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Reasons to look ahead

Siobhan Hiscott
Group managing editor

There's a particular unease that settles over a profession when a regulator announces it is taking a closer look. For private dentistry, that moment came on 5 March, when the Competition and Markets Authority (CMA) opened a market study into a sector worth £8.4 billion and now accounting for around 69% of the UK dental market. Dentistry is a profession that has long been accustomed to scrutiny, but many of us felt the sting of examination – and it was hard not to hear an accusation in it.

Eight months on, I think that reading sold us short. The scrutiny is partly a consequence of how much has changed. One in five people in the UK used private dental care in 2024 – many because NHS access had become impossible. When care becomes a necessity rather than a choice, patients arrive with different expectations: they want to understand what they are being offered, what it will cost and why. That is a reasonable thing to ask of any profession.

It is also worth remembering how central private practice is to dentistry itself. The General Dental Council's working pattern data, published in March, found that a fifth of the dentists who responded work exclusively privately, and a further 14% do so predominantly. This is not a corner of the profession – for a third of dentists, it's simply 'the job'.

The themes the CMA has returned to will feel familiar to anyone running a practice: the trust patients place in their dentist, the clarity of what they are told before they commit, and a regulatory landscape that has grown complicated and overlapping.

But alongside them sits something the CMA's work cannot easily see. Patients see the fee; they rarely see the training, laboratory work, staffing and time behind it, nor the escalating costs practices have been absorbing for years.

That gap is where most of the discomfort lives, and it's also one the profession can close. Explaining why dentistry costs what it does isn't defensive: do it right and it can become another foundation of trust.

And oddly enough, that's why I'm hopeful about 2027. The CMA's final report is due on 4 March, and whatever it recommends, the direction of travel is clear: transparency is no longer optional.



Practices that have spent years investing in unhurried consultations, plain-English treatment plans and honest conversations about cost are actually better placed than they may realise. They've been building what the market is now asking for. The same goes for investing in the whole team, because the difference when every colleague understands (and can verbalise) what the practice offers is tangible. If 2026 was the year the profession was asked to explain itself, 2027 can be the year we do it well. Patients who understand their care trust it more – and that has always been one of the best arguments for private dentistry. Now we have the chance to make it in public.

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PRIVATE DENTISTRY

MISSION STATEMENT

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

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DENTISTRY IN FOCUS
MOUTH CANCER

November is **Mouth Cancer Action Month**

Mouth Cancer Action Month returns this month, bringing dental professionals, healthcare teams and the public together to raise awareness of mouth cancer and the importance of early detection.

Supported by the Mouth Cancer Foundation and the Oral Health Foundation, the annual campaign runs from 1 to 30 November and encourages everyone to recognise potential warning signs, seek professional advice and understand how to reduce their risk.

Dental practices can participate by creating waiting room displays, sharing educational content through practice websites and social media, and using appointments to explain mouth cancer examinations.

The foundation also encourages dental professionals to show patients its self-examination video and promote monthly checks at home.

Alongside awareness activity, dental teams can join the Mouth Cancer Foundation's 2026 Walk From Home initiative, which runs until 30 November.

For dental practices, the month provides a focus for conversations about symptoms that patients might otherwise overlook. These include ulcers that do not heal within three weeks, red or white patches, unexplained mouth or neck lumps, and difficulty swallowing.

For more information, visit mouthcancerfoundation.org and dentalhealth.org/mouthcancer.

People with long COVID have a **'drastically' different oral microbiome**

People with long COVID had marked differences in their oral and airway microbiome, a new study has shown, with the changes linked to reduced lung function, cognitive problems and gastrointestinal symptoms in patients.

Researchers from the University of Dundee divided 771 patients who had previously been hospitalised with COVID-19 by the severity of their ongoing symptoms and analysed the microbes in their saliva.

Patients with extreme long COVID had very obvious differences in the microbiome in their mouth and lungs compared with those without the condition.

These differences were associated with a range of systemic symptoms including reduced lung function, neurocognitive symptoms such as brain fog, and gut symptoms (including pain, nausea, diarrhoea and loss of appetite).

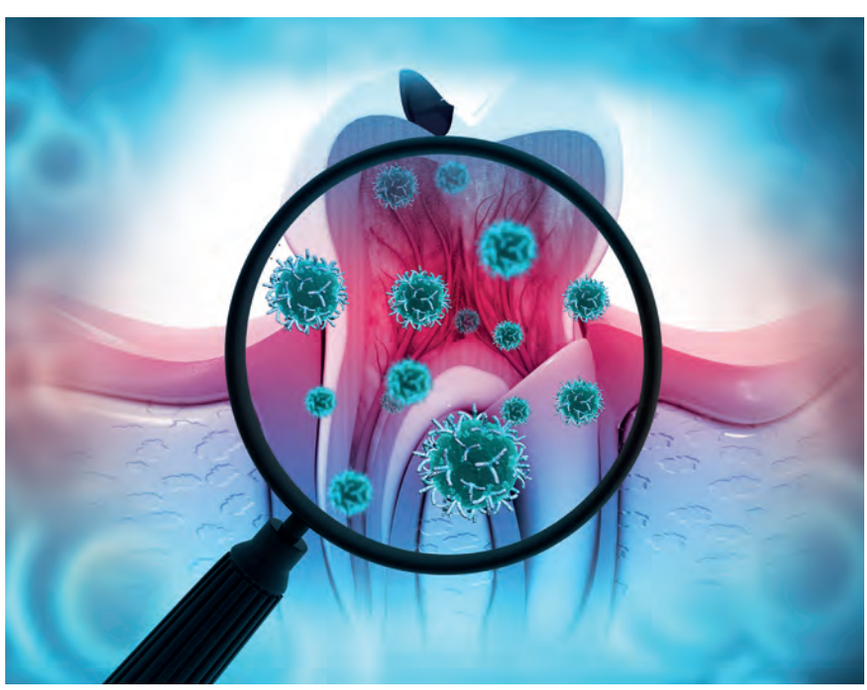
Lead author Dr Daniela Alferes de Lima Headley said: 'We know that millions of people worldwide are still affected by long COVID and its cause is still unknown. Long COVID affects multiple organs. The microbiome is important to maintain health throughout the body, so it is a strong candidate for something that may contribute to long COVID.'

Among the microbiome changes associated with long COVID symptoms was an over-abundance of bacteria that produce lactic acid, which was also linked to signs of inflammation found in the patients' blood.

DO MICROBIOME CHANGES CAUSE LONG COVID?

One question the study could not answer is whether the changes were caused by the COVID-19 infection itself or pre-dated it, which would suggest the microbiome affects the chances of a patient developing long COVID. Previous research by Armstrong and colleagues (2023) established that a COVID-19 infection can reduce the diversity of the oral microbiome.

Professor James Chalmers, chair of respiratory research at the University of Dundee, said: 'We urgently need to know what causes long COVID because it remains a major healthcare problem. Understanding what causes it could lead to better treatments; the microbiome can be changed using antibiotics, probiotics or other measures. We hope our findings will stimulate more research into long COVID and, in the future, we would love to see treatment trials to help people with this devastating condition.'



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ORE **pass rate drops** by 29%

The pass rate for Part 2 of the Overseas Registration Exam (ORE) fell to 27% in September 2026, down from 56% in the previous sitting.

The September sitting was the first under new contractual arrangements, which the General Dental Council (GDC) said contained 'refreshed assessment content to reflect contemporary clinical practice'. The April 2026 sitting saw a 56% pass rate, with the previous three sitting between 76-77%.

A spokesperson for the GDC said the exam was subject to quality assurance by external examiners and its ORE Advisory Group at every stage. They said: 'Analysis shows that all four components performed reliably, that examiners marked consistently, and that the pass standard was set appropriately.'

Part 2 is the practical element of the exam, composed of four components that must all be passed for an overall pass grade. In the September sitting, the largest proportion of candidates failed just one component (36%), while only two failed all four. The most commonly failed component was the medical emergencies exercise, with a 44% failure rate – followed closely by the objective structured clinical examination at 41%. In contrast, 96% of candidates passed the diagnosis and treatment planning exercise.

The GDC said it recognised the time, cost and commitment involved in preparing for the exam, and understood that unsuccessful candidates would be disappointed. It confirmed that feedback would be sent to candidates, and that those who failed could resit the exam up to a maximum of four total attempts.

BDIA warns of **handpiece repair risks** in new campaign

The British Dental Industry Association (BDIA) has partnered with four handpiece manufacturers to raise awareness of the risks associated with the use of generic spare parts in handpiece repairs. The campaign aims to help dental professionals make informed decisions about handpiece maintenance and understand the risks of counterfeit and non-compliant devices.

Bien-Air, KaVo, NSK and W&H are supporting the initiative, which encourages dental professionals to check what parts are being used to repair their handpieces. Together, they aim to highlight the importance of using original manufacturer spare parts and provide clear guidance on purchasing and maintaining these devices.



PATIENT SAFETY AND CLINICAL PERFORMANCE

The BDIA acknowledges that generic spare parts are being used in handpiece repairs, which could 'fundamentally alter' the device's original construction, and transfer responsibility away from the original manufacturer.

With patient safety and clinical performance at the heart of the campaign, the association also highlights that generic parts could put patients and dental professionals at risk by compromising the safety, reliability and performance of the handpiece.

The campaign states: 'Counterfeit and non-compliant dental devices are entering the UK supply chain.' Asking 'What's really in your hands?', it warns that these devices could put patients, clinicians' reputations and professional registration at risk.

Edmund Proffitt, BDIA chief executive, commented: 'Handpieces are an essential part of dentistry. Dental professionals need confidence in their handpiece and the quality of its maintenance and repair. By working with leading manufacturers, we aim to help practices ask the right questions about spare parts and make informed decisions that put patient and user safety first.'

The initiative will be shared with organisations including the British Dental Association, General Dental Council, Medicines and Healthcare products Regulatory Agency and Care Quality Commission.

Oral health toolkit launched for non-dental professionals

The British Society of Paediatric Dentistry (BSPD) and the Royal College of Paediatrics and Child Health (RCPCH) have launched an oral health toolkit for non-dental professionals working with children, alongside a Mini Mouth Care Matters implementation guide.The resources aim to make oral health part of routine care across health, social care and education. They follow warnings in RCPCH's *State of Child Health 2026* report that progress on children's health has stalled.

The toolkit brings together evidence and practical strategies to improve prevention, reduce inequalities and support inclusive, trauma-informed care.

The implementation guide offers a four-step approach – ask, look, rate, signpost – for community and outpatient settings, plus an eight-step framework for paediatric wards and hospices. Supporting materials include e-learning, resources for special educational settings and high-risk groups, and accessible patient information.

The toolkit complements existing guidance, professional judgement and local pathways; it does not set mandatory standards of care.

93.5% satisfied: the private dentistry figures Which? did not show

New official data show 93.5% of recent private dental patients were satisfied with their care, challenging the picture presented by a Which? investigation limited to people who had experienced a problem.

Data published by the Office for National Statistics (ONS) found that 89.9% of recent NHS dental patients were satisfied with their care, rising to 93.5% among private patients. The ONS said the difference was statistically significant.

The self-reported data were collected between 21 July and 12 August 2026 as part of the Health Insight Survey. The satisfaction findings were based on 8,098 recent NHS dental patients and 8,336 recent private patients who were asked about dental appointments attended during the previous 28 days.

By comparison, the Which? investigation on hidden costs, treatment quality and complaints in private dentistry, surveyed 1,009 people, all of whom said they had experienced a problem with private dental treatment during the previous two years. Among that selected group, 39% felt charges were excessive, 22% paid more than they had been quoted and 21% said upfront pricing was unclear. A further 26% were dissatisfied with treatment quality and one in 10 said they had experienced a clinical mistake. Some respondents also reported feeling pressured to accept treatments or join monthly payment plans. The concerns of those patients remain valid. However, the British Dental Association (BDA) said it was misleading to present the results as representative of the millions of patients receiving private dental care.

BDA chair Eddie Crouch said: 'Every dental patient deserves safe, high-quality care, clear information about costs and somewhere meaningful to turn when they're not satisfied. But these findings need to be put firmly in perspective. Which? set out to survey people who had already experienced a problem with private dental care.'



