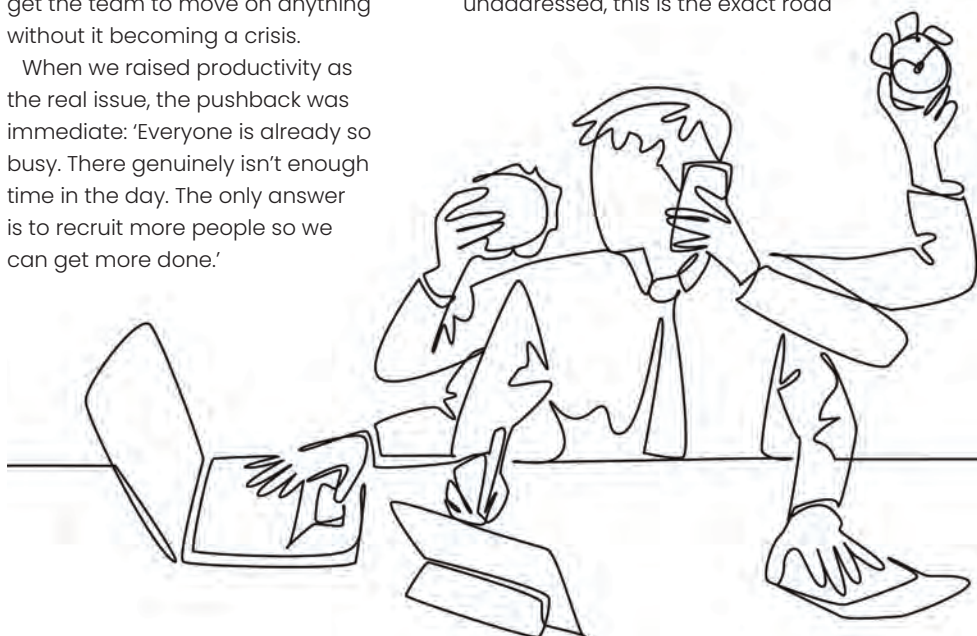
And the toll isn't just financial. When a team runs on busyness rather than genuine productivity, the strain shows up everywhere: physically, in the missed lunch breaks and the shoulders that never quite drop; mentally, in the mounting to-do list that leaves no room for the creative thinking dentistry demands; and emotionally, in the short fuses and clipped conversations that follow a day spent firefighting rather than achieving.

Nobody in that state has anything left over for a partner, a friend, or even a quiet moment of their own reflection at the end of the day. Left unaddressed, this is the exact road



Rana Al-Falaki

Rana is an internationally acclaimed leader in dental wellbeing and leadership. As found 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.



to burnout – the point where even a well-earned day off arrives too late to be enjoyed.

The same trap catches practices reaching for the next shiny fix, and increasingly, that fix is artificial intelligence (AI).

A major 2026 industry survey found that 79% of organisations are struggling with AI adoption, and only 29% see any significant return from it, despite individual power users achieving productivity gains of up to five times when it's used well.

The technology isn't the bottleneck, capacity is. You cannot bolt a new system onto a team that's already running on empty and expect anything other than collapse.

Busy people don't adopt change well; they resist it, because they have nothing left to give it.

THE TRUTH: BUSY AND PRODUCTIVE ARE NOT THE SAME THING

Busyness is motion. Productivity is progress. One fills the day; the other moves the needle.

The good news is that shifting from one to the other isn't about finding more hours, more staff or more software. It is about changing how the team works with the time and people already in the building. This is where we introduced Dr DP to three tools from the NAIL-IT Leadership system:

1. The FIRE test
2. Just do it
3. Fuelling up.

The FIRE test

Before anything lands on a team member's plate, we run it through FIRE:

- Feeling (does it excite them, or will it drag?)
- Integral (does it align with the practice's values and priorities?)
- Relevance (does it move the bigger picture forward, or can it be delegated or parked?)
- Engagement (does it actually challenge or interest them?).

Anything that fails the test is either scrapped, delegated elsewhere, or

deferred because a task nobody feels invested in gets done slowly, badly, or not at all, and simply adds to the sense of overwhelm.

Dr DP's shift: Dr DP had been personally checking every lab box and chasing every recall call to make sure they were done properly – tasks that failed FIRE on every count for someone at principal level. Handing them to the right team member, matched to their strengths, freed hours immediately and gave that team member a genuine sense of ownership.

Just do it

Procrastination is often just busy work in disguise – a socially acceptable way of avoiding the task that actually matters. We introduced the team to the five-second rule (five, four, three, two, one – then start) for anything they'd been putting off, along with proper time-blocking: two uninterrupted hours for the task that matters most, allowing the first 15 to 20 minutes to settle into focus, and a short wind-down afterwards rather

than jumping straight to the next fire to fight.

Dr DP's shift: new software rollout had been 'parked' for three months out of dread. Time-blocked, five-second-ruled, and started. It was fully embedded within two weeks, not because

the team suddenly had more time, but because energy was no longer being burned avoiding it. Procrastination is, in fact, the avoidance of feeling an emotion – and the five-second rule bypasses that circuit.

Fuelling up

Constant busyness runs on adrenaline, and adrenaline always runs out. We built in strategic stillness – short, phone-off pauses through the day where the nervous system can actually reset – alongside a shift from a to-do list to a done list. Instead of the team's brains constantly tracking what's still outstanding, they began closing each day by reviewing what had been achieved, with genuine celebration for the bigger wins. The brain that's rewarded for progress starts seeking more of it.

Dr DP's shift: a five-minute team huddle was introduced before the last patient of the day, purely to highlight what had gone well. Within a month, the atmosphere in reception had visibly changed from clipped and reactive, to noticeably calmer.

THE WINS

None of these shifts required a single new hire. What changed was how the existing team used the hours they already had. Team members reclaimed roughly two focused hours a day that had previously been lost to firefighting, re-explaining, and busy work masquerading as progress.

That reclaimed capacity meant Dr DP's own admin dropped from two days a week to one, freeing an entire extra day for clinical work. At an average of £2,500 a day in private fees, that's an additional £100,000-plus a year in clinical revenue, generated without a single extra chair or team member.

Just as importantly, the collapse-at-every-change pattern disappeared. The team that once buckled under a new software rollout is now the team piloting new systems ahead of the rest of the group, and turnover, which had quietly crept up over the previous year, settled as people felt genuinely capable of their roles rather than perpetually behind.

Dr DP's own stress eased too – fewer evenings spent catching up on what the day hadn't allowed, and more time reclaimed for the family and the further training that had been continually pushed to 'later'.

Dr DP's words summed it up best: 'I thought we needed more people. What we actually needed was to stop confusing motion with progress'.

Busyness will always feel productive in the moment – it's rewarding, socially visible, and easy to point to as evidence of effort – but it's a false economy. Real productivity, and the ROI that comes with it, is built by protecting energy and attention for what actually matters, not by filling every available minute.

Next time your practice feels maxed out, resist the instinct to simply add more hands. Ask instead: is this team busy or is it productive? The answer, and the fix, usually lie closer to home than you think.

**BUSYNESS
IS MOTION.
PRODUCTIVITY IS
PROGRESS. ONE
FILLS THE DAY;
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Accountability without anxiety

A practice manager, a reception list and the four-word structure that turns a telling off into an agreement. **Mark Topley** explains how to maintain standards and morale in the practice

A recent in-person visit to a client highlighted an all too common problem. The practice manager had handed her reception team a list of daily jobs on Monday, and by Friday several hadn't been done, a few were half done, and she was clearing the backlog herself so it didn't spill into the following week. She wasn't angry, she was tired, and when I asked why she hadn't said anything to the team she gave the answer most people give, which is that she didn't want to make a thing of it.

That sentence is where most accountability problems actually live. Not in laziness or bad attitudes, but in a leader who has decided that holding someone to a standard will cost more in atmosphere than it's worth.

I understand the instinct, because most of us have never seen accountability done well. We've seen it done as a telling off by someone who sat on it for a fortnight and finally ran out of patience, and we've seen the flat morning that follows. So we avoid it, and the standard slips further.

However, it doesn't have to feel like that. Done properly, accountability is one of the most motivating things in a practice, because people like knowing where the bar is and they like being in a team where everyone clears it. What makes it feel like anxiety isn't the holding. It's the surprise.

TRANSPARENCY AND UNDERSTANDING

Two things were obvious about that reception list. The first was that it was a list of tasks, not a list of standards. It said things like 'call the recall sheet', which sounds clear until you realise it can mean working through every name and logging each conversation, or making four calls, marking two as voicemail and moving on. Both count. Only one delivers what the dental practice needs.

So, we rewrote it. 'Call the recall sheet' became 'ensure every patient on today's recall list has been called and the outcome logged before the end of shift'. Small on the page, enormous in practice, because it describes what good looks like rather than the activity meant to produce it.

The enemy of standards in almost every practice is assumption, and assumption is hard to spot because it looks like trust. It isn't. It's a leader who hasn't yet made the obvious, obvious.



Mark Topley

Mark works with dental practice owners and practice managers on leadership and culture. He has spent 25 years in dentistry, including 13 leading the charity Bridge2Aid in Tanzania.



BUILD THE LOOP, NOT JUST THE LIST

The second thing missing was a loop. The list had been handed over and nothing built to bring it back, so we introduced a daily check-in where the team reported what they'd completed and flagged before the end of the day if they weren't going to get through it.

If you can't finish what's been agreed, it's your job to come and say so. 'We got busy' stopped being accepted, because in a dental practice you will always be busy, and busy is the environment in which standards are held, not a reason to let them slip.

That change alone removes most of the anxiety, because nothing accumulates and nobody is storing anything up.

A SOLID STRUCTURE

For the conversation itself I teach a framework called STAND, and the name is the point. You're taking a stand for the standards the team has agreed, and inviting the other person to stand with you. STAND stands for:

- Seek permission. 'Have you got two minutes, I wanted to chat about something'. It gives the other person agency and signals a conversation rather than an ambush
- Tell what you saw. Specifically and neutrally, without your interpretation on top
- Affect. What it actually caused, stated plainly and not exaggerated
- Next time. What you'd like to see, or what was already agreed. This is the step that turns a complaint into an agreement

- Decide. Only if you're the leader and it isn't the first time. Say calmly what happens if the pattern continues. Not a threat, just clarity.

It takes less than a minute. 'Ben, have you got two minutes? The last few mornings surgery three has had instruments still out from the day before, so whoever's setting up has been doing your clear-down as well as their own prep, and it's adding 20 minutes to the day. Can we make sure everything's cleared before you leave? That was what we agreed when we set the room standards.'

One caution. If the only time your team hear that structure is when something has gone wrong, it becomes the tap on the shoulder everyone dreads. Use it far more often for what's going well, at something like five to one, and it stops being a warning sign.

Another recommendation is to give it away. If accountability lives only with you and your practice manager, you're the bottleneck for every behavioural issue in the building, and standards that depend on you to enforce will slip the moment you look away.

Take one list this week, rewrite a single item so it defines the standard rather than the activity, and decide how it gets reported back. One thing, maybe two, and that's it.

Want to know where the gaps are in your practice? Complete the three-minute Implementation Gap Scorecard at scorecard.marktooley.co.uk.

Delivering value

Jayne Gibson outlines the things to look for in a dental membership plan provider

Many dental practices take time to review the things that have a tangible impact on performance, such as materials, laboratory costs, staffing, energy bills. If something isn't delivering value, it can be changed. However, this isn't always the case with dental plan providers. Often, practices stick with the same provider simply because changing feels like a hassle. But is that true?

As independent practices face rising costs and growing competition, more owners are taking a closer look at the support they receive from their plan provider to establish just what they get in return for their fees.

MONTHLY COLLECTIONS ARE ONLY PART OF THE STORY

A successful membership plan should do more than collect monthly direct debits. The best ones help support practice growth, strengthen patient loyalty and provide a predictable income stream that allows owners to plan with confidence. It should also give practice leaders access to expert advice when they need it.

However, some dental practices find themselves in a relationship where communication from their provider is limited and support is largely reactive. While the plan continues to function perfectly well, there is little or no support to help the practice develop.

For owners whose focus is on growth, succession planning or navigating an increasingly competitive market, that could be a missed opportunity.

FEAR OF SWITCHING

One of the biggest reasons practices stay with an existing provider is fear of disruption. This is understandable as membership plans rely on patient trust. So, concerns about extra administration or a negative patient experience are natural.

The truth is switching providers is more straightforward than they think. With the right support, patients can be transferred smoothly in bulk via a process that places few demands on the practice team without the feared disruption. Often, practices find themselves wondering why they didn't do it sooner.

ADDITIONAL SUPPORT

Independent dentistry has many challenges and opportunities. Practice owners are running a business and so need to make decisions about recruitment, profitability, marketing, leadership and long-term planning as well as patient care. They need support that reflects the realities of running a business in today's climate.

At Practice Plan, we work alongside practices to help them achieve their wider ambitions. Whether that's growing a patient base, introducing a new plan structure or improving financial resilience, we do more than simply collect your fees. For many of our practices, we're more than simply a supplier, we're a trusted adviser.

A PERSONAL APPROACH

One of the comments often heard from practices that switch to Practice Plan is how much they value having

access to people who genuinely understand dentistry. Whether that's with our field team or at an event with one of the industry leading dental business specialists Practice Plan works with, they appreciate being able to tap into that expertise.

We appreciate that every practice is different. A squat practice in a rural community has different priorities from a city centre referral clinic while a

practice transitioning away from NHS dentistry faces different challenges from one aiming to expand its private treatment uptake. Being able to have meaningful conversations

about those differences can make a significant impact on decision-making and future growth.

REVIEWING YOUR CURRENT ARRANGEMENTS IS SIMPLY GOOD BUSINESS PRACTICE

IS IT TIME FOR A REVIEW?

Switching provider isn't something to be done regularly but reviewing your current arrangements is simply good business practice.

If you're getting the support you need to help your business expand and genuine value from your provider then a review might just confirm that all is well. If not, then perhaps it's time to look for one that will help you grow a more profitable and successful dental business.

A membership plan is an important asset for a practice. Make sure your provider is one that can play an active role in helping that asset succeed.



Jayne Gibson

Jayne has been a regional support manager at Practice Plan for 17 years and has 19 years' experience in the dental industry.