Dental practice sales accelerate as offers agreed within weeks

Dental practice sales are moving from launch to accepted offers within two to three weeks as intense competition has pushed some buyers to bid above asking price during viewings.

The rapid pace, compared with seven to eight weeks previously, was described as one of the biggest frustrations facing buyers during a National Association of Specialist Dental Accountants and Lawyers (NASDAL) annual UK meeting in London in October.

Participants said some buyers were attempting to secure practices immediately, leaving sellers with little time to assess competing offers or consider which transaction was most likely to complete.

Greater access to finance was identified as one reason for the acceleration. Meeting attendees said more banks were willing to lend within the dental market, with competitive rates and longer repayment terms making acquisitions more affordable.

This was particularly evident among independent buyers acquiring their first, second or third practice and smaller groups expanding their portfolios. Larger corporate operators were described as more selective, apart from the biggest groups pursuing substantial acquisitions.

Locations with longstanding recruitment difficulties were also attracting acquisition interest. Some groups were reportedly more willing to consider practices in areas described as 'dental deserts', as concern about recruitment had begun to ease.



The speed of bidding contrasted with the preparation required before a transaction could be completed.

Care Quality Commission (CQC) processes in England were described as challenging and capable of delaying individual deals. However, the additional preparation was not viewed only as an obstacle.

One participant argued that requiring policies and supporting documents earlier encouraged buyers to become organised from the beginning of the process.

This was said to have reduced the bottleneck created when applicants completed their interviews but could not progress because their documentation was missing.

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The devil in the detail

When it comes to selling your practice, give the terms the attention they deserve, warns **Chris Barrow**



CHRIS BARROW

During my recent inaugural presentation to the London Dental Dining Club, I suggested that practice owners who are selling should think carefully before accepting an offer containing an earnout.

Whether the purchaser is a group or an individual, the headline price is only the beginning of the conversation. The detail determines how much of that price you actually receive.

An earnout makes part of your sale proceeds dependent on future performance. There can be perfectly sensible reasons for that arrangement. The buyer wants reassurance that the business they have purchased will retain its patients, people and profitability.

The difficulty comes when the seller assumes that this reasonable principle must produce a reasonable contract.

FICTITIOUS SCENARIO

To help illustrate this, let's consider the following fictional example (drawn from reality).

An owner agrees to maintain practice profitability after completion. They understand that any shortfall will reduce their deferred payment proportionately.

However, the document contains a sliding scale under which a modest reduction in profitability produces a much larger reduction in the payment. Below a particular threshold, the entire annual instalment disappears.

The practice has experienced a disappointing year. The seller has experienced a disproportionately expensive one.

Then comes the question: who controls the result?

After completion, the buyer may control recruitment, staffing, purchasing, management charges, marketing and investment. Yet the seller's money remains dependent on the profitability those decisions produce.

If additional income is excluded from the calculation, are the associated costs excluded too? Can a strong second year recover a deduction suffered in the first? Who resolves disagreements? When must an earned payment actually reach your bank account?

These are questions to settle before signing.

SHARE OPTIONS

I have a separate concern about arrangements offering shares in the purchasing group instead of some of the cash consideration.

The proposition can sound attractive. Join the larger enterprise, participate in its growth and benefit when the group itself is sold. That may work well. But accepting shares means making an investment decision alongside selling your practice.

What rights attach to those shares? Who gets paid first? Can your holding be diluted? What happens if the anticipated sale is delayed, the valuation disappoints or no suitable buyer appears?

My concern is that in the UK more than 100 groups pursuing similar eventual exits may find themselves competing for the same pool of purchasers. I would want convincing evidence before treating a projected uplift as dependable retirement money.

Any future valuation presented by a buyer or their representatives remains a projection.

STRAIGHTFORWARD ADVICE

Looking for advice? Engage a solicitor who understands dental transactions, an accountant who can test the calculations and a business coach who will challenge whether the arrangement supports the life you want after ownership.

Ask them to model disappointing outcomes as carefully as successful ones. Compare offers by cash at completion, realistic future receipts, obligations and risk. You may have spent decades building your practice. Give the terms of its sale the attention they deserve.

Before agreeing, make sure you can explain, in plain English, how every deferred pound is earned, calculated and paid. If that explanation depends on optimistic assumptions or someone else's discretion, there is more work to do.

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Aspire Dental Academy

Raheel Malik and **Richard Porter** explain how 15 years of teaching, almost 50 property viewings and an uncompromising approach to detail culminated in a dental academy designed to make learning feel different

We still have moments when we walk through Aspire Dental Academy and think: how did we actually build this? For years, Aspire existed in hired venues. The courses were established, delegates kept coming back and the business worked. But we were always teaching within somebody else's limitations. We wanted to know what education could look like if those limitations disappeared.

That idea had been building for a long time.

WHERE IT STARTED

Both of us came to education through our own experiences of finding dentistry harder than expected.

Raheel qualified from King's College London in 2010 and immediately began investing in courses. He was methodical about his dentistry, writing everything down until those notes became something friends began asking to use.

Richard graduated from Guy's Hospital in 1999 and, after feeling clinically exposed early in practice, returned to hospital dentistry. Specialist restorative training followed, then a consultant role at St George's Hospital and an increasing involvement in teaching.

We met around 15 years ago when Raheel attended one of Richard's courses. We shared the same view of education: no ego, no hiding failures and no reluctance to be challenged.

The aim was simple. If we could help dentists do better dentistry, their patients would ultimately receive better outcomes.

Aspire grew from there, largely through word of mouth. But even a successful model has to evolve.

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ROOM TO GROW

Finding the right home took years. Raheel looked at almost 50 properties. We spent evenings walking through potential venues with our phone torches, chalking surgeries onto floors and working out whether delegates would be able to see a screen or watch a demonstration properly.

We came close to signing for other buildings, then pulled out because something did not feel right.

Eventually, Raheel happened to walk down Mortimer Street and spotted a closed Sainsbury's. The location made immediate sense. Delegates travel to us from across the UK, so central London and strong transport links mattered. Then we walked inside. All the limitations we had found elsewhere seemed to disappear. The only obvious problem was its size. It was around two-and-a-half times bigger than we had originally planned.

We looked at each other and thought: shall we? Then we went for it!

TAKING THE LEAP

There was a real element of risk because nothing about the existing Aspire model was broken.

The business was successful. We had good courses, a strong reputation and established relationships. The question was whether we stood still or evolved. We chose to evolve.



The ethos

Aspire Dental Academy is built around open, transparent and ego-free postgraduate education. Its aim is to help clinicians improve their dentistry, expand their ambitions and achieve better outcomes for patients, within an environment designed to make learning engaging, comfortable and inspiring.


aspire





Insights from RPA Dental

RPA Dental's involvement with Aspire Dental Academy began long before work started on Mortimer Street. Over several years, we explored numerous potential sites with Raheel and Richard, assessing whether each could accommodate their increasingly ambitious vision for a permanent teaching academy.

When the right property was finally found, the priority was establishing its feasibility and bringing together the specialist expertise required. This was far more than a conventional dental fit-out. The building needed to accommodate teaching facilities, clinical surgeries and, later, dental, medical and wellness spaces – all while creating a consistent experience throughout.

That required close coordination between the architects, M&E consultants, contractors, equipment specialists and the project management team. Space also had to be maximised carefully, particularly in the basement, where ceiling heights, waterproofing and the routing of services presented additional technical challenges.

The equipment and interiors developed alongside the architecture. From the phantom head teaching facilities to the clinical surgeries, every decision had to support the way Aspire teaches and works while maintaining the strong design identity running throughout the building.

Projects of this scale inevitably bring challenges – including the unexpected loss of the original audiovisual contractor during the build – but maintaining communication, collaboration and a shared vision kept the project moving forward.

The result is an academy that feels unlike anything we have worked on before: technically complex, highly considered and unmistakably Aspire Dental Academy.

In partnership with

RPADENTAL

Financially, that meant putting an enormous amount back into the business. Cash flow was one of the greatest challenges because the numbers kept changing as the project developed.

Mentally, we dealt with it by breaking a huge transformation into smaller goals. When things became stressful, we would remind each other: we're going to win.

Our partnership was probably the most important part of the project. We make decisions together and instinctively know when one of us should step forward and the other should step back.

There is complete openness between us. As Richard puts it, sometimes one plus one equals 17.

THE RIGHT PEOPLE

Construction is a completely different world to dentistry and education, and we were very aware of what we did not know.

RPA Dental became fundamental from the property search stage onwards. Raheel would call Pete Higson whenever another potential site appeared because we needed somebody who understood whether the space could actually work clinically.

That relationship continued throughout the project.

What mattered most was the approach to problems. There were inevitably challenges, but there was never a culture of blame. We sat down, worked out what needed to happen and solved them together.

That collaborative attitude became important across the whole team.



FIT, FUNCTION AND AESTHETICS

We often use three words in dentistry: fit, function and aesthetics. The academy had to achieve all three.

We were extremely particular about detail. If we believed something was possible, we needed a very convincing reason to abandon it.

At one stage, we struggled to explain the wall texture we had in mind, so we literally put our hands into the plaster to demonstrate what we wanted. That probably sums up our involvement. We didn't hand over a brief and disappear. The architects and designers would develop an idea, which would prompt another idea from us, which would then evolve again.

The price sometimes evolved with it, but the process created a space that feels very personal.

Richard's original design brief referenced Plato's Academy and the allegory of the cave: the idea of education as a route to freedom and opportunity. That influenced the earthy tones, lighting and material choices throughout.

We wanted the environment to feel inspiring without feeling intimidating.

DESIGNED FOR LEARNING

Everything in the academy was considered around how people absorb information.

We brought in an acoustic consultant because sound matters. In the patient areas, we even measured the noise of a dental handpiece to understand how much insulation was needed to prevent an anxious patient hearing it from the waiting room.



Lighting, acoustics, layout and flow were all treated in the same way. The audiovisual infrastructure was equally important.

Our teaching spaces allow us to demonstrate procedures in extraordinary detail, while the surgeries can be linked into the teaching environment for live clinical demonstrations.

That changes the experience completely. A preparation or a composite layer can be shown metres wide on screen, allowing delegates to see details that might otherwise be missed. We have always believed in showing real dentistry – including the failures and the difficult parts. Dentistry is hard. Education should not pretend otherwise.

MORE THAN A COURSE

Over time, we also realised Aspire had become about more than technical dentistry. Delegates would ask us about health, careers, finances, relationships and the pressures surrounding the profession. It became obvious that you cannot completely separate the clinician from the person.

That thinking led to the wellness facilities within the academy. Our ambition is to help clinicians flourish, whatever that looks like for them. For one person it might mean becoming more technically accomplished; for another it might mean working fewer days, developing a special interest or simply feeling happier in dentistry. The environment should support that. We want delegates to arrive feeling welcomed and leave feeling that their horizons have expanded.

THE FINISHED RESULT

The project consumed an enormous amount of our lives. There were sleepless nights, weekends lost to work and relationships that inevitably received less attention because there simply wasn't enough time. That has been one of the hardest lessons. However, there are moments when it feels worth it. Raheel often arrives at the academy around 6am, before anybody else is there. In those quiet moments, it is possible to walk around and remember the difficulty behind every corner: the revisions, the technical problems, even the millimetres debated in a shadow gap.

The architects originally told us not to expect the finished building to look exactly like the renders. Yet, somehow, it does. Richard's working life has transformed too. He has moved from hospital consultant and teacher working in hired venues to co-owning the environment in which he teaches. And the academy has changed the teaching itself. We can now show genuinely live clinical dentistry and use the technology to make information easier to see, understand and question.

WHAT COMES NEXT?

We are proud of the building, but the building was never the end goal. The real measure of Aspire will be what happens to the dentists who learn here and, ultimately, the patients they go on to treat. We want to grow the online side of the academy and use the audiovisual infrastructure to reach clinicians much further afield.

Technology, AI and wellness will continue to evolve, and we intend to evolve with them. There is always something else to improve. Perhaps that is inevitable.

Every finish line eventually becomes another starting line.