To find out more, call Practice Plan on 01691 684165 or visit the website at practiceplan.co.uk/be-practice-plan.

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Changing the conversation

Agata Ciukiewicz explores menopause in dentistry: how to talk about it, why it belongs in periodontal conversations, and what changed in her own listening when it happened to her

For most of my career, I took a medical history the way I was taught: a list worked through at the start of treatment. It was efficient and thorough. However, for a woman in her late 40s, it could still miss what mattered.

Patients rarely arrive and announce that they are perimenopausal. They say their mouth feels different, and they do not know why.

We were not taught to ask either. In a small UK qualitative study, 11 dentists and hygienists participated in three focus groups. Several linked their lack of awareness to having received no education about perimenopause or menopause during undergraduate or postgraduate training (Williamson and Reed, 2023). Eleven people cannot represent the profession, but their uncertainty feels familiar.

WHY THIS BELONGS TO US

It is easy to file menopause under general health and move on. However, two areas make it relevant to dental care:

1. Dryness
2. Bone.

In both, the evidence needs careful handling.

In a survey of 3,211 perimenopausal and postmenopausal women, 71.2% reported oral dryness (García-Alfaro et al, 2025). The study lacked a premenopausal comparison group, so

WE NEED TO ASK BETTER QUESTIONS, ASK WITH PERMISSION, AND HAVE ENOUGH PATIENCE TO HEAR THE ANSWER

Talking about menopause: *dos and don'ts*

- Do begin with symptoms and let the patient decide whether menopause feels relevant
- Do be honest when the evidence is unsettled. She may already have read claims that sound far more certain than the research allows
- Do record what she tells you. You may be the first clinician to do so
- Do review the recall interval against current risk rather than inheriting the previous one. NICE permits intervals of three to 24 months for adults, based on individual risk (NICE, 2004)
- Don't attribute every change to hormones. A neat explanation can be reassuring, but it can also delay the right diagnosis
- Don't dismiss or sharply correct her sources. She may have searched because nobody in healthcare had discussed it with her
- Don't raise the subject in front of a partner or relative without checking first
- Don't treat it as a delicate women's issue. Treat it as a relevant part of the medical history.

it tells us less about the transition than the headline figure suggests.

When dryness reflects reduced salivary flow, it is a recognised risk factor for both caries and periodontal disease (Chapple et al, 2017). In a mouth with recession, this also raises concern about root caries. In my experience, this can take a patient with an otherwise clean dental history by surprise.

Evidence on bone health also needs careful handling. In a five-year cohort, osteoporosis at baseline was associated with a greater number of teeth showing progression of periodontitis in a postmenopausal subgroup (Khunthanani et al, 2024). This was an association, not proof that one caused the other.

A recent systematic review also rated the broader periodontal evidence as weak (Martín et al, 2026). Bone health remains worth asking about, but it should prompt assessment rather than provide an easy explanation.

These changes give us reasons to look, not a diagnosis.

STARTING THE CONVERSATION

How we open the conversation with the patient matters. What works for me is asking about symptoms first, rather than beginning with menopause. I'll say something along the lines of: 'Has your mouth felt any different in the last year or two? Drier, or sore, or has anything changed with taste?'

It is an answerable question. It does not ask her to decide what her hormones are doing. It simply gives



Agata Ciukiewicz MSc (perio)

Agata has a special interest in periodontology.



MENOPAUSE

her permission to mention something she may have dismissed as too small.

When the patient talks about dry or burning mouth, I widen the question: ‘Some women notice these things changing around the perimenopause. Has anything else been shifting?’

Then stop talking.

WHAT CHANGED FOR ME

I am in perimenopause myself – and it has changed how I listen to patients during appointments.

I stopped hearing vague symptoms as unimportant symptoms. When a patient says her mouth feels strange but cannot be more precise, I understand that the uncertainty may be part of the experience. Dryness, altered taste and burning can be difficult to describe. People try to explain, lose confidence and apologise for taking up your time.

I used to move past that moment. Now I wait through it.

I also recognise the relief when somebody takes the concern seriously.

More than one patient has become tearful in my chair, not because of pain, but because she had raised it before and been told that everything looked fine. Everything did look fine. That was the problem.

We need to ask better questions, ask with permission, and have enough patience to hear the answer.

REFERENCES

Chapple ILC, Bouchard P, Cagetti MG, et al (2017) Interaction of lifestyle, behaviour or systemic diseases with dental caries and periodontal diseases: consensus report of group 2 of the joint EFP/ORCA workshop on the boundaries between caries and periodontal diseases. *J Clin Periodontol* 44 Suppl 18: S39–S51

García-Alfaro P, Pérez-López FR, Martínez SG, Rodríguez I (2025) Xerostomia and oral health-related quality of life in peri- and postmenopausal women. *Maturitas* 197: 108268

Khunthanani P, Lertpimonchai

A, Sritara C, Srithanyarat SS, Thienpramuk L, Mongkornkarn S (2024) Decreased bone mineral density is associated with an increased number of teeth with periodontitis progression: a five-year retrospective cohort study. *Clin Oral Investig* 28(1): 51

Martín FCS, Rus MJ, de la Cruz Gándara Alvarez A, Simon-Soro A, Cantiga-Silva C (2026) Impact of menopause on clinical periodontal outcomes: a systematic review. *Clin Oral Investig* 30(4): 143

National Institute for Health and Care Excellence (2004) *Dental checks: intervals between oral health reviews*. NICE clinical guideline CG19. London: NICE (last reviewed 2020). www.nice.org.uk/guidance/cg19

Williamson Z, Reed D (2023) Barriers and enablers to patient conversations about menopause in the dental surgery. *Dental Health (Annual Clinical Journal of Dental Health, British Society of Dental Hygiene and Therapy)* 12: 29–33

Connecting hormones and oral health

Ahead of her keynote at the GBT Summit London 2026, leading women's health expert **Nighat Arif** joins **Celso Da Costa** to discuss why hormonal health should be part of every oral health conversation

Celso Da Costa: Public awareness of women's health, particularly menopause, has grown significantly in recent years. Why do you think oral health has remained relatively absent from that conversation until now?

Nighat Arif: Oral health has been missing from the menopause conversation largely because it has sat in the 'too small to matter' category for years, even though the evidence says otherwise. Menopause affects oestrogen levels, which can change saliva flow, gum health, taste and bone density, but those symptoms are often brushed off as separate dental issues rather than part of the same hormonal picture.

There's also a visibility problem. Menopause itself was under-discussed for a long time, so anything linked to it, especially something perceived to be as ordinary as dry mouth or bleeding gums, was even less likely to be named, researched or talked about in public. In practice, that means many women notice the symptoms before anyone connects the dots.

Another reason is structural: dentistry and women's health have traditionally operated in separate silos. That

means a patient might hear about menopause from one clinician and oral symptoms from another, without anyone joining the two together.

The conversation is changing because patients are demanding more complete, better joined-up care, and the evidence is catching up. We're finally starting to treat oral health as part of whole-body midlife health, not an unrelated side note.

Celso: What are some of the biggest misconceptions about the relationship between hormonal health and oral health, both among patients and healthcare professionals?

Nighat: A big misconception is that hormones only affect reproductive symptoms, not the mouth. In reality, fluctuations in oestrogen and progesterone can change gum sensitivity, saliva flow and inflammation, so bleeding gums, dry mouth or a burning sensation can be hormonal, not just 'bad brushing'.

Another myth is that oral health is separate from whole-body health. That's not true: pregnancy, breastfeeding, menopause and other hormonal shifts can influence the oral microbiome, periodontal disease risk and even tooth loss risk, especially where gum disease is already present.

Among patients, a common belief is that if your dentist hasn't mentioned hormones, they can't be relevant. Among health professionals, the bigger gap is under-recognition, with symptoms often treated in isolation rather than being linked to midlife hormonal change.

There's also a dangerous oversimplification: 'it's just ageing'. Age matters, but hormones can be a distinct driver, especially when symptoms appear despite good oral hygiene. That's why this conversation matters now; it helps women get the right support sooner, not after damage has built up.

Celso: Which oral changes associated with menopause, as well as other hormonal transitions, do you believe are most overlooked in dental practice, and what should dental professionals be looking out for?

Nighat: The most overlooked changes are dry mouth, burning mouth, gum inflammation, altered taste and subtle bone loss around the teeth. These often get written off as stress, ageing, or 'just sensitivity', when they may actually reflect menopause or other hormonal shifts.

Continue the conversation

The GBT Summit London 2026 takes place on Friday 2 October at 30 Euston Square, London. Offering a full day of practical, evidence-based education, speakers include Dr Nighat Arif, Payvand Menhadji, Devan Raindi, Ben Tighe and Claire Berry, as well as Celso Da Costa, Simon Chard and Christian Leonhart discussing topics such as hormones and oral health, implant longevity, MINST and biofilm management, AI in dentistry and the business of prevention. Book your place at tinyurl.com/GBTSummitLondon2026.



Dr Nighat Arif

Nighat is a GP specialising in women's health and family planning, with a particular interest in menopause, contraception and reducing health inequalities.



Celso Da Costa

Dental hygienist Celso is head of the Swiss Dental Academy and co-leader of the GBT Task Force at EMS.



Dental professionals should be looking for women with new or worsening bleeding gums, recurrent mouth discomfort, increased decay risk and signs of periodontal breakdown despite good hygiene.

It's also worth asking about life stage, perimenopause, menopause, postpartum, breastfeeding and even conditions such as polyendocrine metabolic ovarian syndrome (PMOS), endometriosis, adenomyosis and uterine fibroids, because hormones can change oral tissues long before a patient makes the connection.

The key is not to treat the mouth in isolation. If the pattern doesn't fit the usual oral picture, hormones should be part of the conversation.

Celso: If every dentist, dental hygienist and dental therapist made one change to the way they approached conversations around hormonal health, what would you hope that change would be?

Nighat: I'd hope they'd start asking, not assuming. One simple, routine

NOW IS THE TIME TO CONNECT THE DOTS BETWEEN HORMONES AND THE MOUTH, SO WE CAN STOP NORMALISING SYMPTOMS THAT DESERVE PROPER ATTENTION

question about hormonal life stage, symptoms and recent changes could open the door to earlier recognition, better tailoring of care and far fewer women being told their symptoms are 'just normal' or 'just ageing'.

That small shift would make oral health feel connected to whole-body health, which, for hormonal changes, it absolutely is.

Celso: What do you think is the biggest conversation around hormones and oral health that dentistry has yet to have, and what are you most looking forward to discussing at the GBT Summit 2026?

Nighat: The biggest conversation dental and medical colleagues still need to have is this: hormones are not a side note; they are a clinical context.

I'm most looking forward to seeing oral health discussed as part of women's whole-body health, where dry mouth, bleeding gums and tissue changes are seen as early warning signs, not isolated complaints across the woman's whole lifespan.

That shift could change how we screen, educate and care, especially at moments like menopause, pregnancy and postpartum, as well as lifelong gynaecological conditions such as PMOS, endometriosis, adenomyosis and uterine fibroids.

Now is the time to connect the dots between hormones and the mouth, so we can stop normalising symptoms that deserve proper attention.

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- Lady Bay Dental Care
- Orthodontic Excellence
- SA Smile Clinic
- Shiraz Endodontic Practice
- Taylored Dental Care
- The Magic Dentist Charity
- Toothbank

South

- Adelaide House Dental Practice
- Ash Lane Dental Suite
- Billericay Dental Care
- Brook Lane Dental Surgery
- Bupa Dental Care Bristol Gloucester Road
- Bupa Dental Care Hornchurch
- Dalmeny House Dental
- Dental Wellbeing Hub
- Fit-Lip
- Mobile Smiles
- Orchard Orthodontics
- Park Street Dental and Implant Clinic
- Revive Clinic Dental & Facial Aesthetics
- Smile Dental Centre
- Teeth Matters
- Whyman House Dental Practice
- Windmill Dental Practice

DENTAL HYGIENIST OF THE YEAR

North

- Aman Khurana
- Diane Rochford
- Elizabeth Hendry
- Huma Javeriya
- Jessica Crawford
- Kirsty Bliemeister
- Maria Pesantez Torres
- Sandy Kaur Khaira
- Rebecca Shipley
- Zahra Akhtar

London

- Amanda Adamous
- Amanpreet Nirwan
- Gita Broka
- Neha Naomi
- Pragya Kafle
- Ruth Morrison
- Shakhnoza Tosheva
- Yaro Dvorakevych
- Yasna Najmi

South

- Hannah Ripley
- Judy Ritson
- Julie Smither
- Laura Wilson
- Louise Minkler
- Molly Simpson
- Nohrina Swaria
- Rebecca Collins
- Rose O'Keefe
- Sarah Hardie
- Sejal Patel
- Udit Patel
- Victoria Louise Corner

DENTAL NURSE OF THE YEAR

North

- Adrien Chabaud
- Beth Rickelton
- Chloe Blair
- Emma Tonge
- Harriet Middlemast
- Milena Nowotna
- Georgia McNally
- Morag Souter
- Natalie Brien
- Shannon O'Neill

Midlands

- Abigail Fox
- Georgette Porter
- Grace Crocker
- Karima Ewida
- Laura Thickett
- Lily Ockendon
- Olivia-Lea Read
- Paige Flanner
- Rachel Lincoln
- Vandana Kanda

London

- Camilia El Shaer
- Divya Thapa
- Luiza Russell
- Martin Soska
- Nadea Ursu
- Rebecca Silver

South

- Charlene White
- Dwayne Smith
- Erianne Celestino
- Hollie Payne
- Jasmine Mae James

- Jo Randall
- Lorna Cullum
- Luigi Gruosso
- Mary Conquest
- Zoë Darch

DENTAL THERAPIST OF THE YEAR

North

- Aman Khurana
- Daniel Bentley
- Hannah Schofield
- Holly Hubery
- Jessica Crawford
- Kirsty Thompson
- Lisa Barrett
- Niamh Royle
- Sabha Paish
- Stacey Provan

South

- Alfie Brewer
- Charlotte Benson
- Ella Samuel
- George Diffey
- Gulab Singh
- Javeria Silkander
- Jessica Ladwa
- Robbie Stewart
- Shakhnoza Tosheva
- Stacie Chanel de Klerk
- Yashana Byfield