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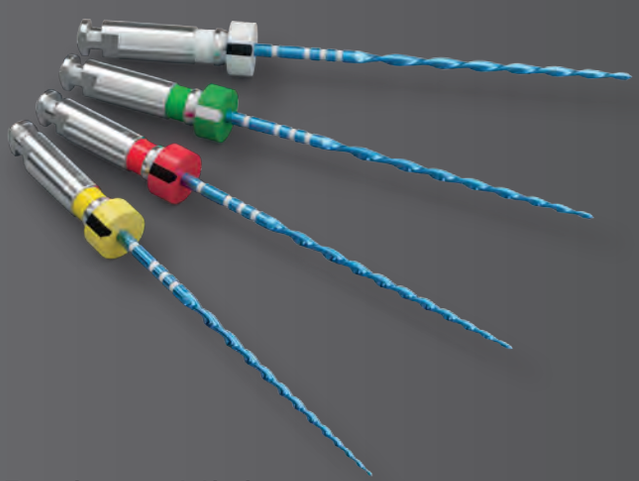
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Rethinking dental design in 2027

RIP the clinical aesthetic. Contemporary dental practices focus on creating earthy, emotional connections. Here, Katie Thomas explores inspiration, individuality and imaginative investment

Few dental practices retain the traditional white walls, clinical lighting and extensive grey spaces. Instead, the design focus is very much on shaping the patient experience.

As expectations for what healthcare environments should look and feel like evolve, more practice owners are drawing on hospitality, residential and wellness spaces to build businesses that feel more individual and much more human.

This also offers practice owners plenty of scope for individual flair. By following through on these interior design objectives, clients are seeing results in both the numbers and the quality of patients they attract, as well as in reviews and recommendations.

Of course, hygiene, functionality and clinical requirements are fundamental, but they don't need to dictate how the whole practice looks and feels. Aesthetics can still be anchored in a functional, measurable clinical space.

DESIGN THE WHOLE PATIENT EXPERIENCE

A truly exceptional hotel doesn't just have a stunning lobby, a beautifully designed restaurant and luxurious bedrooms; it has a fine thread that connects every touchpoint to create a continuous, memorable experience. Practice owners should think about the patient journey in the same way.

Just because a dental practice is a clinical space doesn't mean it has to feel clinical.

That experience begins the moment a patient arrives. Small details, like privacy during check-in, seating areas and overall décor, shape how a patient feels even before they enter a treatment room.

In fact, evidence shows that patient confidence depends as much on the environment as on the staff. A recent study suggests that waiting room interior design can greatly enhance the patient experience (Juliá-Nehme et al, 2023).

Another cites elements such as ambient lighting and large windows with natural views to help reduce stress.

Design features such as curved walls, natural-material feature walls, indoor plants, and mixed seating further boost patient comfort (Emami, Pazhouhanfar and Stoltz, 2024).

But the experience extends beyond what patients see. Acoustics, temperature, texture, privacy, scent, and how one moves from one space to another also shape emotional responses. It's easy to design each room individually and forget that, to the patient, it's all one experience.

The real opportunity lies in ensuring the entire patient journey feels considered, cohesive and reassuring, from waiting to consultation and, eventually, surgery itself.

INDIVIDUALITY IS THE NEW LUXURY

Dental practices have become far more design-conscious over the past decade, which is brilliant. But it has also led many to look the same. We've all seen the timber slates, marble-effect reception desks, illuminated logos and neutral waiting-room chairs.

In 2027, practice owners will want something much more individual.





Katie Thomas

Katie is the founder of the wellness-focused interior design company KTM Design. For more information, visit www.ktmdesign.co.uk.

For us, interior branding sits at the centre of the design process. It should reflect the business ethos rather than becoming a collection of current interior trends.

A family dental practice doesn't necessarily need to look like a cosmetic clinic. Similarly, a specialist referral practice might need to communicate something completely different. We look at the business, its patients, its positioning and its personality before deciding how the space should look.

'Luxury' isn't necessarily about choosing the most expensive stone or filling a space with statement pieces. It's about creating something that feels individual and specific to that business and brand.

WARMTH REPLACES THE SEA OF GREY

We can safely say the grey-and-white interiors that dominated commercial design for so long are on their way out.

For 2027, we're seeing much warmer palettes: chocolate and coffee browns, clay, burgundy, earthy reds, warm neutrals, and richer timber tones.

These colours immediately give a dental practice a different feel. They're more inviting and can make the space feel much more considered.

That doesn't mean painting an entire practice brown! For clients who are nervous about colour, we often introduce it through upholstery, artwork, joinery or occasional furniture.

Smaller spaces, such as restrooms, also offer a chance to be a little braver and more playful.

CONFIDENT WITH COLOUR

Alongside warmer neutrals, people are having much more fun with colour.

Forecasts point to vivid blues, oranges, pinks, greens, and clay tones, but without a return of the dreaded brightly coloured feature wall. Instead, it's about using bolder colours in a clever way.

For example, a cobalt blue chair against walnut joinery, an earthy orange fabric in an otherwise neutral waiting room, or a deep burgundy consultation space can become part of a practice's personality. But be careful: the colours you choose should also reflect your brand. Don't choose a shade just because it's fashionable.

Ask yourself:

- What does the business stand for?
- Who is your ideal patient?
- How do you want the business perceived?
- What do you want people to remember when they leave?

DESIGNING FOR LONGEVITY

Ironically, in an article about trends, one of my key pieces of advice for 2027 is not to follow them too closely. You don't want to spend a significant amount on an interior only for it to feel dated in three or four years because every element was based on what was popular at the time.

There's a difference between a trend and an overall shift in how we design. While the colours and materials we use will keep evolving, a practice's core architecture and design should last.





AND FINALLY...

Interior design has become an essential part of a dental practice's wider business strategy.

Done properly, we're not simply making the space look better; we're elevating the patient journey, enhancing how the team feels about coming to work every day, and strengthening how the business presents itself in a busy market.

Moving away from spaces that immediately feel clinical is about creating better patient experiences.

The aim isn't to design a practice that looks like 2027. It's to design a brilliant practice in 2027 that will still look and feel relevant years later.

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Mark and Elaine Overend
Queens Road Dental Practice

What happens after you sell your dental practice?

For **Mark** and **Elaine Overend**, the practice kept moving forward. And eventually, so could they.

Everyone talks about the sale. Mark and Elaine talk about what came next for the practice they built, the people they left behind and their personal endeavours. Selling a dental practice is often discussed in terms of valuations, multiples and completion dates. But for the people who have spent decades building it, there is a much bigger question.

WHAT HAPPENS AFTERWARDS?

For Mark and Elaine, selling wasn't simply a financial transaction. They were handing over a practice built around long-standing relationships with patients, colleagues and each other. Some patients had been with them for decades. They had watched families grow and treated different generations of the same families. The practice reflected their personalities, their judgement and the standards they had spent their careers establishing.

CHOOSING WHO COMES NEXT

Four parties were interested in Queens Road Dental Practice, and Mark and Elaine ultimately had three offers on the table.

Then they met Envisage.

For them, one of the biggest differences was the conversation with Envisage Director of Partnerships, Jon Toh.

They describe that first conversation as a 'game changer'. Rather than feeling they were being told how their practice should operate, they felt that Jon understood what they had built and trusted their judgement.

Jon says: 'Queens Road Dental Practice ticked all the criteria we look for, but what turned it into something we genuinely wanted to invest in was Mark and Elaine. Their passion for the practice and their team was infectious. Our first conversation was about understanding what they had built, what mattered to them and what they wanted the future to look like'.

SO, WHAT ACTUALLY HAPPENED NEXT?

Things changed.

Mark and Elaine are very clear about that. They don't believe practice owners should be told that absolutely nothing will change after a sale. For them, the more important question is whether the things that made the practice successful are understood – and whether change ultimately makes the practice stronger.

Since joining Envisage, the practice has benefited from investment including refurbishment, an additional surgery, air conditioning and digital scanners. Mark and Elaine have also seen developments in how the practice supports clinicians and patients, including a treatment coordinator role and more open days.

For Envisage, that's an important measure of whether a partnership is working. An excellent clinic shouldn't simply become part of a bigger organisation. It should become better because of what the wider group can bring – while the wider group becomes better because of what that clinic brings with it. It is the practical meaning of being stronger together.

'WE'VE INVESTED IN WHAT WAS ALREADY A FANTASTIC CLINIC, INCREASING CAPACITY AND CREATING AN EVEN STRONGER PLATFORM FOR ITS TEAM AND PATIENTS'

Tom Lapworth
Envisage Managing Director

'OUR FIRST CONVERSATION WAS ABOUT UNDERSTANDING WHAT THEY HAD BUILT, WHAT MATTERED TO THEM AND WHAT THEY WANTED THE FUTURE TO LOOK LIKE'

Jon Toh
Envisage Director of Partnerships

'Partnership has genuinely worked both ways,' says Tom Lapworth. 'We've invested in what was already a fantastic clinic, increasing capacity and creating an even stronger platform for its team and patients. But Mark and Elaine have made Envisage better too. Their experience, standards and approach to patient care have created learnings we can share across the wider group'.

TWO-WAY TRUST

A two-way relationship doesn't mean Mark and Elaine have agreed with every decision. Their experience has included challenge as well as change, and they have continued to speak up when they believe something different would work better for their practice.

One recent conversation captures that relationship particularly well. Mark and Elaine wanted to try a different approach locally rather than immediately following the established route. They discussed it with Envisage's Managing Director, Tom, who agreed to give them six months to demonstrate whether it worked. Mark describes it simply as 'a two-way trust thing.'

The knowledge inside a dental group doesn't only sit at its centre. Every clinic brings experience, ideas and expertise of its own. When something works brilliantly in one place, there is an opportunity to learn from it elsewhere. The group supports the clinic. The clinic contributes to the group. Everyone gets better.

WHAT HAPPENED TO MARK AND ELAINE?

There is another side to their story. Mark and Elaine were adventurous travellers long before they sold their practice, so it would be wrong to suggest that selling suddenly gave them a passport to see the world. What has changed is the responsibility they carry with them.

For years, even their travels had to fit around the realities of owning a business. They remember organising trips around being back in time to deal with month-end payments.

'WE WANTED A CONTINUATION OF WHAT WE HAD BUILT'

Mark and Elaine Overend
Former owners, Queens Road

Now they're planning five weeks of travel through Indonesia and Borneo. And this time, they don't need to come back for month end. Perhaps that's what 'what happens after?' really means.

The practice doesn't stop. The people don't stop. Both simply have the opportunity to begin their next chapter.

This isn't just one story.

Four practice owners. Four different experiences. Their words, not ours.

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The fundamentals of marketing

Faye Mear shares the three biggest marketing mistakes dentists still make when it comes to promoting the practice online

Marketing is no longer a 'nice to have' for dental practices – it's a critical business function. In recent years, patient behaviour has evolved rapidly, and continues to do so. They are more digitally savvy, their expectations are higher and their journey from search to appointment is becoming shorter and more decisive.

From our perspective, as a specialist dental marketing agency, we are thrilled that most dentists do now recognise that marketing matters. The challenges are no longer about whether to market, but whether practices are focusing on the right things. Everyone has finite amounts of time and budget and so you want them to be invested in activity that delivers the best return.

Current trends across the sector suggest practices are being slow to catch up with patients' increasingly savvy digital behaviour, so to help, I'm addressing the three biggest marketing mistakes UK dentists are still likely to be making (plus a couple of extras) – and what to do instead.

1. NEGLECTING LOCAL SEO AND GOOGLE BUSINESS PROFILES

When someone searches 'dentist near me' or 'emergency dentist in [town]', they are rarely browsing casually – they are ready to book! These are some of the most valuable searches a practice can appear for, yet many clinics still fail to optimise properly to achieve this local visibility.

An incomplete or outdated Google Business Profile, inconsistent contact details across different platforms, minimal reviews and thin website content all limit how often a practice appears in local search results. In competitive areas, this will render you virtually invisible online.

Your Google Business profile is not just a listing – it's your digital shop window and if it looks neglected, it reflects poorly on your practice. It's often what patients view first. They can use it to check your opening hours, your reviews, your photos, go to your website and click to call you direct, therefore it's essential it's up-to-date and reflective of your practice.

This is becoming even more important because patients' search behaviour is changing. People are asking longer, more conversational questions and not necessarily through a search engine – there is rapidly increasing use of voice search and AI chat tools. They might ask:

- 'Who is the best dentist near me for nervous patients?'
- 'Which private dentist in [area] offers Invisalign with finance?'
- 'Is there a dentist open on Saturdays nearby?'