DIGITAL PRACTICE OF THE YEAR

North

- Altrincham Dental Practice
- Aspire Smiles
- Bright Orthodontics
- Cheadle Hulme Dental & Cosmetics
- Deeside Dental Surgery
- Dental Care Perth (Clyde Munro Dental Group)
- Dental Icon
- Dr Rez Dental
- Lume Dental
- Meliora Dental
- Queens Drive Dental Practice
- Springmount Dental & Implants
- The Dental Barns
- The Dental Place Warwick

South

- Beatty Dental
- Billericay Dental Care
- Black Swan Dental Spa
- Blue Light Dental & Aesthetics
- Dentartistry
- Didcot Dental Studio
- Face Teeth Smile Dental Clinics
- Foxley Lane Dental

- NUYU Dental & Aesthetics
- Oaks Dental Ruislip
- Pallant Advanced Dentistry

MOST IMPROVED PRACTICE OF THE YEAR

North

- Auckland Cosmetic Dental Clinic
- Castlebawn Dental Bangor NI
- Deeside Dental Surgery
- Glenrothes Dental House
- Horwich Dental Care Centre
- Meliora Dental
- Mexborough Dental Surgery
- Moyle Dental Care
- Stewart Dental Care
- Taylored Dental Care
- The Croft Dental & Implant Practice

Midlands

- Clent Dental Care
- Hagley Dental Practice
- Shiraz Endodontic Practice
- Southwell Dental Care
- Sutton Dental Care
- The Dental Parlour
- WS9 Dream Dental

South East & London

- Ascot Dental Suite
- Bespoke Dental
- Billericay Dental Care
- Castle Street Dental Practice
- Chingford Smile Club
- DentaBrite Clinic
- Hampshire Dentists
- Lakewood Dental
- Marlow Valley Smiles
- Moltons Dental & Aesthetics
- Oaks Dental Ruislip
- Pearly Whites
- Pembrige Dental
- The Sandford Dental Implant & Cosmetic Centre
- Woodberry Down Dental Practice

South West & Wales

- Abbey Mead Dental & Implant Clinic
- Broadshires Implants & Aesthetics Dental Practice
- Dartmoor Dental
- Martock Dental Practice
- Modbury Dental Practice
- NUYU Dental & Aesthetics Bristol
- Parkhill Dental

NEW PRACTICE OF THE YEAR

North

- Advance Smiles & Orthodontics
- Crafted Dental
- Dental Icon
- Dental on Brunswick
- Dental Therapy Paisley
- Dentistry @ Holme – Slaithwaite
- Elite Smile Studio
- Gibside Dental
- Moyle Dental Care
- Regent Dental
- The Offerton Dental Studio
- YOU Dental and Aesthetics

Midlands

- Acorn Dental
- Cathedral Dental
- First Smiles Children's Dentist
- Lux Dental
- Mapperley Dental Studio
- Signature Smiles
- Toothbank

South

- Almás Dentistry & Aesthetics
- Attention To Dental
- Biggleswade High Street Dental Clinic
- Dental Lounge Cardiff
- Dentartistry
- Face Teeth Smile Dental Clinics
- Form Dental
- Halo Dental
- NUYU Dental & Aesthetics
- Savona Dental
- Sunninghill Clinic
- The Implant Centre – Haywards Heath

PATIENT CARE

North

- Auckland Cosmetic Dental Clinic
- Bright Orthodontics
- Brunner Court Dental & Implant Practice
- Dental Icon
- Dentistry @ Holme
- Dr Rez Dental
- Fence House Dental
- Greenside Dental Care
- Lume Dental
- Ossett Dental Care
- Precision Dental Clinic
- Taylored Dental Care
- The Offerton Dental Studio
- Trinity House Dental Care

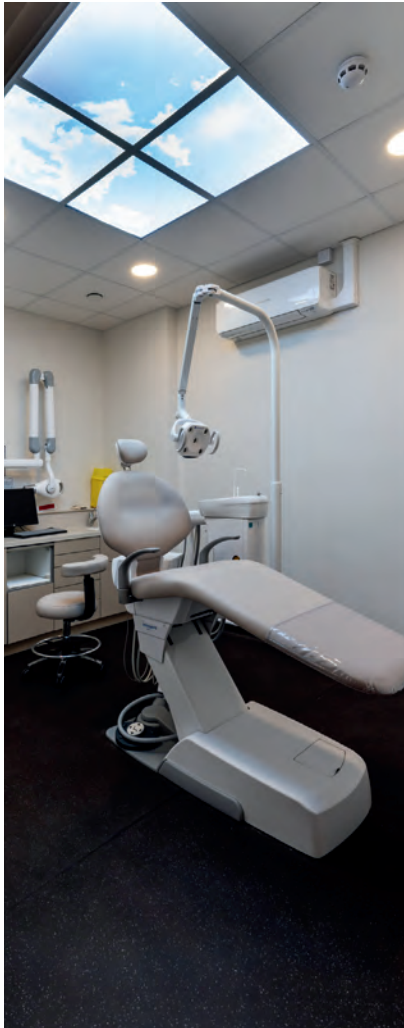
Midlands

- Acorn Dental
- Aspire Smiles
- BPI Dental – Birmingham's Specialist >



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Referral Practice

- Chris Bird Dental Care
- Clent Dental Care
- EverySmile Leicester
- Lady Bay Dental Care
- Shiraz Endodontic Practice
- Sutton Dental Care
- Teeth & Face
- The Dental Barns

London

- Dental by Design
- Dr Devisha Patel – Bond Dental London
- Feel Good Dental
- Heronsgate Dental & Facial
- Lakewood Dental
- Malmin Dental Canary Wharf
- Mint Dental Centre
- Pearly Whites
- Woodhouse Implants & Aesthetics Dental Practice

South East

- Adelaide House Dental Practice
- Apex Endodontics
- David Neal Dental
- Didcot Dental Studio
- Enanee Dental Practice
- Ferring Dental Practice
- Foxley Lane Dental
- Graystone Referral Centre
- Moltons Dental & Aesthetics
- Pine Dental & Aesthetics
- Red Lodge Dental Surgery
- Reginald O'Neill Dental Care
- SimplyTeeth
- The Sandford Dental Implant & Cosmetic Centre
- Vogue Dental

South West & Wales

- Black Swan Dental Spa
- Broadshires Implant & Aesthetic Dental Practice
- Contemporary Dental
- Dr Deirbhle Deehan
- Hereford Dental Implant Clinic
- Inspired Dental Care
- Larkham House Dental Practice
- Revitalise Dental Centre
- Urchfont Dental Care
- Wellington Dental Practice

Scotland

- Cherrybank Dental Spa
- Dentistry @ No3
- Dentistry on the Clyde
- Dentistry on the Square
- La Belle Dental Clinic
- Links Dental Practice

- Queens Drive Dental
- SA Smile Clinic
- Scottish Centre for Excellence in Dentistry
- The Hollies Dental Practice
- The Orthodontic Clinic
- The Tooth Doctor
- Vermilion – The Smile Experts