Search engines and AI pull answers from well-structured, clear and trustworthy online information. Practices that clearly explain their services, answer common patient questions and maintain accurate local listings are more likely to appear in these responses.

To stay visible, practices should:

- Keep their Google Business profile fully and regularly updated
- Actively request and respond to reviews
- Ensure their website clearly lists their services and their location
- Include helpful FAQs written in plain language.

Practices that overlook these things will lose patients to competitors who have simply made themselves easier to find.





Faye Mear
Faye is a client liaison at Corona Marketing, a specialist dental marketing agency.

2. RUNNING PPC ADVERTS WITHOUT A CLEAR STRATEGY

Pay-per-click (PPC) advertising can be a powerful tool. When done well, it can generate high-quality enquiries quickly. When done poorly, it can eat up your budget while giving very little return.

One of the most common mistakes practices make is running ads without a clear plan.

The goal is often vague – 'we need more patients' – rather than something specific and, without a defined target audience or clear objective, advertising becomes guesswork.

Common errors include:

- Targeting broad keywords that only attract price shoppers
- Mixing NHS and private messaging
- Sending ad traffic to a generic homepage rather than a focused landing page
- Failing to track whether enquiries actually convert into booked and attended appointments.

The result? Low-quality or inappropriate leads, that waste everyone's time and perpetuate the belief that 'Google Ads don't work'.

In reality, advertising works best when it is precise, and PPC ads are great when given specifics, so take time to decide:

- Which treatments do you want to promote?
- Who is the ideal patient you want to attract?
- What makes your practice different?
- How will success be measured?

It is better to generate fewer, well-matched enquiries than a high volume of unsuitable ones and PPC advertising can give you this quality over quantity if you drill down to what you want to achieve from it.

ONLINE CONTENT NEEDS TO EDUCATE AND BE AUTHENTIC, AS WELL AS PROMOTE



3. PRODUCING CONTENT THAT FAILS TO BUILD TRUST

The third major mistake is relying on generic, non-educational content.

Many practice websites still contain templated service descriptions that say very little and are not written with patients in mind. Social media feeds are often inconsistent, purely promotional and lack authenticity. Branding can vary from platform to platform, and these things can erode your credibility.

Today's patients research before they book. They want reassurance. They want to understand procedures, costs, options and outcomes. They want to feel they know you and your team.

Online content needs to educate and be authentic, as well as promote. You need to:

- Explain treatments in simple, patient-friendly language
- Address common concerns and fears
- Showcase real team members and practice values
- Maintain a consistent tone and branding.

This approach not only builds trust with patients but will also increase the likelihood of your practice appearing in conversational and AI-assisted search results.

Clear, helpful content is more likely to be referenced and listed rather than vague marketing copy.

THE COMPOUNDING ERRORS: REVIEWS AND RAPPORT

Alongside these three major mistakes, two additional issues will frequently undermine your best marketing efforts:

1. Poor reputation management: reviews heavily influence patient decisions, so a practice with very few reviews, old reviews or negative reviews left unaddressed – will raise concerns. Consistently asking for reviews from your patients and then responding professionally to all the feedback shows pride, care and accountability
2. Failing to build patient rapport: marketing may attract enquiries, but it is the patient experience that converts them. If calls are handled abruptly, pricing is unclear or communications feel purely transactional, potential patients will not convert. Marketing sets expectations, but the in-practice experience must reinforce them.

LOOKING AHEAD

Practices that thrive are not necessarily those spending the most on marketing. They are the ones focusing on visibility, clarity, trust and consistency across all their platforms. Priorities should be:

- Being easy to find locally
- Running targeted, purposeful advertising
- Creating helpful, consistent digital content
- Active reputation management (ie, respond to your reviews and feedback)
- Delivering a strong, caring patient experience.

None of these fundamentals are complicated, but perhaps this is why they are often overlooked.

The benchmark really is simple: when a patient searches, asks a question, reads reviews or clicks an advert online – does your practice appear (at all) and does it come across as credible, authentic and trustworthy?

If not, it's time to rethink your strategy.

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Solid performance

Is economic uncertainty impacting the private dental market, asks **Paul Graham**

Economic uncertainty remains a key concern for businesses across the UK, with inflation, rising operational costs and workforce shortages creating ongoing challenges for dental practices.

For many owners, the past few years have been about protecting profitability, managing costs and maintaining capacity while investing in patient care.

Despite these headwinds, the UK dental market continues to demonstrate remarkable resilience. In my view, this reflects both the enduring strength of patient demand and the ability of practice owners to adapt their businesses to changing economic conditions.

THE MARKET IS ADAPTING

One of the clearest signs of the sector's strength is improving practice profitability. The latest NASDAL benchmarking data shows solid financial performance across the profession, with private practices leading the way. This is consistent with the trends we are seeing across Christie & Co's client base, where stronger profitability continues to support valuations, buyer confidence and transactional activity.

Average net profit per principal increased by more than 22% year-on-year, while mixed practices also reported healthy gains. This highlights the ability of well-managed practices to adapt to changing economic conditions and continue delivering positive returns.

This sustained performance is resulting in positive M&A activity as buyer demand remains robust across private, mixed and NHS-led practices. However, this is not leading to indiscriminate buying, purchasers are increasingly selective, favouring businesses with stable teams, significant patient demand and clear opportunities for future development.

Competition for these assets remains strong, with 57% of accepted offers in the first half of 2026 achieving at least the asking price, demonstrating that demand continues to outstrip the supply of quality practices. This reflects a market that remains fundamentally attractive to buyers, underpinned by the sector's long-term strength and stability.

FUTURE INVESTMENT PLANS

Technology and workforce development remain key priorities as practices look to improve, modernise and navigate economic uncertainty.

Our *Dental Market Review 2026* survey, which gathered insights from more than 27,000 dental professionals, found that 61% of respondents plan to invest in new equipment and technology over the next 12 to 24 months. These investment plans show owners are still heavily future-focused.

Workforce availability, however, remains a challenge and is one of the issues most frequently raised by practice owners. Recruitment pressures continue to affect capacity and expansion plans. Our survey found that 31% of respondents believe associate recruitment has become more difficult over the past 12 months, while 53% reported no significant change and just 16% felt it had improved. Recruitment conditions continue to vary by region and practice type. As of February 2026, the BDA reported that 61% of associate dentists in England were considering leaving NHS dentistry altogether. That said, recent reforms to overseas registration pathways and increased exam capacity should support the pipeline of qualified dentists over time.

ACCESS TO FINANCE

Another factor helping the dental sector navigate economic uncertainty is the continued availability of funding. Dentistry remains an attractive proposition for banks and specialist healthcare lenders due to its resilient patient demand and recurring income streams. As borrowing costs have eased, buyer appetite has strengthened, with lenders supporting acquisitions, refinances and expansion funding for well-performing practices.

This encouragement is shown in recent funding activity. Christie Finance reported a 42% increase in completed funding deals year-on-year, alongside a 4.8% rise in loan-to-value ratios. Importantly, 65% of funding provided during 2025 and the first half of 2026 supported first-time buyers, demonstrating both strong lender confidence and a healthy pipeline of future practice owners.

LOOKING AHEAD

While economic uncertainty is becoming the 'norm', the dental sector continues to show real strength. Profitability is improving, buyer confidence is growing and access to finance remains positive.

For practice owners, there are still plenty of opportunities for growth, investment and succession, with well-run businesses attracting high levels of interest, as long as a competitive sale process has been run accordingly.

Overall, confidence in the dental market remains high. Strong fundamentals continue to drive activity, reinforcing the sector's long-term strength.



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

Contact Paul at 07739 876 621 or paul.graham@christie.com.

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Correcting tax errors: proposed changes

With new rules potentially increasing penalties for uncorrected tax mistakes, Simon Cosgrove explains what private dentists and practice owners should consider to stay on top of their finances

Running a successful private dental practice involves much more than delivering excellent patient care. From managing cashflow and paying associates to keeping on top of business expenses and tax obligations, practice owners have a range of financial responsibilities to balance.

With this in mind, proposed changes to HM Revenue and Custom's (HMRC) rules on correcting tax errors are worth paying attention to, particularly for dentists managing both their personal finances and the demands of running a business.

The proposals, published in July as part of draft legislation for the 2026-27 Finance Bill, would introduce a clearer legal requirement for taxpayers to correct inaccuracies once they become aware of them.



Simon Cosgrove

Simon is a dental regional manager at Wesleyan Financial Services, guiding a team of dental specialist financial advisers to support dentists, their families and their practices with expert planning to secure their financial future.

While the changes are not yet law, they serve as a timely reminder of the value of good financial planning and seeking professional support when needed.

Tax treatment depends on individual circumstances and may change in future.

UNDERSTANDING THE PROPOSED CHANGES

Currently, HMRC can issue penalties for inaccuracies in tax returns, with the amount depending on the nature of the mistake and the taxpayer's behaviour.

For example, a careless error can attract a penalty of up to 30% of the potential tax lost. This increases to 70% for deliberate inaccuracies that are not concealed, and up to 100% for those that are both deliberate and concealed.

Under the proposed rules, failing to take reasonable steps to correct a mistake after becoming aware of it could result in the error being treated as deliberate for penalty purposes, even if it was originally unintentional.

For private dentists, this could have implications across several areas of their finances, from personal tax returns to business accounts.

Consider a practice owner who discovers that certain income has been recorded incorrectly, or that an expense has been claimed in error. While the original mistake may have been an oversight, failing to address it once identified could lead to more significant consequences under the proposed legislation.

The important distinction is that making an honest mistake and knowingly leaving one unresolved are not necessarily treated in the same way.

WORKING WITH YOUR ACCOUNTANT

Many dentists work closely with accountants to manage their tax affairs, particularly when operating through a limited company or managing several income streams.

Having the right professional support in place can make a real difference. However, it's important

to remember that responsibility for taking reasonable care over tax affairs ultimately remains with the taxpayer.

Under the proposed changes, this would extend to taking corrective action once an inaccuracy becomes known, regardless of whether it originated with the dentist, their accountant or a bookkeeping process.

For private practice owners, regular communication with their accountant is therefore particularly important.

This might involve reviewing how associate payments are recorded, checking that practice expenses have been correctly categorised or ensuring that income from different services is accurately reflected in financial records. If something doesn't look right, raising it promptly with an accountant can help establish whether a correction is required and how it should be made.

MANAGING TAX OBLIGATIONS IS ONE PART OF A BROADER FINANCIAL STRATEGY

WHAT HAPPENS IF HMRC IDENTIFIES A POTENTIAL ERROR?

Another element of the proposed legislation is the introduction of 'customer correction notices'. This would allow HMRC to contact taxpayers where it has reason to suspect an inaccuracy and ask them to review their position. The recipient would need to take reasonable steps to resolve the issue or explain why they believe no correction is necessary within the specified timeframe.

Failing to respond appropriately could result in an inaccuracy being presumed careless, unless the taxpayer can demonstrate that reasonable care was taken.

Although this represents an additional compliance consideration, the intention is to encourage taxpayers to address potential problems earlier. For busy practice owners, having accessible financial records and clear processes for dealing with queries could help make responding to HMRC more straightforward.

TAKING A PROACTIVE APPROACH

While the legislation is still being considered, there are practical steps private dentists can take now to strengthen their financial arrangements.

Keep financial records up to date. Accurate bookkeeping provides a clearer picture of how a practice is performing and can make it easier to identify discrepancies before they become more complicated.

Review your finances regularly. Rather than treating tax as something to think about once a year, consider scheduling regular reviews with your accountant. This can be particularly useful for practices experiencing growth, taking on additional associates or introducing new services. Address potential mistakes promptly. If you identify something that may be incorrect, seek clarification rather than waiting until the next tax return is due. Your accountant can advise on the appropriate steps and any relevant deadlines.

Consider the wider financial picture. Unexpected tax liabilities or penalties can affect practice cash flow, particularly where funds have already been allocated to staffing, equipment or business development. Maintaining suitable financial reserves and reviewing your business plans can help you prepare for unforeseen costs.

For self-employed associates, similar principles apply. Keeping accurate records of income and expenses, understanding your tax obligations and seeking support when circumstances change can help you manage your finances with greater confidence.

PLANNING AHEAD WITH CONFIDENCE

The government's technical consultation on these proposals closed on 7 September, with further decisions expected as the Finance Bill progresses.

No commencement date for the proposed rules has yet been confirmed, so it's important not to make assumptions about how the final legislation will look. Nevertheless, the proposals highlight the importance of having effective financial processes in place.

For private dentists, managing tax obligations is one part of a broader financial strategy. Whether you're growing your practice, considering investment in new equipment or planning for retirement, understanding your financial position can help you make informed decisions.

Working with an accountant on tax compliance, alongside a financial adviser who understands the dental profession and your longer-term goals, can help ensure that your immediate responsibilities and future plans are considered together.

Ultimately, taking a proactive approach to your finances isn't simply about avoiding potential penalties. It's about creating a stronger financial foundation for your practice and giving yourself greater confidence in the decisions you make.

Five steps to strengthen your financial position

1. Keep financial records up to date: maintain accurate bookkeeping to monitor practice performance and spot discrepancies early
2. Schedule regular financial reviews: meet with your accountant throughout the year, particularly when expanding your practice, taking on associates or introducing new services
3. Address mistakes promptly: investigate potential errors as soon as they arise and seek professional advice on corrective action and relevant deadlines
4. Plan for unexpected costs: maintain suitable financial reserves to protect cash flow against unforeseen tax liabilities, penalties or other expenses
5. Understand your tax obligations: whether you're a practice owner or self-employed associate, keep accurate records of income and expenses and seek advice when your circumstances change.

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

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Modern implant dentistry

A clinician's guide to treatment planning with the **Straumann** iEXCEL modular implant system

From the moment that Per-Ingvar Brånemark ushered osseointegration into the surgery, dental implant case planning has demanded an ability to balance anatomy, biology, biomechanics and restoration – typically simultaneously, and rarely under ideal conditions.

Today's implant surgeon operates in a landscape defined by breadth: broader indications, broader patient expectations, and a far broader array of tools with which to respond.

Single tooth replacements and full-arch rehabilitation sit alongside immediate placement protocols, delayed loading, compromised sites, peri-implant tissue challenges and aesthetic demands.

We now understand that bone is far from the only variable: ridge morphology, biotype, restorative space and occlusal risk (to name but a few) all exert pressure on treatment planning long before the torque wrench ever comes to hand.

Add to this an ageing population, greater patient awareness and a profession more comfortable interrogating outcomes – and variability has become the norm rather than the exception.

Implant selection is a layered choice, coloured by implant-abutment connection, restorative platform compatibility, emergence profile management and long-term prosthetic flexibility.

The risk for clinicians is therefore not a lack of options, but the opposite: navigating a complex ecosystem of components, protocols and platforms while still delivering treatment that is repeatable, understandable and defensible – both clinically and ethically.

WHAT DOES MODULARITY BRING TO THIS CHALLENGE?

Modular implant systems adapt to diverse anatomies and indications while retaining familiarity in handling, restorative logic and component integration.

When done well, modularity allows clinicians to 'mix and match' within a coherent system, aligning implant design, connection geometry and prosthetic workflow to patient needs, without relearning the system each time. The question is whether these systems help clinicians navigate complexity – and keep decision-making focused where it belongs: on the patient in front of them, not the catalogue behind them.

KEY CONSIDERATIONS OF IMPLANT SELECTION

Contemporary implant selection should be guided by an integrated assessment of biological, prosthetic and patient-specific factors rather than by familiarity with a particular system. Bone quality and morphology remain fundamental determinants. Sites with reduced density or limited volume require careful consideration of implant macro-design, surface characteristics, and insertion protocols to achieve predictable primary stability and long-term integration.

From a restorative perspective, implant positioning must support a physiologically appropriate emergence profile and prosthetic envelope. Three-dimensional misalignment between implant position and restorative contours may compromise soft tissue health, plaque control, and long-term maintainability, particularly in aesthetic areas.

Soft tissue behaviour is closely related to peri-implant mucosal thickness, implant–abutment configuration, and restorative margin position. Systematic reviews and clinical studies suggest that increased soft tissue thickness and platform switching may contribute to reduced early marginal bone loss. This is particularly relevant in patients with thin tissue phenotypes.

Workflow integration is increasingly important in digitally driven practices.

The availability of validated scan bodies and CAD/CAM libraries



supports prosthetic accuracy from planning to restoration.

Systems such as Straumann iEXCEL provide integrated digital resources that can facilitate structured workflows without altering the biological principles guiding treatment planning.

Patient-related factors including occlusal loading, parafunctional habits, medical history and aesthetic expectations must inform implant selection.

Predictable outcomes are achieved when biological, prosthetic and patient-centred considerations are synthesised.

WHY 'ONE-SIZE-FITS-ALL' SYSTEMS ARE LOSING RELEVANCE

Historically, many implant systems were developed around limited component ranges intended to address most clinical scenarios. While operationally convenient, this approach often required clinicians to adapt treatment strategies to system constraints.

Modern implant dentistry increasingly recognises that anatomical variability, tissue dynamics, and prosthetic demands cannot be reliably addressed through uniform designs. Restricted options in diameter, connection type, or prosthetic components may necessitate biological compromise, particularly in narrow ridges or thin phenotypes.

The widespread adoption of three-dimensional planning and digital workflows has further highlighted the need for adaptable systems. Accurate transfer of virtual plans into clinical reality depends on compatible surgical and restorative components, supported by validated digital libraries.

In addition, evidence supporting immediate placement and immediate loading in selected cases has increased expectations for structured provisionalisation pathways. These protocols require systems capable of supporting staged tissue conditioning and prosthetic refinement.

As implant dentistry evolves towards personalised, evidence-informed care, clinicians increasingly favour systems that support flexible clinical decision-making rather than rigid standardisation.

EFFECTIVE MODULARITY

Modularity uses interchangeable surgical and prosthetic components within a unified system, adapting treatment protocols to clinical requirements.

A modular framework typically includes multiple implant geometries and dimensions, combined with a comprehensive range of abutments, prosthetic interfaces, and restorative accessories designed to function cohesively.

Effective modularity is characterised by consistency in manufacturing tolerances, connection stability, and biological performance. Flexibility is introduced through validated component options rather than uncontrolled variability.

From a clinical perspective, modular systems support restorative-driven planning, facilitate digital integration, and allow staged adaptation throughout treatment. Provisional and definitive components may differ, reflecting changes in tissue maturation and functional demands.

STRAUMANN IEXCEL

The iEXCEL system is Straumann's next-generation implant platform, designed to simplify implant dentistry while providing clinicians with the flexibility to treat a broad spectrum of clinical indications.

iEXCEL combines Straumann's proven implant designs into a single, integrated platform with a unified restorative workflow. It aims to improve efficiency, predictability and inventory management without compromising treatment options.

At the core of the iEXCEL system are four implant designs – TLX, BLX, BLC and TLC – which allow clinicians to select the most appropriate implant for each clinical situation while maintaining a consistent prosthetic and surgical workflow.

This modular approach enables clinicians to treat everything from straightforward single-tooth restorations to immediate implant placement, full-arch rehabilitation, soft bone, dense bone and complex aesthetic cases using a common restorative platform with the Torque fit connection.

The system prioritises simplicity. The implants share a unified prosthetic connection across compatible diameters, reducing the number of restorative components required and simplifying treatment planning, ordering and inventory management.

ADVANCED DESIGN FEATURES

The iEXCEL system incorporates several advanced design features to optimise primary stability and long-term success. Depending on the implant selected, features include:

- Aggressive thread designs for enhanced initial stability
- Tapered implant bodies for predictable placement in a variety of bone qualities
- Optimised cutting geometry to support immediate protocols where appropriate.

The platform is also fully compatible with Straumann's digital ecosystem, allowing integration with guided surgery, intraoral scanning, digital treatment planning and CAD/CAM restorative workflows.

An important component of the platform is Roxolid, Straumann's proprietary titanium-zirconium alloy. Roxolid provides higher mechanical strength than conventional commercially pure titanium while maintaining excellent biocompatibility.

This enables clinicians to consider reduced-diameter implants in suitable cases without compromising mechanical performance, helping preserve surrounding bone and soft tissue where space is limited.

iEXCEL implants are also available with SLActive, Straumann's hydrophilic implant surface technology. SLActive enhances early blood wetting and promotes faster osseointegration compared with conventional implant surfaces. This supports shorter healing protocols and can provide greater confidence when treating challenging patients or cases where accelerated healing is desirable.

With thanks to Dr Jose Cordero Bayo for his contribution to this article.

Scan the QR code to read the full article, including a clinical case using Straumann iEXCEL.

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Are you leaving revenue on the table?

As costs continue to climb and recruitment issues show no signs of disappearing, maximising revenue becomes ever more important. **Ian Eslick** suggests the solution may be closer to home than practice owners think

Although it's important to keep attracting new patients to your practice, focusing solely on that alone could mean you miss out on the untapped revenue within your existing patient base. Before you set out to climb that particular mountain, why not see whether there are quicker wins to be had right under your nose?



DO YOU ASK ABOUT ADDITIONAL TREATMENTS?

It's easier and more cost efficient to gain additional revenue from existing patients than new ones. Rather than having to win the trust of people unfamiliar with your practice, your existing patients know and trust you. Maximising the revenue from people who already like what you do is much easier than starting from scratch with someone new.

When your regular patients attend for their examinations, do you carry out the exam, then simply wish them well until their next appointment? Or do you take some time to ask them if there's anything they'd like to change about their smile?

This is where the old adage of 'if you don't ask, you don't get' comes into its own. Many patients may have niggles about their teeth they would like to change. However, as the subject is never raised, they are unaware of what might be possible.



Ian Eslick
Ian is a regional support manager at Practice Plan and has nearly 30 years' experience in the dental industry, including five in practice.

Five ways to unlock untapped potential

1. Look beyond new patients. Your existing patient base could offer untapped opportunities for practice growth and additional revenue
2. Start the conversation. Ask patients what they would like to change about their smile to uncover previously unexpressed treatment interests
3. Follow up on treatment plans. A structured follow-up process can address patient concerns, improve treatment acceptance and reduce missed opportunities
4. Maximise your team's potential. Make full use of hygienists and therapists to improve patient access, increase chair utilisation and free up dentists' time
5. Measure what matters. Regularly review KPIs, including recall rates, patient retention and treatment acceptance, to identify lost revenue and opportunities for growth.



Spending a few minutes getting to know how your existing patients feel about their smile could open possibilities for you both.

THE COST OF UNACCEPTED TREATMENT PLANS

Do you always follow up on your treatment plans?

We've all heard the horror stories shared by dental business coaches of treatment plans that have not been followed up that represent thousands of pounds in lost revenue.

One reason patients fail to take up the treatment plan is because they don't fully understand it and have unanswered questions. That's where a treatment coordinator (TCO) becomes a valuable asset. They can talk things through with the patient and address any concerns they may have.

Taking the conversation out of the surgery and into a separate room means it can be conducted in a more relaxed atmosphere.

Patients often feel less inhibited asking questions of a TCO, as they aren't concerned about taking up the dentists' valuable time.

If cost is an issue, the TCO can explain the finance options you offer, which may overcome that concern.

If they need time to think about things or confer with someone else, the TCO can agree a date to follow up. Neglecting to follow up increases the likelihood of 'life' getting in the way and the treatment plan being forgotten about.

By having a robust follow up system, the practice regains control of things. Sometimes, a quick call prompts the patient to agree to go ahead, which is something that may not have happened without that memory jog.

HOW EFFECTIVE IS YOUR RECALL SYSTEM?

Regular attending patients are valuable and need to be looked after, especially if they are members of your dental membership plan. Having an efficient recall system helps ensure they are called in for their appointments on time.

Failing to recall them in a timely way risks them going elsewhere to seek treatment and you lose them, especially if they pay-as-they go!

Is your system automated and does it employ more than one communication channel for reminders? Can your patients be contacted by SMS, email and phone? What do you do about patients who don't respond?

Following up on inactive patients can prompt them to come in or reveal the reasons why they have failed to respond. Either way you win through a booked appointment, data on the effectiveness of your recall system or up-to-date records.

ARE YOU MAKING FULL USE OF YOUR HYGIENISTS AND THERAPISTS?