PRACTICE BRAND & DESIGN

North

- Bright Orthodontics
- Crafted Dental
- Deeside Dental Surgery
- Dental Icon
- Dentistry @ Holme
- Dr Rez Dental
- Gibside Dental
- La Belle Dental Clinic
- Lume Dental
- Mexborough Dental Surgery

Midlands

- Cathedral Dental
- EverySmile Leicester
- Lux Dental
- Signature Smiles
- Springmount Dental & Implants
- The Dental Barns
- Toothbank
- Tranquillo Dental Studio

London

- Almás Dentistry & Aesthetics
- Bond Dental
- Chingford Smile Club
- Dentartistry
- Mouth Dental
- Pearly Whites
- The Dentist Gallery

South East

- Abbots Lodge Dental Practice
- Ash Lane Dental Suite
- Bespoke Dental, Reading
- Didcot Dental Studio
- Feel Good Dental
- Form Dental
- Moltons Dental & Aesthetics
- Oaks Dental Ruislip
- Sunninghill Clinic
- The Sandford Dental Implant & Cosmetic Centre
- Vogue Dental
- Zen House Dental

South West & Wales

- Contemporary Dental
- Dartmoor Dental
- Inspired Dental Care
- Larkham House Dental Practice
- NUYU Dental & Aesthetics
- Thornbury Dental Wellness Clinic

PRACTICE MANAGER OF THE YEAR

North

- Becky Whitehead
- Eve Waters
- Joanne Shaw
- Lauren Toms
- Laura Patel
- Jennifer Ingledew
- Lynne Coyne
- Michaela Shorrocks
- Sam Jenkinson-Cooke
- Sarah Miller
- Vicky Beacher

Midlands

- Clare Ison
- Claire Hower
- Christine Hamilton
- Dal Sohal
- David Drew
- Jodie Lynch
- Julie Griffiths
- Patrycja Galonka

South East & London

- Amanda Dillaway
- Jason Bailey
- Jaypreet Sehmi
- Joanna Pabis
- Louisa Dallinger
- Priyamanasa Venkatasubramanian
- Shushaanth Sounthararajan
- Smita Patel
- Tania Lunn

South West & Wales

- Becky Harris
- Billie Taylor
- Clare Mills
- Claire Seaborne
- Jodie Wright
- Kay Bullen
- Kears Simmonds
- Laura Wilson
- Vikki-Leigh Edwards

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PRACTICE PRINCIPAL

North

- Daniel Jenkinson
- Gayathiri Ramani Balasubramaniam
- Harriet Beaty
- Imran Uddin
- Khalid Master
- Kunal Rai
- Puthri Raphy
- Rez Dilmah
- Roshanay Javed
- Scott Phillips
- Uzma Rajah
- Wajiha Basir

Midlands

- Aisha Shabir
- Amita Janda
- Anjli Chandarana and Ravi Chandarana
- Bobby Bhandal
- Dan Bagga
- Gurprit Jandu
- Isha Dhillon
- Julija Hobotova
- Kunal Sirpal
- Malcolm Campbell
- Manoj Parmar
- Meera Sunder
- Nida Kamal
- Raj Dhami

London

- Amir Tarki
- Ankush Garg
- Ardalan Eghtedar
- Azharuddin Chauhan
- Deep Patel and Lumini Patel
- Keya Vithani
- Neil Shah
- Rajeswaran Raajanathan
- Sumair Khan
- Umeen Fatima

South West & Wales

- Agata Ciukiewicz
- Ali El Maadarani
- Alkisti Vouvouni
- Amish Bhayani and Andre Faro Leite
- Barry Kasai
- Chloe Harrington-Taylor
- John Barclay
- Laurie Stumper
- Leonard Smart
- Mike Hesketh
- Naiz Khan
- Natalia Agalakova
- Vivek Giddani

South East

- Amardeep Singh Johal
- Brenda Macmillan
- Divya Singh
- Fariba Zolfaghari
- Jacy Cleal
- Madalina Ignat
- Mohamed Motter
- Nikhil Patel
- Parminder Battu
- Raj Juneja
- Rebecca Hartog
- Rebecca White
- Reginald O'Neill
- Roshan John
- Rupert John Neville
- Salaman Iqbal
- Sheena Tanna

Scotland & Northern Ireland

- Cosmin-Andrei Musat
- Libi Al Muzian
- Lisa Currie and Ivin Tan
- Nadine Al-Farhan & Shahad Al-Dabbagh
- Nicola Gallagher
- Nigel E Smith
- Slaine Ker
- Sobiah Sattar and Dr Ayesha Ghaffar
- Willie Chang

REFERRAL PRACTICE

North

- Acorn Dental
- BPI Dental – Birmingham's Specialist Referral Practice
- Bright Orthodontics
- Cheadle Hulme Dental & Cosmetics
- Dental Icon
- Fortwilliam Specialist Dental Clinic
- Oxford House Referral Centre – Part of the Kana Health Group
- Scottish Centre for Excellence in Dentistry
- Shiraz Endodontic Practice
- The Orthodontic Clinic
- Vermilion – The Smile Experts

South

- Abbey Mead Dental & Implant Clinic
- Apex Endodontics
- Didcot Dental Studio
- Graystone Referral Centre
- Hartog Dental
- Hereford Dental Implant Clinic
- Larkham House Dental Practice
- Malmin Dental Farringdon
- Mouth Dental
- Orchard Orthodontics

- The Cosmetic Dental Gallery
- The Sandford Dental Implant & Cosmetic Centre
- Wellington Dental Practice

TEAM OF THE YEAR

North

- Bank View Smile Studios
- Brunner Court Dental & Implant Practice
- Cheadle Hulme Dental & Cosmetics
- Dental Icon
- Dr Rez Dental
- Dream Smiles Dental
- Eye & Dental Clinic
- Gibside Dental
- Lismore House Dental Practice
- Lume Dental
- Muirhead & Associates Dental Practice
- St Raphael's Dental Practice
- Taylored Dental Care
- Trinity House Dental Care

Midlands

- All Saints Dental Clinic
- Andrew Lee Dental Practice
- Aspire Smiles
- Chris Bird Dental Care
- EverySmile Leicester
- Lady Bay Dental Care
- Shiraz Endodontic Practice
- Swadlincote Hughes & Owen PortmanDentex
- Sutton Dental Care
- Teeth & Face
- The Dental Spa
- Tranquillo Dental Studio
- Winchester House Dental Practice
- WS9 Dream Dental

London

- Cavendish House Dental Practice
- Dental by Design
- Dental Kids
- Dentartistry
- EGO Dental
- Pearly Whites
- The Dental Lounges Wimbledon
- Woodhouse Implants & Aesthetics Dental Practice

South East

- Ascot Dental Suite
- Berkhamsted Dental
- Bespoke Dental
- Billericay Dental Care
- Brampton Dental Practice
- Didcot Dental Studio
- Feel Good Dental





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- Pallant Advanced Dentistry
- Red Lodge Dental Surgery
- Reginald O'Neill Dental Care
- Surrey Dental Surgery
- Sunninghill Clinic
- The Wraysbury Clinic
- Total Orthodontics Haywards Heath (Part of Bupa)
- Watford Smiles
- Woodlands Dental & Implant Centre