How busy are your hygienists and therapists? Do they have full diaries? Or are there gaps in theirs while dentists' diaries are bursting?

Using the skills of your dental care professionals (DCPs) for procedures within their scope of practice makes good financial sense. As well as giving them greater job satisfaction (meaning they're more likely to stay with you), delegating things such as preventive care and maintenance procedures also improves patient access and frees up dentists for higher value procedures.

By making greater use of your DCPs you can see more patients without having to extend your hours. Which is good news for everyone.

ARE YOU MEASURING EVERYTHING THAT MATTERS?

Sometimes revenue continues to flow out of the practice because no one is keeping an eye on things. That's why reviewing your key performance indicators (KPIs) regularly is important. As they say, if you measure it, you can manage it.

If you haven't been reviewing your KPIs up till now, here are a few of the most useful things to start looking at:

- Treatment acceptance rate
- Recall attendance rate
- Patient retention
- Average revenue per patient
- Chair utilisation
- Hygiene reappointment rates.

These figures will reveal not only where you're currently losing revenue but also where your opportunities lie. That way you can stem the flow and start making the most of your opportunities right away.

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Managing your inner voice

Is the voice in your head working for you or against you, asks **Rana Al-Falaki**

Every clinician knows the value of a good assistant: someone at your side all day, anticipating, steadying, keeping you on track. Now imagine that same person spent the day muttering that you're behind, that the patient in the chair is about to complain, that the team doesn't respect you and probably never will. You'd replace them by lunchtime.

Yet most of us keep exactly that voice on the payroll. It's the one in our own head.

Self-talk, the running commentary we have with ourselves, is relentless. Research has estimated that we move through more than 6,000 distinct thoughts a day. And the brain doesn't treat them equally.

Decades of psychology research, summarised in Roy Baumeister's landmark review 'Bad is stronger than good', show that negative information carries more weight, lingers longer and shapes behaviour more powerfully than positive information of the same size.

In dentistry, we are trained to spot what's wrong – the caries, the open margin, the flaw in a treatment plan, and that negative bias is sharpened every working day.

The problem is that we rarely switch it off when we look at ourselves.



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.

REALISING THE DREAM

Dr BK had recently achieved what many associates dream of: buying their own practice.

However, within months, the dream felt more like a weight. The inherited team was polite but distant. Suggestions were nodded through in meetings and quietly ignored. Changes stalled.

Dr BK was working longer days, sleeping badly, getting headaches by mid-afternoon and arriving home with nothing left to give.

When Dr BK joined NAIL-IT in Dentistry's Titanium mentoring and leadership training programme, they expected to talk about team structures, contracts, perhaps a new practice manager. But within half an hour of our first session, a different pattern emerged – not in what was happening at the practice, but in how Dr BK described it:

- 'They'll never accept me'
- 'I should have known better'
- 'If this goes wrong, it's all on me'
- 'One bad review and it's over.'

None of these were facts. They were commentary. But that commentary was running Dr BK's day.

THE MYTH: 'MY INNER CRITIC HELPS ME STAY SHARP'

When we pointed this out, Dr BK pushed back, as many high achievers do. 'That voice is what got me here. It's what keeps my standards high. If I go easy on myself, I'll slip,' they said.

It's one of the most common beliefs in our profession: that harshness is the price of excellence, and that self-compassion is a polite word for lowering the bar.

It isn't true. Harsh self-talk doesn't sharpen performance; it narrows it. A mind braced for threat has less capacity for problem-solving, creativity and calm decision-making, and instead keeps you in survival mode- running on adrenaline.

It may surprise you that self-talk never stays private. It leaks into tone, body language and the way we brief a dental nurse or open a team meeting. A leader who silently tells themselves 'they don't respect me' walks into the room guarded and defensive, and the team responds in kind.

Dr BK's inner critic wasn't protecting their standards. It was quietly creating the very resistance they feared.

Five ways to make self-talk work for you

1. Spot the pattern. Notice when you're catastrophising, taking things personally or expecting perfection. Name the habit before accepting the thought as fact
2. Check the evidence. Ask: 'How true is this? What's another explanation? Would I say this to a colleague?'
3. Find a useful reframe. Swap 'It's all my fault' for 'Which part is mine to change?' Aim for accuracy, not empty positivity
4. Give yourself clear instructions. Before a difficult conversation, try: 'Slow down. Listen first. One point at a time'
5. Coach yourself by name. Create a little distance: '[Your name], you've handled challenges before. What's the next step?'



HARSH SELF-TALK DOESN'T SHARPEN PERFORMANCE; IT NARROWS IT

THE TRUTH: SELF-TALK IS A TRAINABLE PERFORMANCE TOOL

Self-talk is a skill that can be trained like any other. Elite sport has known this for years. A meta-analysis of 32 studies found that self-talk interventions produced a reliable improvement in performance, with a considerably stronger effect when people were properly trained in self-talk.

Within NAIL-IT Leadership, self-talk sits in the 'attitude' pillar as one of four keys in the Sustainable Success Toolkit, alongside 'strength', 'solution' and 'smile'. We worked with Dr BK in the following three stages.

1. Spot the pattern

Negative self-talk tends to fall into recognisable types: filtering out the positives, personalising, catastrophising, blaming, should-culture, magnifying, perfectionism and polarising (all-or-nothing thinking). Dr BK's top three were obvious once named:

- Personalising – every flat response from the team was proof of personal failure
- Catastrophising – one complaint became the end of the practice
- Should-culture – 'I should be able to handle this' left no room to ask for help.

Naming the type is powerful in itself. It turns what feels like a truth into a recognisable habit.

2. Twist it

Next, we built positive twists – not empty cheerleading, but more accurate and more useful alternatives:

- 'It's all my fault' became 'Many things may be responsible – which part is mine to change?'
- 'This is a disaster' became 'There is a solution to everything'
- 'It's too hard' became 'It may be challenging, but I have skills I can draw on.'

3. Use the 'I AM' system

Finally, Dr BK learned to use self-talk deliberately, with NAIL-IT's instruct, analyse, motivate (I AM) self-talk system:

- Instruct – short, clear cues in the moment. Before a difficult conversation: 'Slow down. Listen first. One point at a time'
- Analyse – question the thought before obeying it. How true is this really? What's the evidence? Would I say this to a colleague? What's another explanation?
- Motivate – affirm identity and intent: 'I am building this team. I am learning to lead.'

One small adaptation made a striking difference. People who coach themselves by name, or as 'you' rather than 'I', feel less distress and perform better during stressful tasks.

So 'I can't handle this' became 'BK, you've handled harder than this. What's the next step?'

That small distance created space to think.

Practised consistently, the benefits compound: better mood, focus, motivation and decision-making; lower stress; stronger relationships and team engagement; and better overall performance.

THE WINS

The changes didn't happen overnight, but within a few months the difference was unmistakable.

At work, Dr BK walked into meetings curious rather than defensive. They stopped pre-empting rejection and started inviting input – and the team began to offer it. Suggestions turned into actions, changes that had stalled for months were finally implemented, and the practice manager described the atmosphere as lighter, clearer and more of a team.

With less time lost to second-guessing and stalled decisions, productivity rose, and revenue followed.

Healthwise, the headaches eased and sleep improved. With energy no longer burned on internal battles, Dr BK found the headspace to revisit the growth plans they had shelved.

At home, the shift was perhaps the most profound. Dr BK was present with their partner and children again.

'I thought I needed the team to change,' Dr BK said. 'It turns out the first voice I needed to stop obeying was my own.'

CHOOSE YOUR VOICE

You can't stop thousands of thoughts passing through your mind each day. But you can choose which ones you believe, which ones you challenge, and which ones you turn into instruction, analysis and motivation.

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Tailored care for patient groups

Alif Moosajee details his approach to categorising dental implant patients to help improve motivation and long-term success

I often reflect on my own motivation to better understand my patients. Even when I feel genuinely committed to something, other priorities can quickly distract me.

That has made me consider whether I should show more understanding when patients do not fully absorb my advice or meet the expectations I set for them. If my motivation can fade, theirs can too.

Behaviour-change expert Nir Eyal describes motivation as a triangle of behaviour, benefit and belief: the conviction that efforts matter. With that in mind, I looked at the implant patients in my practice and grouped them into four categories:

- The maintainers
- Motivated improvers
- Compliance-dependent patients
- The resistant.

IMPLANT PATIENT GROUPINGS

The first group – 'the maintainers' – is made up of patients who generally have good teeth, and their tooth loss is usually due to trauma, a developmental issue or disease. They tend to be compliant and highly collaborative.

I call the second group 'motivated improvers'. The oral hygiene of patients in this group may not be impeccable, often because they have not had the right education. With clear guidance and the right encouragement, however, they can improve significantly and become ideal patients.

Then there are the 'compliance-dependent patients'. These patients are typically highly motivated in the chair, but that motivation can fade quickly once everyday distractions take over. They do listen, but can easily slip back into old habits.

For these patients, my approach is to acknowledge that life will get in the way and to book the next hygiene appointment straight away, creating a cycle of follow-up and support. In other words, these individuals simply need more handholding.

The final group is 'the resistant' and, from a business point of view, the most dangerous patients. Despite our best efforts to help them change, we often see them fall back into past habits once the implant is fitted.

That is where objective measures like plaque scores and bleeding scores are important, to remind patients of how accountable they need to be.

SERENITY, COURAGE AND WISDOM

In truth, it is easy to understand why resistant patients lose motivation.

When they first come to us, they are not usually looking for the reasons behind their tooth loss; they want teeth that will ease their self-consciousness, remove embarrassment and restore their confidence.

Once the implants are in place, that immediate goal has been achieved. The physical outcome is complete and the emotional effort required to reach that point may leave them mentally exhausted, making it harder to stay motivated afterwards. Their visible tooth loss may once have served as a constant reminder of past neglect. Once an implant is placed, however, it can create a false sense of security and make it easier for patients to overlook the invisible gum disease that can still affect them.

As clinicians, we naturally take the risks of periodontal disease and peri-implantitis seriously after implant placement. For patients, however, this message can feel patronising or removed from daily life, especially when the disease is invisible and its effects may not be obvious in the short term.

We know our expectations are based on biological necessity rather than perfectionism, but that distinction is not always clear to patients.

Nonetheless, I think it is important not to become disheartened or even disappointed by patients, just because their motivation might not be as expected. A quote that resonates with me is: 'Grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference'.

STAYING ENGAGED

My stance is to impose robust protocols with repeated touchpoints, and the flexibility to increase support when patients struggle to stay engaged. We also need to step outside our professional perspective, see things more from the patient's point of view, and recognise how challenging this can be for them.

Oral hygiene is already technique-sensitive, yet we often ask patients



Alif Moosajee
Alif is the award-winning principal dentist of Oakdale Dental and author of *The Smiling Dentist*.



to manage it at the least convenient times: in the morning, when households are rushed and schedules compete in an atmosphere of urgent coordination, sensory overload and last minute problem solving; or in the evening, when people are tired after experiencing a whirlwind of overlapping tasks combined with the allostatic load, sensory overload and cognitive fatigue of the day they have accumulated.

When viewed in that context, it makes more sense as to why motivation is not always there.

Personality also plays a part. Patients differ in their motivation, anxiety levels, organisational habits, executive functioning and mental load, all of which influence how they manage routine home care.

How well do we really know our patients?

PATIENTS DIFFER IN THEIR MOTIVATION, ANXIETY LEVELS, ORGANISATIONAL HABITS, EXECUTIVE FUNCTIONING AND MENTAL LOAD

Chronotype differences may also impact dental health, so how many early birds and night owls are there in our practice and how is this influencing their oral hygiene habits?

THE RIGHT TOOLS

The point is that every patient brings their own complexity, and we have very little visibility of what happens at home between appointments.

One thing we can influence, however, is the tools patients use at home to aid their oral care. At the very least, I recommend that all my patients invest in a Philips Sonicare toothbrush because it simply reduces the effort required and the brush reassuringly delivers superior results, as research demonstrates.

Whatever their circumstances and whichever grouping they fall into – maintainers, motivated improvers, compliance-dependent patients, or resistant – it makes achieving the level of hygiene needed to maintain implants easier and more attainable. In that sense, the brush becomes an enabler, helping patients reach standards they might struggle to achieve on their own.