South West & Wales

- Abbey Mead Dental & Implant Clinic
- Black Swan Dental Spa
- Broadshires Implant & Aesthetic Dental Practice
- Brynteg Dental Tenby
- Contemporary Dental
- Cotteswold House Dental Care
- Evolve Dentistry
- Hereford Dental Implant Clinic
- Inspired Dental Care
- Larkham House Dental Practice
- Newport Orthodontic Centre
- NUYU Dental & Aesthetics
- Select Dental
- Urchfont Dental Care
- Wellington Dental Practice

Scotland

- Bupa Dental Care Dundee
- Cherrybank Dental Spa
- Dentistry @ No3
- Dentistry at Century House
- Dentistry on the Clyde
- Glenrothes Dental House
- Hamilton Dental Centre
- La Belle Dental Clinic
- Links Dental Practice
- Orchard Road Dental Practice
- Queens Drive Dental
- SA Smile Clinic
- Scottish Centre for Excellence in Dentistry
- The Orthodontic Clinic
- The Smile Boutique

TREATMENT OF NERVOUS PATIENTS

London

- Dental Kids
- Dentartistry
- Dr Devisha Patel
- Dr Mali Dental Clinic
- Pearly Whites

North

- Bank View Smile Studios
- Bright Orthodontics
- Bupa Dental Care Sunderland Wessington
- Deeside Dental Surgery
- Dental Icon
- Dentistry @ Holme
- Dr Rez Dental
- Eye & Dental Clinic
- Gibside Dental
- Regent Dental
- Taylored Dental Care
- The Offerton Dental Studio

Midlands

- Abbey House Dental
- EverySmile Leicester
- First Smiles Children's Dentist
- Lady Bay Dental Care
- Shiraz Endodontic Practice
- Shortheath Dental Practice
- Signature Smiles
- Sutton Dental Care
- Teeth & Face
- The Dental Barns
- The Dental Parlour
- Tranquillo Dental Studio
- WS9 Dream Dental

South East

- Adelaide House Dental Practice
- Apex Endodontics
- Beatty Dental
- David Neal Dental
- Didcot Dental Studio
- Dr Tarun Singh Nagpal
- East Harling Dental Care
- Graystone Referral Centre
- Hampshire Dentists
- Hartog Dental
- Moltons Dental & Aesthetics
- Reginald O'Neill Dental Care
- The Sandford Dental Implant & Cosmetic Centre
- Vogue Dental

South West & Wales

- Abbey Mead Dental & Implant Clinic
- Contemporary Dental
- Dr Deirbhle Deehan
- Inspired Dental Care Exeter
- Merrifield Dental Practice
- Plymouth Dental Centre of Excellence
- Pontcanna Dental Care
- Revitalise Dental Centre
- Thornbury Dental Wellness Clinic
- Urchfont Dental Care

Scotland & Northern Ireland

- Cherrybank Dental Spa
- Dentistry @ No3
- Dentistry on the Clyde
- Dentistry on the Square
- Evodental Edinburgh
- La Belle Dental Clinic
- Links Dental Practice
- Moyle Dental Care
- Queens Drive Dental
- St Andrews Dental Care
- The Row Dental
- The Tooth Doctor

YOUNG DENTIST OF THE YEAR

North East

- Ankush Patel
- Brandon Tiller
- Christos Athanasoulis
- Jane Gosney
- Rajvir Dutt
- Sam Row
- William Thorley
- Zain Remy

North West

- Alex Dyer
- Harris Chaudhry
- Issy Parkes
- Jasleen Batra
- Nik Sahdev
- Rhys Ward
- Varinder Jhaji
- Wei Hao Yew

Midlands

- Anna Najran
- Cameron Bagry
- Chirag Patel
- Harsha Mane
- Kev Chavda
- Nabeel Ilyas
- Rehan Ahmad
- Sammy Sarai

South East

- Adnan Mohammed
- Amardeep Singh Johal
- Aoife Stack
- Bikram Singh Narang
- Fadheelah Nadeem
- Karolina Michalak
- Kaveet Rajendra Patel
- Kish Lakhani
- Nickhalas Tan
- Raj Juneja
- Tarun Singh Nagpal
- Zohaib Hassan



London

- Anastasiya Orishko
- Anne-Marie Mercer
- Anni Seaborne
- Charlie Steere
- Chinwe Akuonu
- Chris Espineira
- Connie Yan
- Fatima Rashid
- Hartej Singh Matharu
- Jennifer Rawes
- Kabir Singh Bhogal
- Lia Melconian
- Niveen Zakaria
- Pavandeep Mahal
- Payvand Menhadji
- Rose Poon
- Sanyukta Kothari
- Simmi Daryani
- Victoria Ojetunde
- Vikas Bajaj
- Vishal Raichura

South West & Wales

- Amy Baers
- James Hunter
- Lily Ferreira
- Mojgan Talibi
- Nieves Ros
- Patric Aria Saraby
- Riya Roy
- Sherry Mowla

Scotland & Northern Ireland

- Adam Shahzad
- Amanda Bassey-Duke
- Christopher Jordan
- Emma Chalmers
- Gary O'Neill
- James McKenna
- Matt Dash
- Mary Catherine O'Dolan
- Olivia Arthur

PRACTICE OF THE YEAR**North West**

- Bank View Smile Studios
- Bright Orthodontics Liverpool
- Cheadle Hulme Dental & Cosmetics
- Curzon Park Dental Practice
- Deeside Dental Surgery
- Dentistry @ Holme
- Dream Smiles Dental
- Dr Rez Dental
- Fence House Dental
- Lume Dental
- Re-Ignite Dental
- The Croft Dental & Implant Practice
- Trinity House Dental Care

North East

- Auckland Cosmetic Dental Clinic
- Aura Dental Clinic
- Dental Icon
- Greenside Dental Care
- Honour Health Jesmond
- Honour Health Stanley
- Mexborough Dental Surgery
- Muirhead & Associates Dental Practice (Today's Dental)
- Taylored Dental Care

Midlands

- Aspire Smiles
- Chris Bird Dental Care
- Clent Dental Care
- Clover Dental Care
- EverySmile Dental Clinic
- High Locks Dental Practice
- Lux Dental
- Orthodontic Excellence
- Shiraz Endodontic Practice
- Swadlincote Hughes & Owen
- Teeth & Face
- The Dental Barns
- The Dental Place Warwick
- The Dental Spa
- The Whitehouse Dental Practice
- Tranquillo Dental Studio

London

- Bond Dental Marylebone
- Dentartistry
- EGO Dental
- Mouth Dental
- One Dental
- Pearly Whites
- Smiles and Smiles by L&Y Dental
- Smile Tailor
- The Cosmetic Dental Gallery
- Woodhouse Implants & Aesthetics Dental Practice

South West & Wales

- Abbey Mead Dental & Implant Clinic
- Black Swan Dental Spa
- Broadshires Implant & Aesthetic Dental Practice
- Dartmoor Dental
- Evolve Dentistry
- Hereford Dental Implant Clinic
- Inspired Dental Care
- Larkham House Dental Practice
- Newport Orthodontic Centre
- NUYU Dental & Aesthetics
- Plymouth Dental Centre of Excellence
- Revitalise Dental Centre
- Urchfont Dental Care
- Wellington Dental Practice