The latest Sonicare brush, the Next-Generation DiamondClean 9900 Prestige, combines AI-powered guidance with Sonicare cleaning technology to remove up to 20 times more plaque than a manual toothbrush. Its light ring gives real-time feedback on coverage, pressure and scrubbing, while a 12-segment mouth map shows missed areas and confirms when a complete clean has been achieved. For me, this provides reassurance that patients, whatever their motivation level, have the support they need to achieve excellent oral health and protect their investment.

While this new high-end brush may not suit every budget, the Sonicare range comes with a variety of price points, making the technology accessible for all.

COLLABORATIVE BEHAVIOURAL COACHING

The cost of implant failure is high for everyone involved, which makes the dentist-patient relationship central to long-term success.

For patients who need extra motivation, lecturing is unlikely to help. A more effective approach is collaborative behavioural coaching that addresses the psychological and practical barriers behind compliance fatigue. Communicate more, lead with empathy, and show patients that every little step matters. That is all you can do. And now give them a tool to act as a coach in their bathroom!

Leading the experience

Sarika Shah explains how your team, your messaging and your mindset create truly personalised care

Personalised care doesn't happen by accident. It's not a script your team memorises. It's not a marketing tagline. It's a culture – and that culture starts with you.

As dental professionals, we often think personalised dentistry is something we deliver in the surgery. But the truth is, the moment a patient searches your name online, calls your practice or meets your reception team, they've already decided whether they feel safe with you.

This final article of my series explores three essential elements that shape a truly personalised approach to care:

1. How you communicate your ethos to the outside world
2. How you lead your team to deliver a consistent patient experience
3. How self-leadership underpins everything.

Because personalised care is not a set of actions – it's a way of being.

1. SHOUT ABOUT YOUR APPROACH (WITHOUT ACTUAL SHOUTING)

Today's patients often choose a dentist long before they walk through the practice door. Their decisions are shaped by what they read, see and feel, and whether your online presence aligns with the experience they want.

To attract patients who value personalised, partnership-based dentistry, your messaging must reflect who you are – not who you think you should be.



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

Website messaging

Your website should speak in human language rather than dental jargon. It should tell your story, communicate your values and demonstrate your approach through real patient experiences and outcomes.

Above all, it should convey warmth, clarity and reassurance, reflecting a philosophy built on collaboration, compassion and patient empowerment.

Patients pick up on tone as much as content, and authenticity matters.

Social media messaging

Your social media should bring your personality and team to life rather than presenting an image of forced perfection.

Focus on meaningful education instead of fear-based messaging, and highlight the emotional experiences alongside clinical outcomes.

Use your platforms to demonstrate your commitment to listening, understanding and working in partnership with patients.

Patients aren't necessarily looking for 'the best dentist'. They're looking for the dentist who feels right for them.

Let your digital presence attract the right people, so the relationship begins with shared expectations and understanding.

2. LEAD YOUR TEAM TO DELIVER PERSONALISED CARE CONSISTENTLY

Even the most patient-centred dentist can't deliver personalised care alone.

Your team is an extension of the experience. Your dental nurse, receptionist, TCO, therapist and hygienist all contribute to an emotional landscape that either builds trust or undermines it. Team culture begins with your leadership. Your behaviour, expectations, response to challenges and willingness to have difficult conversations all influence how your team operates.

A team working under stress, confusion or free will struggle to reassure patients and deliver the experience you envision. Equally,

Communicating your ethos

Your website should:

- Speak in human language, not dental language
- Tell your story – your values, your ethos, your approach
- Show real patient experiences and outcomes
- Reflect psychological safety: warmth, clarity, reassurance
- Demonstrate your philosophy: collaboration, compassion, empowerment.

Your social media should:

- Show your personality – not forced perfection
- Offer meaningful education, not fear-based posts
- Highlight emotional experiences, not just the dentistry
- Bring your team to life
- Share your commitment to listening, understanding and partnering with patients.

personalised care is difficult to achieve when team members don't understand what it means in practice.

Everyone should be clear about:

- How the patient journey should feel, from the first interaction onwards
- The communication standards expected throughout the practice
- How patients should be welcomed, listened to, reassured and supported
- Why these standards matter and how they reflect the practice's values.

Your team members don't need rigid scripts. They need clarity, ownership and an environment in which they feel confident and supported.

3. THE FOUNDATION OF EVERYTHING: SELF-LEADERSHIP

One of the biggest influences on whether personalised care thrives in your practice is your ability to lead yourself.

Self-leadership means managing your emotions, remaining grounded during challenges and communicating with intention. It means making considered decisions rather than reacting under pressure, demonstrating consistently and modelling the behaviours you expect from others.

Dentists can overlook the importance of this, but your internal state has an external impact. Patients notice it, your team responds to it and your practice culture is shaped by it. A calm, considered approach creates an environment where patients feel safe, team members feel empowered and communication becomes more effective. Difficult conversations remain constructive, challenges are easier to navigate and the working day can run more smoothly.

Self-leadership isn't simply a personal development exercise. It's a business asset, a clinical skill and a foundation of personalised care.

BRINGING IT ALL TOGETHER

Personalised dentistry is not a technique – it's a philosophy that, when applied consistently, can elevate every aspect of practice life. It builds patient trust, supports smoother treatment journeys and give team members a shared sense of purpose. It creates a positive practice culture, strengthens your brand and attracts patient whose expectations align with your approach. It can also make dentistry a more fulfilling career.

Most importantly, personalised care creates genuine partnerships built on empathy, honesty, communication, safety and trust.

PILLARS OF PERSONALISED CARE

Throughout this series of articles, we've broken down the pillars of personalised care:

1. Why partnership matters
2. How to work with patient anxiety
3. How to build genuine bonds
4. Why trust drives every decision
5. How leadership and communication bring it all together.

This is the dentistry of the future – human, collaborative, relational and aligned. And when we practise this way, we don't just create better patients, we create better dentists, more fulfilled teams and healthier, happier practices.



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Boosting profits

Using sales skills to increase treatment acceptance may hold the key to greater profitability in the practice, argues Adarsh Thanki

In any business, achieving profitability is essential. There are two primary ways to increase profitability: by reducing expenses and increasing income. While managing expenses and implementing effective financial strategies are crucial, their impact on a practice's bottom line is somewhat limited. For significant growth in profitability, the focus must shift towards increasing income.

In dentistry, profitability depends on three key aspects:

1. Patient acquisition (marketing)
2. Treatment acceptance (sales)
3. Delivery of care (service delivery).

When profitability is lacking, practices tend to focus on either increasing marketing spend or expanding their range of services. However, the concept of 'sales' – which directly correlates to treatment acceptance – is often overlooked.

The goal of sales is to ensure patients accept the necessary treatments that will enhance their overall health, rather than just what they think they want. Sales, in this sense, is not just about pushing products or services; it's about educating and guiding patients toward decisions that improve their wellbeing.

FOCUSING ON SALES

To increase profitability, practices should look at improving their sales skills. But why not focus solely on marketing or service delivery?

Marketing functions like a switch: by investing in the right marketing strategies, patient enquiries increase, and more people will call the clinic. Marketing is easy to control and measure. However, the real challenge lies in what happens after the marketing efforts generate leads. If these leads cannot be converted into treatment acceptance, then marketing expenses are wasted.

While delivering quality dentistry is crucial for success, it must be prioritised after treatment acceptance. High-quality general dentistry alone, without patient agreement to proceed with recommended treatments, will not result in increased profits.

DEFINING SALES IN DENTISTRY

Sales, in its simplest form, is about getting patients to accept the treatments they need.

Successful 'sales' in dentistry results in patients understanding the need for treatments that will improve their health, function, and overall quality of life. The goal of sales is agreement – in this case, the patient agreeing to undergo the recommended treatment for their dental and systemic health.

While financial considerations are part of the process, the focus should always be on the patient's health and the treatment that will restore or enhance their dental function. Sales skills in dentistry are not about pushing unnecessary procedures; they are about getting patients to see the value in the treatments they truly need.

Increasing one's sales ability comes down to proper training. This training should involve not only the dentist but the entire team. Every team member should understand the importance of effective communication, as this is key to enhancing case acceptance.

Sales in dentistry fundamentally rely on effective communication. Whether it's discussing treatment plans or explaining the benefits of a particular procedure, the ability to communicate clearly and persuasively is vital. It allows the dentist and the team to convey the urgency and importance of necessary treatments, helping patients understand why those treatments are in their best interest.

Training team members to improve their communication skills can have a direct and significant impact on a clinic's profitability.

SMART SKILLS

Investing in a properly trained dental team, including the dentist, is one of the smartest ways to boost a practice's profitability.

Improving communication and sales skills throughout the team has far-reaching benefits, not only for the clinic's financial success but also for its ability to provide high-quality care to more patients.

By focusing on sales – which is essentially about helping patients accept the treatments they need – practices can increase their income and create a more positive, efficient and patient-focused environment.

Sales training: *benefits*

In addition to improving treatment acceptance, sales and communication training can:

- Improve new patient conversion rates
- Increase schedule efficiency by ensuring patients understand the importance of attending their appointments
- Encourage patients who wish to cancel or reschedule to honour their appointments, reducing no-shows
- Help patients recognise the importance of preventive care
- Enhance the clinic's ability to collect payments for treatment
- Teach receptionists how to create a positive first impression with patients
- Enable the team to effectively reinforce the dentist's treatment recommendations.



Adarsh Thanki

Adarsh is clinical director and principal dental surgeon at Ace Dental. He also acts a director of Ace Dental Group, Rakus Clinic and UNTIL Wellness.

Putting the patient journey first

Reflecting on Rock Dental's triumph at the 2025 Private Dentistry Awards, Anoup Nandra and Simran Bains reveal the key to a successful referral practice

Winning Patient Care Midlands and Referral Practice North at the Private Dentistry Awards 2025 was an incredibly proud moment for the whole team at Rock Dental.

While the awards themselves were a wonderful recognition, for us they represented something much bigger: an acknowledgement of the way our team has worked to build a referral service where clinical expertise and patient experience are given equal importance.

A referral can be a relatively small part of a clinician's working day, but for the patient being referred, it can feel significant. They may be attending an unfamiliar practice, meeting a new clinician and facing treatment they already perceive to be complex. There may be anxiety around what will happen, why they have been referred and what their treatment journey will involve.

At Rock Dental, we believe excellent referral care starts by recognising this.



Anoup Nandra

Anoup is practice principal and vice president of the College of General Dentistry.



Simran Bains

Simran is membership director at the British Academy of Cosmetic Dentistry.

A CONTINUATION OF CARE

One of our priorities is ensuring patients never feel as though they have been 'passed on'. From the moment a referral arrives, our aim is to create a clear and reassuring journey for both the patient and referring clinician.

Our referral team plays an integral role in this. Communication, organisation and accessibility are as important to the overall experience as what happens once the patient enters the surgery.

Patients need to understand why they are attending, what their appointment will involve and what the next steps may look like.

That communication continues following assessment and treatment. We value the trust placed in us by our referring colleagues and respect the relationship they have established with their patients.

Where someone has been referred for a specific aspect of treatment, our role is to complement the care already being provided, communicate clearly throughout and return the patient to their dentist with confidence.

It is this mutual trust that has allowed us to build long-standing relationships with clinicians who refer their patients to Rock Dental.

THE STRENGTH OF MULTIDISCIPLINARY CARE

One of the greatest strengths of a referral practice is the ability to bring different areas of dentistry together.

At Rock Dental, our team provides care across oral surgery, implant dentistry, periodontics, endodontics and complex restorative dentistry, alongside orthodontic, cosmetic and general dental care. For patients whose needs cross several disciplines, this creates an opportunity for genuine collaboration.

Rather than viewing a tooth, implant or periodontal problem in isolation, we consider the wider picture and how each stage of treatment may affect the next. Clinicians can discuss cases together, review imaging and records and consider the patient's overall oral health and long-term outcome.

Our regular multidisciplinary discussions are particularly valuable when planning more complex cases. By bringing together clinicians from different disciplines, we can carefully consider the most appropriate treatment plan for each individual patient, including the sequence and timing of each stage, which clinicians should be involved and at what point in the journey.