South East

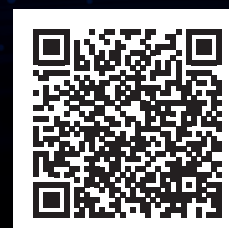
- Abbots Lodge Dental Practice
- Adelaide House Dental Practice
- Billericay Dental Care
- David Neal Dental Eastbourne
- Didcot Dental Studio
- Face Teeth Smile Dental Clinics
- Feel Good Dental
- Hartog Dental
- Hydean Dental
- Moltons Dental & Aesthetics
- Oaks Dental Ruislip
- Reginald O'Neill Dental Care
- The Sandford Dental Implant & Cosmetic Centre
- Vogue Dental

Scotland

- Bupa Dental Care Dundee
- Castlebawn Dental Bangor NI
- Cherrybank Dental Spa
- Dentistry @ No3
- Dentistry at Century House
- Dentistry on the Clyde
- Links Dental Practice
- Moyle Dental Care
- Nigel Smith Dental Care
- Queens Drive Dental
- SA Smile Clinic
- Scottish Centre for Excellence in Dentistry
- Sunrise Dental Clinic
- The Orthodontic Clinic

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STAGE!

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CENTRE OF TABLE

BOTTLES OF CHAMPAGNE
AND WINE ON THE TABLE

3 COURSE MEAL AND
COFFEE

GOLD

ARRIVAL DRINKS
RECEPTION

PREMIUM TABLE
POSITIONING IN CIRCLE
TWO

BOTTLES OF CHAMPAGNE
AND WINE ON THE TABLE

3 COURSE MEAL AND
COFFEE

SILVER

ARRIVAL DRINKS
RECEPTION

BOTTLES OF WINE ON THE
TABLE

3 COURSE MEAL AND
COFFEE

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www.solventum.com/en-gb/home/oral-care

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Saving compromised teeth British Endodontic Society

The British Endodontic Society (BES) is set to hold its annual regional meeting in Oxford this November. Guest speaker Dr Fabio Gorni describes what attendees can expect from his sessions: 'I'm looking forward to meeting you at the British Endodontic Society regional meeting at Rhodes House, Oxford.'



'On Friday 20 November, I'll be presenting "Saving teeth beyond the limits of traditional endodontics" where we'll explore how more endodontists can help preserve teeth that may otherwise be considered untreatable.'

'On Saturday 21 November, I'll continue with "The recovering of compromised teeth: evidence beyond the outcomes" focusing on the evidence behind the management and long-term recovery of compromised teeth.'

'It will be a pleasure to share these two sessions with you. I look forward to seeing you in Oxford.'

07762945847

www.britishendodonticsociety.org.uk

A new benchmark in oral healthcare Philips

Philips Sonicare has launched its most advanced electric toothbrush yet, the Next-Generation DiamondClean 9900 Prestige, featuring on-device AI and real-time spatially aware guidance to help patients improve brushing coverage and confidence between dental visits.

With 37% of people unsure whether they are brushing well enough, the toothbrush combines AI-powered guidance with Sonicare cleaning technology, removing up to 20x more plaque than a manual toothbrush. Its light ring provides real-time feedback on coverage, pressure and scrubbing, while a 12-segment Mouth Map highlights missed areas and confirms when a complete clean has been achieved.



SenseIQ smart pressure sensors automatically adapt intensity if patients brush too hard, while users can choose from eight modes, three intensities and personalised feedback settings. The device also features Sonicare Fluid Action, a quieter next-generation motor, replaceable battery encapsulation, paper-based packaging and brush heads made with 70% bio-based plastic.

The Philips Sonicare Next-Generation DiamondClean 9900 Prestige is available in three premium colours, and includes a rechargeable travel case and charging glass.

References available upon request.

philips.co.uk/professionals/dental/toothbrushes/9900-prestige



IN THE HOT SEAT

Ashmai Zyada, principal dentist and founder of Olive Tree Dental, on getting out there and enjoying the view

Q When and where was your last meal out?

A I went for Sunday brunch with my girlfriends at Haute Dolci in Reading. I was so impressed by the whole experience. The attention to detail was wonderful, and the meal was delicious. Great food, good conversation and lots of laughter, pretty much my perfect brunch.

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

A Probably Sandra Bullock. I have always loved her – her warmth, humour, determination and slightly chaotic energy resonate with me. She seems capable and strong, but still very human and funny, somehow keeping everything moving even when life around her is a little mad!

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

A Don't wait until you feel completely ready. Some of the best decisions I have made came from taking the first step and working the rest out along the way.

Q What's your guilty pleasure?

A Online shopping late at night. I can go online looking for something completely sensible and somehow end up wondering how three entirely unrelated things have made their way into my basket.

Q What was the last gift you received?

A A beautiful gold necklace and earring set from my mother-in-law.

Q Describe your perfect holiday...

A Sunshine, beautiful scenery – somewhere luxurious enough to properly switch off, but with enough to explore that I don't get bored. Most importantly, great food shared with friends and family, sitting around a table talking and laughing for hours. And ideally, children who are happily entertained while all of this is happening!

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

A This is a difficult one – but maybe *Outlander*, particularly the books by Diana Gabaldon. If you read the books first, you will probably spend half the TV series getting annoyed because it does not always stay faithful to the plot. But if you watch the series first, the chemistry between Jamie Fraser and Claire Fraser will melt you.

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

A The Best by Tina Turner. I put it on when I need a pick-me-up during appointments.

Q What keeps you up at night?

A Ideas... I am terrible at switching my brain off. It could be something clinical, an idea for the practice, a new project or something I suddenly decide needs solving at midnight.

Q How do you unwind?

A Going for a walk with someone, talking leisurely and spending quality time together. I also love sitting somewhere with a lovely view, just chatting, lounging and laughing. And listening to the radio with others and having a proper giggle.

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

A I would travel extensively with my family, make sure the people closest to me were looked after and invest in projects that improve peoples' lives. I'd still work though – I'm not ready to retire yet.

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

A It's this one of the team! My camera roll is an accurate representation of my life – it's full of family, dentistry and organised chaos!



So proud of my new smile!

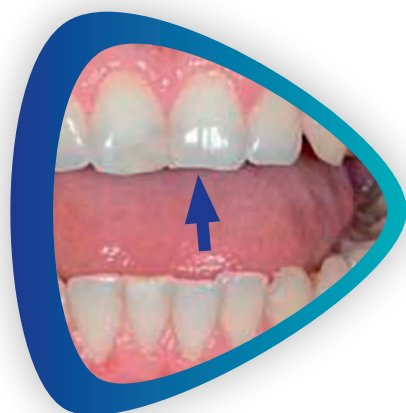


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wear (BEWE
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show signs of
significant erosive
tooth wear
(BEWE score
 ≥ 2)*

**40% of
young adults**

have evidence of
significant erosive
tooth wear†

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AND SHIELDS ENAMEL**



ACCESS EXCLUSIVE CASE STUDIES

*At least one tooth with a BEWE score of at least 2

†Age 18-27

1. Recession, dentine hypersensitivity, tooth wear periodontal health and associated risk factors: an observational, cross sectional multi-centre epidemiological study in 7 European countries, December 2023

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