This collaborative approach allows every aspect of treatment to be



PRIVATE
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WINNER

Rock Dental won Patient Care – Midlands and Referral Practice – North at last year's Private Dentistry Awards.



thoughtfully planned, with each stage complementing the next and the team working towards a shared clinical goal.

It also gives patients greater continuity. Rather than navigating multiple practices and separate treatment plans, their care can be coordinated within one familiar environment, supported by a team who understands their wider treatment journey.



PATIENT CARE IS A TEAM RESPONSIBILITY

Exceptional patient care cannot be delivered by clinicians alone.

A patient's experience begins long before they enter the surgery. It starts with their first telephone call, the way their questions are answered, the efficiency with which their referral is managed and the welcome they receive when they walk through our doors.

Our reception team, referral coordinators, treatment coordinators and dental nurses are therefore integral to our patient-care model.

As Rock Dental has grown, we have developed defined roles within the team to ensure patients receive the right support at every stage, while maintaining consistent communication. Our nursing team also works across different areas of dentistry, giving them a broader understanding of how different disciplines connect. This is particularly valuable when supporting patients through several stages of treatment.



Behind the scenes, there can be considerable coordination involved in making a complex treatment journey feel straightforward. Every interaction contributes to how supported and cared for a patient feels.

CARING FOR ANXIOUS OR NERVOUS PATIENTS

Every patient arrives with a different history, different expectations and a different relationship with dentistry. Understanding this is fundamental to the way we provide care.

For some patients, walking into a dental practice can itself be a significant step. They may have avoided treatment because of anxiety or previous negative experiences, and being referred for more complex



treatment can understandably heighten those concerns.

For these patients, clinical expertise must be accompanied by empathy. This may mean allowing additional time, explaining each stage before it happens, agreeing a signal to pause treatment or giving the patient an opportunity to tell us what they are worried about.

Where appropriate, sedation can form part of this pathway, but managing dental anxiety extends far beyond sedation. The environment, language we use, continuity of care and giving patients a sense of control can all fundamentally change their experience. This becomes particularly important when care involves several disciplines or multiple stages of treatment. What is familiar to us as clinicians can understandably feel overwhelming to a patient.

For more complex multidisciplinary cases, we provide detailed treatment plan letters setting out the proposed journey, including the stages of treatment and clinicians involved.

This allows patients to take the information away, digest it in their own time and discuss it with those close to them if they wish. We also offer time to discuss their treatment plan further and answer questions before any decisions are made. We want patients to feel informed, comfortable and confident about the care they choose.

CLEAR COMMUNICATION CREATES CONFIDENCE

Patients should understand the care they are receiving and feel confident in the decisions they make.

We place considerable importance on explaining diagnoses and treatment options clearly and in a way that is appropriate for the individual. Complex dentistry can involve a great deal of information, so we support conversations with written information where appropriate, particularly for treatments such as root canal therapy, periodontal treatment and implant dentistry.

Patients can also meet with our treatment coordinator to discuss questions about their journey. We want them to have the opportunity to consider their options and understand the benefits, limitations and alternatives before proceeding.

Consent, in our view, is an ongoing conversation. Communication with referring clinicians is equally important.

Clear correspondence following consultations and treatment maintains continuity and ensures everyone involved understands what has been completed, any recommendations made and what should happen next.

WITH GROWTH COMES A RESPONSIBILITY TO ENSURE THE PERSONAL EXPERIENCE PATIENTS VALUE IS NEVER LOST

GROWING WITHOUT LOSING THE PERSONAL APPROACH

Rock Dental has changed considerably over the years, growing from a small practice into a purpose-built, five-surgery multidisciplinary practice with a team of around 30.

With growth comes a responsibility to ensure the personal experience patients value is never lost. We have worked hard to introduce systems and defined responsibilities without allowing those systems to replace human interaction.

Regular team meetings, huddles and multidisciplinary discussions allow us to share ideas, discuss challenges and learn from one another. Patient feedback is equally valuable, giving us an opportunity to view the practice through the patient's eyes and continually refine the experience we provide.

Education and shared learning are also an important part of our referral culture. In collaboration with the College of General Dentistry (CGDent), we host study clubs at Rock Dental where clinicians from surrounding practices can bring cases to discuss directly with members of our referral team. This may be a case they would like to treat themselves but where they value another clinical perspective, or a case they are considering referring. In the latter situation, they have the opportunity to discuss it directly with, and meet, the clinician who may go on to care for their patient. These evenings create an open environment for shared learning while strengthening relationships between our referral team and local clinicians.

Supporting referring colleagues is, for us, an extension of supporting their patients; whether that results in a referral or gives the clinician greater confidence to manage the case within their own practice.

MORE THAN THE TREATMENT PROVIDED

Winning Patient Care and Referral Practice in the same year was particularly meaningful because, to us, the two are inseparable.

Clinical excellence is naturally at the heart of a referral practice, but exceptional care extends far beyond the treatment itself.

It is the combination of clinical expertise, thoughtful planning, clear communication and a genuinely personal approach that shapes the patient's experience. Every element should work together to ensure each patient feels understood, supported and confident in their care.

Patients may not remember every clinical detail of their treatment, but they will remember whether they felt listened to, whether somebody took the time to explain their options and whether they felt genuinely cared for.

When a colleague refers a patient to us, they are placing trust in our entire team. Protecting that trust means providing the level of care we would want for our own patients while respecting the relationship they have already established.

The Private Dentistry Awards were an incredibly special recognition for Rock Dental, but they also gave us an opportunity to reflect on what patient care means to us. It isn't one initiative, protocol or person; it is a culture created through the decisions and interactions that take place across the practice every day.

At Rock Dental, we value the relationship between our team, the patient and the referring clinician. By communicating openly, planning carefully and working collaboratively throughout the patient's journey, we can provide care that feels considered, coordinated and personal from beginning to end.

Season's greetings: staying connected

A-dec explores ways for practice teams to get ahead of seasonal challenges that can present over the festive period

Although the run-up to the festive period is a joyful time for many, it can often place added pressure on dental practices. Managing teams, maintaining clear communication and delivering efficient patient care can all become challenging during this time, making reliable connectivity across practices particularly valuable.

Dental teams can face numerous challenges during the festive season, including:

- Last-minute appointments. Patients often rush to book appointments in late December, whether to complete treatment plans, use annual health insurance benefits or arrange dental check-ups before practices close for the festive period
- Emergency appointments. Hard festive foods, such as nuts, crusty bread and boiled sweets, can chip teeth or dislodge fillings. Sugary and acidic foods may also weaken enamel and promote the growth of bacteria, which can lead to oral infections. Using teeth to open packaging or tear tape can also cause damage. As a result, more patients may seek urgent dental treatment over the festive period. Longer appointments may also be needed to thoroughly assess and diagnose dental issues.

Minimising the impact of the Christmas rush would be beneficial for many dental practices, and preparing in advance can help practices reduce seasonal pressures before they arise.

Strong team communication and efficient patient care are essential for efficiency, and the A-dec+ platform supports both by connecting equipment, people and data.



MANAGING PATIENT DEMAND

High patient throughput and increased emergency treatments can place additional pressure on dental practices during the festive period. Closing without appropriate emergency cover may also lead patients to seek treatment elsewhere.

Equipment usage analytics track how often each operatory is used, providing valuable insight into patient flow and overall throughput. These insights enable teams to optimise appointment scheduling, improve workflows and make better use of available capacity.

Efficiency can also be improved with the A-dec+ app by providing users with instant access to their saved preferences across different operatories, including chair presets and handpiece settings.

STREAMLINING COMMUNICATION

Unpredictable staffing and shortages can make holiday scheduling difficult, particularly when arranging leave for dentists, dental nurses and receptionists while ensuring emergency services remain covered.

To address this, communication and messaging should be prioritised. Seamless communication enables instant contact through direct and group messages, making it easy for team members to share important updates.

With the A-dec+ app, customisable options such as audio notifications allow users to tailor their communication preferences, while pop-up alerts and notification badges help ensure important messages are seen promptly across connected delivery systems.

'Do not disturb' settings also prevent distractions, allowing full focus on patient care.

REMOTE MONITORING

Reduced staffing during the festive period can make it difficult to maintain adequate cover.

To help solve this, real-time equipment monitoring is recommended. By providing real-time updates on chairs, delivery systems and other machinery, dental teams can spot issues quickly.

Performance reports, alerts and detailed product information can also support remote troubleshooting and help reduce downtime, removing the need for onsite visits during valuable family time.

A-dec+ can help practices improve efficiency, manage equipment and identify opportunities for growth. By connecting equipment, people, and data, it supports a smarter workflow, reduces downtime and helps enhance patient care.

For more information, visit unitedkingdom.a-dec.com/a-dec-plus.

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Reflecting on a recent restorative case, Dr Napier said: 'Working with COLTENE products for many years now I can honestly say that the materials, BRILLIANT Crios and the range of other BRILLIANT composites, are excellent quality and very easy to work with.

'Crios and chairside CAD/CAM (CEREC) are a great match for restorative cases like this as they allow us to use the best articulator available – the patient's own mouth and jaws – and also a staggered approach to treatment using robust interim restorations with good aesthetics and strength for function.'

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Clyde Munro appoints Louise Reeves as chief executive officer

Clyde Munro Dental Group



Clyde Munro Dental Group has appointed experienced dental sector leader Louise Reeves (nee Oates), as its new chief executive officer (CEO) as the business enters its latest growth phase.

Louise joins from PortmanDentex, where, as chief operating officer, she oversaw strategic and operational functions, driving significant business growth since 2023. She brings extensive operational experience and dentistry practice experience to Clyde Munro, having started her career as a dental nurse, before progressing through a series of senior operational leadership roles.

She will succeed Clyde Munro founder and CEO Jim Hall, who will remain actively involved with the business as founder and member of the board, providing continuity and drawing on the experience and relationships built during more than a decade at the helm.

Jim founded Clyde Munro in 2015 with a vision to create a distinctly Scottish dental group focused on delivering high-quality care within local communities. A decade later, Clyde Munro is Scotland's leading dental group, with 65 practices stretching from Orkney to the Scottish Borders. Its teams include around 300 dentists and 500 support staff, providing care to more than half a million patients each year.

Louise's appointment signals the next phase for the business, with a focus on strengthening its existing network, investing in its people and practices, improving access to dental care and continuing to develop the quality and range of services available to patients across Scotland.



IN THE **HOT SEAT**

Dentist, nutritionist, founder of Optimal Dental Health and Private Dentistry Awards chair **James Goolnik** on staying open to learning and making oral health fun

Q When and where was your last meal out?

A It was yesterday in Crete, enjoying fresh Mediterranean food with the family for half-term. Simple ingredients with fantastic olive oil.

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

A Jason Statham. We would have to work on the hair, but I like to think we share the same energy!

Q What keeps you up at night?

A Running a practice, raising three children and renovating a house. Take your pick. Seriously though, I spend a lot of time thinking about how we can make dentistry and oral care more fun.

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

A 'Love, be loved and never stop learning'. This was shared with me about 25 years ago by my friend James, from my Entrepreneurs' Organization group. We now have a framed drawing at home with those words inscribed on it.

Q What's your guilty pleasure?

A Liquorice and mince pies (but not at the same time).

Q Describe your perfect holiday…

A Somewhere warm with my wife and three children. Hotel gym with free weights and no queues, exploring somewhere new with healthy local food.

Q What was the last gift you gave?

A I bought some spices for my daughter who could not join us in Crete. She loves spicy food and is about to move out of the family home and rent with her friends.

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

A I love a Bond movie. My favourite is probably *Moonraker* – my mother won tickets to the premiere in Leicester Square when I was 11 and we got to walk the red carpet!

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

A Club Tropicana by Wham!

Q How do you unwind?

A Going to the theatre or learning something new – especially if it has never been done before. My brain doesn't have an off switch, but a change of scenery can help.

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

A Fund dentists properly for preventive care, so prevention is properly rewarded. The system currently tends to pay for treating disease rather than stopping it - that should change. I would also make nutrition a core part of the undergraduate training for dentists, therapists and hygienists. Diet is central to oral health, so every new member of the dental team should leave university able to have those conversations with patients.

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

A It's this shot of oral probiotics in my bathroom! It is exciting to see well-known brands entering the oral health space for the first time.



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